

RECOMMENDATIONS ON CHILD CARE NUTRITION

CALIFORNIA WORKING FAMILIES POLICY SUMMIT
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INTRODUCTION

In California, 17 percent of children ages 2-5 are obese and at risk of the multiple personal consequences of obesity, including a host of severe chronic health conditions, poor social and developmental outcomes and compromises to academic opportunity. These chronic diseases also produce a heavy impact on the state's rapidly escalating health care budget. Nationally, obesity among preschoolers has tripled in the past 30 years, and the epidemic shows no sign of slackening.ⁱ

This accelerating obesity rate is particularly worrisome because, as recent studies show, obesity is very difficult to reverse, either at adolescence or in adulthood. While obesity prevention policy thus far has focused on the schools, it plainly needs to look farther upstream, to the preschool ages when children's dietary habits and preferences form and most effectively can be influenced.

There is another important reason why nutrition policy makers need to give attention to preschoolers: hunger and food insecurity (another form of malnutrition) affect sizable numbers of California children – about 30 percent of households with incomes under 200 percent of poverty have difficulty putting food on their family's table.ⁱⁱ Rising food prices, home foreclosures, galloping unemployment rates, and other negative impacts from the worsening recession serve only to exacerbate the challenges many families face in cobbling together healthy diets.

Child care, where many children receive a substantial portion of their daily nutrition, provides exactly the right setting for effective nutrition policy. In California, almost 2 million children regularly spend time in child care facilities. About 37 percent of 2- and 4-year olds attend either Head Start or preschool.ⁱⁱⁱ Not only is child care widely used throughout the state, child care sites offer a strategic partner for nutrition policy intervention; and the state has reach and influence through licensed care and also for much of unlicensed care to facilitate improved standards and practice (for instance, where a public subsidy is attached to individual children's child care and to TrustLine care for which formal registration is required).

In addition, the federal Child and Adult Care Food Program (CACFP) provides reimbursement for meals and snacks that meet USDA nutritional standards. Unfortunately, those decades-old standards have not been re-crafted to respond to the obesity epidemic. (In fact, USDA recently has engaged the Institute of Medicine (IOM) to bring the standards into alignment with the Dietary Guidelines for Americans and to assign a meal cost for that alignment, but USDA is not expected to adopt new standards and reimbursement rates until 2012, at the earliest.)

Additionally, California separately provides state reimbursement for child care meals meeting the same CACFP nutritional standards served to low-income children. Until 2007, state reimbursement for school and child care meals was at the same rate. In 2007, however, the school reimbursement jumped from 16 cents to 22 cents per meal, but reimbursement for almost all child care was left at the 16 cent rate. It also is noteworthy that California's licensing scheme directs all licensed child care *centers* to serve meals that satisfy the CACFP nutrition standards, but this requirement is only sporadically monitored. The family child care *homes* are under no such requirement at all.

Recently, there have been two promising initiatives to develop improved nutritional standards in child care. First, in August 2007, the California Department of Education (CDE) and the California Health and Human Services Agency jointly convened a California Child Care Strategic Assessment Advisory Group "to identify key priority recommendations aimed at reducing the incidence of childhood overweight among California's young children in child care programs." Those recommendations have been developed, and their release is forthcoming.

Second, in response to one of the Strategic Assessment Group's recommendations, in August 2008, CDE convened the Child Care Nutrition Standards Workgroup "to identify and prioritize improvements to the federal Child and Adult Care Food Program (CACFP) Meal Pattern for California children in child care." The Workgroup's activity will be completed soon, and its recommendations will be issued soon after that.

Finally, it should be noted that two very recent studies have been completed that furnish the first comprehensive, fact-based assessment in many years of the nutritional quality of the foods and beverages being served in child care in California. The first study consisted of observational visits to child care facilities in Los Angeles; the second is a statewide study.^{iv} Together, they provide a strong fact-basis for the CDE Workgroup's key recommendations, which, in turn, form the basis for Policy Recommendations #1 and #2 below.

