

Child Care Menu Analysis and the Effects of the CACFP

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INTRODUCTION

Children

- More than 27% United States preschool-aged children are classified as overweight or obese (Dev et al., 2017).

Child Care

- 55% of United States preschoolers, ages two to three, are enrolled in a centered-based child care program, where they consume up to five meals or snacks per day (Dev et al., 2017). As a result, these settings may have an influence on diet, weight, and food security.

Child and Adult Care Food Program (CACFP)

- According the USDA, the CACFP feeds more than 4.2 million children and 130,000 adults nutritious meals and snacks each day (United States Department of Agriculture, 2018).

- The CACFP is targeted to feed adults and children who are vulnerable, the same population who struggle with increased obesity rates.

PURPOSE

To assess the current use of the CACFP in child care centers and determine the need for a nutrition education intervention for child care providers.

Goals

1. Too determine the use of the CACFP guidelines by child care providers.
2. To determine the components of a nutrition intervention for child care providers.

Objectives

1. Identify how many child care sites are currently meeting the dietary guidelines under the CACFP by a survey analysis.
2. Describe the impact of the CACFP on a child's typical dietary intake.
3. Discover the barriers child care providers face during menu development

Research Questions

1. How does the center's status on the CACFP influence children's dietary intake?
2. How closely do the child care centers follow the CACFP guidelines for meals and snacks?
3. What barriers do directors face when it comes to healthy menu development for child care centers?

MATERIALS AND METHODS

Procedure

- Received approval from Concordia's Institutional Review Board prior to implementation

- Data were collected using an electronic survey, created with Qualtrics, from June 4-20, 2018. An email containing the survey link and a brief description was sent to all child care directors in Fargo, ND. The final sample included 32 child care directors (41% of total population)

Survey

- Based on the Washington State Department of Health survey

- Featured questions about menu items, serving style, funding sources, and past education

RESULTS

Hypothesis 1: The CACFP will significantly impact a child's dietary intake.

