



April 15, 2015

Tina Namian, Branch Chief
Policy and Program Development Branch, Child Nutrition Programs
Food and Nutrition Service, Department of Agriculture
Post Office Box 66874
St. Louis, Missouri 63166

Docket ID: FNS-2011-0029

Re: Support Nutrition in the Child and Adult Care Food Program Meal Pattern Revisions

Dear Ms. Namian:

Thank you for this opportunity to provide comments on the Department's proposed rule on the CACFP Meal Pattern Revisions, the first such revisions since the program's inception in 1968 – a significant advance.

The mission of California WIC Association (CWA) is "to lead California communities to nourish, educate, support, and empower families in building a healthy future." CWA represents all parties interested in support and improvements to the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), offers training and staff development, public education and advocacy, research and policy analysis, and actively participates in allied public health and nutrition coalitions. We strongly endorse the proposed changes to better align the CACFP meal pattern with the most current dietary guidelines.

With WIC and CACFP serving very similar and overlapping populations, it is critically important that the WIC food package regulations and CACFP meal pattern revisions are also aligned as closely as possible to each other. This is not only important from a nutritional perspective, but from a programmatic perspective. Low-income and busy working families should not only be provided meals and market baskets of healthy food based on the latest scientific research and best evidence, but they should hear the same nutrition and education messages from both WIC and CACFP about the food and health decisions they make every day for themselves and their young children.

With that in mind, and on behalf of the CWA Board of Directors, I respectfully submit the following comments:

226.20 (b) INFANT MEAL PATTERNS

DELAY SOLIDS: The proposed rule would consolidate the CACFP age groups for infants into the two recommended age groups and would allow for the gradual introduction of solid foods beginning at 6 months of age. This aligns well with current AAP guidelines and WIC regulations. Based on the AAP and other evidence-based recommendations, the California WIC Program began implementing later introduction of complementary foods to infants (from 4 to 6 months of age) in 2006-07, well in advance of the Interim Food Package Rule, which mandated this change in 2009. This is a major systems and messaging change that, in our opinion, has played a role in the leveling off of obesity rates in the early childhood years. However, it must be promulgated with comprehensive and culturally-sensitive staff training and concept marketing. It will be critical to ensure a more widespread understanding of the new science around infant feeding cues. There are now rich teaching resources that help parents and providers learn how to tell when an infant is truly ready for solid food and how to avoid over-feeding.

CWA urges USDA and CACFP networks to provide extensive and systemwide training and technical assistance, so that frontline sponsors, providers and parents clearly understand the rationale for this important change and what a difference it can make.

BREASTFEEDING INCENTIVES: We applaud USDA for including provisions in the proposed rule to promote and incentivize breastfeeding in CACFP, by allowing providers to claim reimbursement for mothers who breastfeed their eligible infants onsite as well as reimbursing eligible breastfeeding providers themselves. However, CWA recommends that child care homes and facilities be required, not simply encouraged as a “best practice,” to make available a quiet, private area for mothers who come to the facility to breastfeed. The Final Rule should ensure that child care providers respect a mother's right to a public accommodation for breastfeeding and that mothers are not directed to breastfeed in locations that are uncomfortable or unsanitary (e.g. bathrooms.) Some child care providers may think that seeing mothers breastfeed is potentially damaging to other children. Please include a positive and affirmative statement that seeing other mothers breastfeed is healthy for children and consistent with the [US Surgeon General's Call to Action](#) in removing barriers to breastfeeding. (See page 11 and 13.) Additionally, please ensure the Final Rule clarifies that child care providers can be reimbursed when a mother breastfeeds her child on site, regardless of age.

CHILD AND ADULT MEAL PATTERNS 226.20(a)(2), 226.20(a)(3), 226.20(c)

FRUITS & VEGETABLES: We strongly support the elimination of all fruit or vegetable juice for infants, as we currently do in WIC, and the required provision of whole fresh, frozen or canned fruits or vegetables. Separating the fruit and vegetable components for lunch and supper, as proposed, ensures that a vegetable will be served with each of those meals. However, the Final Rule should also allow providers to be reimbursed for either (a) a fruit and a vegetable, or (b) two servings of vegetables. This will allow more flexibility for providers, and help increase the amount and variety of vegetables that children consume.

We strongly oppose allowing fruit or vegetable juice to comprise the entire fruit or vegetable component for all meals and snacks. Juice intake has increased overall among children 5 years and younger compared to three decades ago. Evidence suggests that fruit juice is one of the top contributors to children's calorie intake. Further, fruit juice has several nutritional disadvantages compared to whole fruit (lack of fiber, phytonutrients, texture and high fructose content, for example) and should not be served in place of whole fruits or vegetables.

