FIRST FOCUS
MAKING CHILDREN & FAMILIES THE PRIORITY

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Food and Nutrition Service, U.S. Department of Agriculture
3101 Park Center Drive, Room 1206
Alexandria, VA 22302

Docket ID: FNS-2011-0029

Re: Child and Adult Care Food Program: Meal Pattern Revisions Related to Healthy, Hunger-Free Kids Act of 2010

Dear Ms. Namian:

On behalf of First Focus, thank you for the opportunity to submit comments on the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) proposed rule "Child and Adult Care Food Program: Meal Pattern Revisions Related to Healthy, Hunger-Free Kids Act of 2010." As advocates for children we understand the importance of and support an update of the Child and Adult Care Food Program (CACFP) meal pattern. To ensure successful implementation and that the new rules produce the best possible outcomes for children, we respectfully submit the following comments for your consideration.

First Focus is a national, bipartisan children's advocacy organization dedicated to making children the priority in policy and budget decisions. As an organization that works on a range of policy that impacts children, including nutrition, health, education, and early childhood, we have a unique understanding of the importance of providing healthy, nutritious meals to children through CACFP.

Provisions in the Healthy, Hunger-Free Kids Act (HHFKA) regarding CACFP significantly improve nutrition and physical activity for children in child care settings, which will result in important improvements in the health and wellness of children starting at a young age. We applaud USDA for undertaking the first major update of the CACFP nutrition standards since the program's inception in 1968. Updating and strengthening the nutrition standards for CACFP is an opportunity to improve dietary intake of millions of children across the country. Along with training, technical assistance, and tools to assist early care and education providers to comply with new standards, the updated meal pattern will promote health and wellness among young children and positively influence their long-term health.

It is clear that USDA carefully considered existing models, state, local, and industry standards and the practical application of the standards. We offer the following comments to further strengthen the proposed rule:

Proposed Infant Meal Pattern Changes

Fruits and Vegetables

Recommendation: Maintain proposal to require a fruit or vegetable serving in the snack meal pattern for children ages 6 through 11 months and to eliminate fruit juice from the meal pattern for all infants.

Rationale: Evidence suggests that fruit juice is the top contributor to children's excessive calories from beverages.[1] In addition, children and adolescents do not consume the recommended amounts or variety of fruits and vegetables; they consume more fruit juice and starchy vegetables than recommended, while consuming less whole fruit, dark green and orange vegetables, and legumes than recommended.[2] Including a fruit or vegetable in snacks and eliminating fruit juice gives infants more access to a variety of fruits and vegetables, setting the stage for more acceptance later in life. The proposal is consistent with the practices of many CACFP state agencies. Rhode Island and Mississippi, for example, restrict the provision of juice to infants.[3]

Breastfeeding

Recommendation: Allow CACFP to reimburse for infant meals when mothers directly breastfeed their children at a childcare facility for children of any age. We also encourage the new regulations to provide instruction on how providers should provide sanitary, comfortable spaces where mothers can breastfeed, and a positive statement about seeing other mothers breastfeed is healthy for children.

Rationale: The American Academy of Pediatrics recommends exclusive breastfeeding for approximately six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.[4] The benefits of breastfeeding to mothers and babies are well established: breastfeeding is associated with fewer respiratory infections; fewer episodes of diarrhea, pneumonia, and ear infections; and reduced risk of later asthma, obesity, and sudden infant death syndrome.[5]

As this provision is implemented, we encourage USDA to reduce the burden on providers while ensuring that regulations include instructions that providers respect a mother's right to public accommodation for breastfeeding and that mothers are not directed to breastfeeding locations that are uncomfortable or unsanitary (e.g. a bathroom). A statement about the positives of public accommodation for breastfeeding is consistent with the U.S. Surgeon General's Call to Action on removing barriers to breastfeeding.[5]

Best Practice: Highlight successful communication between mother and provider regarding the timing of the last feed, which is key to making direct breastfeeding work for all parties.

Proposed Child and Adult Meal Pattern Changes

Separate Fruit and Vegetable Component

Recommendation: We support separating fruits and vegetables into two separate meal components and encourage the new rules to allow the option to serve two vegetables for lunch or supper rather than a fruit and a vegetable.