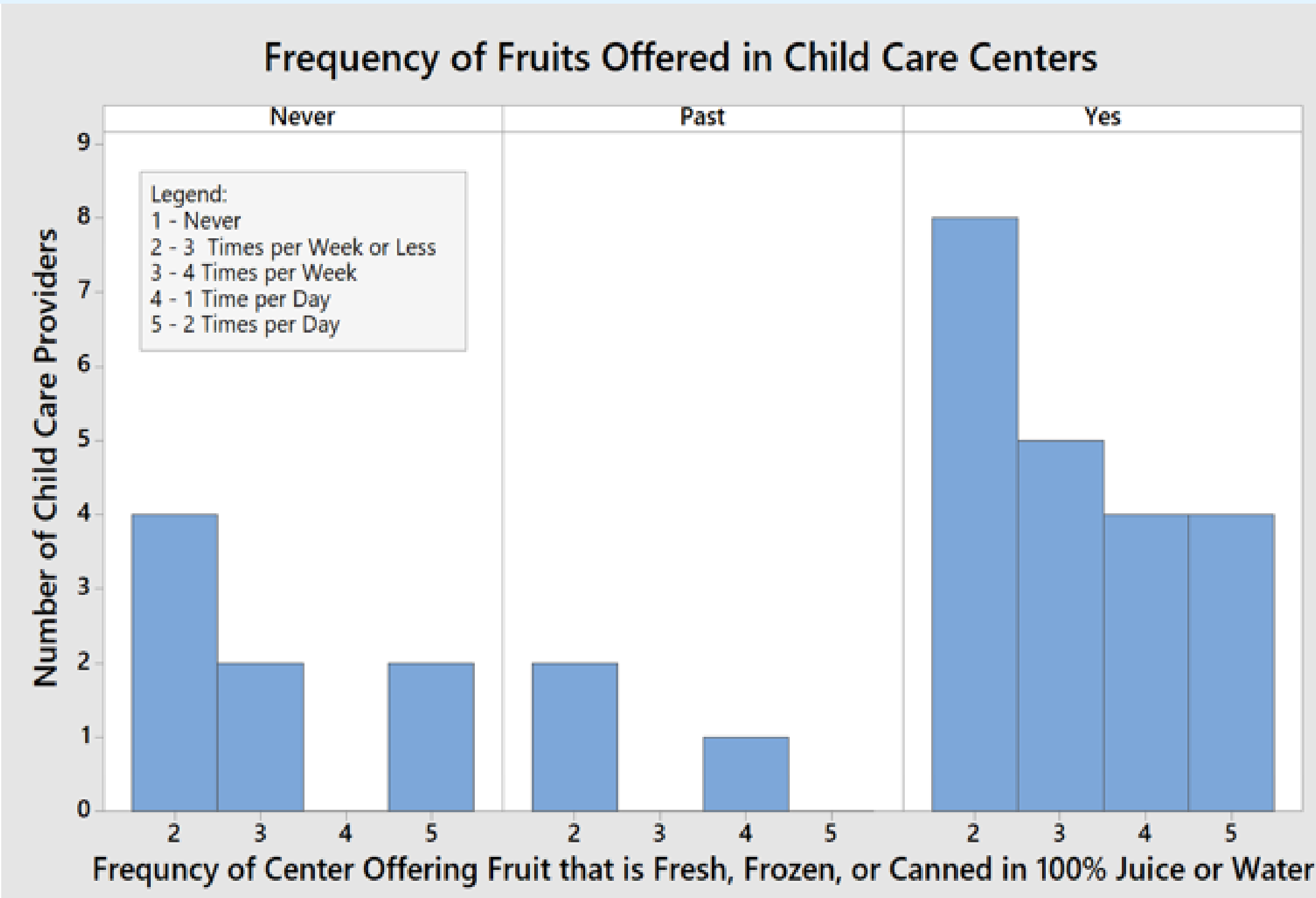


Figure 1. Frequency of serving fruits in child care centers based on CACFP status (never = never enrolled; past = enrolled in the past; yes = currently enrolled).