GRAINS: Whole grain foods should be more clearly defined in the Final Rule as those that contain at least 50 percent whole grains, while the remaining grains are enriched. We strongly support the requirement that CACFP-eligible breakfast cereals meet the existing WIC cereal requirements as laid out in the Proposed Rule, as this will limit added sugars. Aligning the CACFP breakfast cereal sugar standard with WIC will help providers to identify allowable cereals, as most states have lists of WIC-approved cereals. We support the proposal to limit grain-based desserts to once per week.

FLAVORED MILK, WATER AND YOGURT: CWA strongly opposes the provision of flavored milk in CACFP or any other Child Nutrition program. Consuming flavored milk contributes to increased sugar consumption. Compared to children who do not consume flavored milk, flavored-milk consumers have lower intakes of folate, vitamin A, and vitamin C, and higher intakes of total calories and percent of energy from saturated fat. Allowing flavored milks in CACFP sets a dangerous precedent for WIC since most – if not all -- states currently do not allow it. In order to establish life-long healthy habits and for simplicity of implementation across the different types of programs and sites, we urge USDA to prohibit the provision of flavored milk to all CACFP participants.

We support the proposed requirement that providers make drinking water available to children throughout the day. The Final Rule should specify that safe, fresh drinking water should be available and accessible for children to serve themselves at all times, both indoors and outdoors. Children should not have to request water from the provider; water should be freely available and children should be encouraged to drink it. As a best practice, providers should be encouraged to serve as role models, drinking water in front of children throughout the day instead of drinking beverages such as soda, fruit drinks, and sports drinks that are high in added sugars.

To support healthy beverage consumption in CACFP, the Final Rule should adopt California's tested and fully implemented Healthy Beverages in Child Care Law, which limits full strength (100 percent) juice to one age-appropriate serving per day; ensures clean, safe drinking water is readily available and accessible throughout the day; requires only fat-free or low-fat (1%) unsweetened, plain milk be served to children ages two and older; and prohibits beverages with added sweeteners, either natural or artificial.

CWA supports allowing yogurt as a partial substitution for milk for adults served by CACFP, however we urge USDA to lower the allowable total sugar no more than 23 grams per 8-ounce serving. The proposed no more than 40 grams per cup is excessively high – nearly 10 teaspoons! This is why WIC advocates, including both CWA and the National WIC Association, are urging the IOM WIC Food Package Review Committee not to allow highly sweetened yogurts in WIC. Many popular yogurts on the market actually contain lower levels. For example, Yoplait Kids lowfat yogurts only contain 24 grams of sugar per 8-ounce serving. In addition, manufacturers are now working to lower the sugar content by the use of different active cultures. Consumption of sugar-sweetened beverages and food items, including bakery products and yogurt, has been linked to excess weight gain in children.

FRYING: We support the IOM's intention to decrease saturated fats in the diets of CACFP participants, but the Proposed Rule would prohibit facilities from *any* frying (cooking in added fat or oil), while continuing to allow all frozen pre-fried or flash-fried foods. This makes little sense and creates a host of unintended program changes that would end up negating the policy intent. For example, stir-fried fresh vegetables and tofu would be disallowed, while fish sticks or Tater Tots could continue to be reimbursable! USDA should modify the proposed rule to disallow deep-fried foods from vendors, caterers, restaurants, or carry-out facilities. Additionally, USDA should provide guidance on alternative and healthy cooking methods, such as baking, sautéing, broiling, and stir-frying.

IMPLEMENTATION

While we understand the differing challenges in home- vs. center-based child care, we urge USDA to keep the standards consistent across sites to ensure children are receiving nutritious meals and snacks regardless of the type of setting. Home-based sites may require additional technical assistance and training to support their efforts.

Implementation of the CACFP final rule will require ample lead time, phased-in changes, and grace periods. Strategic implementation, including strong technical assistance and training support, will help sustain the participation of child care centers, family child care home providers, and afterschool programs in CACFP. We recommend that implementation occur in phases over the course of several years. Local, state, and federal WIC administrators and frontline nutrition staff should be considered and utilized as a key resource for information, training resources and specific expertise during this process. They can be of particular assistance around breastfeeding and early feeding topics, as well as management challenges involved with implementing changes of this magnitude in large and small organizations.

Thank you for the opportunity to offer our suggestions on ways to strengthen this historic proposal. We appreciate your hard and thoughtful work and look forward to partnering with California child care providers on its final implementation.

Sincerely yours,



KAREN FARLEY, RD, IBCLC

CWA EXECUTIVE DIRECTOR