



April 15th, 2015

Tina Namian, Branch Chief
Policy and Program Development Division
Child Nutrition Programs
FNS, USDA
Post Office Box 66874
St. Louis, Missouri 63166

Re: Docket ID FNS-2011-0029

Dear Ms. Namian:

Thank you for this opportunity to provide comments on the proposed new meal pattern and nutrition standards for the Child and Adult Care Food Program (CACFP).

The Consortium, a joint effort of the National Child and Adult Care Food Program Sponsors Association, The CCFP Roundtable, and The National CACFP Forum, represents sponsoring organizations across the United States. Consortium members worked to solicit feedback on the rule from a wide range of sponsors through a conference, state and regional meetings, conference calls and a survey. Key national leaders worked together diligently to ensure the final Consortium comments reflect the sponsor feedback: offering practical and technical recommendations based on years of experience serving the best interests of the children.

As CACFP sponsors, we see the value of the food program in supporting good nutrition. We understand the need to update CACFP but urge USDA to avoid complexity, creating more record keeping requirements or the risk of losing meal reimbursements for providers.

The Consortium agrees with USDA, the goal of improving good nutrition for low-income children in child care is best served by a balanced, cost-neutral approach. Research has demonstrated that the meals and snacks that children receive through CACFP provide needed nutrition and may even reduce the risk of overweight among low-income children. Given CACFP's already positive nutrition impact a drop in participation is a loss for children in care. In these difficult times, it is not uncommon for low-income providers to forgo offering meals and simply let children rely on food sent from home. Research has consistently shown that food brought from home is far less nutritious than the meals and snacks that children receive through CACFP.

We recognize and appreciate that USDA has been responsive to stakeholder input in preparing this proposed rule. To ensure children get the full value from the proposed improvements the Consortium offers the following comments.

1) **The Consortium offers the following recommendations for strong, clearly defined, and consistently enforced standards and practical implementation:**

- **We recommend compliance with the requirement to serve one whole grain a day be assessed during on-site monitoring reviews not through monthly menu auditing and meal reimbursement deductions.** Given the health benefits that whole grains offer, the proposed rule will help ensure minimum standards for whole grain consumption. We believe that this guideline should be consistent across all grains including breakfast cereals. We recommend that compliance with this requirement be assessed during on-site monitoring reviews not through monthly menu auditing and meal deductions. Some studies demonstrate that accurately identifying whole grain products may be challenging for consumers. Providing quality training and resources to child care providers on this topic has been shown to increase the identification and provision of whole grains significantly.
- **The whole grain requirement should be applicable only when a grain is served during the day.** For example, a provider serving only a snack might not have a grain component each day.
- **We recommend USDA issue guidance with a clear definition of frying as “deep fat frying: food submerged in hot oil.”** We recommend the guidance also clearly state that stir frying and sautéing are allowed. This is consistent with the IOM’s recommendation that it is okay to stir fry or sauté foods.
- **We recommend retaining the option to serve two vegetables for lunch or supper rather than mandating a fruit and a vegetable.** This would strengthen the impact of the proposed change by helping to bring vegetable consumption closer to the Dietary Guidelines. Children consistently do not consume enough vegetables. Allowing the option to serve two vegetables rather than mandating a fruit and a vegetable could also potentially help to reduce the offering of juice as the fruit for meals – overconsumption of fruit juice is a common problem. In addition, a two vegetable option would also allow flexibility to plan menus that maximize local and seasonal availability of produce.

According to CACFP data cited in the Regulatory Impact Analysis, fruits and vegetables are served at similar rates in the current fruit and vegetable component with 52 percent of servings composed of fruits and 48 percent of vegetables in CACFP homes and 48 percent of servings composed of fruits and 52 percent of vegetables in CACFP centers. The separation of the fruit and vegetable components will be more effective if providers can serve two vegetables.

- **We recommend USDA’s Food Buying Guide for Child Nutrition Programs grain-based “desserts” designation in Exhibit A: superscripts 3 and 4.** Grain-based desserts are one of the top sources of added sugar in the diets of children 2-8 years of age. The FITS study found that the consumption of grain-based desserts (cakes, pies, cookies, and/or pastries) is already widespread among young children. They are not a necessary dietary component because there are many other foods available that can be used to meet grain recommendations.

