THE U.S. DEPARTMENT OF AGRICULTURE  
FOOD AND NUTRITION SERVICE

Child and Adult Care Food Program:

Meal Pattern Revisions Related to

Healthy Hunger-Free Kids Act of

2010

Docket No. FNS-2011-0029

COMMENTS OF   
**Real Food for Kids - Montgomery**

Lindsey Parsons, Executive Director

(216) 337-9344

Lindsey Parsons, Executive Director

Real Food for Kids - Montgomery

7979 Old Georgetown Road, 10th Floor

Bethesda, MD 20814

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Tina Namian  
Branch Chief, Policy and Program Development Division, Child Nutrition Programs  
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:

Real Food for Kids - Montgomery strongly supports the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) proposed rule entitled Child and Adult Care Food Program: Meal Pattern Revisions Related to Healthy, Hunger-Free Kids Act of 2010, and respectfully submits the following comments for your consideration.

We are delighted that the Healthy, Hunger-Free Kids Act included a focus on improving nutrition and physical activity for young children including revisions to the Child and Adult Care Food Program (CACFP) and applaud USDA for making the first major update of the CACFP nutrition standards since the program’s inception in 1968. The strengthening of nutrition standards for the CACFP meals and snacks, paired with funding for training, technical assistance, and tools to assist early care and education (ECE) providers in complying with the new standards and promoting wellness among young children, is a major step forward in addressing the health needs of our youngest, and often most vulnerable, children. Updating the nutrition standards for CACFP will ensure improved dietary intake and the long-term health of millions of children across the country.

It is clear that in developing this proposed rule, USDA carefully considered expert recommendations, existing models, state, local, and industry standards, and the practical application of the standards—including costs for providers.

We offer the following comments regarding the proposed rule.

**Proposed Meal Pattern Changes**

***Infant Meal Patterns***

Fruits and Vegetables

We support USDA’s proposal to require a fruit or vegetable serving in the snack meal pattern for the 6 through 11 month age group and eliminate fruit juice from the meal pattern for infants. Evidence suggests that fruit juice is a top contributor to children’s calorie intake.[[1]](#footnote-1), [[2]](#footnote-2) In addition, children and adolescents do not consume the recommended amounts or variety of fruits and vegetables. They consume more fruit juice and less whole fruit and more starchy vegetables and less dark green and orange vegetables and legumes than recommended.[[3]](#footnote-3) This proposal would help to ensure that infants are provided more access to a variety of fruits and vegetables, helping to set the stage for better acceptance later in life. The proposal is consistent with the practices of many CACFP state agencies. Rhode Island and Mississippi, for example, restrict the practice of providing juice to infants through child care regulations.[[4]](#footnote-4),[[5]](#footnote-5)

Breastfeeding

We applaud USDA for including provisions in the proposed rule to promote breastfeeding in CACFP. 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 1 year or longer as mutually desired by mother and infant.[[6]](#footnote-6) The benefits of breastfeeding to mothers and babies are well-established. Infants who are breastfed are healthier, and 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.

As USDA works to finalize the proposed rule, we strongly encourage USDA to maintain the allowance that any child care facility receive reimbursement for meals when the mother directly breastfeeds her child at the child care facility. As this provision is implemented, we encourage USDA to make it less burdensome 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). Please include a positive and affirmative statement that seeing other mothers breastfeed is healthy for children and consistent with the U.S. Surgeon General's Call to Action on removing barriers to breastfeeding.[[7]](#footnote-7)

We further encourage USDA to ensure that the regulation is clear that reimbursement is allowable for children at any age. There is no reason reimbursement should stop at 6 months.

Finally, an additional best practice to highlight, is the importance of communication between mother and provider regarding the timing of the last feed, which is key to making direct breastfeeding at the end of the day work for all parties.

