

I. Executive Summary

The North Carolina Child and Adult Care Food Program (CACFP) agency, run through the Nutrition Services Branch of the Division of Public Health applied for and received a USDA Child Care Wellness Grant in 2010. The grant was provided for in the Healthy, Hunger-Free Kids Act of 2010 and fully funded North Carolina's multi-component nutrition education initiatives. A total of 148 centers and 68 sponsors received pass-through mini-grants to purchase equipment and educational materials related to nutrition and physical activity. Grant recipients were required to attend two trainings (*Health Futures in the Kitchen* and *Build a Better Menu*) that focused on healthy cooking skills and healthy menu creation, respectively. The CACFP agency also worked with the North Carolina Community College System to develop a 20-hour training on early childhood nutrition and physical activity and adapted an online childhood obesity prevention module to target parents and providers within the CACFP program.

Some of these programs were implemented in ways that were generally similar to what other states had pursued through Federal grants. In a few cases, North Carolina could have used strategies from other states to address the barriers they encountered or improve upon their current and future initiatives to optimize the use of their funding. Few outcome or process evaluations are publicly available on child care interventions in North Carolina or other states, and there is no central hub for sharing program ideas, materials and evaluation findings. There is a need for recipients of large Federal grants to carefully evaluate their programs and make those findings public.

II. Background

The Child and Adult Care Food Program (CACFP)

The Child and Adult Care Food Program, housed in the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA), was first established in 1968 to ensure that children in low income areas would receive adequate meals while in child care.¹ Originally only available to public or private non-profit child care centers in low income areas, the program expanded over the years to allow all types of child care including homeless shelters, after-school programs, in-home or family day care operations, and adult day-care centers for those over 60 with severe physical or mental impairments.² The CACFP provides reimbursement for “the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons.”³ Currently over 3.4 million children and adults receive meals through the program each day, a figure that has steadily increased since the program’s inception.³ Though the program also serves disabled and older adults in qualifying adult date care centers, the overwhelming recipients of meals through CACFP are children, and specifically children ages 0-5 in child care center and family or group day care homes.⁴

Only meals meeting required meal patterns are reimbursed. For infants, there are formula- and supplemental foods-based meal patterns.⁵ Children above age one have meal patters based on food groups that must be served at each meal (Table 1). Age-appropriate serving sizes ensure that children receive the right amount of food for their growth needs. However, the current meal pattern has no requirements beyond the components of meals and does not address specific nutrients such as fiber, saturated fat, or sodium. These shortcomings were addressed

when the child nutrition programs, including CACFP, were reauthorized through the Healthy, Hunger-Free Kids Act of 2010.

Breakfast	Select all 3 components
	1 milk 1 fruit/vegetable 1 grain/bread
Lunch	Select all 4 components
	1 milk 1 fruit/vegetable 1 grain/bread 1 meat/meat alternative
Snack <small>* Milk and juice may not be served together to meet this requirement</small>	Select 2* of 4 components
	1 milk 1 fruit/vegetable 1 grain/bread 1 meat/meat alternative

Table 1. Meal pattern requirements

Federal Legislation and Regulations

The Healthy, Hunger-Free Kids Act of 2010 (HHFKA or the Act) was signed into law in December 2010 and affects all major child nutrition programs.⁶ The law contains provisions on the National School Lunch Program; the School Breakfast Program; CACFP; the Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Summer Food Service Program; the Afterschool Meal Program; and the Supplemental Nutrition Assistance Program Education (SNAP-Ed).

The Act addressed a variety of issues related to CACFP, including provisions intended to expand access, improve the nutrition of meals and snacks served, promote wellness in child care, expand eligibility, and reduce the paperwork burden of CACFP. The USDA has been releasing regulations related to the Act since 2011, but the process is still ongoing. Figure 1 shows a

timeline of the progress made on CACFP nutrition requirements for children 2 years and older from the HHFKA.⁷

