Office of Child Care

Department of Health and Human Services

370 L’Enfant Promenade

Washington, DC 20024

Docket Number: ACF-2013-0001

Dear Ms. Vincent:

Thank you for the opportunity to comment on the recently proposed Child Care and Development Fund (CCDF) Program rule aiming to improve the health, safety and quality of child care. It is important to strengthen the quality of child care but effective change will require a balanced approach and additional resources.

One important component for success will be to fully utilize 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 child care. [[1]](#endnote-1),[[2]](#endnote-2),[[3]](#endnote-3),[[4]](#endnote-4),[[5]](#endnote-5),[[6]](#endnote-6) 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).”*

In response to the Department’s recognition of CACFP as an important partner, recommendation to state Lead Agencies to use CACFP to support the success of the proposed new standards, and request for comments, we offer the following recommendations.

1. ***Recommendation:*** Providers participating in CACFP should be considered to have met the proposed new 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 in the rule that CCDF Lead Agencies “to coordinate with other entities that already have inspection and on-site monitoring mechanisms” including CACFP. CACFP monitoring visits should meet the proposed new on-site monitoring requirement for providers to receive subsidy. Providers participating in CACFP should be considered to have met the new proposed requirement for child care providers receiving subsidy payments to be subject to on-site monitoring, including unannounced visits. Child care providers can submit documentation of CACFP participation to certify they have met the new on-site monitoring requirement.

1. ***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 should qualify as training hours to meet the new nutrition training requirement: “*age-appropriate nutrition, feeding, including support for breastfeeding, and physical activity*.” CACFP nutrition education is free and focused on helping to facilitate low income providers understanding of early childhood nutrition and feeding with the benefit of observing meals served in child care. Consistent with the Healthy, Hunger Free Kids Act CACFP is required to provide nutrition and physical activity education and training. State Lead Agencies can coordinate with the CACFP agencies and sponsoring organizations to allow providers to meet the new nutrition training requirements through CACFP nutrition education.

1. ***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.

1. **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, CACFP supports good nutrition in child care, “research has shown that public programs can improve the nutritional quality of the food, as children who receive food through government-regulated programs (e.g., the U.S. Department of Agriculture Child and Adult Care Food Program) eat healthier than those bringing food from home.” The research and reports have identified CACFP as key to preventing obesity and supporting good nutrition in early childhood settings. In addition, studies, including U.S. General Accounting Office and HHS supported research, have shown CACFP supports not only good nutrition but also quality child care.

1. ***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))

All Lead Agencies should be encouraging CACFP participation and engaging their networks in CACFP outreach on the local level. Local networks can partner with CACFP sponsorships to maximize CACFP expansion funds for outreach to underserved low-income and rural areas. Where appropriate, the Department should highlight the existing State agency option to require CACFP participation for eligible child care on a statewide or county level basis. 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.

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

We commend the Departments’ 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 in the regulations by adding “Child and Adult Care Food Program State Agency and Sponsoring Organizations” as 45 CFR 98.14(a)(1)(J).

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.

Sincerely,

1. U.S. Department of Agriculture, Food and Nutrition Service. (2009). *Child and Adult Care Food Program*. [↑](#endnote-ref-1)
2. 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. [↑](#endnote-ref-2)
3. 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. [↑](#endnote-ref-3)
4. 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. [↑](#endnote-ref-4)
5. 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*, 8(3), 224-229. [↑](#endnote-ref-5)
6. 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. [↑](#endnote-ref-6)