***Child and Adult Meal Patterns***

Separate Fruit and Vegetable Component

We support separating fruits and vegetables into two separate meal components. Separating fruits and vegetables is a step in the right direction, as it would allow for greater opportunities for fruit and vegetable consumption at snack and aligns with the National School Lunch Program. We recommend strengthening the proposed change by allowing the option to serve two vegetables for lunch or supper rather than a fruit and a vegetable. This would strengthen the proposed change by helping to bring vegetable consumption closer to the Dietary Guidelines for Americans—as was mentioned above, children generally do not consume enough vegetables.[[8]](#footnote-8) This change also could potentially help to reduce the offering of juice as the fruit serving for meals; overconsumption of fruit juice is a common problem, as we outline below. It also would allow flexibility to take advantage of local and seasonal availability of vegetables.

Ideally, we would like to 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.[[9]](#footnote-9),[[10]](#footnote-10) We hope that with future iterations of the CACFP meal pattern, there will be resources available to increase fruit and vegetable serving sizes and variety requirements.

Juice

We do not support allowing fruit or vegetable juice to comprise the entire fruit or vegetable component for all meals and snacks. Studies show that people who eat whole fruits have a lower risk for type 2 diabetes compared to those who consume fruit juice.[[11]](#footnote-11) Juice intake has increased overall among children 5 years and younger compared to three decades ago,[[12]](#footnote-12) with the largest increases in Latino and African American children.[[13]](#footnote-13) Evidence suggests that fruit juice is one of the top contributors to children’s calorie intake.[[14]](#footnote-14),[[15]](#footnote-15) Further, fruit juice has several nutritional disadvantages compared to whole fruit: juice has little or no dietary fiber; prolonged, excessive, or frequent exposure could lead to dental caries;[[16]](#footnote-16),[[17]](#footnote-17) liquid calories are less satiating, can be consumed more quickly, and may elicit a weaker compensatory response than calories consumed as solid foods,[[18]](#footnote-18),[[19]](#footnote-19) which can contribute to weight gain.[[20]](#footnote-20)

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 sugars added) to once a day in age-appropriate portion sizes, as was recommended by the IOM committee.[[21]](#footnote-21) Healthy Eating Research (HER) convened an expert advisory committee to review current research and develop age-specific recommendations for healthy beverages.[[22]](#footnote-22) The HER committee recommended no more than 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 100% fruit juice, limited to 6 ounces per day.[[23]](#footnote-23) In addition, it is a common practice for state CACFP agencies to recommend child care centers and homes serve fruit juice no more than once a day. In the Food Research and Action Center’s survey of state CACFP agency nutrition and wellness practices, one third of the states responding had formal enhanced nutrition standards limiting fruit juice to a maximum of one serving per day.

For example, as a result of the Florida Bureau of Child Nutrition Programs’ policy limiting juice to a single serving per day, fruit was offered 30 percent more often on menus. The bureau also offers workshops to reinforce the nutrition standards, and developed supporting materials, including cookbooks, menu planners, and parent fact sheets. The juice standard, which met with some resistance at the beginning, has now been fully and successfully implemented, putting Florida providers one step closer to meeting the new CACFP meal pattern.[[24]](#footnote-24)

*Best Practice:* we recommend that the best practice be to eliminate juice from CACFP to encourage whole fruit and vegetable consumption.

Whole Grains

We support a stronger requirement than suggested (to make at least one of the grain servings whole grain-rich each day across all eating occasions) and would ask that you make all grain servings required to be whole grain rich. This requirement should be applicable only when a grain is served during the day. For example, afterschool programs serving only a snack might not have a grain component each day and thus would not need to serve a whole grain product. We agree with the IOM’s assessment of the health benefits of whole grain consumption, and would like to see increased requirements for whole grains in future iterations of CACFP meal patterns. Consuming a diet rich in whole grains can increase intake of dietary fiber and other nutrients,[[25]](#footnote-25),[[26]](#footnote-26) help people to maintain a healthy weight,[[27]](#footnote-27),[[28]](#footnote-28),[[29]](#footnote-29),[[30]](#footnote-30) reduce the risk of several chronic diseases,[[31]](#footnote-31),[[32]](#footnote-32) and help manage blood cholesterol levels.[[33]](#footnote-33)