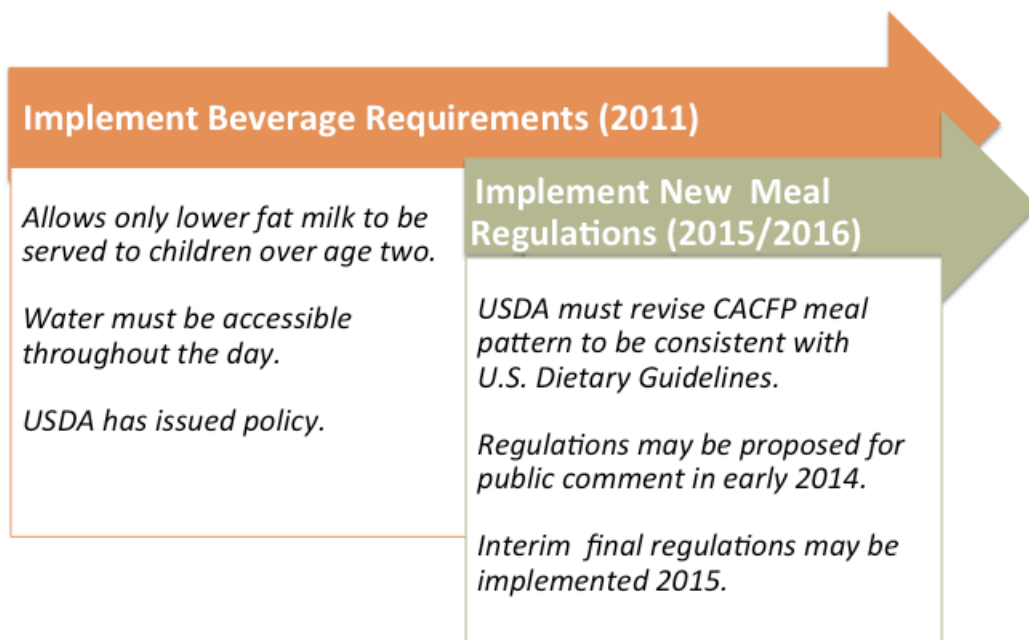


Figure 1. HHFKA: Implementation of CACFP Nutrition Requirement Timeline

A proposed update to the CACFP meal pattern is expected in or around March 2014, with the final requirements to be implemented at the start of the 2015 school year.⁸ However, the October 2013 shutdown of the Federal Government may delay the 2014 release even further, and USDA could decide to delay implementation until 2016.

Also passed in the 111th Congress was The Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Act of 2010 that authorized FNS to award grants to state agencies implementing CACFP for projects aimed at improving the health and nutrition of children in child care settings.⁹ A total of 7.7 million dollars was given out by FNS to fourteen states based on a competitive grant application system. Included in those fourteen states was North Carolina, which received \$926,708 to be spent over three years.¹⁰

Child Care Regulations in North Carolina

All child care centers or family child care homes in North Carolina must be licensed by the Child Care Commission, housed in the Division of Child Development and Early Education of the Department of Health and Human Services. In addition to CACFP requirements, all CACFP child care facilities must also comply with licensure regulations. Included in these regulations are several provisions related to child nutrition and feeding practices.

CACFP	<ul style="list-style-type: none"> • Follow the meal pattern for all meals and snacks (See Table 1) • Make water available at all times • Infants may only be served breast milk or formula, and not cow's milk • From ages 12-24 months, milk served must be whole milk • From ages 2 years and on, milk served must be skim or low-fat (1%)
1998 regulation	<ul style="list-style-type: none"> • Follow the meal pattern for all meals and snacks (See Table 1) • Menus must be created in advance, posted conspicuously, and substitutions must be noted. • Centers must provide supplemental foods to children whose parents do not provide enough food to meet the meal pattern • Children's food allergies must be posted in the food preparation and eating areas • Special diets must be accepted and followed based on written instructions • Food and beverages with little or no nutritional value served as a snack, such as sweets, fruit drinks, soft drinks, etc., will be available only for special occasions.
2010 major updates	<ul style="list-style-type: none"> • Accommodations for breastfeeding mothers shall be provided that include seating and an electrical outlet in a place other than a bathroom that is shielded from view by staff and the public, which may be used by mothers while they are breastfeeding or expressing milk.
2012 major updates	<ul style="list-style-type: none"> • Parents may opt out of supplemental foods • The provider will only provide: breast milk, formula, water, unflavored whole milk to ages 12-24 months, unflavored skim or 1% milk for children over 2 years, or 100% fruit juice up to 6 ounces per day. • Staff shall role model appropriate eating behaviors by consuming only food or beverages that meet the nutritional requirements specified in Paragraph (a) of this Rule in the presence of children in care. • Parents shall be allowed to provide breast milk for their children.

