

CACFP *take* ACTION Challenge Proposal

Prepared for Presidents Challenge

By Chris Clark, CCFP Roundtable

Dear Presidents Challenge Team,

Thank you for this opportunity to speak to you on behalf of the Roundtable and the CACFP take ACTION Challenge. It would be such an honor to have someone from your team help launch this initiative. I realize that you most likely receive thousands requests but we are unique as you will see if you take a look at our numbers. This is a great opportunity for the Presidents Challenge to reach not just our conference attendees but the thousands upon thousands of early child care providers and the parents and children they serve right at the core. Our upcoming 24th Annual Roundtable Conference and the CACFP take ACTION Challenge provides a significant marketing opportunity for initiatives such as the Presidents Challenge, Farm to Preschool, Lets Move Child Care, CACFP and health and wellness initiatives. Given a chance, this challenge will be of value for the Presidents agenda other initiatives listed by delivering a specific challenge aiming to reach our CACFP attendees and exciting them to participate in the President’s agenda, USDA CACFP initiatives and USDA, CACFP’s future.

Please take a moment to go through the attached proposal and see the value our collaboration promises to bring to CACFP and CCFP Roundtable and the President’s agenda. I will look forward to hearing from you soon.

Sincerely,

Chris Clark, Conference Chair

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**Challenge Executive Summary**

**The Idea**

Child Care Food Program Roundtable is launching a CACFP take ACTION challenge to the attendees of the CCFP Roundtable Conference in October, 2015 with the challenger participants being recognized the following year at the 25th Annual RT Conference. The CACFP take ACTION Challenge is an awareness campaign designed to rally/re-energize everyone connected with the Child and Adult Day Care Food Program to take action to promote and energize CACFP and themselves and their own program/s using existing initiatives that align with the Child and Adult Care Food Program.

**The Opportunity**

Exposure. This challenge provides the Child Care Food Program and various agencies initiatives and programs an opportunity for more exposure for their initiatives and for CACFP. It provides an opportunity to get materials and program participation out and not just by the CACFP administrators and staff but the early child care community which of course includes parents. The opportunity for the different agency initiatives to promote as collaborators and partners is gained.

**Proposal**

The idea of this challenge derives from a few things;

* Educate the CACFP and Early Child Care community including parents about health and wellness
* a need to motivate and re-energize CACFP administrators and participants
* CACFP awareness still not where it should be
* a lack of promotion/marketing opportunities for individual food program agencies
* a need to get existing CACFP staff/participants involved in CACFP
* under-utilized existing initiatives, materials and opportunities available in CACFP and early child care
* need for more partnerships and collaboration
* lack of participation

Our challenge goals are to

* promote existing selected initiatives visibility in CACFP and the early child care community.
* promote collaboration and partnering with aligned initiatives and agencies.
* position CACFP and selected initiatives to enhance its prestige and desirability. Ensure long term and sustainable success of the challenge and initiatives by consistently reviewing the results and revising specific strategies throughout the challenge.
* promote awareness of CACFP and the participating agencies and strengthen early child care.
* provide opportunity
* ultimately health and wellness in early child care

**What we will need**

Our needs to do the challenge, basically as follows:

1) Detailed identification of the attendees and the best way to approach the different segments. Complete

• CACFP Administrators

• CACFP Monitors

• CACFP Directors

• CACFP State Agencies

• CACFP Federal Agencies

• Program Participants ie Providers, children and parents

• (Individual or Group)

2) Formulation of challenges and the messaging of the challenge

• Lets Move Child Care Challenge -confirmed

• Gold, Bronze, Silver 30%, 20%, 10%

• CACFP Challenge - confirmed

* Assessments
* Advocating

• Farm to preschool - not confirmed

• Sesame Street Healthy Habits -not confirmed

• Presidents Challenge - not confirmed

3) The production and execution of different forms of messages

• produce paper media messages

• logo

• brochures,

• flyers,

• social media,

• website

4) Implementation

* Launch-Monday, 26th
  + Each initiative will speak a bit about their initiative
  + Announce the CACFP take ACTION Challenge
  + Selected initiatives will have workshops throughout the conference
* Closing thoughts-Wednesday will include the Challenge