Rationale: Separating fruits and vegetables will allow for greater opportunities for fruit and vegetable consumption for reimbursable snacks and aligns with the National School Lunch Program. Including the option to serve to vegetables for lunch or supper would strengthen this provision by helping to bring vegetable consumption closer to the Dietary Guidelines for Americans, an important goal as children generally do not consume the recommended amount of vegetables.[6] This may also help reduce providers serving juice as a fruit serving; overconsumption of fruit juice is a common problem, as described below. Additionally, this gives providers flexibility to take advantage of local and seasonal availability of vegetables.

Best Practice: Increase the quantity of fruit (1/4 cup) to be equal to that of vegetables (1/2 cup) for children ages 6-13 years old to better align with the Dietary Guidelines for Americans and the Institute of Medicine (IOM) recommendations.[7] We look forward to working with USDA to ensure that future iterations of the CACFP meal pattern include resources necessary to increase fruit and vegetable serving sizes and variety requirements.

Juice

Recommendation: Do not allow for fruit or vegetable juice to comprise the entire fruit or vegetable component for all meals and snacks, and if fruit or vegetable juice is allowed as an entire fruit or vegetable meal component, we recommend USDA limit reimbursement of 100 percent juice to once a day in age-appropriate portion sizes.

Rationale: Studies show that people who eat servings of whole fruits have a lower risk for type 2 diabetes compared to those who consume fruit juice.[8] Juice intake has increased overall among children 5 years and younger compared to three decades ago,[9] with the largest increases in Latino and African American children.[10] Evidence suggests that fruit juice is the top contributor to children's excessive calories from beverages.[11] Further, fruit juice has several nutritional disadvantages compared to whole fruit: juice has little or no dietary fiber; prolonged, excessive, or frequent exposure to juice could lead to dental caries;[12] liquid calories are less satiating, can be consumed more quickly, and may elicit a weaker compensatory response than calories consumed as solid foods,[13] which can lead to weight gain.[14]

If fruit or vegetable juice is creditable as an entire fruit or vegetable meal component, we recommend USDA limit reimbursement of 100 percent juice (no sugar added) to once a day in age-appropriate portion sizes, as recommended by the IOM committee.[15] Healthy Eating Research convened an expert advisory committee to review current research and develop age-based recommendations for healthy beverages. The committee recommended 0-4 ounces of 100% juice for children 2-4 years old, 0-6 ounces for children 5-10 years old, and 0-8 ounces for children 11-18 years old. Many state agencies already limit the amount of juice reimbursable under the CACFP program. North Carolina, for example, allows only 6 ounces per day of 100 percent fruit juice.[16]

Best Practice: Eliminate juice from CACFP to encourage fruit and vegetable consumption.

Whole Grains

Recommendation: Maintain proposed requirement to include at least one serving of whole grain-rich products per day across all meals and snacks.

Rationale: As a first step toward increasing whole grains in the CACFP program, we support the requirement to have at least one serving of whole grain-rich products per day across all eating occasions. The IOM's assessment clearly explains the health benefits of whole grain consumption, and future CACFP meal patterns should include requirements to increase the amount of whole grains served in childcare settings. Consuming a diet rich in whole grains can increase intake of dietary fiber and other nutrients,[17] help to maintain a healthy weight,[18] reduce the risk of several chronic diseases,[19] and help manage cholesterol levels.[20]

Identifying and purchasing whole grain products can be complicated; specific tools and phased-in requirements provided by USDA will help facilitate the process. For example, certain whole grains are or nearly are cost neutral and are easy to find (such as cereals, pasta, and some breads). Encouraging providers to focus on starting with these readily available products, which do not add significant costs, helps facilitate adoption and adherence. In addition, many low-sugar cereals also qualify as whole grains, making it easy for providers to meet two meal-planning requirements at one time.

Best practice: All grain products are whole grain-rich. Best practices for whole grain servings should not be limited to only two servings of whole grains per day.

Grain-Based Desserts

Recommendation: Maintain proposal to disallow grain-based desserts from counting toward grain component and provide the following definition that will be easy for providers to understand and implement:

> Grain-based desserts include grain-based foods with added sugars such as cakes, cookies, pies, sweet rolls, pastries, donuts, brownies, candy, and ready-to-eat breakfast cereals with more than six grams of sugar per serving.

