Overview of Nutrition Standards for Family Child Care Providers

- **Evidence-based guidelines** developed in 2016 by a group of nutrition scientists, family child care home providers, and those that work closely with providers
- Incorporates previous and new USDA Child and Adult Care Food Program (CACFP) standards, and more comprehensive
- Standards were informed by **authoritative sources** including the USDA, Institute of Medicine, and the American Academy of Pediatrics
- Standards include both WHAT to serve and HOW to serve
- Standards for two age groups, including one for **infants 0-11 months** and one for **children 1-5 years**
- Two tiers of standards, based on **HIGH IMPACT** and **EASE** of implementation

**Pilot Study & Timeline**

30 family child care home providers in three counties – San Joaquin, Santa Clara, and San Diego – were recruited to participate in a 2-hour in-person nutrition training. Providers were given self-paced learning materials and feedback on their baseline compliance with the standards. Providers were asked to pick 3 to 5 nutrition standards to improve on after the training. Compliance with nutrition standards was assessed via provider survey and researcher observation prior to and two months after the nutrition training.

**About the Providers**

- **Average Age (years)** 48
- **Participate in CACFP** 25%
- **Average # of Children Qualifying for Subsidies** 3
- **Average # of Children in Care**
  - 0-11 Months 1
  - 1-5 years 2
  - 6+ years 3
  - Total 10
- **Race/Ethnicity**
  - Hispanic/Latino 63%
  - White 27%
  - Black/African American 7%
  - Asian/Pacific Islander 3%
- **Language Preference**
  - Spanish 57%
  - English 33%
  - Other 10%
- **Education**
  - Less than High School 10%
  - High School Graduate 20%
  - Some/College Grad + 69%

**Average Provider Compliance with Nutrition Standards Before and After Training**

**INFANT Standards**
- +12% (average for 12 providers)
- Before 36% After 44%

**CHILD Standards**
- +9% (average for 30 providers)
- Before 59% After 68%

Available at: [http://npi.ucanr.edu/files/263112.pdf](http://npi.ucanr.edu/files/263112.pdf)
Average Change in Compliance for Individual Family Child Care Home Nutrition Standards

Results below are for standards with statistically significant increases in average compliance, comparing before and after providers participated in the training. Twelve providers were included for infant standards and 30 providers were included for child standards.

### Infant Standards

1. **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.**
   - Compliance: +33%

2. **Support and encourage breastfeeding.**
   - Compliance: +50%

3. **Provide adequate refrigerator/storage space for breast milk.**
   - Compliance: +50%

4. **Do not pressure to eat or clean plate; mealtime conversation should not focus on the amount of food that is or isn’t eaten.**
   - Compliance: +10%

### Child Standards

1. **Do not serve white (non-whole) grains or grain-based desserts (e.g. cake, cookies, pie, pastries, donuts).**
   - Compliance: +17%

2. **Do not serve high salt foods.**
   - Compliance: +21%

3. **Use only liquid non-tropical vegetable oils instead of solid fats.**
   - Compliance: +21%

4. **Offer natural cheese no more than 1-2 times per day; choose low-fat or reduced-fat cheeses; do not serve cheese spread.**
   - Compliance: +37%

**Key:**
- All above standards were developed in 2016 as described previously; those marked with stars are consistent with the USDA Child and Adult Care Food Program (CACFP);
- * CACFP will not reimburse for grain-based desserts

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**Perception of Cost and Time**

Providers were interviewed to assess their perception of how implementing new standards impacted the cost of their operations, and amount of time.

- 50% reported no change in cost of food and beverages
- 67% reported no change in cost of food preparation supplies
- 53% reported increase time for shopping and preparing food—half of which reported this time returned to normal after they became used to the change; the amount of time was not assessed

**Provider Report of Difficulty Implementing Standards**

Providers were asked if standards were difficult or easy to implement, if they were already doing them or if they didn’t implement them. Below are results of provider reported difficulty implementing Tier 1 (high impact) standards.

**Infant Standards (12 Providers)**
- Already Doing: 57%
- Didn’t Do: 2%
- Hard: 39%
- Easy...

**Child Standards (30 Providers)**
- Already Doing: 72%
- Didn’t Do: 2%
- Hard: 19%
- Easy: 7%