

Policy Opportunities to Elevate Nutrition Standards for Family Child Care Home Providers (FCCH's) in CA

CCFP 24th Annual Roundtable Conference
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Child and Adolescent Health Programs



Goal of Today's Presentation

- Discuss challenges and opportunities for FCCHs to serve nutritious food for children in care
- Identify policy opportunities to elevate and align nutrition standards for FCCHs providers that do not participate in the Child and Adult Care Food Program.
- Articulate advocacy opportunities to improve the nutrition environment for licensed FCCHs



Presentation Outline

- **Part I:**
 - Give Context and Frame FCCH's Landscape
 - Present CFPA Work on Child Care
 - David and Lucile Packard Foundation Nutrition Standard Pilot
 - Kaiser Southern California Child Care Survey
- **Part II:**
 - Kaiser South Preliminary Data Results
 - Next steps
- **Part III:**
 - Choose Health LA Childcare
 - Data Findings
- **Part IV:**
 - Discuss Policy Opportunities to Improve Child Care Food Environments





We are a statewide policy and advocacy organization dedicated to improving the health and well being of low income Californians by increasing their access to nutritious, affordable food.

The Opportunity with FCCH's



- Approximately **33,000 licensed FCCH's** in CA
- The Child and Adult Care Food Program (CACFP) provides meals and snacks to nearly a **half million children** in child care centers, after-school settings, and family child care homes (FCCHs) in California each day.
- In total, the CACFP meal pattern shapes the types of foods served to approximately **833,000 kids in California** each day

CFPA Child Care Work

- **AB 2084:** The Healthy Beverages in Child Care Act
- **AB 290:** Require one hour of Childhood Nutrition Training
- **Advocacy & Policy**
 - Elevate Nutrition Standards in Child Adult Care Food Program (CACFP) & Other Federal Nutrition Programs
- **Current Work**
 - Packard Pilot to test Nutrition Standards for Family Child Care Homes
 - Kaiser Southern California Child Care Survey & Convening



Family Child Care Nutrition Standards

18-month Packard Project

1. Pilot based on science-based nutrition standards
2. Rigorous, small-scale testing of the proposed nutrition standards
3. Evaluation and interpretation of the findings
4. Policy development, refinement, and promotion.

the David &
Lucile Packard
FOUNDATION

Packard Advisory Group

- Develop policy recommendations that improve the lives of kids and elevate the quality of care, without negatively impacting the viability of the FCCH workforce

Advisory Group

- Researchers, CACFP sponsors, provider representatives, health advocates, and other relevant stakeholders
- Advise on the necessary elements of a nutrition standard to be pilot tested



Scientific Advisory committee

Advisory Members

- **Susie Nanney**, PhD, MPH, RD (U Minn)
- **Sara Neelon**, PhD (John Hopkins)
- **Kathryn Henderson**, PhD (formerly Yale)
- **Karen Cullen**, DrPH (Baylor)
- **Elsie Taveras**, MD (Harvard)
- **Jane Heinig**, PhD (UC Davis)
- **Mary Story**, PhD, RD (Duke)
- **Donna Johnson**, PhD (UW)
- **Shannon Whaley**, PhD (PHFE-WIC)
- **Angela Odoms-Young**, PhD (UIC)
- **Dianne Stanton Ward**, PhD (UNC)

Facilitators

- **Lorrene Ritchie**, PhD, RD (NPI)
- **Lauren Au**, PhD, RD (NPI)
- **Ken Hecht**, JD (NPI)
- **Elyse Homel Vitale**, MPH (CFPA)
- **Tracey Patterson**, MPH (CFPA)
- **Tia Shimada**, MPH (CFPA)

Funder:

- **Linda Shak** (The David and Lucile Packard Foundation)



Family Child Care Nutrition Standards

Kaiser Southern California

1. Conduct web and phone-based surveys with FCCH providers to assess their capacity to provide healthful, nutritious meals and snacks
2. Find and disseminate case studies that highlight successful models of serving healthful food in Southern California Family Child Care settings serving low-income children.
3. Hold a policy convening to examine early childhood nutrition needs and strategies for improving nutrition in family care settings



KAISER
PERMANENTE®

Kaiser Southern California Child Care Survey

- **Geography:**

- Kern | Los Angeles | San Diego | San Bernardino | Riverside

- **Survey Design**

- Available in Spanish & English
- Survey could have been take over the phone, online, or mailed in

- **Dissemination**

- R&R Agencies disseminated via email systems and word of mouth

- **Responses from FCCH's**

- Started the Survey N=302 | Completed Entire Survey N=268



Part II: CFPA Kaiser and Packard Findings



Packard Scientific Advisory

Nutritionally Ideal Infant Practices for Family Child Care Homes:

- Recommendations for 0-up to 12 months old

1. <i>Fruits</i>	<ul style="list-style-type: none">• Unsweetened whole, mashed, or pureed for infants 6-12 months old• Fresh, frozen, or canned in water with no added sugars• No 100% juice, juice drinks or other beverages
2. <i>Vegetables</i>	<ul style="list-style-type: none">• Whole, mashed or pureed for infants 6-12 months old• Fresh, frozen or canned, with no added sugars, salt or fat
3. <i>Protein Foods</i>	<ul style="list-style-type: none">• 6-12 mo: soft cooked egg yolks, beans, meat, poultry, and fish without bones• Salt not added
4. <i>Dairy</i>	<ul style="list-style-type: none">• Breastfeeding supported and encouraged• 0-12 mo: only breast milk and/or infant formula• No cow's milk, unless doctor's note
5. <i>Water</i>	<ul style="list-style-type: none">• Breast milk and formula are the best choices• 6-9 <u>mo</u>: begin using a cup for serving water
6. <i>Introduction of Solids</i>	<ul style="list-style-type: none">• 6 mo: developmentally appropriate solid foods introduced in age-appropriate portion sizes• 9 mo: self-feeding with finger foods and transition to table foods as developmentally appropriate
7. <i>Breastfeeding Promotion</i>	<ul style="list-style-type: none">• Private area (not a bathroom) with a chair and an electrical outlet for breastfeeding or pumping• Adequate refrigerator/storage space for milk
8. <i>Healthy Feeding Practices</i>	<ul style="list-style-type: none">• Infants held in one's arms or sitting up on one's lap while breastfeeding• Bottles never propped; infants not allowed to carry, sleep, or rest with bottle• No solid food and no beverages other than breastmilk or infant formula in bottle• Younger infants breast or bottle fed on demand by recognizing feeding cues (e.g., rooting, sucking)• Infants are guided by own feelings of hunger and satiety; not pressured to eat all that is offered• Solid foods offered at regular meal and snack times• Older infants included at family style meals where provider and infant eat together• Older infants self-feed with their fingers and drink from a cup with assistance• Foods safe to eat (e.g., avoid choking by cutting grapes into smaller pieces)• Minimize distractions at mealtime (TV, toys, phones, video games, <u>etc</u>)



Packard Scientific Advisory

Nutritionally Ideal Infant Practices for Family Child Care Homes:

- Recommendations for 1-to-18-year-olds

1.	100% Fruit Juice	<ul style="list-style-type: none"> • Rarely or never offered • When offered, no more than one age-appropriate serving 1 time per day
2.	Other Fruit	<ul style="list-style-type: none"> • ≥ 2 times per day • Fresh, frozen, or canned in water with no added sugars
3.	Vegetables	<ul style="list-style-type: none"> • ≥ 2 times per day • Dark green, orange, red, or deep yellow veggies ≥ 1 time per day • No deep fried or pre fried baked vegetables
4.	100% Whole Grains	<ul style="list-style-type: none"> • ≥ 2 times per day • No white (non-whole) grains or grain-based desserts (cake, cookies, pie, pastries, donuts) • WIC approved breakfast cereals ≤ 6 g sugar per dry ounce and ≥ 28 mg iron per 100 mg
5.	Protein Foods	<ul style="list-style-type: none"> • 1-1.5 <u>oz</u> age-appropriate servings per day • Seafood, fish, lean meat, poultry, eggs, beans, peas, soy products, tofu, unsalted nuts/seeds • No processed meats or, deep-fried or pre-fried meats or fish
6.	Dairy	<ul style="list-style-type: none"> • 12-24 mo: 1 cup per day of unflavored whole milk • >24 mo: 2 cups per day of unflavored fat-free or 1% milk • Non-dairy milk substitutions (e.g. soy milk) nutritionally equivalent to milk • Sugar in yogurt <20 gram/cup
7.	Fats	<ul style="list-style-type: none"> • Liquid non-tropical vegetable oils instead of solid fats
8.	Water	<ul style="list-style-type: none"> • Water easily available for self-serve indoors and outdoors, including at meals and snacks
9.	Added Sugars	<ul style="list-style-type: none"> • No high added sugar foods (sugar listed as the first or second ingredient) • No low calorie sweeteners (diet foods or beverages) • No sugar-sweetened beverages
10.	Sodium	<ul style="list-style-type: none"> • No high salt foods (>200 mg sodium per snack item or >480 mg sodium per entrée) • No salt added at table
11.	Meal and Snack Patterns	<ul style="list-style-type: none"> • ≥ 1 meal and 1 snack for care < 8 hours • ≥ 2 meals and 2 snacks for care ≥ 8 hours • Meals and snacks every 2-3 hours at regularly scheduled times • No eating between scheduled meals and snacks, except for water • Variety of culturally-relevant items offered



Packard

Scientific Advisory Cont.