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

Grain-Based Desserts

We fully support the proposed revision to disallow grain-based desserts from counting toward the grain component. Grain-based desserts are major sources of extra calories, added sugars, saturated fat, and trans fat, and they are generally low in nutritional value. According to the National Health and Nutrition Examination Survey (NHANES) grain-based desserts contribute 12.9% of calories from total added sugars and 10.8% of calories from solid fat.[[34]](#footnote-34)

Providers will need assistance identifying grain-based desserts. We recommend that USDA provide a simple definition that will be easy for providers to understand and implement such as the following:

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

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[[35]](#footnote-35) as that definition is difficult to interpret and apply.

Breakfast Cereal

We support the adoption of the Women, Infants, and Children (WIC) sugars standard of six grams of total sugars per serving for breakfast cereal. The Dietary Guidelines Advisory Committee recently recommended that Americans reduce their consumption of added sugars to no more than 10 percent of calories.[[36]](#footnote-36) Limiting sugars in breakfast cereals will help to reduce overall added sugars in the diets of CACFP participants. Aligning the CACFP breakfast cereal sugars standard with WIC will help providers to identify allowable cereals. Most states have lists of cereals that meet the WIC standards. Those resources should be shared with CACFP providers through technical assistance and trainings.

Milk and Yogurt

We also support the allowance of non-dairy milk substitutions that are nutritionally equivalent to milk if requested in writing by a parent or guardian.

USDA has requested comments on the service of flavored milk. We do not support the use of flavored milk in the CACFP so that children will not become accustomed to eating sugar in their milk. We note that flavored milk contributes to increased sugar consumption from beverages, and our preference is for children to be served unflavored milk. Compared to children who do not consume flavored milk, flavored-milk consumers have lower intakes of folate, vitamin A, and vitamin C, and higher intakes of total calories and percent of energy from saturated fat.[[37]](#footnote-37),[[38]](#footnote-38),[[39]](#footnote-39) We recommend that USDA adopt a modified version of alternative A1—prohibiting the service of flavored milk to children two through four years. We recommend that the age group be extended to two through five. Though children can enter kindergarten at age five, many five year old children are in full-day child care. For ease of implementation, it would be easier if all preschool children had the same flavored milk standard. If it is allowed, we prefer allowing 1% flavored milk, so that there is some fat to slow the absorption of the sugar in the milk. For school-aged children, we recommend adopting alternative B1—limiting sugar content of flavored milk to no more than 18 grams per eight fluid ounces as part of the CACFP meal pattern requirement. Unlike alternative A1, we do not recommend modifying the age group, but rather keeping it at five years of age and older. We recognize that 5-year olds will be represented in both settings depending on the timing of when they enter kindergarten. If mixed age groups are together in the same facility, we recommend the stronger standard be followed.

USDA has similarly requested comments on restricting sugar content for yogurt. We recommend that USDA require that yogurt available through CACFP meet a sugar standard, though we recommend a stronger sugar standard than USDA suggested. Thirty grams of sugar per six ounces is too high, very few products on the market (even those with candy and cookies in them) would be disallowed by this standard. Instead we recommend 20 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. We choose 20 grams per six ounces, because Dannon, a yogurt producer whose products are available nationwide, made a pledge through the Partnership for a Healthier America to reduce the amount of total sugar in Dannon products to 20 grams or less per six ounce serving in 100% of products for children and 70% of the company’s products overall by 2016.[[40]](#footnote-40) Many yogurts on the market today meet the 20 grams per six ounce standard and by the time these CACFP updates are implemented, many Dannon yogurt across the country will be 20 grams or less of sugar per six ounces.

To support 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

We support the proposed disallowance of frying as an on-site food preparation technique. We recommend that USDA establish a clear definition of frying in the final rule, as there could be confusion in the field about what constitutes “frying.” We suggest the following definition:

Foods that are cooked by immersion in hot oil or other fat.

