Partnership for a Healthy Texas: Priorities for the 85th Legislative Session

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Introduction

The Partnership for a Healthy Texas, a coalition of over 50 organizations, has set out to identify and support policy that will have the most impact on the obesity epidemic.

The Partnership began in 2006, when several health-focused organizations – including, but not limited to the American Heart Association, the Texas Pediatric Society, Texans Care for Children, the American Cancer Society and Texas Action for Healthy Kids – banded together. Since the inception of the Partnership, we have become a recognized and valued partner in the fight against obesity and will continue to have a strong influence on Texas policy. We believe that all organizations have something to contribute and working together we can have a successful impact on obesity issues.

Mission

To develop and promote state policies that prevent and combat obesity in Texas

Purpose

- Encourage collaboration among all parties interested in policy change to reduce obesity
- Inform and educate policy makers about the consequences of obesity
- Promote evidence-based obesity reduction strategies in policy making
- Disseminate policy information and resources to stakeholders interested in obesity prevention

Leadership

- Chair: David Lakey, MD, Chief Medical Officer and Associate Vice Chancellor for Population Health, The University of Texas System
- Vice-Chair: Clayton Travis, Advocacy and Health Policy Coordinator, Texas Pediatric Society
- Vice-Chair: Kaitlyn Murphy, Director of Government Relations, American Heart Association

Summary of Partnership for a Healthy Texas Priorities

1. Ensure all Texas schools provide adequate, quality physical education to reduce the risk for obesity and related chronic diseases so that students are better equipped to succeed academically and socially.

2. Include foods of higher nutritional value in vending machines on state property to give state employees the option to make healthier food choices that will reduce their risk for obesity and diet-related chronic disease.

3. Make communities more conducive to regular physical activity and encourage Texans to walk, bike, and utilize public transportation by creating a task force to design a Vision Zero Action Plan for Texas.

4. Recognize licensed out-of-school time providers who go above and beyond minimum state licensing requirements by adopting national standards for evidence-based healthy eating and physical activity.

5. Ensure children served by licensed childcare providers receive nutritious foods and drinks to help them develop healthy eating and physical activity habits as they learn and develop in early care environments.

Quality of Physical Education in Schools

Why ensure all Texas schools are providing adequate, quality physical education?

- **Physical education is an academic subject.** It serves as the foundation of a Comprehensive School Physical Activity Program (CSPAP) and, as such, demands the same education rigor as other core subjects.
- **Physically active children are more likely to thrive academically and socially.** Through effective physical education, children learn how to incorporate safe and healthy activities into their lives. Physical education is an integral part of developing the "whole" child for success in social settings and the learning environment.
- **Physical education provides students with a planned, sequential, K-12 standards-based program of curricula**. Instruction is designed to develop motor skills, knowledge and behaviors for active living, physical fitness, sportsmanship, self-efficacy and emotional intelligence.
- **Physical education reduces obesity and related chronic diseases.** Physical inactivity and poor nutrition are contributing to high rates of heart disease, diabetes, and other related chronic diseases.
- **Physical education accountability reporting reinforces obesity prevention efforts by state government**. Schools should be held accountable for the reporting of physical education, to ensure every student in a Texas school receives adequate, quality physical education.

Accountability Reporting

This policy would require Texas' school districts to complete self-assessments of their physical education programs in their elementary, middle, and high schools to report on quality physical education. Required assessment measures should include the following:

1. Quantity of Physical Education Offered
    a. Amount of physical education being offered:
        i. Number of students taking physical education.
        ii. Average class size of physical education.
        iii. Number of days per year students are taking physical education.
        iv. Number of class periods, blocks, or applicable measurement per week of physical education.
        v. Total minutes of physical education individual students receive per week.
        vi. Whether physical education is a graduation requirement in high school.
2. Physical Education Curriculum Standards
    a. Whether the school/district is using a planned, K-12 sequential physical education curriculum that adheres to national and state standards for physical education.
        i. Whether this curriculum is systematically reviewed and updated.
3. Physical Education Teacher Credentials
    a. How many of the district's physical education teachers are licensed, certified, or endorsed by an accredited teacher preparation program to teach physical education. If some teachers are not, show plans for ensuring all physical education teachers will seek these credentials, and show progress for meeting these teaching quality goals.

4. Physical Education Student Assessment
    a. Whether the school/district is implementing the Presidential Youth Fitness Program or a similar program that integrates student fitness assessment, annual professional development for teachers that is specific to their field, and recognition for students who are achieving a Healthy Fitness Zone.
    b. Whether they are reporting individual results to students and parents and aggregate results to the appropriate state agency.
5. Physical Education Equipment and Facilities
    a. Whether physical education programs have appropriate equipment and adequate facilities for students to engage in the recommended amount and intensity of physical activity.
6. Substitutions, Waivers, Exemptions, and Adaptions
    a. Whether the state allows waivers for schools/districts from the state-mandated physical education requirement
    b. Whether the school/district has applied to the state for a waiver from the state-mandated physical education requirement
    c. Whether schools/districts allow student exemptions or substitutions for physical education
    d. Whether modifications or adaptions allow physical education courses to meet the needs of students with disabilities, instead of offering waivers to students with disabilities
    e. Whether students are not allowed to opt out of physical education to prepare for other classes or standardized tests
7. Punishment
    a. Whether a policy exists that allows teachers or administrators to withhold physical activity as punishment.

The data must be readily available to the public within one-year of the data being collected. Results of the self-assessment should be integrated into the long-term planning of the school districts.

Healthier Food Choices for Public Places

Why ensure vendors offer healthy food and beverage options in state government facilities?

