**Current Requirement:** The Healthy, Hunger-Free Kids Act of 2010 required that as of October 2011 all CACFP sites make potable water available to children throughout the day, including at meal times. [1]

**USDA's Proposed Rule:** USDA proposes that: 1) water should be freely accessible to children throughout the day; 2) water should be available during meals and snack time, though it does not have to be served alongside the meal, and may not be served in lieu of fluid milk.[2] Noteworthy is USDA's statement that "Water should be made available to children to drink upon their request, but does not have to be available for children to self-serve."

**Our Recommendation:** While much in the water provision is welcome, we believe that plain water should be available and encouraged for self-serve at all times throughout the day, both inside the site and in outdoor play areas, including with meals and snacks, regardless of whether milk or 100% juice is also served. Further, there should be no caution expressed with regard to serving water at or before meals.

**Rationale:** The rule on drinking water should be strengthened on the basis of the following:

1) Young children consume inadequate amounts of plain water and excessive sugary drinks;[3]
2) Modeling water as the first for thirst beverage is critical for the early establishment of healthy beverage behavior, obesity prevention[4,5,6] and optimal cognitive function;[7,8]
3) There is no evidence that normal water consumption with meals will displace other foods;[9]
4) It is unrealistic and unreasonable to expect young children to recognize thirst or to request a drink of water;
5) It is expected that this recommendation can be implemented with no or very little cost; [10] if tap water is consumed in lieu of sugary drinks and 100% juice, cost savings may be achieved.[11]
6) Strengthened policies have been shown to result in improved beverages in childcare settings.[12]

The following guidance should also be provided to CACFP sites:[13]

1) Bottled water should be provided only if safe tap water is not readily available; when bottles are necessary, they should be 5-gallon reusable containers when possible;
2) Bottled water should not contain any added vitamins, minerals, carbonation, sweeteners (natural or artificial) or other supplements;
3) Adding fresh fruit, vegetable or herbs for flavoring is allowable, but children should primarily be given plain tap water;
4) Childcare staff should not drink any other beverages in front of children besides plain water, unflavored low- or nonfat milk, and 100% juice;
5) Best practices for provision of self-serve water should be offered (e.g., water pitchers and cups at the table during meals and snacks a well as inside and outdoor at non-meal times);
6) Standards for water testing and water quality issues should be provided;
7) Training for staff and parents on the importance of hydration and drinking plain water should be emphasized.

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[1] USDA FNS Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program (June 2013). http://www.fns.usda.gov/sites/default/files/water.pdf. Accessed 1/16/15.

[2] USDA FNS Proposed Rules. Child and Adults Care Food Program: Meal pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010. January 15, 2015.http://www.gpo.gov/fdsys/pkg/FR-2015-01-15/pdf/2015-00446.pdf. Accessed 1/16/15.

[3] Drewnowski A, Rehm CD, Constant F. Water and beverage consumption among children age 4-13y in the United States: analyses of 2005--2010 NHANES data. Nutr J. 2013;12:85.

[4] Wang YC, Ludwig DS, Sonneville K, et al. Impact of change in sweetened caloric beverage consumption on energy intake among children and adolescents. Arch Pediatr Adolesc Med. 2009;163:336-43.

[5] Sonneville KR, Long MW, Rifas-Shiman SL, et al. Juice and water intake in infancy and later beverage intake and adiposity: Could juice be a gateway drink? Obes. 2014;23;1:170-6.

[6] Muckelbauer R, Barbosa CL, Mittag T, et al. Association between water consumption and body weight outcomes in children and adolescents: a systematic review. Obesity. 2014;22(12):2462-75.

[6] Edmonds CJ, Jeffes B. Does having a drink help you think? 6-7-Year-old children show improvements in cognitive performance from baseline to test after having a drink of water. Appetite. 2009;53: 469-72.

[8] Masento NA, Golightly M, Field DT, et al. Effects of hydration status on cognitive performance and mood. Br J Nutr. 2014;111:1841-52.

[8] Ritchie L, Rausa J, Patel A, et al. Providing water with meals is not a concern for young children: Summary of the literature & best practice recommendations. RWJF Commissioned Analysis. May 2012. www.rwjf.org.

[9] While drinking water is not typically a reimbursable CACFP cost, if safe drinking water is not available at a site, purchasing water for children (but not adults) is an allowable cost.

[10] Giles CM, Kenney EL, Gortmaker SL, et al. Increasing water availability during afterschool snack: evidence, strategies, and partnerships from a group randomized trial. Am J Prev Med. 2012;43:S136-42.

[12] Ritchie LD, Sharma S, Gildengorin G, et al. Policy Improves What Beverages Are Served to Young Children in Child Care. J Acad Nutr Diet. 2014; doi:10.1016/j.jand.2014.07.019

[13] Patel AI, Hampton KE. Encouraging consumption of water in school and child care settings: access, challenges, and strategies for improvement. Am J Public Health. 2011;101:1370-9.