- | | |
|---|---|
| 12. <i>Healthy Feeding Practices</i> | <ul style="list-style-type: none">• Meals and snacks served family style; providers teach children to serve themselves age-appropriate portion sizes with assistance as needed• Age-appropriate sized dishware and utensils• At least one childcare provider sits with children at table and eats same meals and snacks• Provider models healthy eating and doesn't consume other items in front of children• Enough time to eat allowed• Minimize distractions while eating (TV, toys, phones, video games)• Foods or beverages not used as reward or punishment• No pressure to eat or clean plate; mealtime conversation not on what and how much eaten• Children asked if full before removing plates and asked if hungry before serving seconds• Accept young children to: eat a lot some meals and very little at others; not eat everything that's offered; change likes/dislikes; be messy; take months or years to accept new foods |
| 13. <i>Foods Outside of Meals/Snacks</i> | <ul style="list-style-type: none">• Non-foods at celebrations and fundraisers• When food provided, only healthy items, such as fruit, vegetables and water |

FCCH taking our Kaiser Survey

- **Total Responses: N=302 | Completed Surveys: N=268**

- Small Licensed Family Child Care Home: 57%
- Large Licensed Family Child Care Home: 43%

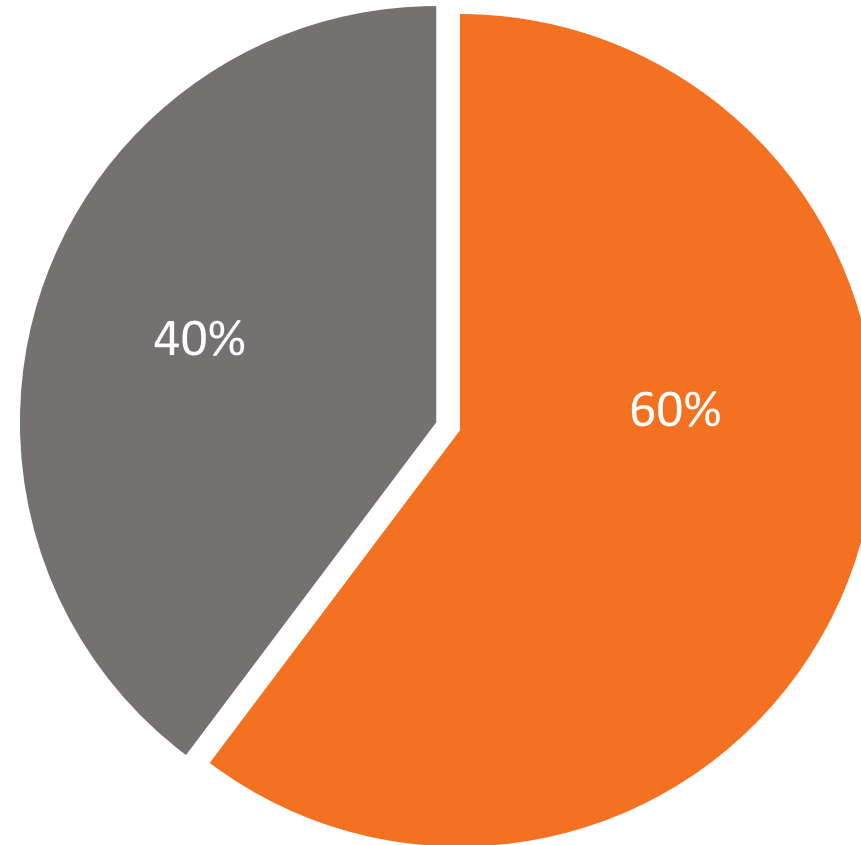
- **How Long have FCCH's providing Care?**

- Less than 1 year: 6%
- 1-3 years: 17%
- 4-6 years: 8%
- 7-9 years: 14%
- More than 10 years: 55%



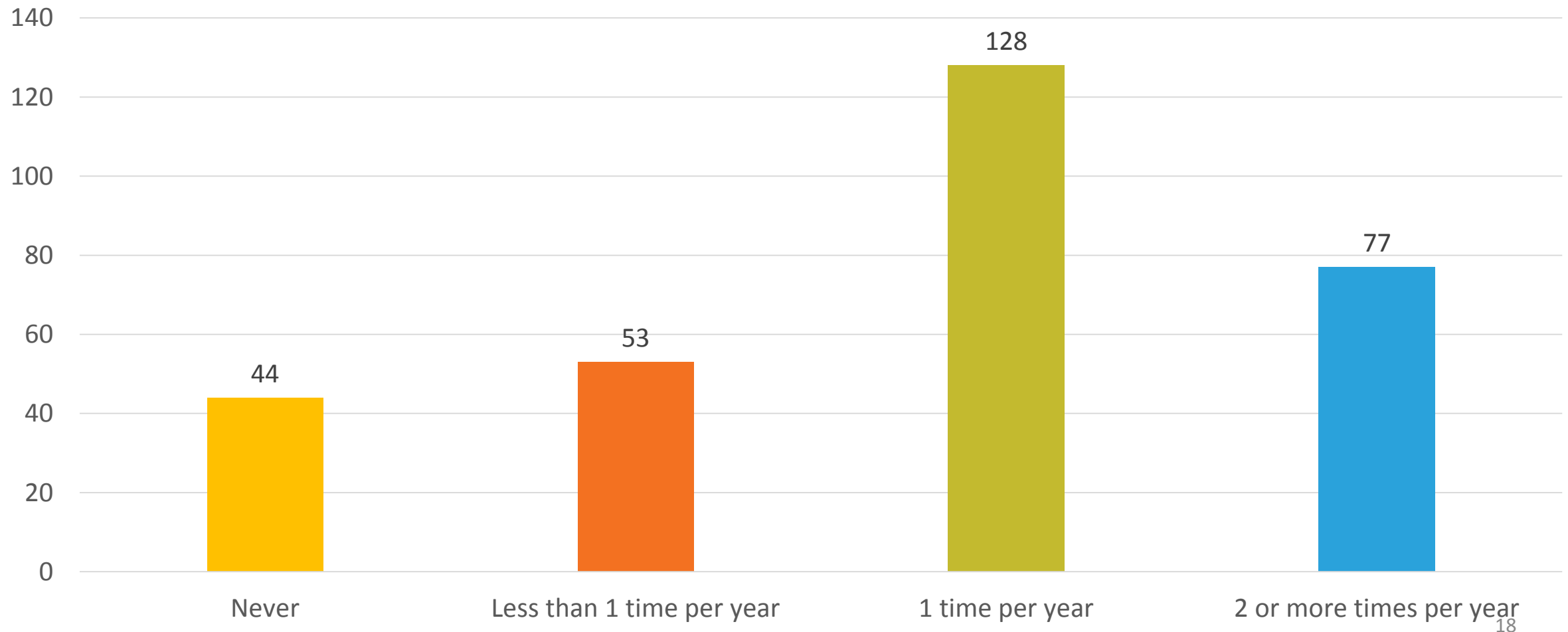
Do you participate in the Child Adult Care Food Program?

■ Yes ■ No

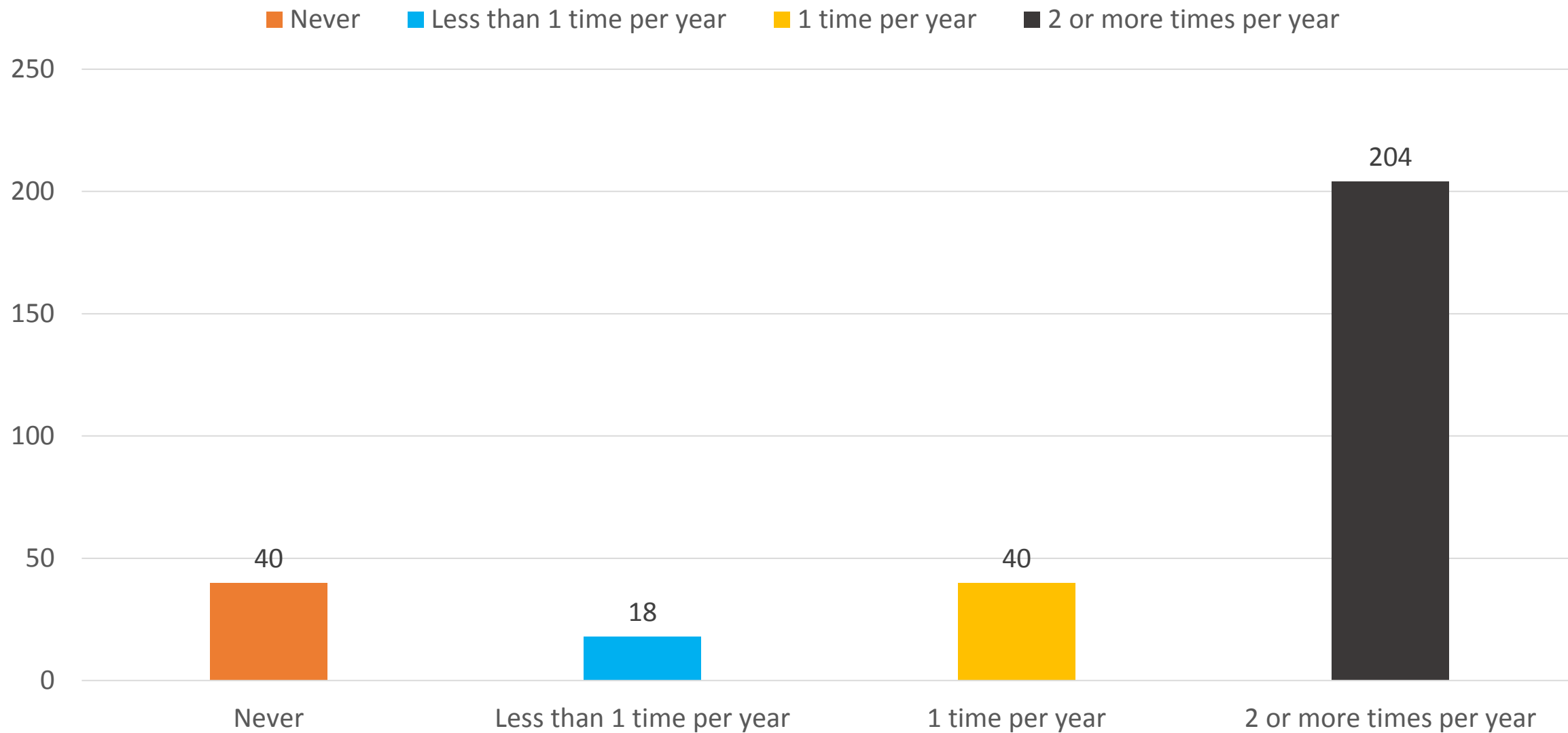


How often do you or any of your staff attend training on nutrition (not including food safety)?