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

We recommend integrating training and technical assistance on the best practice of limiting 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.
* Hosting food preparation and cooking skills development classes locally or regionally and through web-based videos.

This type of education and training should be integrated into the proposed improvement to ban on-site frying. Program administrators, centers, and home monitors, as well as providers should receive training. 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 also was 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.[[41]](#footnote-41)

**Prohibition on Using Food as a Reward or Punishment**

We support USDA in prohibiting the use of food as a punishment or reward. Many child care resources recommend not using food as a punishment or reward in the child care setting.[[42]](#footnote-42),[[43]](#footnote-43),[[44]](#footnote-44) A wide variety of alternative rewards can be used to provide positive reinforcement for children’s behavior, including praise or encouragement, stickers, extra physical activity time, etc. Providing food based on performance or behavior links food to mood. This practice can encourage children to eat treats even when they are not hungry and can instill lifetime habits of rewarding or comforting themselves with food behaviors associated with unhealthy eating or obesity.

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, we should not take away children’s opportunities to be physically active. There are many more constructive ways to correct children’s behavior.[[45]](#footnote-45)

**Promoting Health and Wellness**

Physical Activity

We applaud USDA for encouraging centers and family day care homes to provide daily opportunities for structured and unstructured age-appropriate physical activity. Physical activity produces overall physical, psychological, and social benefits, and should be seen as a critical component of child care programs. To better support quality physical activity in child care settings, we suggest the following guidelines be included within the model wellness policies, as best practices, and in technical assistance and training that is made available to 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 mix 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 when possible.
* Staff should model active living by participating in physical activities with children provided that program supervision is not compromised.

These components can be found in the evidence-based National AfterSchool Association Healthy Eating and Physical Activity Standards (NAA HEPA Standards).[[46]](#footnote-46) These comprehensive standards have been adopted by a number of youth serving organizations such as the YMCA, National Recreation and Park Association, and the Boys & Girls Clubs of America.

Sugar-Sweetened Beverages

We strongly urge USDA to require that ECE providers not serve or make available sugar-sweetened beverages in child care facilities, similar to how it requires that drinking water be made available all day long.[[47]](#footnote-47) This should also apply to beverages brought in by parents. USDA should include information on eliminating sugar-sweetened beverages from child care facilities in training and technical assistance materials.

In addition to promoting health and wellness through physical activity, reduced electronic media use, and water consumption, we recommend USDA include guidance for providers and staff to not consume sugary drinks in front of children.

The HER 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.[[48]](#footnote-48) Sugar-sweetened beverages are the largest source of added sugars and calories in American children’s diets.[[49]](#footnote-49) Convincing evidence from randomized trials suggests that drinking sugar-sweetened beverages leads to weight gain in both children and adults. [[50]](#footnote-50),[[51]](#footnote-51)  Sugar-sweetened beverages also are associated with cardiovascular disease, type 2 diabetes, the metabolic syndrome, gout, and dental caries.[[52]](#footnote-52),[[53]](#footnote-53),[[54]](#footnote-54),[[55]](#footnote-55) Some state agencies already restrict sugar-sweetened beverages in child care facilities, such as New Jersey.[[56]](#footnote-56)

**Proposed Miscellaneous Changes**

Water

We support the proposed requirement that providers make drinking water available to children throughout the day. USDA should, however, clarify that safe, fresh drinking water should be available and accessible for children to serve themselves at all times, both indoors and outdoors. 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 in front of children.

Family-Style Eating and Offer vs. Serve

We recommend further clarification on offer vs. serve, particularly drawing a clear distinction between this practice and family-style dining. 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. 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 children to serve themselves or if they must serve the required portion size and place it on the child’s plate. This is a 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 for teaching children under five appropriate portion sizes, hunger and fullness cues, and self-serving skills and should be further encouraged with clarification to the difference between it and the offer versus serve requirements.

