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July 23, 2013

Cheryl Vincent
Office of Child Care
370 L'Enfant Promenade, SW
Washington, DC 20024

Dear Ms. Vincent:

Re: Docket ACF-2013-0001

Thank you for this opportunity to provide comments on the Child Care and Development Fund (CCDF) Program proposed rule. California Food Policy Advocates (CFPA) commends Secretary Sebelius and the Office of Child Care for their dedication to improving the health and safety standards in all child care settings. We strongly endorse the changes proposed in this rule to increase the availability, affordability, and quality of child care services.

CFPA is a statewide organization whose mission is to improve the health and well being of low-income Californians by increasing their access to nutritious, affordable food. CFPA has worked to strengthen the federal nutrition programs for over twenty years by sponsoring state and local legislation, conducting research, and working with communities across California to create environments that support optimal nutrition.

As such, CFPA is in a unique position to provide the Department with useful insights from California's experience using policy to improve the nutrition environments in child care settings. Of particular relevance to these proposed regulations, CFPA has observed no adverse impact on access, availability or affordability of child care after California policymakers enacted higher nutrition standards for beverages served in care.

Each week nearly 11 million children under age 5 are in some type of child care setting for an average of 35 hours. It is necessary that during these hours, children be in a safe environment that promotes their growth and well being. Our recommendations build on the power of the Child and Adult Care Food Program (CACFP) to support quality in subsidized child care.

Research has shown CACFP's training, standards, and resources support good nutrition, health, and quality care.^{i,ii,iii,iv,v} As the Office of Child Care recognizes in the rule, "*Another key partner in ensuring health, safety and quality in child care is the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP).*"

CFPA offers the following specific recommendations:

- 1) Recommendation:** Include CACFP state agencies and sponsoring organizations as required partners in the CCDF planning process. (45 CFR 98.14(a)(1))

We commend the Department's planned expansion of the required types of coordination and planning partners for CCDF. CACFP state agencies and sponsoring organizations have already been identified as key partners, but should also be specified as required partners.

- 2) Recommendation:** Include CACFP participation as a minimum reporting requirement for provider-specific quality information posted on the user-friendly web-site, and the report to parents on the qualifications of the provider they have chosen. (45 CFR 98.33(a)) and (45 CFR 98.33(c))

Reporting on CACFP participation will strengthen the important new requirements focused on providing comprehensive consumer education. A robust accounting of provider qualifications, certifications, and licensing status including CACFP participation will be very useful to parents. Increasing the visibility of CACFP may also lead to increased CACFP enrollment and greater customer demand for this important resource that not only improves the nutritional quality of foods served, but also the quality of child care.^{vi}

- 3) Recommendation:** Include CACFP participation as one of the indicators of quality in the "*transparent system of quality indicators*" including QRIS systems. (45 CFR 98.33(b)) Non-CACFP eligible providers would be required to meet the CACFP standards.

Including CACFP participation as a quality indicator will help realize CCDF's goal to "*serve children in safe, healthy, nurturing child care settings that are highly effective in promoting learning, child development, school readiness and success.*" As the rule preamble points out and research conducted in California confirms, participating in CACFP* results in improved nutritional quality of foods and beverages served.^v Child care providers participating in CACFP are also faster and more likely to adopt other nutrition-related policies.^{vii} Lastly, studies, including U.S. General Accounting Office and HHS supported research, have shown CACFP supports not only good nutrition but also quality child care.

- 4) Recommendation:** CACFP nutrition education should qualify as training hours to meet the new child care nutrition training requirement for providers. (45 CFR 98.41(a)(3)(vi))

CACFP nutrition education is free and focused on facilitating low-income providers' understanding of early childhood nutrition and feeding. Consistent with the Healthy, Hunger-Free Kids Act, CACFP is required to provide nutrition and physical activity

* As compared to child care providers serving food, but not participating in CACFP.

education and training. State Lead Agencies can coordinate with the CACFP state agencies and sponsoring organizations to allow providers to meet the new nutrition training requirements through CACFP nutrition education.