5) Follow up

* Timetable - review of participation
* Tracking participation
  + Social media
  + Pictures/videos
  + Example: Lets Move Child Care will have three categories of medalists in their challenge: Gold 30% of providers on sponsors program, Silver 15% of providers on sponsors program, Bronze 10% of providers on sponsors program completed Lets Move Child Care initiative.
  + Submit electronic forms and/or participation by August 1st, 2016
* Each initiative selected will have input on how they want to recognize the participants
  + Medals, certificates, newsletters, social media or???

6) Budget

* Funding required by Roundtable
  + Medals
  + Certificates
  + Recognition
  + Paper media

**Child and Adult Care Food Program Background**

The Child and Adult Care Food Program (CACFP) uses federal dollars to provide nutritious meals and snacks to low-income children in child care centers and family child care homes.[[1]](#endnote-1) CACFP is very important – both in terms of the number of children it serves and its positive impact on young children in child care. Nationwide, preschoolers are consuming diets too high in calories, saturated fat, and sweets and too low in fruits, vegetables, whole grains, and low-fat dairy2-4. The healthy food provided by CACFP, of course, makes a substantial contribution towards meeting the nutritional needs of children in child care, particularly low-income children.[[2]](#endnote-2)5-13 CACFP assures that children in child care receive good nutrition through ongoing training, technical assistance and support.14

Childhood overweight and obesity, an issue that disproportionately affects low-income children, continues to be one of the nation’s most pressing public health problems.15-16 Intervening in early childhood and providing high quality child care programming is critically important as lifelong health behaviors are developed during this time.17-18 By paying for nutritious meals and snacks for eligible children enrolled at participating child care centers and family child care homes, CACFP plays an important role in improving the quality of child care programs and in making them more affordable for low-income parents.19-22

CACFP provides high-quality nutrition and learning experiences for over 3.5 million children in child care each working day: more than two-thirds of them in child care centers, and the rest in family child care homes.23-24 Nearly $3 billion in federal reimbursements for meal and snacks is distributed to child care centers and homes each year.25 Unfortunately, under the current system, healthy CACFP meals and snacks are out of reach for millions of young children in child care. Across the nation, over half of the family child care homes operate without CACFP support for healthy meals. Family child care homes’ participation in CACFP, which had been one of the fastest growing nutrition programs, has dropped 30 percent since the introduction of a complex two-tiered reimbursement system in 1997.26 And although participation among child care centers has increased, not all eligible children have access to the program. In one study, researchers found that 60 percent of randomly sampled, non-participating centers were located in areas where the median household income was below the federal poverty level.27

The Healthy, Hunger-Free Kids Act of 2010 took important steps toward improving and expanding the Child and Adult Care Food Program. Congress acknowledged CACFP’s role as a program responsible for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children.

Benefits

Research has demonstrated CACFP’s clear role in helping to assure good nutrition and high-quality, affordable child care. The program is a well-documented success:

* Data from the Fragile Families and Child Wellbeing Study, presented in ***Federal food policy and childhood obesity: A solution or part of the problem?***, showed that participation in federal child care and school meal programs, such as the Child and Adult Care Food Program, is associated with a lower Body Mass Index (BMI) in children, particularly low-income children.28
* The Institute of Medicine, citing research on the association between participation in federal nutrition assistance programs, improved dietary quality and decreased risk of overweight among children, identified increasing participating in CACFP as a strategy to promote healthy eating in the report ***Local Government Actions to Prevent Childhood Overweight***.29
* The ***Children’s HealthWatch study*** compared low-income children who receive meals from child care centers and family child care homes that likely participate in CACFP to low-income children who rely on food brought from home.30 Children who received food from their child care provider were 62 percent less likely to be in fair or poor health and 64 percent less likely to have been hospitalized. These children were also more likely to be at a healthy height and weight for their age.
* In a study of nutrition in child care, ***It’s 12 O’clock…What Are Our Preschoolers Eating For Lunch?***, participation in CACFP was associated with several positive practices.31 Providers participating in CACFP were more likely than non-participating providers to serve whole grains and milk. The food served at participating family day care homes had a higher overall nutritional quality compared to non-participating homes. And the food served by providers was far superior to food brought from home. Meals brought from home were much less likely to include fruits, vegetables, milk, or lean meat while featuring more packaged snack foods, desserts, and fruit drinks.
* In ***Participation in the Child and Adult Care Food Program is Associated with More Nutritious Foods and Beverages in Child Care,*** researchers conducted a statewide survey of foods and beverages offered at 429 child care sites. Compared to non-CACFP sites, CACFP sites served more fruits, vegetables, milk, and meat or meat alternates and less sweetened beverages and other sweets32. Researchers attributed this difference to the additional monitoring, training, and reimbursement funds provided by CACFP.
* In a nationwide study comparing CACFP-participating centers to similar non-participating centers, ***The Child and Adult Care Food Program and the Nutrition of Preschoolers,*** researchers found positive associations between CACFP participation and children’s dietary intake and weight status33. Children participating in CACFP were more likely to consume the recommended amount of milk and vegetables. This study also found that CACFP may reduce the risk of overweight and underweight among participating children.
* In ***Dietary Intake and Health Outcomes among Young Children Attending 2 Urban Day-Care Centers***,researchers compared the intake of children at a center participating in CACFP to children at a similar center that required parents to send food from home.34 Children at the participating center consumed significantly more milk/dairy and vegetable servings while eating fewer fats and sweets. They also obtained more protein, vitamin A, B vitamins, calcium, magnesium, iron and zinc. In addition, children from the participating center had fewer absences due to illness than children from the non-participating center.
* The Economic Research Service report ***Maternal Employment and Children’s Nutrition Volume 1, Diet Quality and the Role of CACFP*** investigated differences in diet between children cared for at home and children of employed mothers who received meals and snacks through CACFP.35 Children who received food through CACFP consumed more fruit and milk, less fat, and a greater variety of foods. These children also consumed less soda, other soft drinks, and added sugars. The report states that “*these differences especially favor children in low-income households.*” The authors concluded that “*CACFP participants’ diets, on average, meet daily recommendations for food energy, protein, vitamins A and C, iron, zinc, calcium, cholesterol, and dietary fiber*” and that “*meals and snacks consumed in CACFP care make a substantial and positive contribution to these children’s total dietary intake*.”
* The U.S. Department of Agriculture’s ***Evaluation of the Child Care Food Program*** reported that the meals and snacks provided by child care centers and family day care homes participating in the food program were nutritionally superior to those provided by non-participating centers.36 The food provided by participating homes and centers were more nutrient-dense and supplied a higher proportion of children’s daily needs for most nutrients. Participating homes and centers also had higher food quality and variety scores when compared to non-participating centers.
* The U.S. General Accounting Office's report, ***Promoting Quality in Family Child Care***, cited the effectiveness of the program: *“Because of its unique combination of resources, training, and oversight, experts believe the [Child and Adult Care] food program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide.”* 37
* A study conducted by the Midwest Child Care Research Consortium reported, that *“participation in the USDA Food Program was associated with quality. This association held true for family child care providers and for infant/toddler center-based regardless of the provider’s education level.”* 38 In the report, ***Child Care Characteristics and Quality***, researchers recommended using CACFP as a way to expand training and educational opportunities because “*the USDA Food Program has been an important way to augment the quality of programs serving low-income children*.”
* The Families and Work Institute's ***Study of Children in Family Child Care and Relative Care*,** cited participation in the Child and Adult Care Food Program as one of the major factors associated with quality care, reporting that 87 percent of the family child care homes considered to be providing good quality child care participated in CACFP.39



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