



Infant Nutrition Practices in California Licensed Child Care Prior to New 2017 CACFP Nutrition Standards

Research Brief • March 2019

BACKGROUND

The USDA Child and Adult Care Food Program (CACFP) provides funding for nutritious meals and snacks, training, and monitoring to eligible child care sites. Reimbursement rates vary depending upon a child's eligibility for free, reduced-price, or fully paid meals and snacks.¹

Nationally, CACFP supports the nutrition of over 4.2 million children daily in child care centers (centers), family child care homes (homes), and afterschool programs. In 2016 in California, CACFP participating sites provided over 121.6 million meals and snacks to 621,000 children at a cost of \$416 million. About half of licensed centers and homes in California participate in CACFP.²

CACFP includes meal-based guidelines with five new standards and optional best practices, including supporting breastfeeding mothers and not serving sugar-sweetened beverages, as of October 2017. These new standards, which are aligned with the Dietary Guidelines for Americans, are the first comprehensive update to CACFP since its inception in 1968.³

STUDY OF INFANT NUTRITION

This brief highlights findings from a 2016 survey funded by the Robert Wood Johnson Foundation to evaluate infant nutrition in licensed California child care sites.⁴

To inform the training and support needs of child care providers, the goals of the survey were to:

1. Assess how child care feeding practices in 2016 compare to five of the 2017 CACFP nutrition standards and one optional best practice for infants up to 12 months old
2. Compare nutrition practices between sites participating in CACFP and non-CACFP sites
3. Understand facilitators and barriers to implementation of the new standards

WHAT THE STUDY FOUND

- Most sites' nutrition practices were high for most individual standards, except introducing solids around 6 months of age; few sites satisfied all standards combined
- Compliance with standards was higher for sites participating in CACFP than non-CACFP sites*

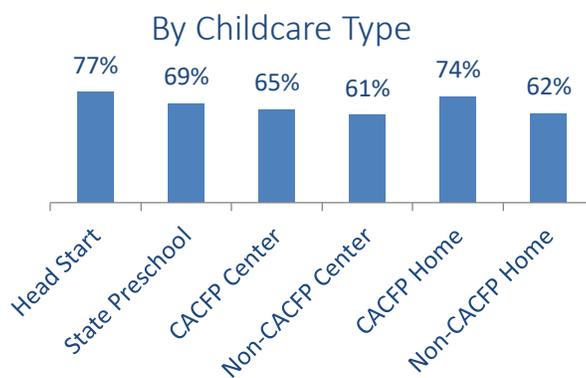
2016 Child Care Survey Responses

297 licensed child care centers and family child care homes serving infants participated in the survey.

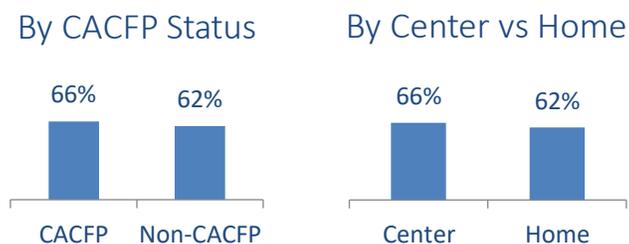
Participants were mostly child care centers (75%), participated in CACFP (65%), offered full-day care (31%), were in operation >5 years (85%), and knew some or a lot about the new CACFP standards (45%).

Average Compliance with 2017 CACFP Standards for Infants

Compliance with the new 2017 CACFP standards before implementation averaged **65%** for all sites.

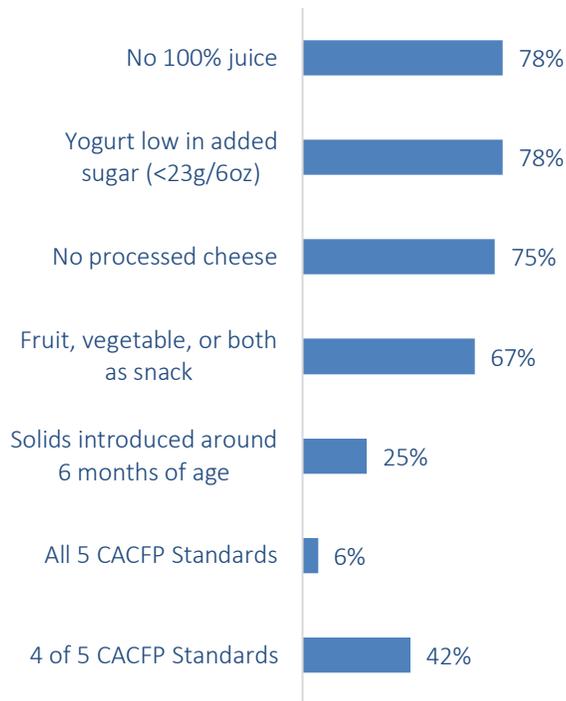


Average compliance was **higher for CACFP participating sites** than non-CACFP participating sites, and for centers than homes.*



*differences were not statistically significant

Compliance with 2017 CACFP Standards for Infants



Compliance with 2017 CACFP Best Practice for Infants



Best practices are optional for CACFP participating sites.

*California's 2010 Healthy Beverages in Child Care law (AB 2084), prohibits licensed child care sites from serving sugar sweetened beverages.

DIFFERENCES, BARRIERS & RESOURCES

Differences in Compliance

Compliance was high (~70% or more sites) for each individual standard with the exception of serving solid foods at around 6 months of age, wherein one-quarter of sites were compliant.

When comparing compliance with individual standards across child care site type, compliance was significantly higher for CACFP compared with non-CACFP sites for serving yogurt low in sugar (85% vs. 63%) and for centers compared with homes for serving fruit and/or vegetables as snacks (72% vs. 53%).

Barriers to Compliance

Most providers (81%) reported that implementing the infant standards was not difficult. Parent preference or practice was reported to be the number one challenge (44%) for providers implementing the standard of solids introduced at around 6 months of age, although CACFP allows introduction of solids prior to 6 months if the parent reports the child is developmentally ready.⁵

Resources Needed for Compliance

Providers reported information for families (28%), policy and written guidelines (27%), and support from parents and families (25%) as the resources that would be most helpful for supporting compliance with infant standards.

References:

- (1) USDA Child and Adult Care Food Program Website. <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>. Accessed on October 1, 2017.
- (2) Federal Register Vol. 81, No. 79. Department of Agriculture, Food and Nutrition Services. Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger Free Kids Act of 2010; Final Rule. April 25, 2016. Available online at: <https://www.govinfo.gov/content/pkg/FR-2016-04-25/pdf/2016-09412.pdf>.
- (3) USDA Food and Nutrition Services Website. Child Nutrition Tables. Available online at: <https://www.fns.usda.gov/pd/child-nutrition-tables>.
- (4) Lee DL, Gurzo K, Yoshida S, Homel Vitale E, Hecht K, Ritchie L. Compliance with the new 2017 Child and Adult Care Food Program (CACFP) meal patterns prior to implementation. *Childhood Obesity*. Vol 14, No. 6, 1 Sept 2018.
- (5) United States Department of Agriculture. CACFP 02-2018. Feeding infants and meal pattern requirements in the child and adult care food program; questions and answers. October 19, 2017. Available at <https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP02-2018os.pdf> Last accessed June 12, 2018.

This work was funded by the Robert Wood Johnson Foundation, Healthy Eating Research Program, grant #73245.