- 5) Recommendation:** CACFP participants should be considered to have met the proposed requirement for child care providers to be subject to on-site monitoring, including unannounced visits. (45 CFR 98.41(d))

We agree with the Office of Child Care's recommendation that CCDF Lead Agencies "coordinate with other entities that already have inspection and on-site monitoring mechanisms" including CACFP. CACFP monitoring visits should meet the proposed on-site monitoring requirement for providers. Providers participating in CACFP should be considered to have met the proposed requirement for child care providers receiving subsidy payments to be subject to on-site monitoring, including unannounced visits.

- 6) Recommendation:** CACFP outreach should be encouraged as part of quality improvement activity crucial to the "Implementation of an infrastructure of support to build child care provider capacity to promote health through wellness, physical activity and nutrition programs." (45 CFR 98.51(a)(2)(v))

State Lead Agencies should be encouraging CACFP participation and engaging their networks in CACFP outreach. In California, sponsoring agencies have had success, albeit limited, utilizing USDA expansion grants to increase enrollment among low-income child care providers. With support from local networks, sponsoring agencies can use CCDF quality dollars to maximize CACFP expansion funds for outreach to underserved, low-income, and rural areas. The Center for Disease Control's obesity prevention in early care and education grants include CACFP outreach as a fundable activity because of the key role CACFP plays in promoting good nutrition and health. The CDC prevention grant work currently being done by Lead Agencies and local networks will provide important best practice models.

Thank you for this opportunity to share our support for the Department's efforts to better serve the needs of low-income children and families, as well as our recommendations to strengthen the proposed rule. If I can provide additional information, I can be reached at 510.433.1122 ext. 206.

Sincerely,



Elyse Homel Vitale
Nutrition Policy Advocate
California Food Policy Advocates

Works Cited

- i U.S. Department of Agriculture, Food and Nutrition Service. (2009, March 17). *Child and Adult Care Food Program*. Available at <http://www.fns.usda.gov/cnd/Care/CACFP/aboutcacfp.htm>. Accessed February 8, 2010.
- ii U.S. General Accounting Office, Health, Education and Human Services Division. (1994). *Child care: Promoting quality in family child care* (B-257209, GAO/HEHS-95-36). Washington, DC: General Accounting Office. Available at: (United States General Accounting Office, Health, Education and Human Services Division). Accessed January 28, 2010.
- iii Edwards, C., Knoche, L., Raikes, A., Raikes, H., Torquati, J., Wilcox, B., & Christensen, L. (2002). *Child care characteristics and quality in Nebraska*. Prepared for the Midwest Child Care Research Consortium. Available at: (Edwards, et al., 2002) (Galinsky, Howes, Kontos, & Shinn) (Ritchie, Boyle, Chandran, Spector, Whaley, & James, 2012) (Kaphingst & Story, 2009) (Story, Kaphingst, & French, 2006). Accessed January 28, 2010.
- iv Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care*. New York City, NY: Family and Work Institute.
- v Ritchie, L. D., Boyle, M., Chandran, K., Spector, P., Whaley, S. E., James, P., ... & Crawford, P. (2012). Participation in the Child and Adult Care Food Program is associated with more nutritious foods and beverages in child care. *Childhood Obesity (Formerly Obesity and Weight Management)*, 8(3), 224-229.
- vi Story, M., Kaphingst, K. M., & French, S. (2006). The role of child care settings in obesity prevention. *The Future of Children*, 16 (1), 143-168.
- vii Ritchie, L.D., Sharma, S., Braff-Guajardo, E., Yoshida, S. (2013). *Implications of California's Healthy Beverages in Child Care law*. Available at: <http://cfpa.net/ChildNutrition/ChildCare/CFPAPublications/HER-BeveragePolicyBrief-2013.pdf>. Accessed July 23, 2013.