

POLICY BRIEF:

High Impact Nutrition Standards Feasible for Use in Family Child Care



University of California
Agriculture and Natural Resources



SUMMARY: Research shows that young children from low-income households spend a considerable amount of time in child care.¹ That means child care providers play an integral role in shaping the healthy development of vulnerable children. In California – where 23% of children live in poverty – child care offers an unequalled opportunity to support the nutritional needs of low-income children who are more likely to suffer from poor nutrition.² This policy brief introduces a set of evidenced-based nutrition standards that have been scored for nutritional impact and feasibility of application. This brief also describes how these standards can be used to enhance the quality of nutrition in child care while protecting the viability of the licensed family child care workforce.

BACKGROUND

Recognizing the significant impact policy can have on increasing access to healthy food in child care, California Food Policy Advocates (CFPA) sponsored legislation in 2012 (AB 1872, Alejo) that would have required all licensed family child care homes (FCCHs) to follow nutrition standards. Despite broad support from advocates and the Legislature, Governor Brown vetoed the legislation, expressing reluctance to impose a potentially ‘confusing mandate’ on the child care workforce. In order to inform future policy efforts, CFPA has partnered with the University of California’s Nutrition Policy Institute (NPI) to identify a set of nutrition standards that are both nutritionally sound and feasible for the licensed FCCH workforce.

METHODOLOGY

CFPA and NPI convened a panel of eminent nutrition experts to identify a set of nutritionally ideal, research-based, age-appropriate nutrition standards. The standards were then vetted for feasibility of use in the FCCH setting by an advisory group of child care providers, administrators, and advocates. Each standard was scored and systematically tiered by comparing advisors’ assessments of nutritional impact and feasibility. Gathering input from two separate sets of advisors – one with research-based nutrition expertise and another with in-depth knowledge of FCCHs – enabled the development of standards that are nutritionally ideal, while also accounting for the practical realities faced by licensed FCCH providers (see Tables 1, 2 and 3).

NEXT STEPS

The nutrition standards have been translated into an intervention that will be pilot tested to measure suitability for regional or state policy. The pilot will generate information necessary to better understand FCCH providers’ capacity to implement the standards and the standards’ effects on nutrition in FCCHs. CFPA will reconvene the advisory group after pilot testing to help interpret the findings and to identify policy opportunities that meet the needs of California’s children and the providers who care for them.

POLICY RECOMMENDATIONS

The nutrition standards developed through this collaborative process have immediate and future policy relevance. Policy makers can support the nutritional needs of young children and their healthy development by prioritizing the following actions:

1. Work with advocates and providers to better understand nutrition practices in FCCHs and their role in healthy development.
2. Support local policies to implement high impact nutrition standards that are feasible and easy to implement in the FCCH setting.
3. Utilize findings of the nutrition standards pilot to inform future state policy.

ACKNOWLEDGMENTS

CFPA and NPI would like to thank the David and Lucile Packard Foundation for generously funding this work.