Rationale: Grain-based desserts are a major source of extra calories that are generally non-essential in a well-balanced diet. According to the National Health and Nutrition Examination Survey (NHANES) grain-based desserts contribute 12.9 percent of daily calories from total added sugars and 10.8 percent of daily calories from solid fat.[21]

With this revision, providers will need assistance identifying grain-based desserts. We recommend that the USDA provide a simple definition that will be easy for providers to understand and implement, such as the definition offered above. We caution the Agency against using the same definition for grain-based desserts that is currently contained in a Question and Answer document on the School Meals final rule[22] as that definition is difficult to interpret and apply.

Breakfast Cereal

Recommendation: Use the Special Supplementary Nutrition Program for Women, Infants, and Children (WIC) standard limiting breakfast cereal to six grams of sugar per serving.

Rationale: The Dietary Guidelines for Americans Committee recently recommended that Americans reduce their consumption of added sugars.[23] Limiting sugars in breakfast cereals will help reduce overall added sugars for children in CACFP. Most states have lists of cereals that meet WIC standards; aligning CACFP breakfast cereal sugars standard with WIC will help providers identify allowable cereals. These resources should be shared with CACFP providers through technical assistance and training materials.

Fat-free and 1% Milk

Recommendation: Maintain USDA's proposed change requiring 1% or fat-free milk be served to children two and older and allow non-dairy milk substitutions that are nutritionally equivalent to milk if requested by a parent or guardian

Rationale: Changing to low-fat and fat-free milk is cost-neutral and easy to accomplish. It is also an important step toward improving the nutritional quality of food served in ECE settings. Congress was right to require low-fat or fat-free milk for CACFP in the Healthy, Hunger-Free Kids Act, and we commend USDA for issuing guidance to states regarding this policy change.

Flavored Milk

Recommendation: Maintain proposal to require flavored milk be non-fat. In response to USDA request to comment on the service of flavored milk, we recommend adopting option A1 modified to include children ages two through five years, and option B1.

Rationale: Flavored milk contributes to increased sugar consumption from beverages, and our preference is for children to be served unflavored milk with no added sugar. Compared to children who do not consume flavored milk, those who consume flavored-milk have lower intakes of folate, vitamin A, and vitamin C, and higher intakes of total calories and percent of energy from saturated fat.[24]

We recommend that USDA adopt a modified version of alternative A1 and prohibit the service of flavored milk to children ages two through five years. We recommend that the age group be extended to two through five instead of two through four for health and ease of implementation reasons. Though children can enter kindergarten at age five, a number of children turn five before entering kindergarten, and many school districts do not offer free full-day kindergarten. As a result, many 5-year-old children are still in childcare. In addition to reducing intake of sugar and being a healthier alternative for 5-year-olds in childcare, having the same flavored milk standard for all preschool children will greatly ease implementation.

For school-aged children, we recommend adopting alternative B1—limiting sugar content of flavored milk to no more than 22 grams per eight fluid ounces as part of the CACFP meal pattern requirement. Unlike alternative A1, we do not recommend modifying the age group. We recognize that 5-year olds will be represented in childcare settings, in school, and in afterschool childcare settings depending on a number of factors. If mixed age groups (i.e. 4-year-olds and 5-year-olds) are together in the same facility, we recommend the standard for the younger age group be followed.

Yogurt

Recommendation: In response to USDA request for comments on restricting sugar content for yogurt, we recommend that USDA require that yogurt available through CACFP meet a sugar standard of 23 grams of sugar per six ounces, lower than the 30 grams proposed.

Rationale: Thirty grams of sugar per six ounces would exclude very few products on the market; it would allow even yogurts with candy and cookies in them. Instead we recommend 23 grams per six ounces. This standard would disallow the yogurts with candy, cookies, and other flavored yogurts with

high sugar content, while allowing flavored yogurts with a more reasonable amount of sugar. A limit of 23 grams will decrease the amount of added sugar children in childcare consume, a stated goal of the regulations and dietary guidelines, and will not pose significant challenges for childcare providers during implementation. Dannon, a major yogurt brand with nationwide availability, made a pledge with the Partnership for a Healthier America to reduce the amount of total sugar in their products to 23 grams or less per six ounce serving in 100 percent of products for children and 70 percent of the company's products overall by 2016.[25] Many yogurts on the market today already meet the 23 grams per six ounce standard and by the time these CACFP updates are implemented, all Dannon yogurt for children across the country will be 23 gram per six ounces or less, meaning childcare providers should easily find yogurt that meets the new, stricter standard.