One way USDA could help clarify this difference is to provide visual resources such as videos demonstrating each practice, such as those available through the Lets Move! Child Care (LMCC) website.[[57]](#footnote-57)

*Best practice:* we are supportive of family-style meal practices and their promotion 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.
* Cultivating understanding of appropriate portion sizes for different meal components.
* Support of social, emotional, and motor skill development.
* Learning about the foods children are eating and cultivating enjoyment and eating healthy food.
* Language skills improve as adults and children talk with each other.
* Providing an opportunity for positive role modeling.

ECE programs need support and guidance about how to successfully implement family-style 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 measuring cups and spoons to encourage children to serve appropriate portion sizes. Guidance also should be given about having an adult present at mealtimes (this means sitting with the children and eating the same foods as the children). This practice is important for adult modeling, safety for children, and support of social and physical development. Many resources to successfully implement family-style dining are available on the Let’s Move! Child Care website, including 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 continue to educate centers in a meaningful way. USDA should develop resources that address issues such as foods that qualify for reimbursement under specific components (such as whole grain); food purchasing and preparation; menu planning and recipes; recordkeeping; and updates to the Food Buying Guide and the “Nutrition and Wellness Tips for Young Children: Provider Handbook for CACFP.” In particular, there will need to be technical assistance and training related to flavored milk, yogurt, frying, whole grains, physical activity, sugar-sweetened beverages, accessible drinking water, and family-style eating. Materials should be easy to understand for a general lay audience and encourage solutions that promote provider and sponsor collaboration with grocers, parents, local farms,[[58]](#footnote-58) and others.   
   
Anecdotally, there are different challenges that home-based child care sites face in comparison to center-based sites. However, we urge USDA to keep the standards consistent across sites to ensure children are receiving nutritious meals and snacks regardless of the early care and education setting. Home-based sites may require additional technical assistance and training to 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, former meal component requirements, and recommended best practices. This type of quick reference guide would help providers understand not only minimum requirements, but areas to strive for additional improvement.   
   
On the state and local level, CACFP should connect to the expertise, materials, and training capacity of the Academy of Nutrition and Dietetics including professionals currently assisting Head Start centers with their menus, SNAP-Ed programs and educators, Public Health Departments’ obesity initiatives, WIC offices, the American Heart Association, and Nemours.

Implementation of the CACFP final rule will require ample lead time, phased-in changes, and grace periods. Implementation and administration of this new rule will be resource-intensive.

It is important to use strategies that will make implementation of these regulations as successful as possible. It is helpful to use strategies that take into account the time needed for providers to learn about and implement the new CACFP meal pattern and address the challenges that providers may encounter. Strategic implementation including strong technical assistance and training support will help sustain the participation of child care centers, family child care home providers, and afterschool programs in CACFP. We recommend that implementation occur in phases. This will help to ensure that there is enough time for providers to be trained and that providers will not be overburdened by the introduction of too many changes simultaneously. We recommend including a learning or grace period between training and enforcement of the regulations. This will help ensure that providers have time to thoroughly learn and implement the meal pattern standards before they are enforced.

Processed Meats

USDA requested comments on how to define processed meats. The 2015 Dietary Guidelines for Advisory Committee Report included the following definition:

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.[[59]](#footnote-59)

The Minnesota Department of Education,[[60]](#footnote-60) Indiana Department of Education,[[61]](#footnote-61) Delaware Department of Education,[[62]](#footnote-62) and New York State Department of Health[[63]](#footnote-63) all have child care resources that list specific foods to clarify what they mean by processed meats. 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.

We recommend that USDA limit processed meats in CACFP facilities. Some state agencies already limit the amount of processed meats reimbursable under the CACFP program. Delaware limits processed meats to once every two weeks through its child care licensing.[[64]](#footnote-64) New York State recommends limiting processed meats to once a week.[[65]](#footnote-65)

**Conclusion**

In closing, 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. 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.

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