TABLE 1: PILOT NUTRITION STANDARDS | Infants 0 through 11 Months

	Feasibility: EASIER Impact: HIGH OR MEDIUM	Feasibility: MEDIUM Impact: HIGH OR MEDIUM	Feasibility: DIFFICULT Impact: MEDIUM
VEGETABLES	<ul style="list-style-type: none"> • Offer pureed, mashed or whole vegetables for infants 6 through 11 months.⁴ • Vegetables can be fresh, frozen or canned (all with no added salt,⁴ fat, or sugar) for infants 6 through 11 months. 		
FRUIT	<ul style="list-style-type: none"> • Offer unsweetened whole, mashed, or pureed fruits to infants 6 through 11 months.⁵ • Fruit can be fresh, frozen, or canned (all with no added sugars) for infants 6 through 11 months. 		
PROTEIN	<ul style="list-style-type: none"> • Offer proteins such as soft cooked egg, beans, meat, poultry, and fish without bones for infants 6 through 11 months.^{4,5,15} 	<p>For infants 6 through 11 months:</p> <ul style="list-style-type: none"> • Serve protein foods with no added salt.⁴ • Offer natural cheese⁷ no more than 1-2 times per day; choose low-fat or reduced-fat cheeses; do not serve cheese food/spread.¹⁵ • Offer yogurt ≤ 1 time per day, must have <23 grams sugar per 6 oz.¹⁵ 	
GRAINS	<ul style="list-style-type: none"> • Offer iron-fortified infant cereals for infants 6 through 11 months.⁸ 		
BREASTMILK AND OTHER BEVERAGES	<ul style="list-style-type: none"> • Offer only breast milk and/or iron-fortified infant formula.⁷ • No cow's milk, unless a doctor's note.⁴ • Do not serve 100% juice, juice drinks or other beverages.^{3,5} • Support and encourage breastfeeding.³⁻⁶ 	<ul style="list-style-type: none"> • While breast milk and formula are the best sources of water, at 6-9 months begin using a cup for additional drinking water.¹⁰ 	<ul style="list-style-type: none"> • Ensure access to a private area (not a bathroom) with a chair and an electrical outlet available for breastfeeding or pumping.^{4,6}
INTRODUCING SOLID FOODS	<ul style="list-style-type: none"> • At about 6 months, introduce developmentally appropriate solid foods in age-appropriate portion sizes.^{5,7} • Start with iron-fortified infant cereal or pureed meats, and then pureed vegetables and fruits, and then other protein-rich foods.^{8,14} • Introduce foods gradually, one at a time, and wait for at least 3 to 5 days, watch for allergic reactions such as diarrhea, rash or vomiting.^{8,14} • At 9 months, begin self-feeding with finger foods then transition to foods served at the table as developmentally appropriate.⁸ • Encourage older infants to self-feed with their fingers and drink from a cup with assistance. 	<ul style="list-style-type: none"> • Offer solid foods at regular meal and snack times for infants 6 through 11 months. 	

*NOTE: These standards are NOT REQUIRED for licensed FCCH providers and are NOT the new Child and Adult Care Food Program (CACFP) nutrition standards. These standards will be pilot tested prior to October 1, 2017 when CACFP providers are required to comply with new CACFP nutrition standards.

TABLE 2: PILOT NUTRITION STANDARDS | Children 1 Year and Older

	Feasibility: EASIER Impact: HIGH OR MEDIUM	Feasibility: MEDIUM Impact: HIGH OR MEDIUM	Feasibility: DIFFICULT Impact: MEDIUM
VEGETABLES	<ul style="list-style-type: none"> • Offer vegetables ≥ 2 times per day.⁶ • Do not serve deep fried or pre-fried baked vegetables. 	<ul style="list-style-type: none"> • Offer dark green, orange, red, or deep yellow vegetables ≥ 1 time per day.⁶ 	
FRUIT	<ul style="list-style-type: none"> • Offer fruit ≥ 2 times per day.⁶ • Offer only fruit that is fresh, frozen, or canned fruit in water (all with no added sugars).^{6,11,12} 		
PROTEIN	<ul style="list-style-type: none"> • Do not serve processed meats or deep-fried or pre-fried meats or fish.^{5,6} • Offer lean protein ≥ 2 times per day, such as seafood, fish, lean meat, poultry, eggs, beans, peas, soy products, tofu, unsalted nuts/seeds. 	<ul style="list-style-type: none"> • Offer yogurt ≤ 1 time per day, must have <23 grams sugar per 6oz.^{7,15} • Offer natural cheese⁷ no more than 1-2 times per day; choose low-fat or reduced-fat cheeses; do not serve cheese food/spread.¹⁵ 	
GRAINS		<ul style="list-style-type: none"> • Do not serve white (non-whole) grains or grain-based desserts (e.g. cake, cookies, pie, pastries, donuts).³ 	<ul style="list-style-type: none"> • Offer only cereals that are WIC approved breakfast cereals (≤6 g sugar per dry ounce and ≥28 mg iron per 100 mg).⁷ • Offer 100% whole grains ≥ 2 times per day.³
BEVERAGES	<ul style="list-style-type: none"> • Do not serve sugar-sweetened beverages.^{5,6} • Rarely or never offer 100% fruit juice.⁴ • When offered, give no more than one age-appropriate serving of 100% fruit juice per day.⁴ • Ensure that water is easily available for self-serve indoors and outdoors and actively offered with meals and snacks and at other times as appropriate.^{4-6,11} 	<ul style="list-style-type: none"> • For children 12-24 months old offer unflavored whole milk ≥ 2 times per day.^{13,15} • For children >24 months old offer unflavored fat-free or 1% milk ≥ 2 times per day.^{5,12} • Offer only non-dairy milk substitutions (e.g. soy milk) that are nutritionally equivalent to milk.⁷ 	
SUGAR AND SODIUM	<ul style="list-style-type: none"> • Do not serve foods with added sugar or sugar equivalents (e.g. high fructose corn syrup, fructose, corn syrup, cane sugar, evaporated cane juice, sucrose, etc.) listed as the first or second ingredients or having a combination of 3 or more kinds of sugar/sugar equivalents. 	<ul style="list-style-type: none"> • Do not serve low calorie sweeteners or items containing low-calorie sweeteners (e.g., diet foods or diet beverages).⁸ • Do not serve high salt foods (>200 mg sodium per snack item or >480 mg sodium per entrée). • Do not add salt at the table. 	

