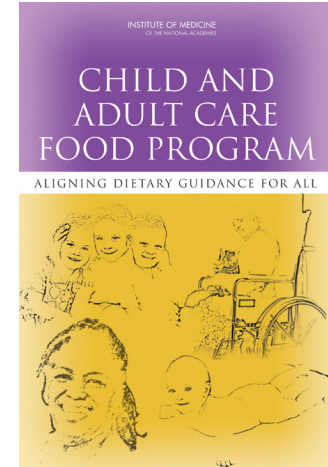


For more information visit [www.iom.edu/cacfp](http://www.iom.edu/cacfp)

# Child and Adult Care Food Program

## Aligning Dietary Guidance For All



**The Child and Adult Care Food Program (CACFP)** supports the nutrition and health of the nation's most vulnerable individuals—more than 3 million infants and children and more than 114,000 impaired or older adults, primarily from low-income households. The meals and snacks provided by the program can account for the majority of food consumed by many of these individuals, so the quality of the foods provided has the potential to affect their diets substantially.

To receive federal reimbursement, CACFP meals must meet regulations designed to ensure that participants receive high-quality, nutritious foods. The current requirements, however, are based in part on nutrition and health information from 1989. Over the past two decades, scientists have gained a better understanding of how nutrition can lead to improved health. For assistance in updating the regulations, the U.S. Department of Agriculture (USDA) asked the Institute of Medicine (IOM) to review and assess the nutritional needs of the populations served by CACFP and to provide recommendations to revise the Meal Requirements for CACFP.

To meet its task, an IOM committee formulated a strategy that first included establishing a set of criteria to guide its decision making. These criteria specify that the Meal Requirements should be based on current dietary guidance (based on the *Dietary Guidelines for Americans* set by USDA and the Department of Health and Human Services, as well as the IOM's Dietary Reference Intakes), practical considerations, appealing menus, the capabilities of the providers, and cost. Considering the wide-ranging scope of CACFP, the committee took a broad view of its task by developing recommendations that could be used for both specific meals and across a full day. These recommen-

**Considering the wide-ranging scope of CACFP, the committee took a broad view of its task by developing recommendations that could be used for both specific meals and across a full day.**

dations cover all age groups from infants through older adults, and could be implemented by a variety of providers, including those in family homes and large centers.

### Recommended Meal Requirements

The committee began by defining appropriate age groups:

- Infants (0 through 5 months, 6 through 11 months)
- Children (1 year, 2 through 4 years, 5 through 13 years, 14 through 18 years)
- Adults (19 years and older)

For each of these groups, the committee recommends new Meal Requirements, including both revised meal patterns and additional food specifications. The daily and weekly meal patterns are the types and amounts of foods that are to be offered for breakfast, lunch/supper, and snacks. They will promote intakes of healthy foods from five food groups: fruits, vegetables, milk, grains/bread, and lean meats/meat alternates (with fruits and vegetables as separate groups). For example, a lunch meal pattern would have one serving of fruit, two vegetables, one grain/bread, one lean meat/meat alternate, and one serving of milk.

Nutrient standards were not specifically included in the Meal Requirements, but the food

#### Recommended Daily Meal Patterns for Breakfast, Lunch/Supper, and Snacks, Number of Servings and Range of Serving Sizes

	Food Group	Serving Number	Range of Serving Size (vary by age group)
Breakfast	<b>Fruit or non-starchy vegetable</b>	1	¼ to ½ cup
	<b>Grains/breads</b>	1	½ to 3 ounce equivalent
	<b>Lean meat/meat alternate</b>	1	½ to 2 ounce equivalent (3 times weekly)
	<b>Milk</b>	1	½ to 1 cup
Lunch/Supper	<b>Fruit</b>	1	¼ to ½ cup
	<b>Vegetable</b>	2	⅛ to ½ cup
	<b>Grains/breads</b>	1	½ to 2 ½ ounce equivalent
	<b>Lean meat/meat alternate</b>	1	½ to 2 ½ ounce equivalent
	<b>Milk</b>	1	½ to 1 cup
	<b>Fruit</b>	2 per week	½ to 1 cup
	<b>Vegetable</b>	2 per week	⅛ to 1 cup
Snacks (Choose 2 Food Groups per Snack)	<b>Grains/breads</b>	2 per week	½ to 2 ounce equivalent
	<b>Lean meat/meat alternate</b>	2 per week	½ to 1 ounce equivalent
	<b>Milk</b>	2 per week	½ cup

**Key implementation strategies include engaging families, food industry stakeholders, and community members; providing nutritional education to participants; and training state agency staff and program providers.**

specifications provide guidance on choices within the food groups, leading to meals that have appropriate calorie levels and reduced amounts of solid fat, trans fats, added sugars, and sodium.