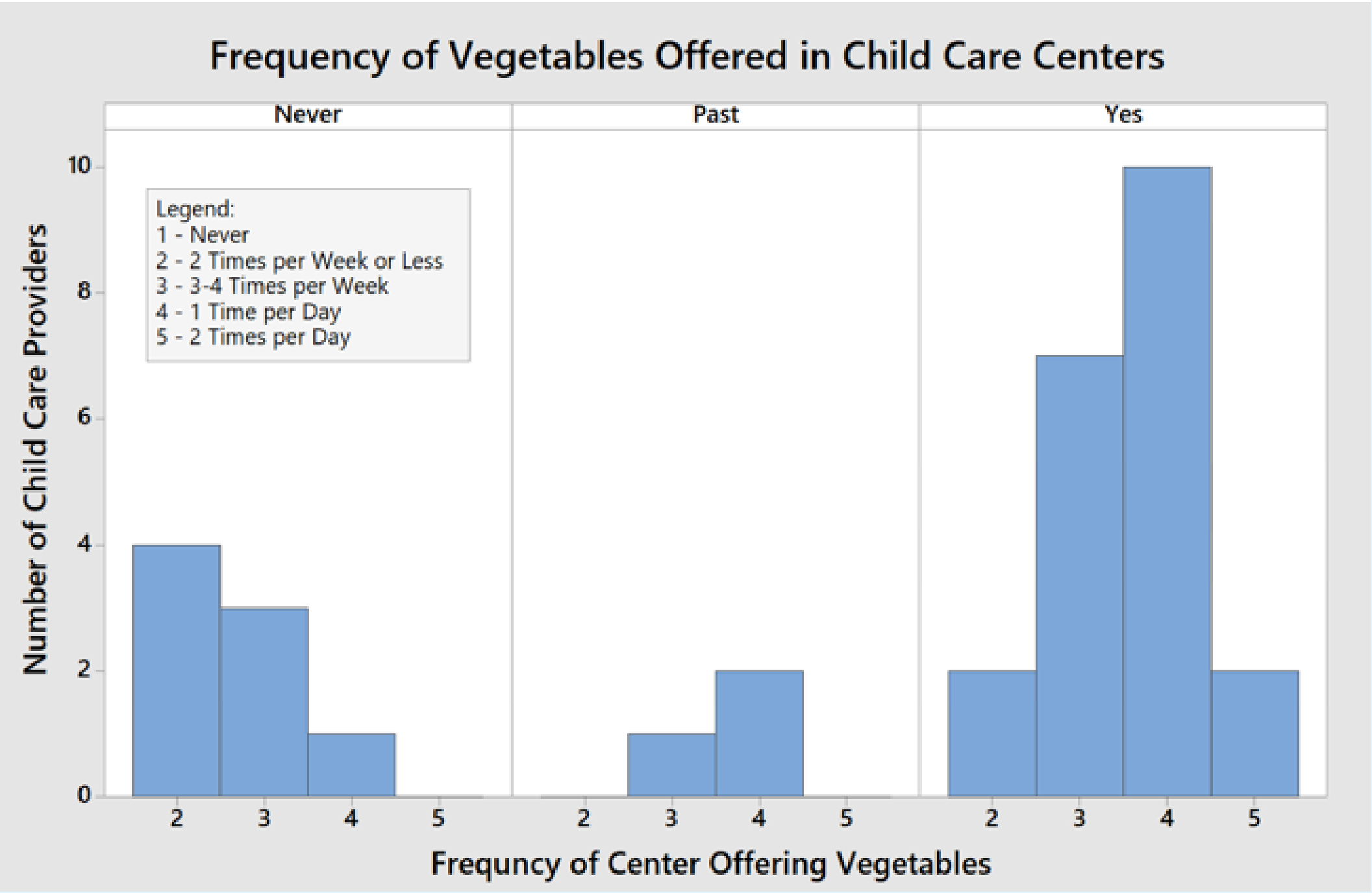


Figure 2. Frequency of serving vegetables in child care centers based on CACFP status (never = never enrolled; past = enrolled in the past; yes = currently enrolled).

Hypothesis 2: Child care centers who are on the CACFP will more closely follow the snack and meal guidelines than the centers who are not.