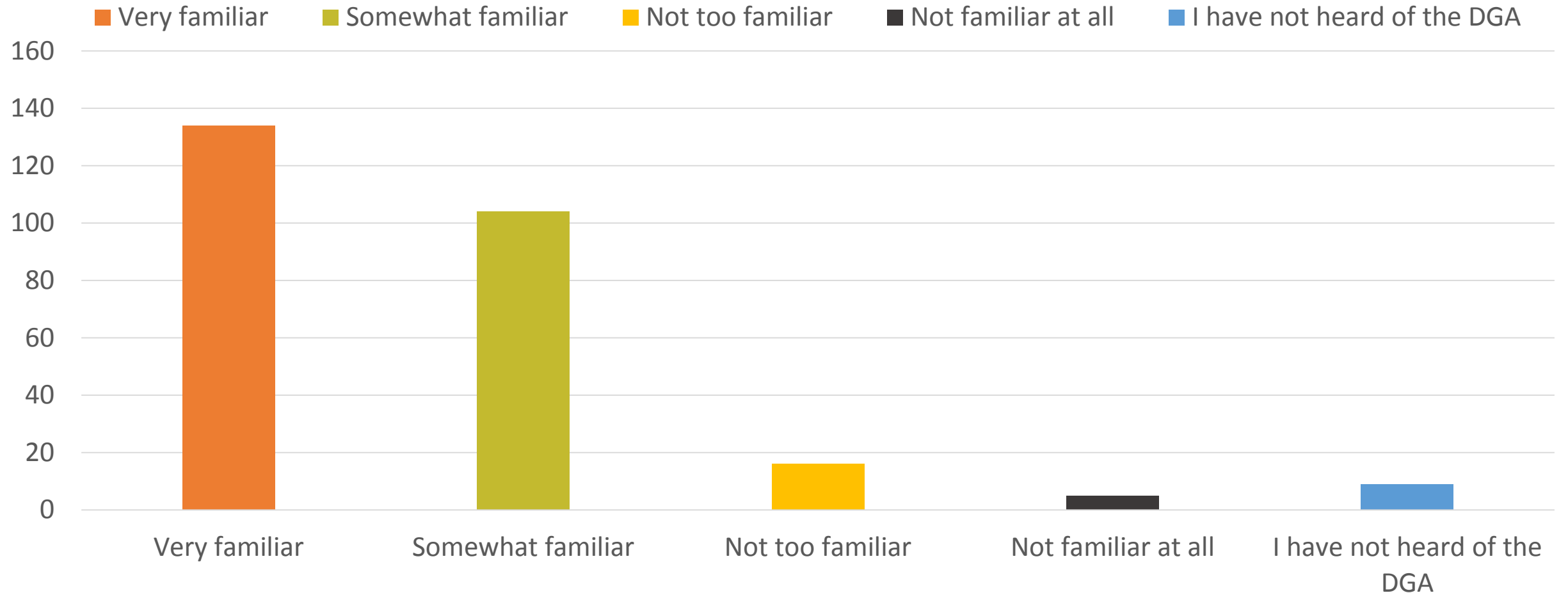
Never Less than 1 time per year 1 time per year 2 or more times per year



How often is nutrition education provided to children through curriculum or other planned activities?



How familiar would you say you are with the recommendations in the 2010 Dietary Guidelines for Americans?

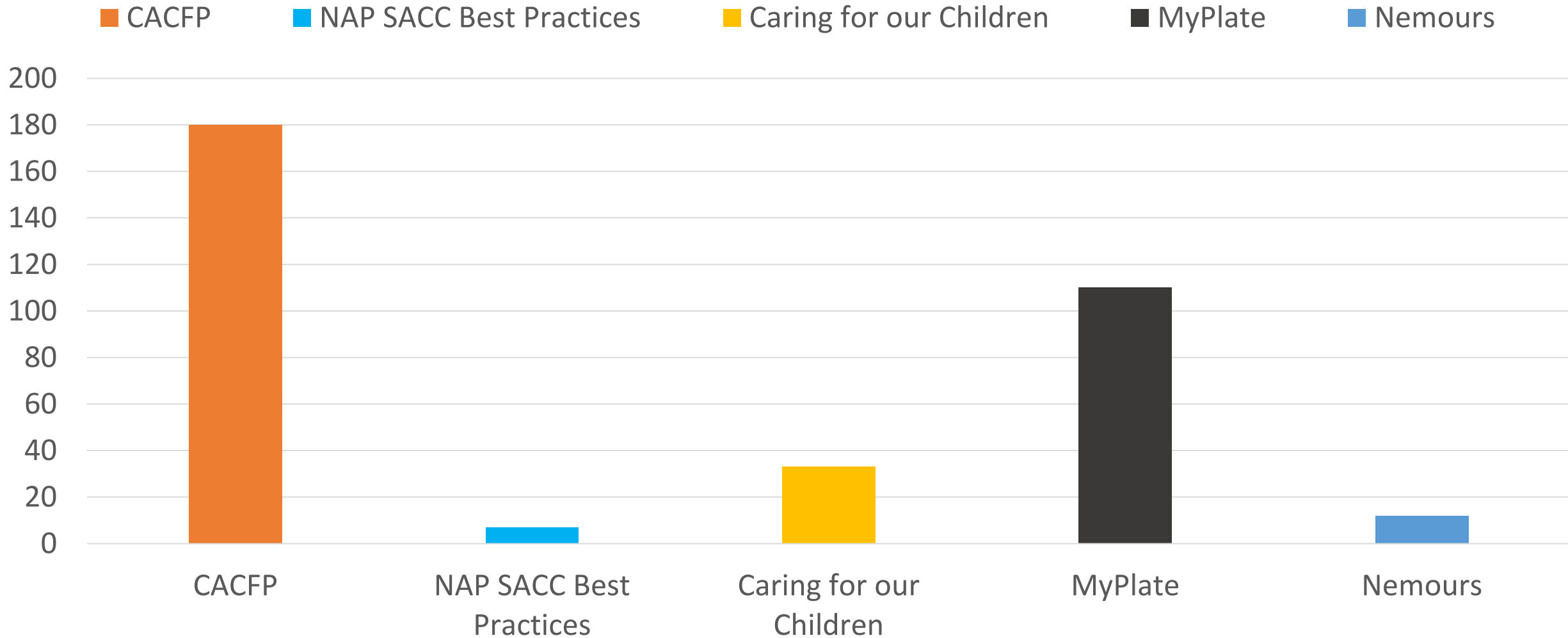


Do you follow the DGA when serving meals and snacks to children in care?