In order to align CACFP meals and snacks with the *Dietary Guidelines* and to improve consistency with the requirements of other USDA food programs, the committee recommends the following:

- Increase the variety of fruits and vegetables, increase the proportion of whole grains, and decrease foods that are high in solid fats, added sugars, trans fats, and sodium.
- Adopt new Meal Requirements for healthy infants and young toddlers to increase consistency with recommendations made by the American Academy of Pediatrics.
- Give providers the option of serving one enhanced snack in the afternoon, instead of regular snacks in both the morning and afternoon for older children and adults. Regular snacks would include two components (such as a vegetable and a grain), while the enhanced snack would include four components (such as a vegetable, a grain, a fruit, and milk).

### **Meal Cost Implications**

These new Meal Requirements will increase overall food costs for CACFP. This is mainly caused by an increase in the amount and variety of fruits and vegetables at lunch/supper and for snacks, the

addition of meat/meat alternate at breakfast, and increases in the amount of whole grain-rich foods. However, some of the recommended changes will help control costs, such as the elimination of solid foods for infants under 6 months old.

While the recommendations will affect costs, these changes are essential to achieving greater consistency with the *Dietary Guidelines*. The expected increase in costs will likely exceed the amount that can be absorbed by CACFP providers under current federal reimbursement levels. If the recommended Meal Requirements are fully adopted, continued participation by most providers will require an increase in reimbursement.

### **Implementation and Evaluation**

The effectiveness of the recommended Meal Requirements for CACFP will be determined in large part by the manner in which the new requirements are implemented and monitored for compliance. Key implementation strategies include engaging families, food industry stakeholders, and community members; providing nutritional education to participants; and training state agency staff and program providers.

To improve the likelihood of successful implementation, the committee recommends that USDA provide extensive technical assistance to CACFP providers to implement the recommended Meal Requirements and work with stakeholders to reevaluate the system for monitoring and reimbursing CACFP meals and snacks prior to implementing the revised Meal Requirements.



**Committee to Review Child and Adult Care Food Program Meal Requirements**

**Suzanne P. Murphy** (Chair)  
Cancer Research Center of Hawaii, University of Hawaii, Honolulu

**Norma D. Birkhead**  
District of Columbia Office of the State Superintendent of Education, Washington, DC

**Alicia L. Carriquiry**  
Department of Statistics, Iowa State University, Ames

**Ronni Chernoff**  
Geriatric Research Education and Clinical Center, Central Arkansas Veterans Healthcare System; Arkansas Geriatric Education Center, University of Arkansas for Medical Sciences, Little Rock

**Sonia Cotto-Moreno**  
Teaching and Mentoring Communities, Laredo, TX

**Karen Weber Cullen**  
Children's Nutrition Research Center, Baylor College of Medicine, TX

**Mary Kay Fox**  
Mathematica Policy Research, Inc., Cambridge, MA

**Geraldine Henchy**  
Food Research and Action Center, Washington, DC

**Helen H. Jensen**  
Department of Economics, Iowa State University, Ames

**Charlene Russell-Tucker**  
Connecticut Department of Education, Middletown, CT

**Virginia A. Stallings**  
The Children's Hospital of Philadelphia, University of Pennsylvania

**Katherine L. Tucker**  
Department of Health Sciences, Northeastern University, Boston, MA

**Study Staff**

**Ann Yaktine**  
Study Director

**Sheila Moats**  
Associate Program Officer

**Julia Hoglund**  
Research Associate

**Heather Breiner**  
Program Associate

**Anton Bandy**  
Financial Officer

**Geraldine Kennedo**  
Administrative Assistant, Food and Nutrition Board

**Linda Meyers**  
Director, Food and Nutrition Board

**Study Sponsor**

The U.S. Department of Agriculture

While conducting this study, the committee encountered a considerable lack of current data related to CACFP, and therefore the committee recommends that USDA support research on the effect of the Meal Requirements on participants' dietary intake and consumption patterns, food and nutrient content of meals served in the program, demand from eligible providers, and access by participants. USDA also should establish current baselines prior to implementation of the new Meal Requirements for comparison purposes.

Additionally, the committee recommends that USDA should review and update, as appropriate, the Meal Requirements to maintain consistency with current dietary guidance.

**Conclusion**

Implementation of the committee's recommendations will lead to healthier menus for children and adults because the meals and snacks are more closely aligned with the *Dietary Guidelines for Americans* and the Dietary Reference Intakes. The recommended Meal Requirements likely will increase children and adults' consumption of fruits, vegetables, whole grain-rich foods, and lean meats, while decreasing their intake of solid fats, trans fats, added sugars, and sodium. With so many participants relying on CACFP for the majority of their meals, these changes can make a critical difference in the diets and overall health of millions of Americans. 6

**INSTITUTE OF MEDICINE**  
OF THE NATIONAL ACADEMIES

**Advising the nation/Improving health**

500 Fifth Street, NW  
Washington, DC 20001  
TEL 202.334.2352  
FAX 202.334.1412

[www.iom.edu](http://www.iom.edu)

**The Institute of Medicine serves as adviser to the nation to improve health.**  
Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policy makers, health professionals, the private sector, and the public.

Copyright 2011 by the National Academy of Sciences. All rights reserved.