Table 2. Overview of CACFP and North Carolina Child Care Licensure Requirements

The list of stated requirements for all facilities is quite comprehensive and for over 15 years has required all facilities to meet many of the same standards required of facilities participating in CACFP.¹¹ Most notably, the regulations state that both centers and homes “shall comply with the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture, which is identical to the meal pattern required by CACFP.”^{5,12} It is unclear whether this language will result in all facilities having to meet the upcoming new CACFP meal pattern, or if non-CACFP facilities in North Carolina will continue to follow the current meal pattern.

In multiple instances, the NC child care regulations actually go farther than CACFP’s nutrition requirements. Table 2 provides an overview of CACFP requirements, the NC child care regulations adopted in 1998 and the additions and revisions that occurred in 2010 and 2012.^{5,11-14}

Evaluation of adherence to nutrition standards in North Carolina Child Care facilities

In order to evaluate how well facilities are adhering to nutrition standard, the Division of Child Development and Early Education typically refer to facilities’ menus.. A 2010 study of NC child care centers found that while 85 percent of foods served matched the menu, the actual serving size provided for fruits, vegetables, and whole grains was less than the amount listed on the menu.¹⁵ For the 15 percent of foods that did not match the menu, the sites were serving additional foods rather than failing to serve foods that were listed.

Two other studies addressed the adequacy of each food component in meals served at child care. One study found that children consumed an adequate amount of milk while in child care, but an inadequate amount of every other food group (grains, vegetables, fruit, and meat)

when compared to the MyPyramid recommendations for children ages 2 to 5.¹⁶ It was also noted that grains were rarely whole grain, meats were typically of the high-fat or fried variety, and milk was usually 2% or whole milk.

Another study conducted in 96 centers across North Carolina found that children were served too few fruits, vegetables, and whole grains, or products that were not of optimal nutritional quality such as fruit canned in syrup rather than juice.¹⁷ High-sugar, high-salt, and high-fat foods were also served more often than is recommended as were fruit juice and 2% and whole milk. In all three studies, most centers (75-82%) participated in CACFP. However, results comparing centers that did and did not participate in CACFP were not included, and there are no comparable studies on nutrition in family child care homes.

III. North Carolina Wellness Grant Components

To address the lack of in-depth nutrition education for centers and family child care homes in a way that would not unduly burden facilities and their employees, the Nutrition Services Branch of the Division of Public Health, which runs CACFP in North Carolina, decided to apply for a USDA Child Care Wellness Grant in 2010 and received \$926,708 to implement nutrition education initiatives.^{10,18}

Pass-Through Grants

A major stipulation of the law that created the Wellness Grant was that 50% of the money awarded to a state is to be given to centers, sponsors, and family child care homes as pass-through grants. Over three years, 68 sponsors and 148 centers caring for a total of 8,047 children were given mini-grants of \$2,500 to fund the purchase of items such as gardening supplies,

fitness equipment, classroom nutrition education materials, physical activity posters, and parent nutrition and physical activity education materials and to fund taste-testings, and field trips to farms.¹⁸ These centers and sponsors were also required to attend free nutrition trainings such as *Healthy Futures in the Kitchen* and *Build a Better Menu*.

Healthy Futures in the Kitchen

The North Carolina CACFP agency partnered with Mecklenburg County to create a cooking course for child care providers. The training focused on healthy preparation methods using foods typically served in child care. Originally a three-day training developed by the Mecklenburg County Health Department for Charlotte-Mecklenburg child care centers, the final training for CACFP mini-grant recipients was one day long in response to the concerns of care takers and facility managers that they could not leave their centers for more than one day at a time. In addition to paying for the training on behalf of the mini-grant facilities, the grant also paid for the travel costs and accommodations for participants.

Build a Better Menu

After attending *Healthy Futures in the Kitchen*, representatives from the facilities and sponsor organizations that received mini-grants were required to attend *Build a Better Menu*. Also a one-day training, this opportunity was offered in six cities across the state. *Build a Better Menu* focused on incorporating whole grains, serving a variety of fruits and vegetables, providing lean, low-sodium meats and meat alternatives, and reducing the added sugar served to children. The CACFP agency now has several staff members capable of leading the *Build a Better Menu* training and it will soon be offered optionally to all CACFP centers free of charge.