2) **To align the proposed rule with current science, the Consortium recommends the infant meal pattern:**

- **Allow the introduction of baby foods consistent with parents' plans not at six months.** According to American Academy of Pediatrics (AAP) recommendations, the introduction of complementary foods begins at “around” or “approximately” 6 months of age not “at” 6 months of age. We are concerned that the proposed infant meal pattern is not flexible enough to accommodate variations in the timing of developmental readiness for solid foods. Regulations don't allow the flexibility needed for a two part proposal that says “AT” six months to work. The AAP's “approximately” encompasses a 4-7 month window of time depending on developmental readiness. Under the current CACFP system the timeframe for the allowable introductions of solids is clear, 4-7 months. Parents let providers know when the introduction of complimentary foods has begun. Under the proposed new infant feeding pattern, providers would need a special diet statement (prescription) from a physician to provide complimentary foods to infants in the 4-5 month window before six months of age.

The 6-11 month section of the proposed two part infant meal pattern should be amended to reflect the fact that some infants, breast feed and formula feed, will not be transitioning to food until after 6 months of age. The current rule reflects this in the 4 through 7 month section of the meal pattern by listing the infant food servings a “0-3”. We recommend this same mechanism be used in the two part meal pattern.

We recognize USDA has the difficult job of translating the IOM recommendations into a regulatory framework. The WIC structure used by the IOM isn't directly transferrable to a child care environment. Please see Appendix A for detailed recommendations for the proposed infant feeding meals regulations.

- **Allow flexibility at snack time: formula and cereal and/or fruit/vegetable.** We endorse the inclusion of fruits and vegetables are part of an older infant's snack, but encourage flexibility in what is provided: breastmilk/infant formula and cereal and/or a fruit/vegetable. The inclusion of fruits and vegetables at this age not only helps promote healthy eating habits, it also takes advantage of a natural tendency in older infants to instinctively seek food variety. (Please see Appendix A.)
- **Allow cheese and unflavored yogurt for infants 6-11 months of age.** The IOM recommendation of no cow's products is based on an AAP policy restricting cow's milk but not cow's milk products before the age of one. We believe the primary concerns related to delaying the introduction of cow's milk do not necessarily extend to cow's milk products. Cow's milk products such as yogurt and cheese are commonly consumed among older infants. Cow's milk products are also a good source of protein for older infants, especially infants on vegetarian diets. If yogurts are allowed on the meal pattern for older infants, we recommend only allowing unsweetened, plain yogurts. Providers could choose to mix the yogurt with pureed fruit to add natural sweetness if desired. We

do not recommend allowing cheese food or spread for infants in order to limit the service of highly processed foods that are also high in sodium. (See Appendix A.)

3) The Consortium offers the following healthy beverage recommendations for child care:

- **Limit juice on the menu to no more than once a day for children.** The AAP and the Robert Wood Johnson Healthy Eating Research Recommendations for Healthier Beverages recommend limiting juice consumption to no more than 4 to 6 ounce per day among children 1-6 years old because juice offers no benefits over whole fruit and can contribute to energy imbalance. Juice has been shown to be the second largest source of calories among children 1 to 2 years of age, and there have been significant increases in the percentage of young children consuming juice and the quantity of juice young children consume in the last two decades. We believe that limiting fruit juice consumption will increase the quantity of whole fruit served and may increase the variety of fruits served. The Consortium recommends adopting the following regulatory language: (2) (i) Limit fruit juice on the menu to no more than once per day for children one and older.
- **Make water available as developmentally appropriate.** We agree with USDA's proposed regulation regarding water. Requiring water be served at meal time is not necessary or appropriate.
- **Allow only lower fat milk for children over age two.** This requirement will help limit the consumption of saturated fat.
- **Retain current option to transition children age one to lower fat milk.** We recommend keeping the current flexibility to allow for the variety of situations in child care. For example, a family day care provider may care for a mixed age group with only one toddler (one year of age) and that toddler attends only on a drop-in basis. The provider would need to keep whole milk on hand just in case the one year old child attends or none of the meals for that child would be allowable. Due to the complexity of family child care they cannot leave once children arrive to purchase milk. Since consuming fat does not seem to be a problem in the American diet, this may not be necessary.
- **Eliminate fruit juice for infants.** This is consistent with current science and recommendations.
- **Reimburse infant meal when the mother breastfeeds on-site.** We endorse the proposed regulations allowing reimbursement for meals when the mother comes to the day care facility to breastfeed. This change will provide additional incentives to child care providers to support and promote breastfeeding in child care facilities.