*NOTE: These standards are NOT REQUIRED for licensed FCCH providers and are NOT the new Child and Adult Care Food Program (CACFP) nutrition standards. These standards will be pilot tested prior to October 1, 2017 when CACFP providers are required to comply with new CACFP nutrition standards. 3

TABLE 3: PILOT NUTRITION STANDARDS | Healthy Practices

	Feasibility: EASIER Impact: HIGH OR MEDIUM	Feasibility: MEDIUM Impact: HIGH OR MEDIUM	Feasibility: DIFFICULT Impact: MEDIUM
INFANTS 0 THROUGH 11 MONTHS	<ul style="list-style-type: none"> • Avoid choking hazards (e.g., by cutting grapes into smaller pieces).⁸ • Ensure that infants are guided by own feelings of hunger and satiety and are not pressured to eat all that is offered.⁸ • Feed younger infants on demand by recognizing feeding cues (e.g., rooting, sucking).⁹ • Provide adequate refrigerator/storage space for breast milk.⁴ • Do not serve solid food and no beverages other than breast milk and iron-fortified infant formula in bottle.⁸ 	<ul style="list-style-type: none"> • Include older infants at family style meals where provider and children eat together. • Minimize distractions at mealtime (e.g., no TV, toys, phones, video games).⁶ • Hold infant in one's arms or sitting up in one's lap while bottle feeding.⁵ • Never prop bottles; do not allow infants to carry, sleep, or rest with bottle.⁵ 	
CHILDREN 1 YEAR AND OLDER	<ul style="list-style-type: none"> • Use dishware and utensils that are sized appropriately.⁵ • Allow enough time to eat.⁴ • Do not use foods or beverages as reward or punishment or for comfort.⁶ • Do not pressure to eat or clean plate; mealtime conversation should not focus on the amount of food that is or isn't eaten.⁶ 	<ul style="list-style-type: none"> • Ask children if they are full before removing plates and ask if they are hungry before serving seconds.⁶ • Use only liquid non-tropical vegetable oils instead of solid fats.^{5,11} • Offer ≥ 1 meal and 1 snack for care < 8 hours.¹² • Offer ≥ 2 meals and 2 snacks for care ≥ 8 hours.¹² • Provide meals and snacks every 2-3 hours at regularly scheduled times.¹² • Offer a variety of culturally-relevant items. • Serve meals and snacks family style; providers teach children to serve themselves age-appropriate portion sizes with assistance as needed.⁶ • At least one child care provider sits with children at table and eats same meals and snacks.^{4,6} • Provider models healthy eating and doesn't consume other items in front of children.^{6,12} • Minimize distractions while eating (e.g., no TV, toys, phones, video games).⁶ • Expect young children to: eat a lot some meals and very little at others; expect children to not eat everything offered; change likes/dislikes; be messy; take months or years to accept new foods.^{4,6} • When food is provided at celebrations or fundraisers offer only healthy items, such as fruit, vegetables and water.^{4,6} 	<ul style="list-style-type: none"> • Offer non-foods at celebrations and fundraisers.^{4,6}