Community College Partnership

Separate from the grants and activities provided for specific centers, the North Carolina CACFP agency also partnered with 5 community colleges to create a 20-hour nutrition and physical activity education curriculum that is available to all child care providers for a small fee. Based on feedback from pilot participants, the curriculum is currently under revision and the CACFP agency is developing a plan to market the revised curriculum to community colleges across the state. Going forward, each participating community college will have the option of requiring their early care and education students to complete the curriculum as part of their training. Licensed child care providers who complete this training will receive Continuing Education Units from the Division of Child Development and Early Education.

Obesity Prevention Self-Study Module

The agency also partnered with Western Michigan University (WMU) to create an online self-study module that focuses on preventing childhood obesity. The module targets both parents and child care providers. Based on a series of questions that participants answer about their attitudes, beliefs, and practices, the module determines their stage of change and a corresponding self-study module tailored to that stage will come up. The module was modified from a previous version that WMU had created targeting WIC participants. Child care staff that complete the module receive Continuing Education Units.

Nutrition and Policy Team

To help sustain the current level of nutrition education and outreach, and to provide a framework for planning future initiatives, a Nutrition and Policy Team was created to implement

the Wellness Grant. The team is comprised of five staff members from the CACFP agency, including three Registered Dietitians, one staff member with a background in physical activity, and one with significant institutional knowledge from a long history with the agency.

IV. Discussion

Barriers to implementation

The North Carolina Wellness Grant was the largest grant containing pass-through grant funding that the Nutrition Services Branch had received regarding CACFP and with that came unforeseen barriers. The Contracts Office in the State Department in North Carolina requires that state agencies release a Request for Applications (RFA) and potential recipients submit grant applications to be considered. In this case, the potential recipients were family child care home sponsors and child care centers, many of which had never submitted a grant application before. To complicate matters, a main function of state CACFP agency staff is to provide technical assistance to centers and sponsors. However, because the CACFP agency was the distributor of funds, it was bound by law to not assist the centers and homes with their applications. The result was that fewer than half of the funds were distributed during the first round.

The CACFP agency responded to this barrier in three ways. The first was to extend the use of the funds over three years instead of two. Secondly, the agency worked with the NC Department Contracts Office to revise the RFA to a simpler format that would be less onerous for smaller centers and sponsors to complete. Lastly, the CACFP agency is considering the development of an optional grant writing workshop to increase the number and quality of applications for any future funds that the CACFP agency may receive.

Program Components

Materials Development

The initiatives that North Carolina undertook with their Wellness Grant were a mixture of new creations and adaptations from other programs. *Build a Better Menu* and the 20-hour training through community colleges were created from scratch with the intention that their curricula be used beyond the grant. As more focus is placed on enhanced nutrition education in CACFP, many states are realizing that they do not have the educational resources to provide nutrition education to child care providers and are using grant money to develop these materials.

The self-study obesity prevention module and *Healthy Futures in the Kitchen* were created from pre-existing resources. The CACFP agency approached the module's original creator (Western Michigan University) and through the grant partnered with them to change the focus of the obesity prevention module from WIC families to CACFP families and child care providers. In the case of *Healthy Futures in the Kitchen*, the training for center and sponsors from across the state was pared down to one day for its original three due to the cost and time barriers that a multi-day training would pose.

Collaborations like these can help state CACFP agencies receiving grants to stretch their money. It can be tempting for agencies to use grant funding to create new materials with the exact message they desire, tailored towards their state's specific needs. However, these two collaborations in NC are an excellent example of striking the middle ground of using a pre-existing resource, but tailoring it to a new population. Stemming from the Healthy, Hunger-Free Kids Act, the USDA Food and Nutrition Service's Team Nutrition has created a Provider Handbook on Nutrition and Wellness Tips for Young Children and has begun creating a hub for states' resources, but the site is currently underused.^{8,19} The Food Research and Action Center

(FRAC) also maintains an online Child Care Food Program Wellness Toolkit that contains a mixture of best practice case studies and links to states' materials, but fewer than half of states are represented.²⁰

Expert Training

Bringing in an expert trainer such as a professional chef or renowned child physical fitness expert to lead a large training for providers can be an enticing way to use nutrition education grant money because of it may attract more care-givers to participate in CACFP. Experts can also increase depth of knowledge that a CACFP agency can provide to providers, which can be especially important for agencies with a small staff and limited content expertise. However, this can be very costly.