4) Recommendations for improvements:

- **Adopt the WIC sugar limit for cereal, not the full set of WIC cereal standards.** We agree with the IOM's recommendation to implement a sugar limit for breakfast cereals. Many ready-to-eat cereals are high in sugar, and there are many cereal options available that meet the WIC sugar limit of 6 grams of sugar per 1 ounce serving. The proposal to adopt the full set of WIC cereal standards would establish an unnecessarily complicated set of standards including additional fortification and FDA health claim requirements and a separate and different whole grain standard. This proposal, to use the full set of WIC cereal standards, seems to be based in part on the mistaken assumption that all eligible cereals are on the state WIC lists. State WIC agencies limit the number of WIC eligible cereals listed for a variety of reasons. There is too much variability in the content of the state WIC cereal lists to use them as defacto nutrition criteria for a federal child nutrition program. The full set of WIC cereal nutrition standards are too complicated for CACFP providers to determine without a list. We approve of the proposed inclusion of ready-to-eat cereal for older infants with only the WIC sugar standard and not the full set of WIC cereal standards.
- **Drop the proposed option to substitute meat for cereal/bread at breakfast: Instead, maintain the current option to add meat to breakfast as an additional food.** The current regulations already have an effective provision allowing additional protein at breakfast: 226.20(d)(1) Breakfast recommendations. Providers use this provision to serve 1 ounce of meat/meat alternates while preserving the bread/grain minimums therefore it is unnecessary to create a new provision that reduces the grains to substitute small amounts of meat/meat alternates. The recommended amounts in 226.20(d)(1) are closer to the quantities in the IOM recommendations. Since both the proposed rule and the current regulation are structured as options not mandatory meal pattern requirements it seems better to continue with the current regulations.

We have concerns about the practicality of serving the very small quantities of meat and meat alternates proposed for children 1 to 5 years of age. The children's grain/bread minimums are very small. Consequently, cutting them in half and adding a small amount of meat or meat alternates is not an effective strategy for improving nutrition. The meal pattern for children ages 3-5 has a minimum of only ½ ounce bread or cereal. Under the proposed option, substituting half the bread would yield ¼ slice of bread and a 1/4 ounce equivalent of meat/meat alternate (e.g. 1/8 of an egg or 1 ounce of yogurt.) The IOM recommended doubling the breakfast bread/cereal minimums for children over 2 years of age. This change will not be possible until additional funding is available.

- **Do not add a fourth age group (13-18 years of age) to the meal pattern** without an increase in the reimbursement to cover the costs of providing larger portion sizes to older children and strong consideration of the administrative impact that would be triggered by implementing this requirement. At this time, it would work best to continue with the current meal pattern three age groups including the current footnote: *"1.Children ages 13 through 18 must be served minimum or larger portion sizes specified in this section for children ages 6 through 12."*

- **Guidance should allow tofu to be used in culturally appropriate ways.** We recommend that the words “recognizable” “customary” “usual” as applied to tofu be reinterpreted in guidance language to include tofu soups and stews. Soft tofu blended into a recipe so that it is not recognizable (i.e. in a soup) is a customary part of the diet of many Asian cultures. The mashed up tofu is often the primary protein source in the soups or stews, serving as an essential introduction into that particular culture’s way of eating.
- **Clarify family-style meal service definition.** We believe that providing a definition will be helpful to facilities and may support family-style service in facilities that do not currently allow the practice. We recommend the following change to the regulatory text: 7 CFR §226.20 (o)(2)*During the course of the meal, it is the responsibility of the supervising adults to actively encourage each child to serve themselves the full required portion for each food component of the meal pattern served family-style.*

5) In response to USDA’s questions regarding milk and yogurt, the Consortium recommends USDA:

- **Maintain the current flexibility on flavored milk and yogurt.** We do not support Alternative A1, Alternative A2, Alternative B1, Alternative B2, Alternative C1 or Alternative C2, for multiple reasons. First, we think it would be better for CACFP regulations to coincide with National School Lunch and School Breakfast program regulations. This would ease program operations. Secondly, based on research and the experience of monitoring staff, flavored milk is rarely seen in the CACFP. When it is seen in the CACFP, it is typically in at-risk programs sponsored by school districts, who already stock flavored milk for the National School Lunch Program. We do not see a need to regulate something that isn’t commonly done. Thirdly, many flavored milks and yogurts on the market today already meet the proposed sugar limits. For implementation, please do not over complicate the service of milk. Milk is a vital component to the meal, and we fear that over regulating it could cause more problems than good. We do not think that any type of milk is harmful to a child’s diet, fat content or sugar content considered. We want to encourage the consumption of milk and promote milk and water as the beverages served to children.
- **USDA’s options B2 and C2 to create flavored milk and yogurt best practices are the least problematic of the options.**

6) The Consortium approves of the following:

- **Food Substitutions Supplied by Parents.** We endorse the reimbursement for meals that contain up to one component that has been provided by a parent or guardian. We believe this allowance would increase the flexibility to accommodate special dietary needs that do not rise to the level of a medical disability while still assuring that the majority of meal components meet the CACFP meal pattern standards.

- Prohibition of using food as reward or punishment.**
 The proposed rule states that “Meals served under this part must contribute to the development and socialization of children by providing food that is not used as a punishment or reward.” We agree with this proposed regulation. USDA does not have oversight over the use of food as reward or punishment outside the CACFP meals and snacks. The foods outside of CACFP meals and snacks are overseen by child care licensing laws, which often include policy on the prohibition of using food as a reward or punishment. Because CACFP does not have the ability to enforce this rule outside the CACFP meals and snacks, we believe education is an important component of this regulation.
- Best practice protections from additional costs and disciplinary action.** We agree with USDA the best practices are important guidelines. As USDA points out in the rule there is no federal reimbursement for meeting the best practices. Unfortunately, Congress offered no new money to support the new rule – standing in the way of much-needed improvements. We support the clear protections which specify that best practices cannot be used as a serious deficiency finding or as the basis for other disciplinary actions.

7) The Consortium recommendations for implementation:

Implementation of the new rules will require ample lead time, phased-in changes, advance training from USDA, and grace periods. Implementation and administration of this new rule will be resource-intensive. Accordingly, USDA should supply provider training materials in English and Spanish in advance of implementation.

Maintaining the practical balance needed to improve the nutritional value of the meals served without diminishing the value of CACFP to providers and the children they serve is absolutely essential. CACFP child care facilities, homes and centers, are typically small, busy operations focused on stretching limited resources and staff to provide the best care possible for low-income children. As USDA explains in the rule, new expensive or complex requirements are not within the budget of many providers, who struggle to keep their fees affordable for low-income families.

It is helpful to use strategies that take into account the time needed for providers to learn about and implement the new CACFP meal pattern and address the challenges that providers may encounter. It is important for USDA to also remember, that when considering the changes to be made, the meal pattern not become so difficult that it prohibits access to the program. A new provider will need to be trained to begin participation on all aspects of the CACFP regulation including the meal pattern. Strategic implementation will help sustain the participation of child care centers, family child care home providers and afterschool programs in CACFP.

- Implementation should occur in phases over the course of several years.** This will help ensure that there is enough time for providers to be trained and that providers will not be overburdened by the introduction of too many changes simultaneously.

- **Allow learning or grace period between training and enforcement of the regulations.** This will help ensure that providers have time to thoroughly learn and implement the meal pattern standards before they are enforced.
- **Minimize administrative requirements and risk:** Maintaining the practical balance needed to improve the nutritional value of the meals served without diminishing the value of CACFP to providers and the children they serve is absolutely essential. If the new rule is administratively onerous, providers will stop participating in CACFP. We urge USDA to avoid creating new recordkeeping burdens or increasing the risk of unreimbursed costs due to disallowed meals and snacks. Compliance with the new requirements can be assessed during on-site monitoring reviews, rather than through monthly audits and meal reimbursement deductions. USDA's already successful implementation of the requirement to serve non-fat or low-fat milk provides an excellent model.

