

May 10, 2023

School Meals Policy Division Food and Nutrition Service P.O. Box 9233 Reston, Virginia 20195

To Whom It May Concern:

On behalf of the Head Start community, the National Head Start Association (NHSA) thanks the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) for the opportunity to comment on the Notice of Proposed Rulemaking on *Child Nutrition Programs: Revisions to Meal Patterns Consistent With the 2020 Dietary Guidelines for Americans* (88 FR 8050). In particular, our comments focus on those parts of the proposed rule pertaining to the Child and Adult Care Food Program (CACFP).

NHSA is a nonprofit organization committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in life. NHSA is the voice for more than 840,000 children and their families, 250,000 staff, and 1,600 Head Start grant recipients. Since 1974, NHSA has worked for policy changes that ensure all eligible children have access to the Head Start model.

A core part of the services provided by Head Start is healthy meals and snacks through the Child and Adult Care Food Program. Healthy nutrition – both being served healthy meals as well as teaching children about healthy eating – is a foundational priority in Head Start and Early Head Start programs. In the 2021-22 program year, millions of CACFP-funded meals were served to children in Head Start and Early Head Start in every corner of the U.S. Of those Head Start and Early Head Start children, 32,697 were underweight at enrollment, while 173,820 were overweight or obese.

Added Sugars (section 2)

The proposed rule modifies added sugar provisions for CACFP meals and snacks. Access, affordability, and understandability are critical to the successful implementation of this new added sugar standard. Affordability is an important consideration given the rising cost of food;

any changes in nutrition standards that may impact affordability could have a negative impact on the ability of programs to implement CACFP.

In order for this new standard to be easily implemented, we strongly urge USDA to create product lists that enable CACFP providers to clearly understand which affordable cereals and yogurts meet the new proposed standards. A "shopping list" is particularly important for small providers who do not have in-house expertise. Though larger Head Start providers – some grantees serve thousands of children each day – are more likely to have access to professional expertise guiding their nutrition service decisions, Head Start serves almost 11,000 children each day through the family child care partnerships. Small providers are more reliant on grocery stores and typical retail outlets for food for their children, so clearly understood materials are critical, both for the added sugar changes as well as the other provisions in this proposed rule.

Milk (section 3)

Current regulation for CACFP standards, permitting unflavored whole milk for children ages 12-23 months and unflavored nonfat or 1% milk for children ages 2-5, works well and helps build a foundation of healthy eating that is not dependent on added sugar. If the Alternative A proposal (permitting flavored milk for high school students) is adopted, we do not support lowering CACFP standards in order to align with the K-12 school lunch program.

However, it is important to note the growing parental preference for nondairy milk alternatives. As these nondairy options continue to grow and evolve, we encourage USDA to consider whether additional nondairy alternatives with appropriate nutritional profiles might be added to the permissible list of options.

Whole Grains (section 4)

NHSA supports finalizing existing policy regarding "whole grain rich" by including it in official CACFP standards; this change has already been implemented by Head Start programs.

Menu Planning for American Indian and Alaska Native Students (section 6)

We are pleased that USDA recognizes the unique heritage of American Indian and Alaska Native (AI/AN) students by permitting additional dietary flexibility and allowing programs serving primarily AI/AN children to serve an additional vegetable in lieu of a grain or bread. However, this flexibility should come with an assurance that the key nutrients derived from grains and breads are not being overlooked as part of the AI/AN child's overall diet.

Nuts and seeds (section 10)

As is the case with evolving parental preference for non-dairy milk alternatives, so too is a growing preference for additional non-meat options for young children. The proposed rule will allow nuts and seeds to be given full credit as a protein source. We support this effort to both reduce complexity and remove the discrepancy in the treatment of nuts and seeds versus nut and seed butters. This will provide additional flexibility in meal patterns, especially for children who are vegetarians.

We urge further consideration of several issues, such as how nutritional standards for protein sources will be met through this new provision, and whether there are any additional safety monitoring concerns should additional nut-based products become more common in early learning settings.

Geographic Preference (section 14)

NHSA supports policies that encourage eating local and boost consumption of the fresh fruits and vegetables that are produced in nearby communities, including the change outlined in section 14 of this proposed rule. However, this aspirational policy too often runs into cost limitations. CACFP reimbursement is already inadequate to fully cover the costs of a nutritious menu plan, forcing providers to cut corners in order to balance quality, cost, and nutrition standards. Higher reimbursement rates would allow providers to purchase food from local and/or smaller producers in the area. While we recognize that reimbursement rates are beyond the scope of the proposed rule, it is the defining factor that will limit the impact of "eating local" provisions of CACFP.

Thank you again for the opportunity to provide feedback on the Proposed Rule. The Head Start community is committed to working with USDA to ensure that the Child and Adult Care Food Program is best positioned to serve all the children in Head Start and beyond who are in need of additional nutrition support in order to grow strong and healthy. If you have questions, please contact me at yasminavinci@nhsa.org.

Sincerely,

Yasmina Vinci

Executive Director

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