For ease of implementation, providers will need technical assistance and support to understand these new sugar standards. We recommend that USDA create a resource with the allowable amount of sugar per four, six, and eight-ounce yogurt servings. In addition, USDA should offer guidance on flavored milk that is prepared on-site by adding syrups or powders to plain milk.

Food Preparation

Recommendation: Maintain the restriction on frying as an on-site food preparation technique, but provide a clear definition of "frying" as "foods that are cooked by immersion into hot oil or other fat," along with examples of alternative cooking methods. Additionally, we recommend integrating training and technical assistance for providers to limit the service of commercially prepared fried foods to no more than once a week.

Rationale: We would like to see a clear definition of frying in the final rule, as there is some confusion in the field about what constitutes "frying."

Additionally, we recommend including alternative cooking methods as promoted, healthier techniques. These could include methods that use limited vegetable oil such as baking, sautéing, broiling, searing, and stir-frying. Guidance also should recommend moving away from cooking with solid fats, food high in saturated fat, and toward healthier vegetable oils. We further recommend that fried foods from caterers, restaurants, or carryout facilities be disallowed in ECE programs. As currently written, it appears that fried foods would be allowable if brought in from outside the ECE programs.

Best Practice: Best practice should limit the service of commercially prepared fried foods to no more than once per week. State agencies and sponsoring organizations have successfully implemented best practices related to limiting the service of commercially prepared fried foods through:

- Providing nutrition education emphasizing the importance of healthy choices and the negative health consequences of unhealthy choices;
- Training on menu planning, healthy product identification and smart shopping; and
- Hosting food preparation and cooking skills development classes locally or regionally and through web-based videos.

This type of education and training for program administrators, center and home monitors, and providers should be integrated into the proposed improvement to ban on-site frying. Some states have already begun to do this; for example, the North Carolina Nutrition Services Branch (CACFP State agency) implemented a USDA Child Care Wellness Grant funded nutrition education initiative, which

included training on cooking skills and healthy menu planning. The topic of limiting fried foods, including commercially prepared fried foods, was also featured in the new education options created for the initiative: an online self-study module on childhood obesity prevention, and a 20-hour nutrition and physical activity training for early care and education professionals offered through rural community colleges.[26]

Prohibition on Using Food as a Reward or Punishment

Recommendation: Maintain proposal to prohibit the use of food as a punishment or reward, and prohibit taking away physical activity time as a punishment.

Rationale: Many childcare resources recommend not using food as a punishment or reward in childcare settings.[27] A wide variety of alternative rewards can be used to provide positive reinforcement for children's behavior, such as praise or encouragement and stickers. Providing food based on performance or behavior links food to mood and can encourage children to eat treats even when they are not hungry. Beginning at an early age, these practices can instill behaviors associated with unhealthy eating or obesity, such as lifetime habits of rewarding or comforting oneself with food.

The prohibition of using food as a punishment should extend to physical activity as well. Given the high rates of obesity and chronic diseases among Americans, physical activity should be promoted whenever possible. Taking away children's opportunities to be physically active would do the opposite and should not be used as a punishment.

Promoting Health and Wellness

Physical Activity

Recommendation: USDA proposal to encourage centers and family day care homes to provide daily opportunities for structured and unstructured age appropriate physical activity should be maintained. To provide additional guidance for providers, we suggest the addition of the following guidelines for model wellness policies, as best practices, and in technical assistance and training for providers:

- Provide children with opportunities for moderate and vigorous physical activity for at least 60 minutes per day during a full-day program or 30 minutes per day for a half-day morning or afternoon program.
- Include a mixture of moderate and vigorous activity (activity that increases the heart rate and breathing rate), as well as bone and muscle strengthening activities.
- Active play should take place outdoors whenever possible.
- Staff should model active living by participating in physical activities with children.

Rationale: These components contribute to childhood health and wellness and can be found in the evidence-based National AfterSchool Association Healthy Eating and Physical Activity Standards (NAA HEPA Standards).[28] These comprehensive standards have been adopted by various youth serving organizations such as the YMCA, National Recreation and Park Association, and the Boys & Girls Clubs of America.

Sugar-Sweetened Beverages

Recommendation: Through the wellness policy in HHFKA, USDA should work to eliminate sugar-sweetened beverages from childcare facilities.