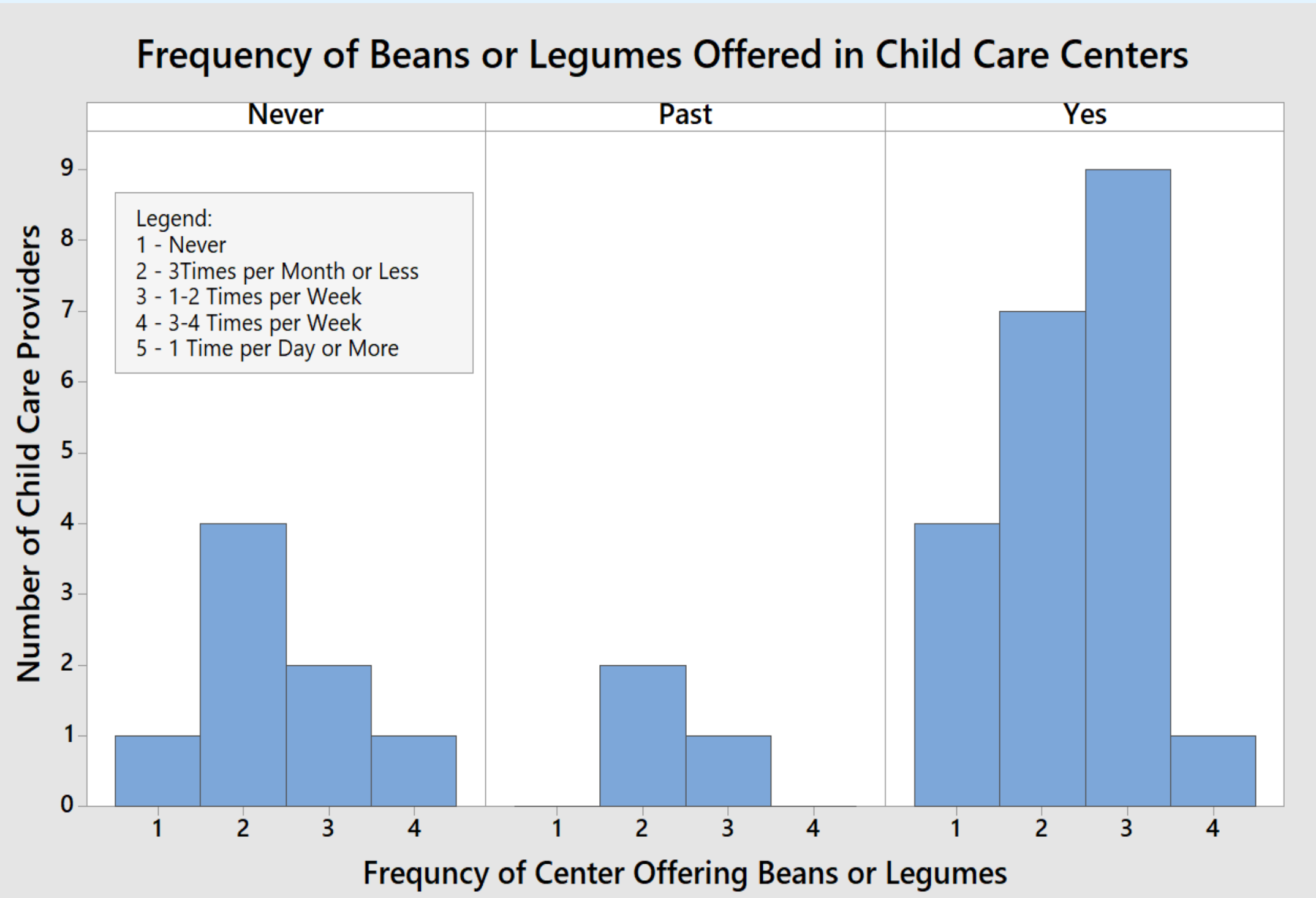


Figure 3. Type of milk served in child care centers based on CACFP status (never = never enrolled; past = enrolled in the past; yes = currently enrolled).