Conclusion

In summary, the Consortium commends USDA for updating the CACFP rules, and urges USDA to make the necessary changes to the proposed rule after analyzing the comments.

Sincerely Yours,



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Appendix A: Infant Feeding Recommendations

(7 CFR § 226.20(b) Infants meals)

7 CFR § 226.20(b)(3) Solid foods:

(3) Solid foods. The introduction of solid foods may begin at approximately* six months, as developmentally appropriate. The facility should consult with the infant's parent (or guardian) in making the decision to introduce solid foods. Solid foods of an appropriate texture and consistency should be introduced one at a time on a gradual basis with the intent of ensuring the infant's health and nutritional well-being. Solids should not be introduced before four months of age.**

[Explanatory notes:

*AAP: *American Academy of Pediatrics (2014). In: Kleinman RE, ed. Pediatric Nutrition Handbook. 7th ed. Elk Grove Village, IL: American Academy of Pediatrics, (Chapter 6) The recommendation does not say “at” but rather it uses “approximately” and “around” six months and discusses the 4-6 months as an acceptable time to transition to complimentary foods.)*

***Consistent with the AAP and quoted from the current regulations: “Solids should not be introduced before four months of age.” And alternative sentence would be “It is recommended that solids not be introduced before four months of age.”]*

7 CFR § 226.20(b)(4) Infant meal pattern.

(4) Infant meal pattern. Infant meals must have, at a minimum, each of the food components indicated, in the amount that is appropriate for the infant's age. For some infants who regularly consume less than the minimum amount of breastmilk or iron-fortified infant formula per feeding, a serving of less than the minimum amount of breastmilk or infant formula may be offered. In these situations, additional breastmilk or infant formula must be offered at a later time if the infant will consume more. Meals may include portions of breastmilk and iron-fortified infant formula as long as the total number of ounces meets, or exceeds, the minimum amount required of this food component.

(i) Birth through 5 months. Breastmilk or iron-fortified formula is required to meet the infant's nutritional needs. Some infants between 4 – 5 months may be developmentally ready for solid foods of an appropriate texture and consistency on an occasional or regular basis according to the infant's indicators of readiness.”

7 CFR § 226.20(b)(5) Infant meal pattern table.

Infants	Birth through 5 months	6 through 11 months
Breakfast, Lunch, or Supper	4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula ² .
		<u>0-4</u> tablespoons infant cereal ² , meat, fish, poultry, egg yolk, cooked dry beans, or cooked dry peas, or

		<u>0-2 ounces cheese, or</u> <u>0-4 ounces (volume) of cottage cheese^{5**} or</u> <u>0-4 ounces plain unflavored yogurt, or a</u> combination of any of the above.
		<u>0-4</u> tablespoons vegetable ³ or fruit ³ .
Snack	<u>4-6</u> fluid ounces breastmilk ¹ or formula ²	2-4 fluid ounces breastmilk ¹ or formula ² .
		<u>0-1/2</u> ounce bread, ⁴ cracker ⁴ , or ready-to-eat breakfast cereal ⁶ . <u>and/or</u> <u>0-2</u> tablespoons vegetable ³ or fruit ³ .

¹Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Fruit or vegetable, or portions of both, may be served. Fruit and vegetable juices may not be served.

⁴ A serving of grains must be whole grain, whole grain-rich, enriched meal, or enriched flour.

⁵ Cheese spread and cheese food are not allowed.

⁶ Breakfast cereal can have no more than 6 grams of sugar per 1 ounce of dry cereal (≤ 21.2 grams sucrose and other sugars per 100 grams dry cereal.)

*A parent statement is required for infants 8 months of age and older who are not offered at least one item from each component listed above at breakfast, lunch, supper, and snack.

[Note: ** cheese and cottage cheese are from the current infant meal table. Yogurt is added.]

Meal pattern table recommendations: explanatory notes:

- The 6-11 month section of the proposed two part infant meal pattern should be amended to reflect the fact that some infants, breast feed and formula feed, will not be transitioning to food until after 6 months of age. The current rule reflects this in the 4 through 7 month section of the meal pattern by listing the infant food -- cereal servings a “0-3”. We recommend this same mechanism be used in the two part meal pattern.