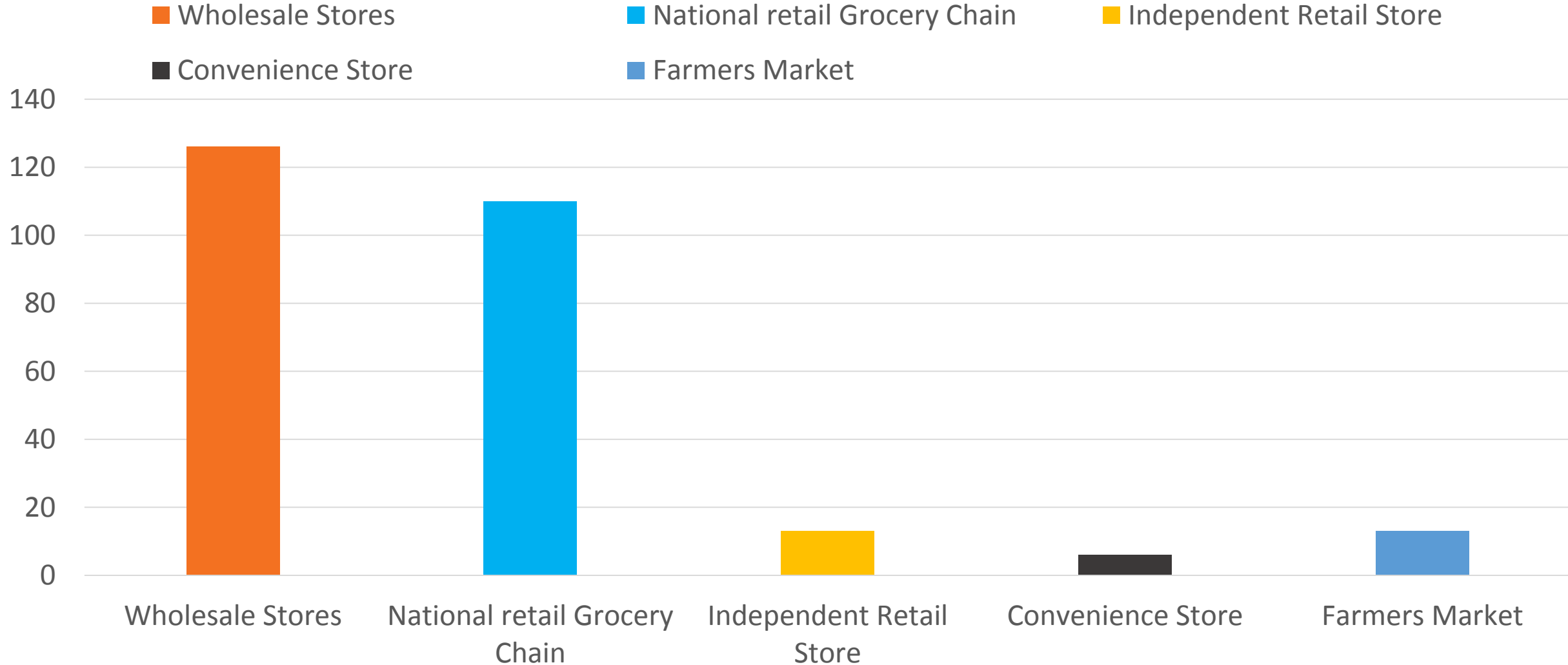
■ Yes ■ No



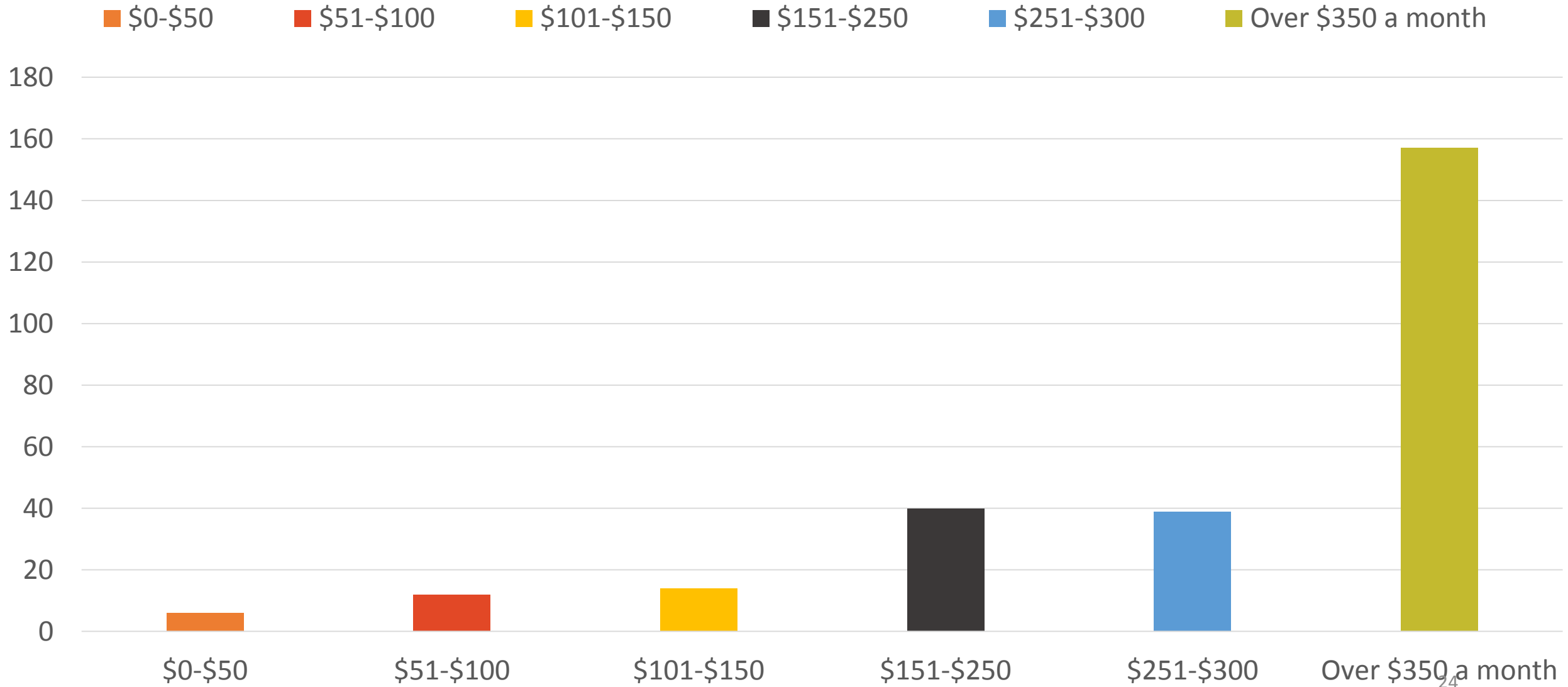
Do you use any other meal pattern to guide the types of meals and snacks serve to children in care? (Select all that apply)



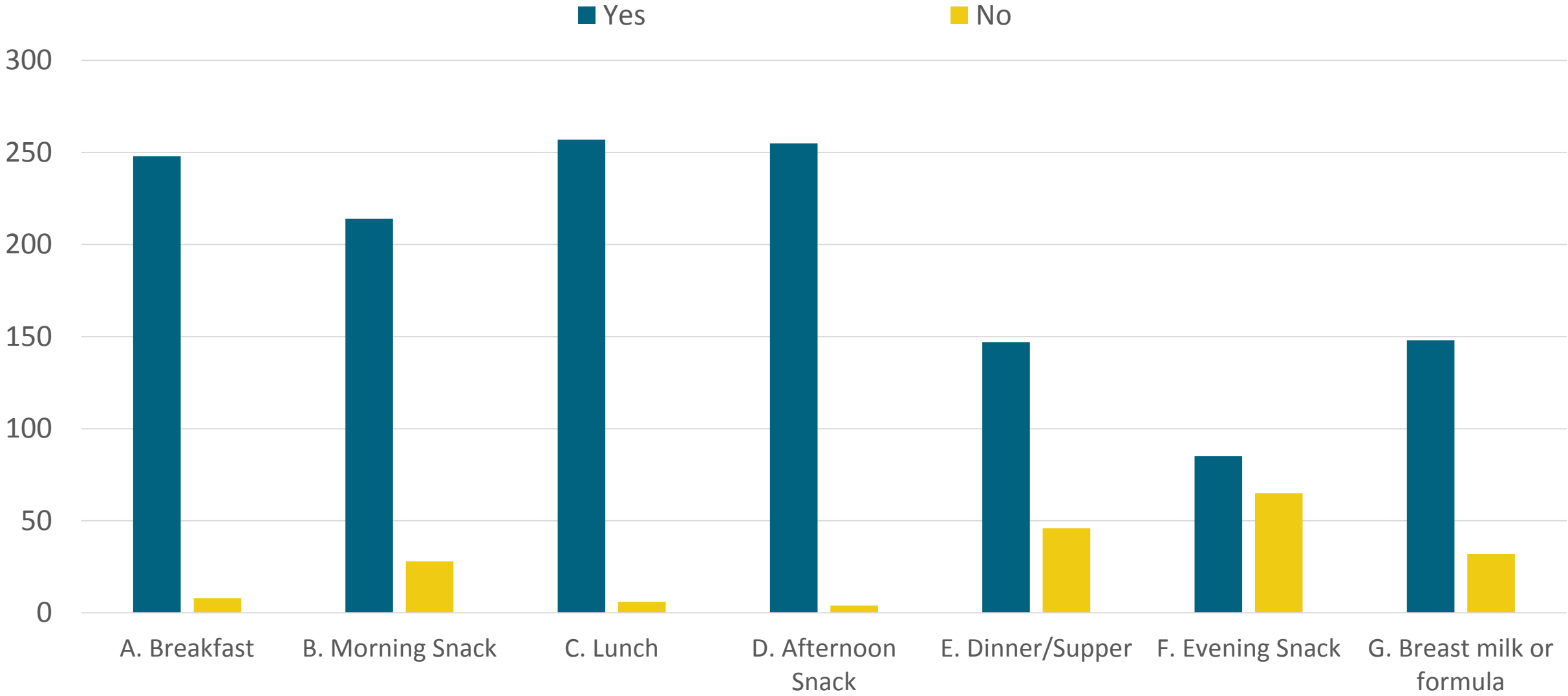
Where do you primarily shop for food for meals and snacks served to children in your care?