Rationale: The Healthy Eating Research Healthier Beverage Recommendations recommend not serving sugar-sweetened beverages to children under 14 years of age and only small amounts of lower-calorie sugar-sweetened beverages to older age groups.[29] Sugar-sweetened beverages are the largest source of added sugars and calories in American children's diets,[30] and evidence from randomized trials suggests that drinking sugar-sweetened beverages leads to weight gain in both children and adults.[31] Sugar-sweetened beverages also are associated with cardiovascular disease, type 2 diabetes, gout, and dental caries.[32] Some states already disallow sugar-sweetened beverages through childcare licensing, including New Jersey.[33]

Proposed Miscellaneous Changes

Water

Recommendation: Maintain proposed requirement that providers make drinking water available to children throughout the day and clarify that safe, fresh drinking water should be available and accessible for children to serve themselves at all times, both indoors and outdoors.

Rationale: Children should not have to request water from the provider; water should be freely available and children should be encouraged to drink it. Providers also should be encouraged to serve as role models, drinking water throughout the day instead of drinking beverages such as soda, fruit drinks, and sports drinks that are high in added sugars.

Family-Style Eating and Offer vs. Serve

Recommendation: Provide further clarification on offer vs. serve, particularly drawing a clear distinction between this practice and family-style dining. For example, USDA could help clarify this difference is to provide visual resources like videos demonstrating each practice, such as those available through the Lets Move! Child Care (LMCC) website.[34]

Rationale: Some providers are confused around the difference between offer vs. serve and family-style dining. In some cases, providers are interpreting these two distinct practices as the same practice. For example, during family-style meal service ECE providers are unclear on if they will still be reimbursed for placing foods that meet the meal pattern requirements into a serving bowl and offering for children to serve themselves or if they must serve the required portion size and place it on the child's plate. This is a significant concern considering the changes this rule makes to offer vs. serve practices in school-based programs. We believe that family-style dining is a valuable and effective tool in teaching children under five appropriate portion sizes, hunger and fullness cues, and self-serving skills and should be further encouraged with clarification to these terms.

Best practice: To further promote family-style meal practices in federal nutrition programs for preschool age children, we recommend USDA include a best practice around family-style dining. The benefits of family-style meal service include:

- Improved self-feeding skills and recognition of hunger and fullness cues.
- Growing understanding of appropriate portion sizes for different meal components.
- Support of social, emotional, and motor skill development.
- Children learn about the foods they are eating and are more likely to enjoy and eat healthy food.
- Language skills improve as adults and children talk with each other.
- Creates an opportunity for positive role modeling.

ECE programs need support and guidance about how to successfully implement family dining in ways that align with CACFP requirements. For example, many providers have concerns about how to ensure adequate and appropriate portion sizes. Many of the providers we have worked with use measuring cups and spoons to encourage children serving appropriate portion sizes. Many resources to successfully implement family style dining are available on the Let's Move! Child Care website: videos, tip sheets, testimony from programs and more.

Additional Recommendations

Training and Technical Assistance

As part of the Healthy, Hunger-Free Kids Act, USDA is required to provide technical assistance to participating CACFP centers in complying with the new standards. We thank USDA for the time and resources the Agency has dedicated to CACFP technical assistance to date. We encourage USDA to release its final needs assessment research report, pertinent resources, and guidance materials to effectively educate providers. USDA should develop resources such as a list of foods that qualify for reimbursement under specific components; food purchasing and preparation guides; menu planning and recipe resources and examples; recordkeeping assistance; and updates to the Food Buying Guide and the "Nutrition and Wellness Tips for Young Children: Provider Handbook for CACFP". In particular, due to changes in requirements around flavored milk, yogurt, frying, whole grains, physical activity, and family-style eating, additional technical assistance and training is necessary. Materials should be easy to understand for any audience and encourage solutions that promote provider and sponsor collaboration with local farms,[35] grocers, and parents, and other community stakeholders.

Anecdotally, home-based child care sites face a number of challenges that center-based sites do not. However, we urge USDA to keep the standards consistent across types of providers to ensure children are receiving the same nutritious meals and snacks regardless of their childcare setting. Additional technical assistance and training should be provided to home-based childcare to better support their efforts. Sponsors, too, must be adequately prepared by USDA to answer concerns about the implementation timeline and state agency monitoring.

We recommend USDA include an appendix or chart that compares new meal component requirements and recommended best practices. This type of quick reference guide would help providers understand minimum requirements and how to achieve further improvement.