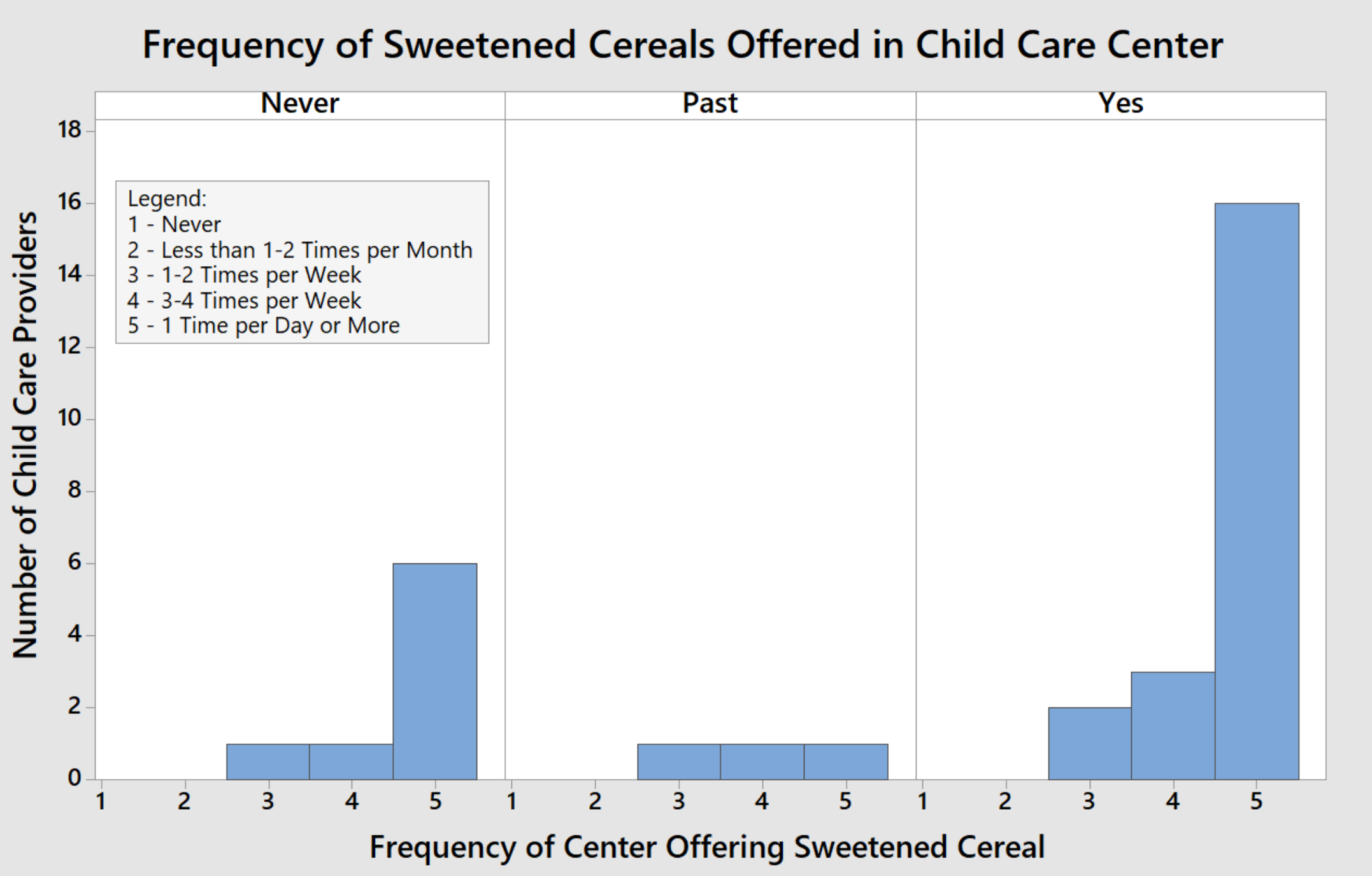


Figure 4. Frequency of sweetened cereal served in child care centers based on CACFP status (never = never enrolled; past = enrolled in the past; yes = currently enrolled).

Hypothesis 3: Financial barriers, limited time, and limited support will be significant barriers when it comes to developing healthy menus for child care centers.