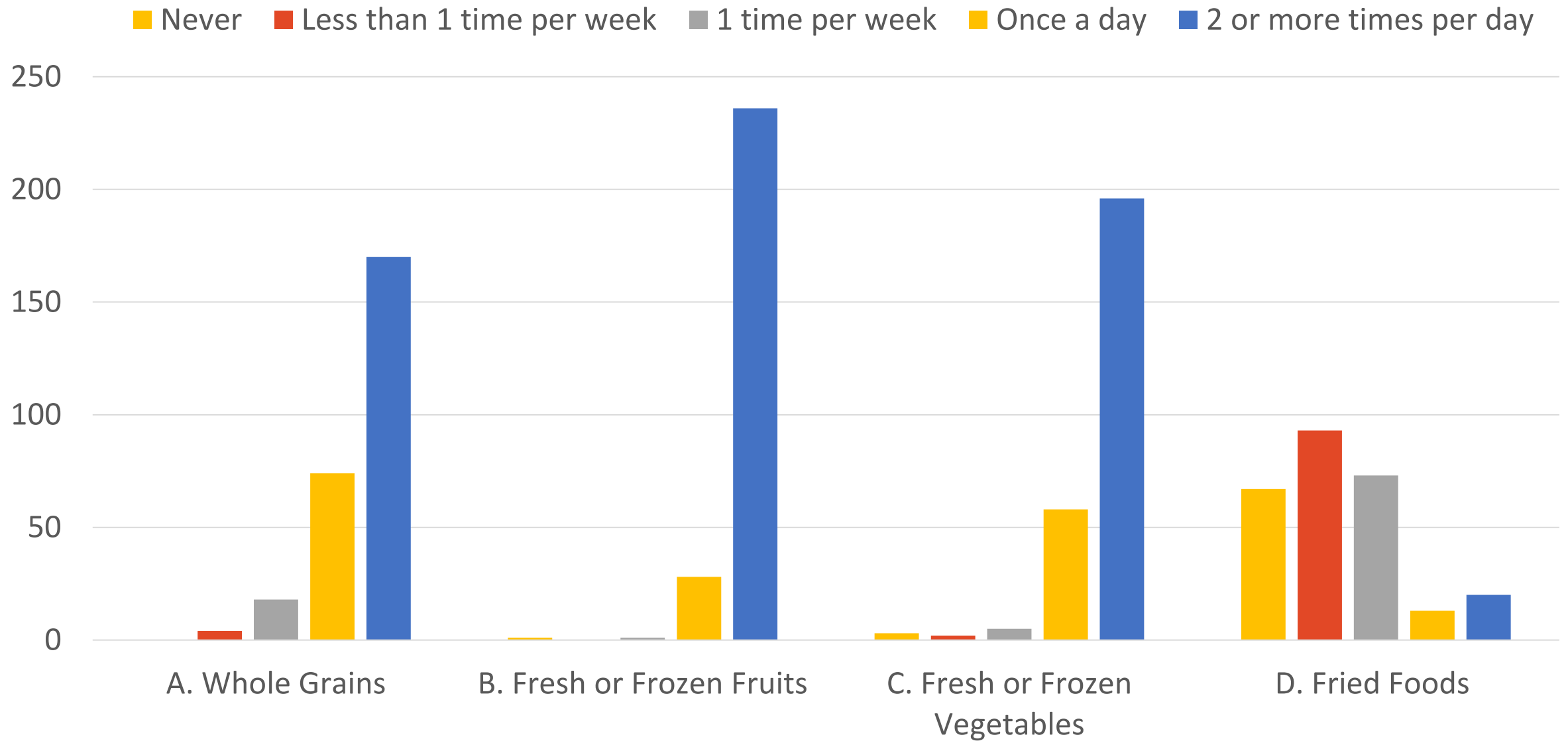
How much do you spend on food on average to prepare meals to the children in your care each month?



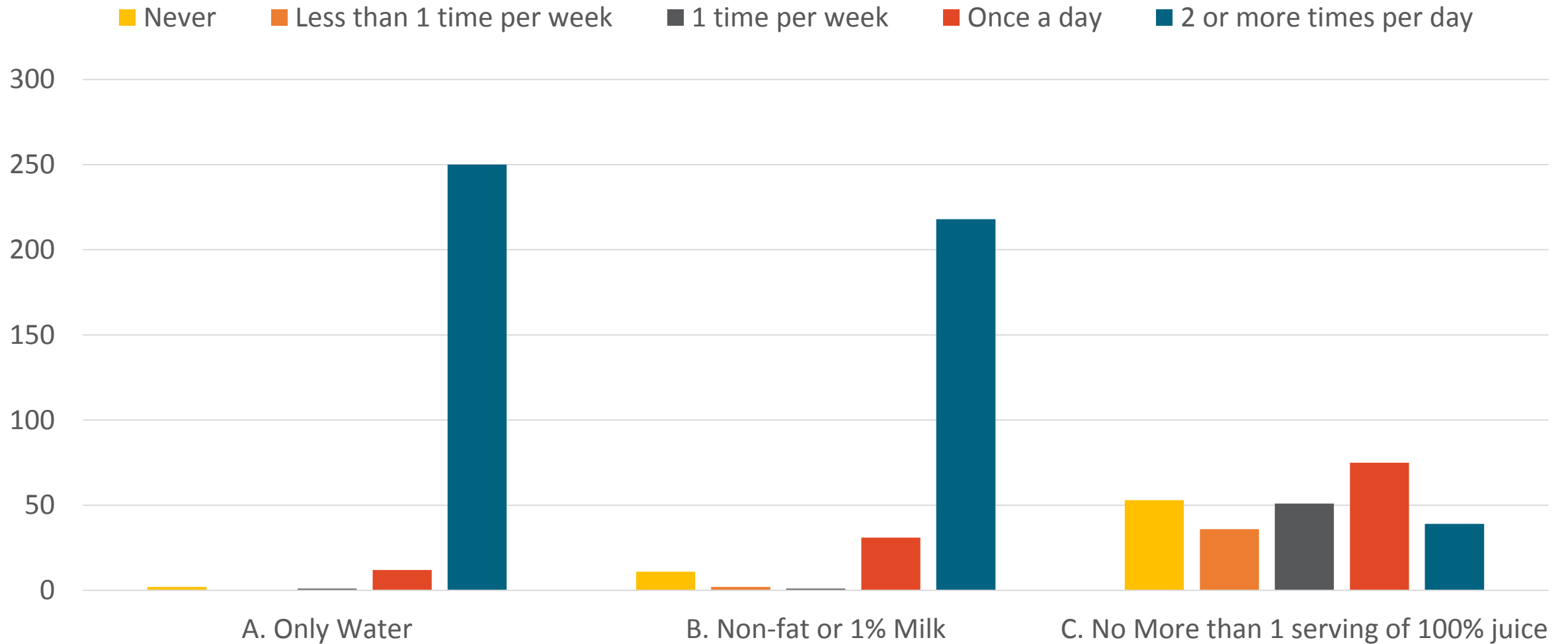
Which of the following meals and snacks are provided at your Family Child Care Home?



How often do you usually serve the following to children in care?



How often do you usually serve the following Healthy Beverages?

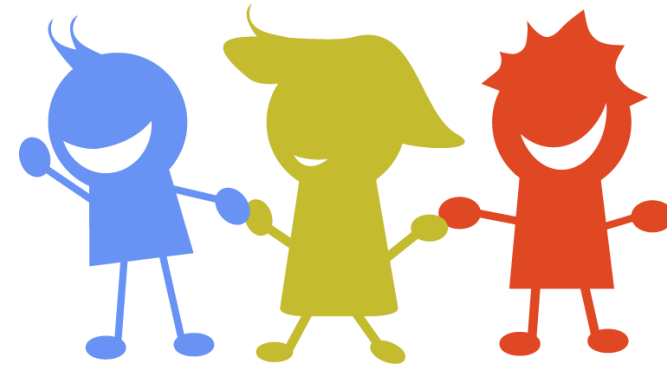


Capacity of FCCH's

- **I am able to serve healthy meals and snacks to the children in my care**
 - Agree: 16%
 - Strongly Agree: 80%
- **I read nutrition labels when buying food to serve to the children in my care**
 - Agree: 21%
 - Strongly Agree: 66%

Preparing meals and snacks that meet nutritional guidelines (for example, the CACFP meal pattern or other best practices) for the children in my care is not difficult to do.

- *Total Responses N= 239*
 - Strongly Disagree: 1%
 - Disagree: 3%
 - Neutral: 5%
 - Agree: **24%**
 - Strongly Agree: **67%**



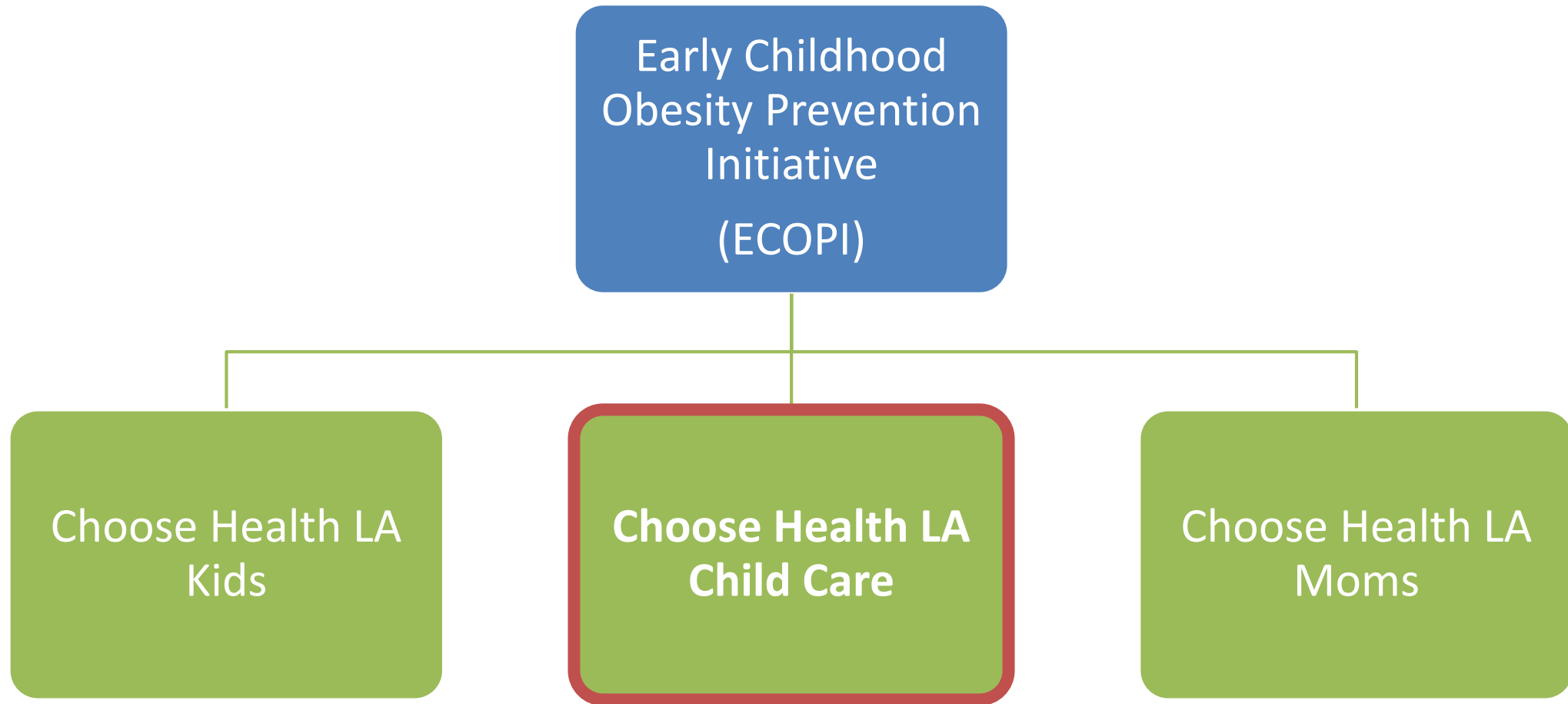
Part III: Choose Health LA Child Care



Early Childhood Obesity Prevention Initiative (ECOPI) – General Overview

- ❑ **Project duration:** July 2012 – June 2017
- ❑ **Funding:** \$41.2 million from First 5 Los Angeles
- ❑ **Target groups:** children ages 0-5 and their families
- ❑ **Collaborations:** County departments, community-based organizations, child care agencies, research and evaluation, and many others
- ❑ **Strategies:** education, skills-building, policy, systems and environmental change efforts to promote improved nutrition, increase physical activity, and reduced obesity

ECOPI Overview - Programs



Why Focus on Child Care Settings?