The timing for the recommended changes is extremely opportune, as they will catch the wave of the revised WIC food package, which is being introduced in California in October 2009. The recommendations also will be promoted in conjunction with Congressional reauthorization of all the federal child nutrition programs, including CACFP, also scheduled for 2009.

POLICY OBJECTIVE #1

Increase state reimbursement for child care meals, linked to improvements in nutritional standards.

Background

USDA is considering changes to CACFP nutritional standards and has asked the IOM to assess nutritional quality in child care. However, USDA is not likely to implement new standards for CACFP until at least 2012.

In the meantime, California can adopt its own improved standards, as long as they are stronger than USDA's – and they could be implemented immediately. The new state standards would have the advantage of being intended to promote obesity prevention, which the federal standards do not.

At the same time, the state reimbursement for child care meals and snacks served to low-income children, which has not been increased for years, is inadequate, particularly for the preparation of healthier meals. Improvements to reimbursement and to nutritional quality should be linked.

Recommended Action

The California State Legislature should increase state reimbursement for meals served to low-income children in child care facilities participating in CACFP from 16 cents to 22 cents and require the following improvements to nutritional quality.

All of the items listed below are being considered by the CDE Child Care Workgroup described above and include both cost and no-cost changes.

- 1) Serve only 2% fat milk or less for children 2 years or older.
- 2) Limit juice to one serving of 100% juice per day.
- 3) Serve at least one vegetable at lunch and supper.
- 4) No deep fat frying on site.
- 5) Limit sugar to 6 grams per serving for both hot and cold cereals.
- 6) Limit fried potatoes to a maximum of one time per week.
- 7) Limit sweet grains (muffins, pastries, etc.) to no more than twice per week, served only at snacks.

POLICY OBJECTIVE #2

Require basic nutritional standards for all child care facilities as a condition of licensing.

Background

Currently, California statute instructs all child care centers to follow the nutrition standards required by USDA for meal and snack reimbursement in the Child and Adult Care Food Program. Enforcement of this requirement consists of monitoring, which occurs once every 5 years. There are no similar requirements for family child care homes; in fact there is no mention of nutrition at all with regard to the licensing of family homes.

Recommended Action

The California State Legislature should require all licensed child care facilities to adopt the following nutritional standards:

- 1) Serve only 2% fat milk or less for children 2 years or older.
- 2) Limit juice to one serving of 100% juice per day.
- 3) Limit sugar to 6 grams per serving for both hot and cold cereals.
- 4) Make water easily available to children throughout time in care, including meals.
- 5) Limit screen time, including, but not limited to, television, video games, and computer.

New York City recently adopted standards similar to these for licensed child care.

POLICY OBJECTIVE #3

Include nutritional standards as a child care quality indicator.

Background

Senate Bill 1629 (2008) established an Early Learning Quality Improvement System Advisory Committee to develop an early learning quality rating scale that can be used to improve child care, including the marketing and funding of child care programs. While the statute lists numerous criteria and concerns that the committee should consider in developing the rating scale, nutrition is not among them.

Recommended Action

The California State Legislature should amend SB 1629 to include nutrition and physical activity as criteria for the rating scale and to ensure that experts in nutritional and physical activity standards for children ages 0-5 are called upon to help develop the criteria for the rating scale and to serve on the Advisory Committee.

ⁱ "Childhood Obesity in the United States: Facts and Figures". Institute of Medicine. September 2004. <http://www.iom.edu/Object.File/Master/22/606/FINALfactsandfigures2.pdf>.

ⁱⁱ Data from the California Health Interview Survey, available at: <http://askchis.com/main/default.asp>.

ⁱⁱⁱ Ibid.

^{iv} Both reports available at: <http://www.cfpa.net/cacfp/cacfp.htm#Research%20&%20Reports>.