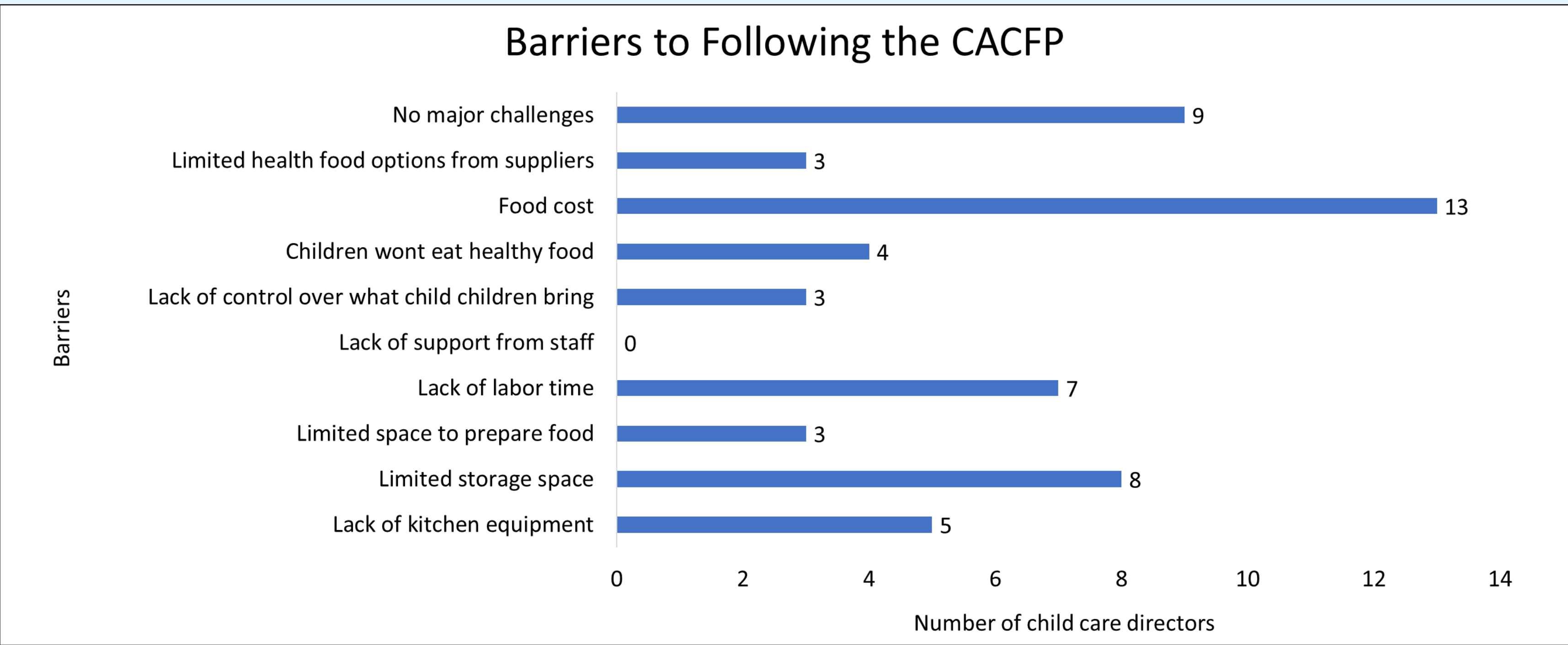


Figure 5. Child Care providers barriers to following the CACFP dietary guidelines.

DISCUSSION

- Child care centers who are on the CACFP compared to those centers who have never been on the CACFP or have been enrolled in the past, offer a greater amount of fruits, vegetables, low-fat milk, and whole-grains to children

- Regardless of CACFP enrollment status, child care centers are often serving sweet treats more than twice per month

- Child care providers requested more education on ways to lower food cost while following the CACFP guidelines, additional training on communication surrounding childhood nutrition communication and creating positive meal time environments within the child care setting.

CONCLUSION

A nutrition education intervention is needed for all child care providers, regardless of CACFP status. Such an intervention will provide the opportunity to increase consumption of fruits, vegetables, low-fat dairy, and whole-grains among children in child care centers and help them to build healthy eating habits that will last throughout their lives.

REFERENCES

Dev, D. A., Byrd-Williams, C., Ramsay, S., McBride, B., Srivastava, D., Murriel, A., Adachi-Mejia, A. M. (2017). Engaging parents to promote children's nutrition and health. American Journal of Health Promotion: AJHP, 31(2), 153–162. <https://doi.org/10.1177/0890117116685426>.

Washington State Department of Health and Public Health. (2013). Nutrition and physical activity in child care. Retrieved from <http://depts.washington.edu/uwcphn/work/ece/waccsurvey.shtm>

United States Department of Agriculture. (2018). Child and Adult Food Program (CACFP). Retrieved from <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

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FOR FURTHER INFORMATION

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