- ❑ 40% of 0-5 children in LAC (350,000) spend most of their day in child care.
- ❑ Observational study by PHFE-WIC and CFPA (2008)¹ demonstrated significant need for improvement in nutrition policies and practices in licensed child care in LAC.
- ❑ Pilot project in South LA Child Care Centers showed potential success for new policies and licensing standards.



1: WIC report available at: <http://cfpa.net/ChildNutrition/ChildCare/CFPAPublications/Gilbert-LA-ChildCareLunchAssessment-2008.pdf>

Child Care Nutrition - California Legislation

AB 2084 – Healthy beverages in child care (Chaptered 2010)

- ☐ Standards for beverages in CCC. Maximum of 4 – 6 ounces of 100% fruit juice served. Only low fat milk served. No natural or artificially sweetened beverages. Water accessibility at all times.

AB 290 – Nutrition Training for Providers (Chaptered 2013)

- ☐ Requires child care providers to complete one hour of nutrition training as a component of licensing.

Choose Health LA Child Care

Program Framework:

- ❑ Partnership with the county network of Resource and Referral (R&R) agencies
- ❑ R&Rs provide training, tools and technical assistance to:
 - ❑ child care centers
 - ❑ licensed child care homes
 - ❑ license-exempt providers



Choose Health LA Child Care - Key Strategies

Conduct nutrition and physical activity workshops for child care providers that includes a policy component.

Evaluate trainings for satisfaction, increase in knowledge and readiness to change.

To incentivize training participation, offer Certificates of Completion through the R&R Gateways to Education program.

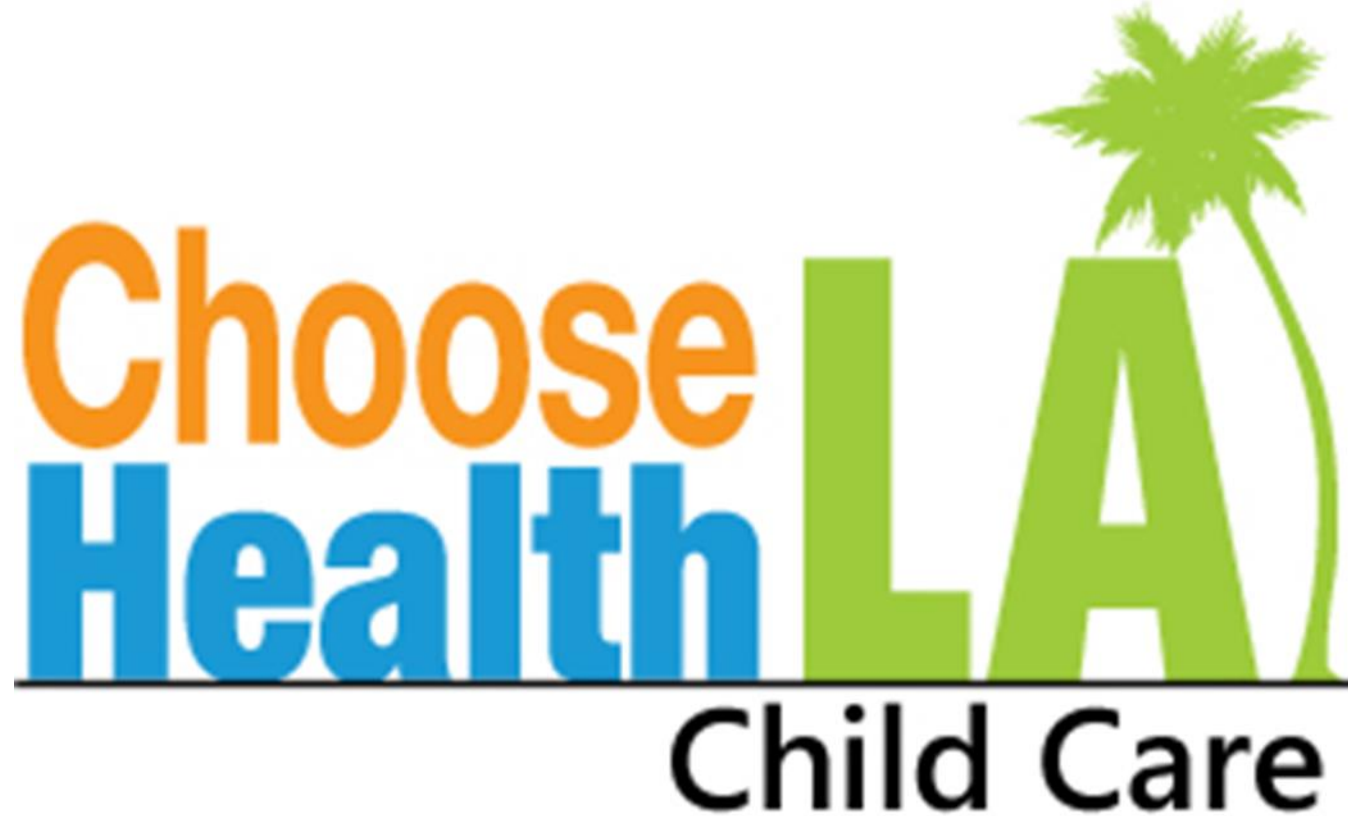
Offer on site coaching to reinforce provider learning and evaluate use of training information.

Conduct events for families to promote and encourage healthy nutrition and physical activity habits.

What We Hope to Accomplish

- ☐ Reduced prevalence of overweight and obesity among children in child care.
- ☐ Improved nutrition and PA practices in child care.
- ☐ Creation and adoption of nutrition and PA policies in child care.
- ☐ Providers communicate nutrition and PA policies with parents via newsletters or other venues.
- ☐ Identified barriers and concerns that child care providers face in efforts to promote good nutrition and active play.
- ☐ Promotion and the benefits of participation in CACFP.

Curriculum for Child Care Providers



Breastfeeding

Food and Drinks

Physical Activity

Screen Time

Environment and Policy



In this workshop you will learn more about

How you can help children have healthy lives and how you can make changes within your practice and communicate those changes with staff and parents

Breastfeeding

- What are the recommendations for breastfeeding?
- What are the benefits to both baby and mom of breastfeeding?
- How can you support moms who choose to breastfeed?

Food and Drinks

- What are healthy foods and why are they important?
- How to read labels and choose healthy foods
- What are healthy drinks for children?
- Ways to save money on healthy foods

Physical Activity

- What is physical activity and why is it important
- What are the different types of physical activity
- How much do children need
- Ideas for what to do and how to incorporate it into your day

Screen Time

- What are the negative effects of screen time?
- What are the recommendations for screen time?
- What else can you do instead?



Breastfeeding

How long do experts recommend that moms feed their babies **only** breast milk (with no other foods or beverages)?

- A. About 2 months
- B. About 6 months
- C. About 9 months
- D. About 1 year



Breastfeeding

How long do experts recommend that moms feed their babies **only** breast milk (with no other foods or beverages)?

- A. About 2 months
- B. About 6 months**
- C. About 9 months
- D. About 1 year



Food and Drinks

Which of these foods is 100% whole grain?

- A. Oatmeal
- B. All breakfast cereals
- C. Multi-grain crackers
- D. White bread



Food and Drinks

Which of these foods is 100% whole grain?

A. Oatmeal

B. All breakfast cereals

C. Multi-grain crackers

D. White bread



Physical Activity

How much time per day should children do “structured” or teacher-led, physical activity?

- A. At least 15 minutes
- B. At least 30 minutes
- C. At least 60 minutes
- D. At least 120 minutes (2 hours)



Physical Activity

How much time per day should children do “structured” or teacher-led, physical activity?

- A. At least 15 minutes
- B. At least 30 minutes
- C. At least 60 minutes**
- D. At least 120 minutes (2 hours)



Screen Time

What is the maximum recommended amount of screen time per day for children **over 2 years old**?

- A. 1 hour
- B. 2 hours
- C. 3 hours
- D. 4 hours



Screen Time

What is the maximum recommended amount of screen time per day for children **over 2 years old**?

- A. 1 hour
- B. 2 hours**
- C. 3 hours
- D. 4 hours



Physical Activity Break

Catch and Do



What have we accomplished so far.....