Lastly, sponsors and providers should be linked with resources currently available in their states or at the national level. Some resources may include materials from the National Food Service Management Institute, American Heart Association, Nemours, and the Academy of Nutrition and Dietetics.

Processed Meats

Recommendation: In response to the request for comments on how to define processed meats, we recommend using the 2015 Dietary Guidelines for Americans Committee Report definition that follows, and provide examples of specific meat products that are likely to be served in child care facilities:

> Processed meats are meat, poultry, or seafood products preserved by smoking, curing or salting, or addition of chemical preservatives. Processed meat includes bacon, sausage, hot dogs, sandwich meat, packaged ham, pepperoni, and salami.[36]

Rationale: The Minnesota Department of Education,[37] Indiana Department of Education,[38] Delaware Department of Education,[39] and New York State Department of Health[40] all have childcare resources that list specific examples foods to clarify what is processed meat. We recommend that USDA use a definition similar to the DGAC and list specific meat products that are likely to be served in child care facilities.

Best Practice: In addition, we recommend that USDA limit processed meats in CACFP facilities as a best practice. A number of state agencies already limit the amount of processed meats reimbursable under the CACFP program. For example, Delaware limits processed meats to once every two weeks and New York State recommends limiting processed meats to once a week.

Conclusion

We commend USDA for developing this much-needed update to the nutrition standards for the Child and Adult Care Food Program, and we encourage the agency to act expeditiously to finalize and fully implement a strong final rule that will contribute to the long-term health and wellness of children across the country. We urge USDA to build on its proposal and strengthen it to ensure that strong, feasible nutrition standards are put in place to help safeguard and support the health of CACFP participants.

Sincerely,

Bruce Lesley

Bruce Lesley
President

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[2] U.S. Department of Agriculture and U.S. Department of Health and Human Services. December 2010. *Dietary Guidelines for Americans, 2010*. 7 Edition, Washington, DC: U.S. Government Printing Office.

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[29] Healthy Eating Research, see footnote #22.

[30]U.S. Department of Agriculture & U.S. Department of Health and Human Services, see footnote #2.

[31] See, for example: De Ruyter JC, Olthof MR, Seidell JC, et al. (2012). A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children. *New England Journal of Medicine*, 1397-1406; and Te Morenga L, Mallard S, & Mann J. (2013). Dietary Sugars and Body Weight: Systematic Review and Meta-Analyses of Randomized Controlled Trials and Cohort Studies. *British Journal of Medicine*, 346, e7492.

[32] See, for example: Malik VS, Popkin BM, Bray GA, Després JP, & Hu FB. (2010). Sugar-Sweetened Beverages, Obesity, type 2 Diabetes Mellitus, and Cardiovascular Disease Risk. *Circulation*, 1356-1364; Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, & Hu FB. (2010). Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and type 2 Diabetes a Meta-Analysis. *Diabetes Care*, 2477-2483; Touger-Decker R & Van Loveren C. (2003). Sugars and Dental Caries. *The American Journal of Clinical Nutrition*, 881S-892S; and Choi HK & Curhan G. (2008). Soft Drinks, Fructose Consumption, and the Risk of Gout in Men: Prospective Cohort Study. *British Journal of Medicine*, 309-312.

[33] http://nrckids.org/default/assets/File/StateRegs/NJ/1_NJ_CCCmanual_122.pdf

[34] https://healthykidshealthyfuture.org/5-healthy-goals/improve-food-choices/

[35] The USDA's Farm to Child Care Programs and the Fresh Fruit and Vegetable Program are important resources that the USDA should continue to promote through CACFP to encourage experiential learning opportunities that reiterate healthy food choices.

[36] U.S. Department of Agriculture and Department of Health and Human Services. (2015). Scientific Report of the 2015 Dietary Guidelines Advisory Committee. Available at: http://health.gov/dietaryguidelines/2015-scientific-report/.

[37]http://www.education.mn.gov/MDE/SchSup/FNS/CACFPCenter/FoodServOp/MenusCrediting/057530

[38] http://www.doe.in.gov/sites/default/files/nutrition/complete-application-packet.pdf

[39] http://healthymeals.nal.usda.gov/hsmrs/Delaware/nhpsmenuplanning.pdf

[40] https://www.health.ny.gov/publications/1377.pdf