An alternative that has the majority of the educational benefits, but at a fraction of the cost is using veterans of the field such as retired or current school food service directors or physical education teachers. Montana also received a USDA Wellness Grant and hosted training similar to *Healthy Futures in the Kitchen* where participants were taught how to create a variety of healthy meals that were eligible for CACFP reimbursement.²¹ The trainers were a mixture of CACFP agency staff and school food service directors, some of which already worked through a Montana school food service mentoring program. A Head Start national program for physical activity in preschool, *I am Moving, I am learning* was adapted into a train-the-trainer program in New Hampshire wherein CACFP sponsors are trained and in turn train the staffs at the centers and family child care homes that they oversee.²²

Web-based training

Many states are already utilizing the Internet to enhance their training. Nearly one quarter offer webinars on nutrition education and over 40% have web-based training modules.²³

Wisconsin developed a series of webinars to educate parents and providers on the importance of obesity prevention in early child care.²⁴ They also created introductory webinars for centers and sponsors to better understand how to use two of the extensive paper-based resources that they have developed.

Internet-based training is fiscally responsible because it eliminates travel time and costs for both providers and CACFP staff, and reduces the staff-time spent on continual training. The use of visual demonstrations and oral training can also help those with limited English proficiency or low literacy. Moving to an entirely web-based training platform can alienate providers though, as it requires that providers have a computer and a reliable high-speed Internet connection. Until the CACFP agency can assess their centers, sponsors, and homes to determine that they have a sufficient level of technology literacy, web-based training is better served as an accessory to paper-based or live or in-person trainings.

Recommendations for North Carolina

Planning of Grant Components

There are many trade-offs when deciding which types of programs to fund through a grant. Choosing to adopt and tailor previously developed materials can save staff time and money, which could increase the agency's ability to do training, outreach, and promotion. But in saving time and money this way, there is always the possibility that the resource won't be as good as one specifically created with the target message to the target audience and adoption of a program, or effectiveness of an educational resource may suffer. These problems can largely be eliminated through development of new materials, but with limited resources, that necessarily means that there are fewer funds remaining to disseminate materials or work on other projects.

There is also the consideration of how many resources will be used developing a program or material upfront and how much will be needed to sustain its dissemination. Developing user friendly guides or sample curricula for teachers take a large initial input, but minimal effort to sustain. They can also have maximum reach due to their easy dissemination, and good implementation and maintenance if they are engaging and user-friendly. On the other end of the spectrum, adapting another state's training curriculum and using it to educate centers and sponsors requires sustained effort by staff to education child care workers new to CACFP and can amass significant costs for travel and meeting space rental. This would have a smaller reach, but adoption rates and fidelity of implementation would likely be higher because of the deeper understanding that in-person training can provide.

Resources for Centers and Sponsors applying for Pass-Through Grants

Approximately fifteen to twenty states receive Team Nutrition grants per year and fourteen states received Child Care Wellness Grants in 2010.^{10,25} Both types of USDA grants result in pass-through mini-grants being awarded to centers and sponsors by state CACFP agencies. The rule that barred the NC CACFP agency from assisting centers and sponsors with their grant applications is a barrier faced by any state receiving these grants. The rationale is to preclude favoritism and unequal assistance, thus making the grant process more transparent and fair. One way to address this is by providing ample upfront assistance to all centers.

The Colorado CACFP Agency had an extensive sub-grant process funded through the state's tobacco tax in 2007.²⁶ In order to minimize confusion and problems while using a comprehensive application, the application itself included several attachments including a budget template, a sample completed budget, criteria on how each item of the grant application would be scored, and several examples of programs that could be funded.²⁷

North Carolina is currently in the process of determining whether it should develop an optional grant writing training for CACFP center and sponsors to take in preparation for administering future pass-through grants.¹⁸ This would be a good option for centers and sponsors with a minimal understanding of the grant process. They could receive live instruction as well as personal attention to troubleshoot their unique problems. One main limitation to the success of this method is that it requires center and sponsors to attend in-person trainings to write a grant that may never exist based on the CACFP agency's success at winning future Federal funds.