Agencies have trained over

4,200

Child Care Providers

- Goal is to train 5,500 child care providers by June 30, 2016
- Of the providers trained, 61% are centers, **24% are licensed homes** and 9% are license exempt caregivers

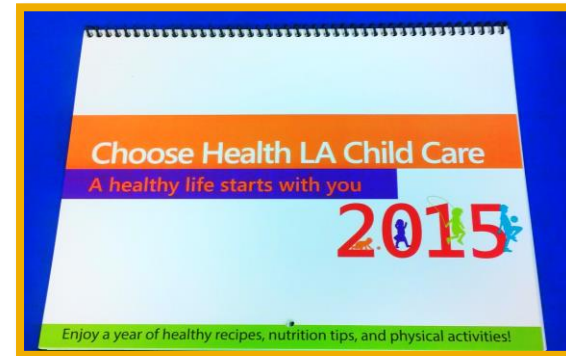
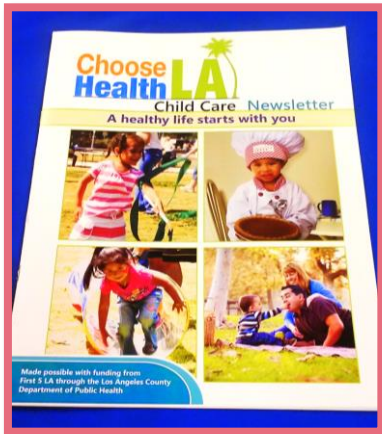
Training Incentives

Newsletter

Reusable
bag

Calendar with
Healthy
Recipes and
Activities

Nutrition
Posters



portion size
tableware



**Agencies have conducted follow-up
coaching visits to over**

1,500

providers

Goal is to coach 2,200 child care providers by June 30, 2016

Coaching Incentives

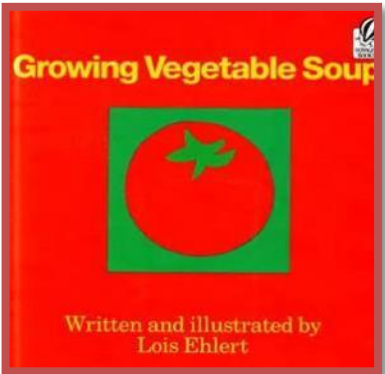
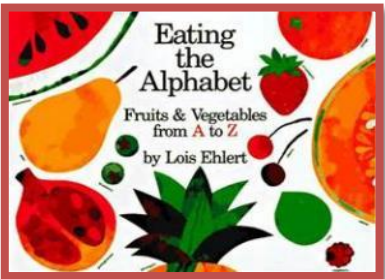
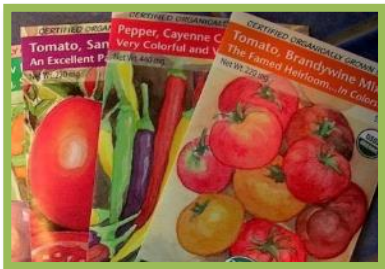
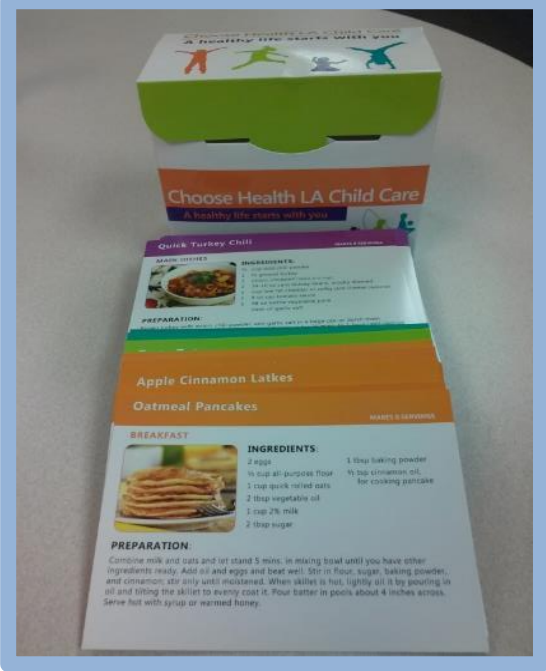
Movement Kits



Yoga Cards



Recipe Cards



Family Child Care (FCC)

Approximately, 475
FCCs participated in
coaching following
training

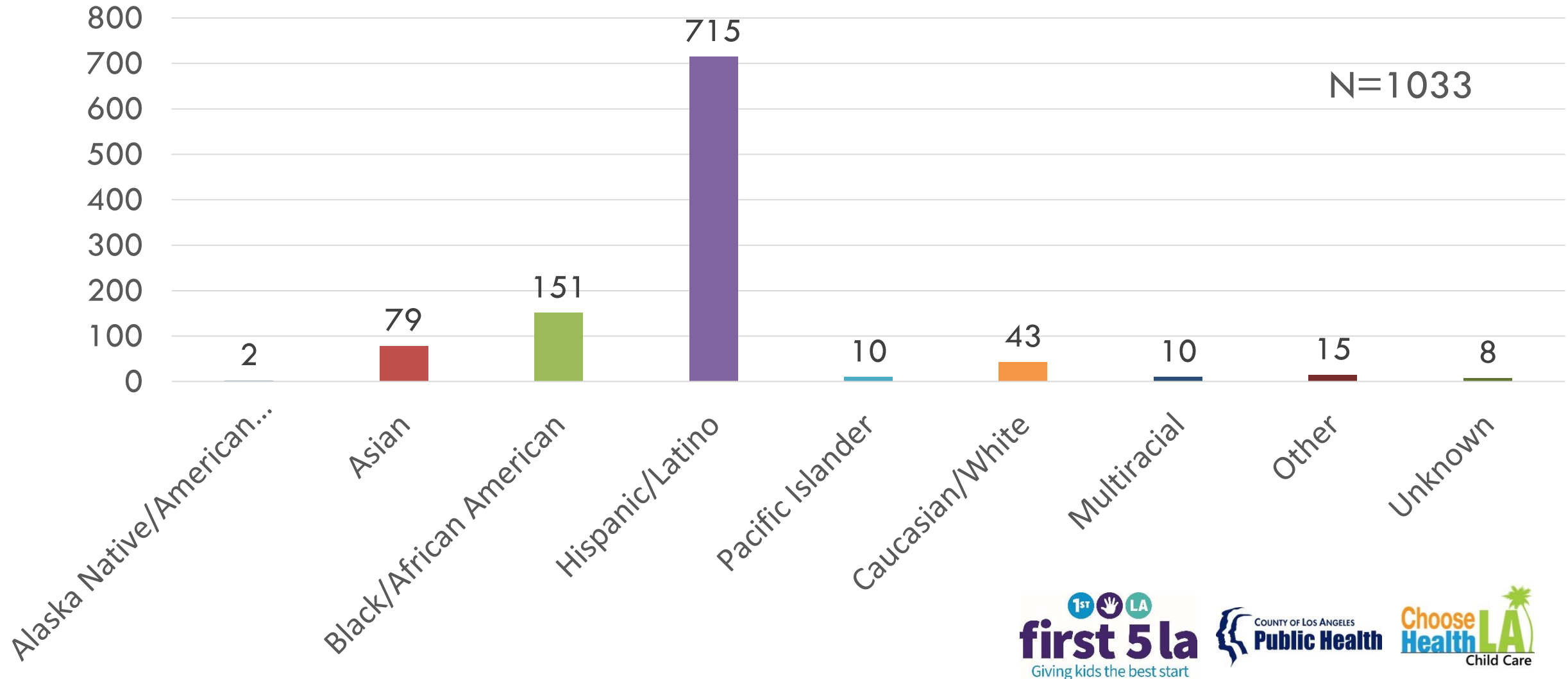
Each FCC serves
approximately 6
families

Over 1,000 FCCs
have completed
the CHLA Child
Care Training

56% are Spanish
Speakers, 36% are
English Speakers

69% are
Hispanic/Latino,
15% are Black/AA

Ethnicity Breakdown of FCC Providers Trained



Agencies have reached **7,500** parents directly through events

Exceeded the goal of reaching 7,400 parents by June 30, 2016.

Play Your Way to Health Fair



Evaluation

- ❑ A **Policies and Practices self-assessment questionnaire** mailed to an initial sample of child care providers.
- ❑ Baseline and 6 month follow-up questionnaires are compared to measure the impact of training and coaching.
- ❑ **Observational assessments** conducted in a sample of child care facilities to measure more objectively how nutrition and/or physical activity policies, practices, and environments have been impacted as a result of the program.
- ❑ Observational assessments are also be conducted at baseline and after 6 months.