*NOTE: These standards are NOT REQUIRED for licensed FCCH providers and are NOT the new Child and Adult Care Food Program (CACFP) nutrition standards. These standards will be pilot tested prior to October 1, 2017 when CACFP providers are required to comply with new CACFP nutrition standards.

REFERENCES

1. Capizzano J, Main R: Many Young Children Spend Long Hours in Child Care. Snapshots of America's Families. Urban Institute; 2005.
2. California Food Policy Advocates. State and County Profiles. Updated April, 2016. Available at: <http://cfpa.net/county-profiles>
3. Institute of Medicine. Child and Adult Care Food Program: Aligning Dietary Guidance for All. 2010; <http://www.iom.edu/Reports/2010/Child-and-Adult-Care-Food-Program-Aligning-Dietary-Guidance-for-All.aspx>. Accessed July 23, 2015.
4. Nemours. Child Care Wellness Policy Workbook. 2012; [https://www.nemours.org/content/dam/nemours/wwwv2/filebox/service/healthy-living/growuphealthy/Child Care Wellness Policy Workbook.pdf](https://www.nemours.org/content/dam/nemours/wwwv2/filebox/service/healthy-living/growuphealthy/Child%20Care%20Wellness%20Policy%20Workbook.pdf) Accessed July 23, 2015.
5. National Resource Center for Health and Safety in Child Care and Early Education. Caring for our children: National health and safety performance standards. 2011; <http://nrckids.org/>. Accessed July 23, 2015.
6. NAP SACC Program. NAP SACC Best Practice Recommendations for Child Care Facilities. 2007; http://www.une.edu/sites/default/files/NAP_SACC_Best_Practice_Recommendations.pdf. Accessed July 23, 2015.
7. USDA. Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010. 2015; <https://www.federalregister.gov/articles/2015/01/15/2015-00446/child-and-adult-care-food-program-meal-pattern-revisions-related-to-the-healthy-hunger-free-kids-act>. Accessed July 23, 2015.
8. USDA. Feeding Infants. 2016; <http://www.fns.usda.gov/sites/default/files/feedinginfants-ch7.pdf>. Accessed June 1, 2015.
9. USDA. Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs. 2009; <https://wicworks.fns.usda.gov/wicworks/Topics/FG/CompleteIFG.pdf>. Accessed February 1, 2016.
10. American Academy of Pediatrics. Infant Food and Feeding. 2016; <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Infant-Food-and-Feeding.aspx>. Accessed April 30, 2016.
11. U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 2015.
12. Academy of Nutrition and Dietetics. Benchmarks for Nutrition in Child Care. 2011; <http://www.eatrightpro.org/resource/practice/position-and-practice-papers/position-papers/benchmarks-for-nutrition-in-child-care> Accessed July 23, 2015.
13. USDA. Child and Adult Care Food Program. 1982; <http://www.fns.usda.gov/sites/default/files/CFR226.pdf> Accessed July 23, 2015.
14. American Academy of Pediatrics Committee on Nutrition; Editor in chief: Ronald E. Kleinman, MD, FAAP; Associate editor: Frank R. Greer, MD, FAAP. Pediatric Nutrition, 7th Edition. 2013.
15. Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010. Final Rule. April 2016. Available at: <https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf>.