Mandatory Nutrition Education for Providers

There are several practices occurring in other states that North Carolina could consider that would strengthen nutrition knowledge among providers. Based on a survey of CACFP agencies by the Food Research and Action Center (FRAC), two thirds of states make nutrition education a requirement of all centers and sponsors, but at this time all nutrition education, including *Build a Better Menu*, is optional in North Carolina.²³ The NC CACFP agency noted concerns that mandatory training or increased requirements in general could drive some centers and homes out of the program.¹⁸ There is no published data on whether this was true in states that did increase training requirements so this may be an idea for the NC CACFP agency to visit again in the future.

Translation of nutrition education materials

From the same FRAC survey, one third of states report providing their materials in Spanish, which North Carolina does not do. With over 800,000 Hispanic residents, the state ranks 11th in the country in total Hispanic population.²⁸ North Carolina's Hispanic population also grew 110% between 2000 and 2010 making it the 5th fastest growing Hispanic population in the country, further indicating the need for addressing this population.²⁹ If translation services

are not available to the NC CACFP agency, the agency could adopt resources from other states that already exist in both English and Spanish. For example, Wisconsin CACFP has an extensive guide for providers on early childhood physical activity available in both English and Spanish while their complimentary guide on nutrition and feeding practices is available in English and undergoing the Spanish translation process at this time.²⁴

Evaluation of child care-based interventions

Few formal studies have been done on the myriad of initiatives and policies being pursued in child care settings across the United States. A single study on the Color Me Healthy curriculum found it successful in increasing children's fruit and vegetable intake as snacks up to three months post intervention, and its use in many states indicates popularity.^{30,31} Two randomized control trials of the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) intervention found it to be effective in improving child care center policies and practices around nutrition and physical activity.^{32,33} Using the self-assessment metrics developed for NAP SACC, Healthy Kids Kansas in child care homes reported modest increases in healthy eating and physical activity directly after the intervention.³⁴ A one-year multi-pronged child care intervention in Wisconsin was also found to be effective based on the NAP SACC assessments.

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Based on these studies, interventions in a child care setting are most often evaluated based on behavioral and/or policy changes shortly after the intervention is completed. The North Carolina CACFP agency should consider using their ongoing presence in child care centers and homes to perform follow-up evaluations for longer after the intervention to better understand the impact of the work, especially if the intervention targets improved nutrition in multiple ways.

At this time, it is not in the best interest of the North Carolina CACFP agency to attempt to measure health outcomes in children as part of their assessment. Though the ultimate measure of an intervention's success, this undertaking would be very costly and difficult to perform well. The ability for parents to move their children from an one child care facility to another could also greatly decrease sample size if those children were excluded, or could dampen the difference between children at intervention and control sites if they were kept in the study.

V. Conclusions

The North Carolina CACFP agency was able to undertake a wide range of nutrition education initiatives over three years. Funds were provided to North Carolina and thirteen other states by USDA Child Care Wellness Grants authorized in the Healthy, Hunger-Free Kids Act of 2010. In addition to required pass-through grants to centers and sponsors, the CACFP agency chose to spend the money on both targeted trainings (*Healthy Futures in the Kitchen* and *Build a Better Menu*) benefiting only pass-through grant recipients, developing a web-based module, and community-college based training for all early child care and education professionals to use.

In the creation of the targeted trainings, the CACFP agency had the trade-off of increased time and money in exchange for more in-depth information being provided to attendees in a hands-on environment. These programs reached child care staff members who collectively care for over 8,000 North Carolina children per day. Both of these programs also produced sustainable curricula that the CACFP agency can choose to use again in the future. The reach of the online module and the 20-hour Community College training are yet to be determined, but due to the model partnerships and large input of time up-front, these initiatives will need little to no CACFP staff time to continue operating.

Based on their success in implementing this grant, the North Carolina CACFP agency should be encouraged to continue to apply for future grants and use these funds to promote nutrition and physical activity to its centers and homes. To maximize funds, the state should continue to build partnerships with other child care advocates and researchers and, when possible, expand the reach of their programs by using pre-existing training materials. Thorough evaluations should be done whenever possible to add to the small, but growing body of literature on the efficacy of obesity-prevention interventions in child care settings.

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