Successes with FCC Providers



Usually have the authority to make changes



Recognize that small changes can have a large impact



More prepared to support breastfeeding



Very responsive to the yoga cards and movement kits

Challenges with FCC Providers



1. Getting them engaged
2. Getting provider to prioritize her own health and wellness



3. Structured play
4. Screen time
5. Need more resources
6. Concerned with the cost of making healthier meals

Plans Moving Forward

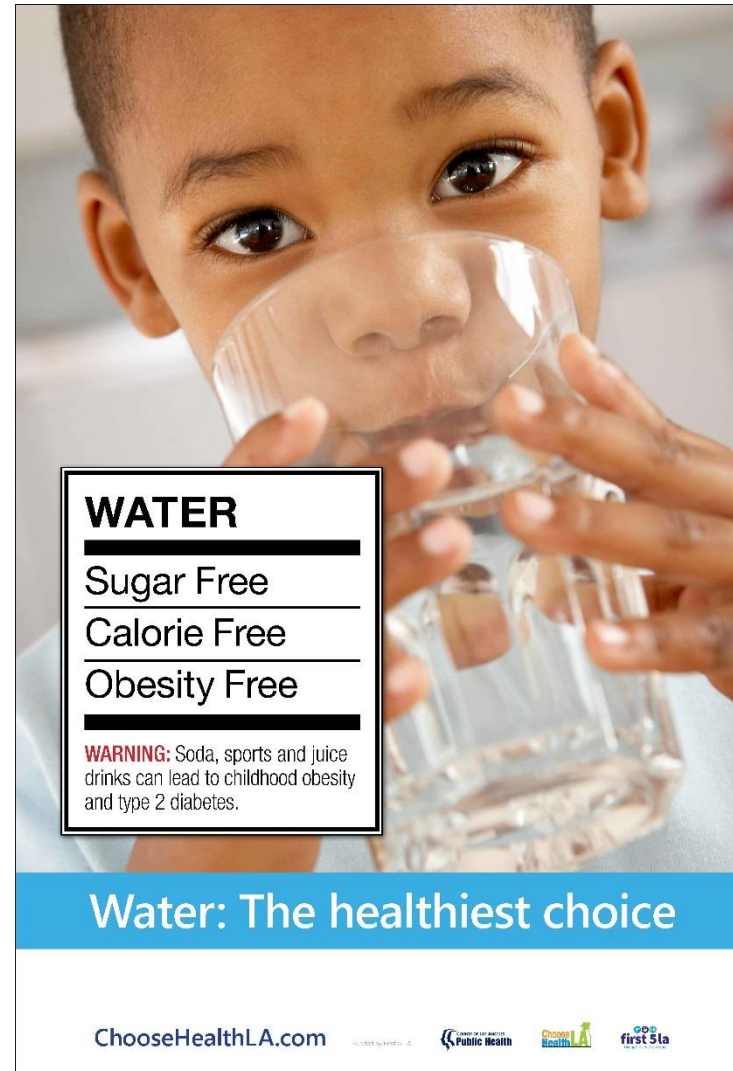
- ❑ Complete Intervention (training and coaching)
- ❑ Evaluate Program
- ❑ Recruit more FCCs to have a more representative sample for evaluation
- ❑ Write final report for the program
- ❑ Create a sustainability plan

LA 2050 Grant Application – Please Vote!

- ❑ Log in through Facebook or create a very quick account via GOOD maker
- ❑ Funds would allow us to offer nutrition and physical activity trainings to Family, Friend and Neighbor child caregivers throughout LA County

<http://myla2050live2015.maker.good.is/projects/caregiverandme>.

NEW Countywide Beverage Campaign



Contact Information

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Program Manager
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Public Health
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jscully@ph.lacounty.gov

Part IV: Policy Opportunities to improve Child Care Food Environments



What's Happening ?

- **Institute of Medicine:**
 - Include specific requirements related to physical activity, sedentary activity, and child feeding in child care regulations
- **The National Resource Center for Health and Safety in Child Care and Early Education, American Academy of Pediatrics, and American Public Health Association:**
 - *Preventing Childhood Obesity in Early Care and Education Programs:*
 - Selected standards from Caring for Our Children: National Health and Safety Performance Standards

Policy Recommendations *(continued)*

- **California Department of Education:**

- Keeping Children Healthy in California's Child Care Environments:
Recommendations to Improve Nutrition and Increase Physical Activity

- **American Heart Association:**

- Child care providers should meet minimum, uniform standards in nutrition, physical activity, screen time limitations, breastfeeding, and professional development

Policy Scan

- Review of state statute & regulations related to family child care nutrition
- **31 states require CACFP meal pattern**

The screenshot shows the website of the Public Health Law Center at William Mitchell College of Law. The header includes the organization's logo, social media links for Twitter and E-newsletters, a search bar, and a navigation menu with links to Tobacco Control, Healthy Eating, Active Living, Other Public Health Law, About Us, and Webinars. The main content area is titled 'Healthy Child Care - 50-State Review' and contains several paragraphs of text. The first paragraph states that more than half of all preschool-aged children in the U.S. spend significant time in non-parental child care, and that the Public Health Law Center has developed a 50-state analysis of child care licensing laws. The second paragraph explains that every state regulates child care settings and establishes health and safety protections, though regulations vary by state and type of care. The third paragraph notes that children who are obese are more likely to be obese as adults and at greater risk for developing heart disease, diabetes, and cancer, and that child care settings provide a unique opportunity to address these issues. The fourth paragraph mentions that the project was funded in part by the YMCA of the USA and based on a Healthy Eating Research grant. Below the text is a map of the United States with a link to click on a state to learn more.

Public Health Law Center
AT WILLIAM MITCHELL COLLEGE OF LAW

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Helping public health leaders use the law to improve America's health.

Tobacco Control Healthy Eating Active Living Other Public Health Law About Us Webinars

Home > Healthy Child Care - 50-State Review

Healthy Child Care - 50-State Review

More than half of all preschool-aged children in the U.S. spend significant time in non-parental child care. This is why child care providers are so important in helping children learn how to eat healthy and be physically active. With this in mind, the Public Health Law Center has developed a 50-state analysis of child care licensing laws, including state statutes and licensing regulations, for easy review by health advocates and policy makers.

Every state regulates child care settings and establishes health and safety protections for children receiving non-parental care in some manner. Although the regulations vary by state and by the type of care, most states require a license for child care centers and family child care homes. After-school programs and informal care providers (family, friends, neighbors, etc.) are often exempted from these regulations. The 50-state analysis can help advocates and policy makers understand the child care regulatory landscape.

Children who are obese are more likely to be obese as adults, and are at greater risk for developing heart disease, diabetes, and several types of cancer. Child care settings provide a unique and important opportunity to address these issues and reverse the childhood obesity epidemic.

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Click on your state below to learn more.

Case Study

“Nutrition and feeding practices for children strongly affect the development and long-term health of the child. Proper nutritional care during the early years is essential for intellectual, social, emotional, and physical growth.”



Mississippi: CACFP

- “Guidelines from [CACFP] are used as the standard for menu planning and guidelines. However ... the stricter guidelines [MSDH] shall be enforced.”
- “Emphasis shall be placed on serving more whole grains and fewer foods high in fat, sugar, and sodium.”



MS State Dept. of Health Nutrition Standard Guidelines

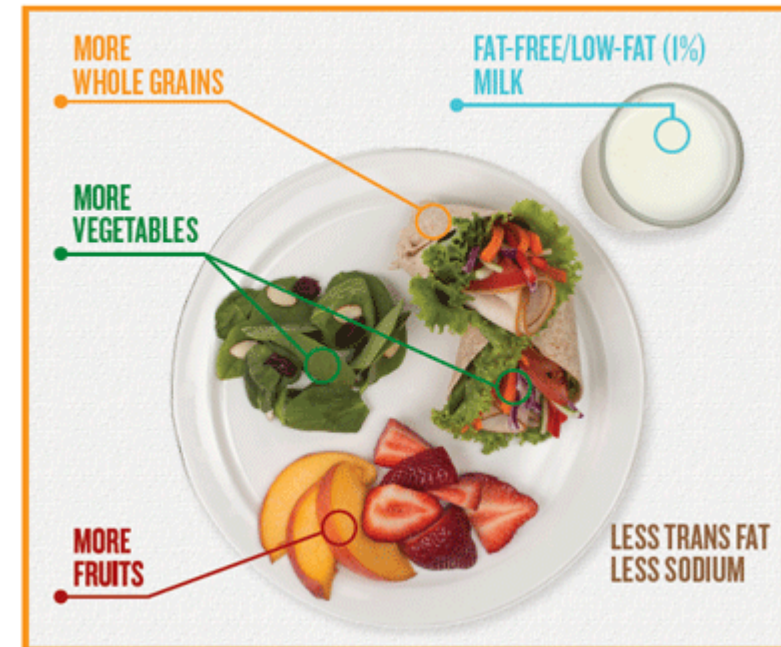
- **Requires cultural sensitivity**
- **Food prep for health**
 - No added salt, no fried foods, limited pre-fried
- **Positive feeding practices**
 - Caregiver role modeling
 - Family style encouraged
 - Infant feeding cues
 - Solid food introduction
 - Use meal time for nutrition education
- **Breast feeding promotion**
 - Recommend, encourage, support

Sample Label for
Macaroni and Cheese

Nutrition Facts			
Serving Size 1 cup (228g)			
Servings Per Container 2			
Amount Per Serving			
Calories 250		Calories from Fat 110	
		% Daily Value*	
Total Fat 12g		18%	
Saturated Fat 3g		15%	
Trans Fat 1.5g			
Cholesterol 30mg		10%	
Sodium 470mg		20%	
Total Carbohydrate 31g		10%	
Dietary Fiber 0g		0%	
Sugars 5g			
Protein 5g			
Vitamin A		4%	
Vitamin C		2%	
Calcium		20%	
Iron		4%	
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:			
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

MSDH Nutrition Standard Guidelines *(continued)*

- **Offer variety of fruits & veggies**
 - Limit starchy vegetables to once per meal
 - Vitamin C sources must be served daily
 - Vitamin A sources must be served every other day
 - Local produce and gardens promoted
- **Limited fat, sugar, sodium**
- **Healthy Beverages**
 - Only 100% juice
 - No SSBs
 - Water freely available and offered regularly
- **Enriched or Whole Grains only**
- **Healthy Proteins**
 - No processed or high fat meats allowed
 - No processed cheese



CACFP Meal Pattern

- CFPA advocate for nutrition-focused and feasible standards that safeguard and support the health of all CACFP participants

Continue to Advocate

- Inform the CACFP roll out
- Continue to work with USDA, FNS, CDE, and other interested stakeholders interested in child care settings





Next Steps

- Develop nutrition standards to be pilot tested in FCCH's
- Document the process & Develop Case Studies Highlighting
 - Kaiser South Survey Findings
 - Packard Work
 - Pilot Findings
- Policy Convening October 2016
- Continue to engage child care stakeholders
- Take all that we learn and advocate for healthy nutrition standards for childcare settings