- **Ensure access to healthier options and help create more supportive food environments** for government employees and visitors to public property.
- **Support employees' ability to eat healthy**. Studies show a strong relationship between the physical and social environment of the workplace and the health behaviors of employees.
- **Increase demand for healthier options**. State and local jurisdictions are large purchasers of food. Directing their food dollars towards healthful options drives demand for healthier products.
- **Reduce obesity and diet-related chronic diseases.** Obesity and poor nutrition are contributing to high rates of heart disease, diabetes, and other diet-related chronic diseases.
- **Reduce health care costs**. Offering healthier options in public places could decrease the economic burden of obesity and diet-related chronic diseases, much of which is paid for by taxpayers through publicly-funded health care programs.
- **Reinforce nutrition and obesity prevention efforts by state government**. State agencies operate workplace wellness programs aimed at reducing obesity and chronic disease. These programs are undermined and contradicted by selling unhealthy foods on state agency campuses.

Healthy Vending

This policy would require healthy options in vending machines to be offered to consumers on property owned or operated by the state. In the 84th session, House Bill 2824 by Rep. Lucio required vending on all state property to meet healthy vending standards. The committee substitute scaled the language back to only property owned or operated by state agencies. We are in the process of determining the scope of the policy moving forward into 2017.

Vendors in facilitates covered under the legislation would be required to follow federal Health and Human Services/General Services Administration (HHS/GSA) standards for healthy vending.

The HHS/GSA standards require the following for vending machines:

- Only offer items that contain 0 grams trans-fat per serving as defined by FDA.
- Snacks should not contain more than 230 milligrams of sodium per serving.
- Meals should not contain more than 480 milligrams of sodium per serving.
- At least half of beverage items offered in a machine (excluding unsweetened milk and 100% juice) should contain no more than 40 calories per serving.
- Any milk offered should contain 2% fat or less.
- If juice is offered, at least one choice should be 100% juice with no added sweetener.
- Any vegetable juice offered should contain no more than 230 milligrams of sodium per serving.

In addition to these minimum standards, at least **25%** of foods offered in a vending machine must:

- Contain no more than 200 calories if the food is a snack and not a meal.
- Limit total calories from saturated fat to ≤10% (excluding nuts and seeds without added fats or oils).
- Limit calories from sugars to ≤35% (excluding fruits or vegetables without added sweeteners).

All vending machines must also display the total calorie content for each item offered.

Healthy Food Services

This policy would require vendors to offer healthy options as outlined in the HHS/GSA guidelines to consumers in all concession services on property owned or operated by the state. Concessions include cafeterias, cafes, snack bars and food kiosks offering services at state agencies or facilities run by state agencies. This policy would not include food provided in institutional settings like prisons or state hospitals because of a significant fiscal note associated with carving in food services provide to individuals under the care of the state. House Bill 2824 from last session only included vending machines and did not impact concessions.

The HHS/GSA guidelines for food services requires the following:

- All items available in cafeterias must be labeled with calories per serving as sold (exceptions for daily specials, temporary items, etc.).
    - The must be a sign in a visible place that advises consumers that additional caloric information is available in writing upon request.
- Eliminate food containing partially hydrogenated vegetable oils, shortenings, or margarines unless the food contains zero grams trans-fats.
- All individual food items must contain ≤480 mg sodium, as served (tighter restrictions on some items, as described below).
- All meals must contain ≤900 mg sodium, as served.
- Fruits:
    - All canned or frozen fruit must be packaged in 100% water or unsweetened juice, with no added sweeteners.
    - Offer a variety of at least three whole or sliced fruits daily.
    - Offer a variety of seasonally available fruits.
- Vegetables:
    - Offer daily, at least one raw, salad-type vegetable and at least one steamed, baked, or grilled vegetable seasoned, without fat or oil.
    - All vegetable offerings must contain ≤230 mg sodium, as served.
    - Mixed dishes containing vegetables must contain ≤480 mg sodium, as served.
    - Offer a variety of seasonally available vegetables.
- Cereals and Grains:
    - When cereal grains are offered (e.g., rice, bread, pasta), then a whole grain option must be offered as the standard choice.
    - All cereal, bread and pasta offerings must contain ≤230 mg sodium per serving.
    - At least 50% of breakfast cereals must contain at least 3g of fiber and less than 10g total sugars per serving.
- Dairy/Yogurt/Cheese/Milk:
    - If milk is offered as a beverage, only offer 2%, 1%, and fat-free.

    - If yogurt or cottage cheese is offered, only offer 2%, 1%, or fat-free.
    - If yogurt is offered, only offer yogurt with no added caloric sweeteners or yogurts labeled as reduced or less sugar according to FDA labeling standards.
    - Processed cheeses must contain ≤230 mg sodium per serving.
- Proteins:
    - When protein entrees are offered, offer lean meat, poultry, fish, or low-fat vegetarian choices.
    - At least twice per week, offer an entrée with a vegetarian protein source.
    - Canned or frozen tuna, seafood, and salmon must contain <290 mg sodium per serving, and canned meat <480 mg sodium per serving.
- Beverages:
    - At least 50% of available beverage choices (other than 100% juice and unsweetened milk) must contain ≤40 calories per serving.
    - If juice is offered, only offer 100% juice with no added caloric sweeteners.
    - Vegetable juices must contain ≤230 mg sodium per serving.
    - Drinking water, preferably chilled tap, must be offered at no charge at all meal services.
- Other:
    - Deep-fried options must not be marketed or promoted as the special/feature of the day.
    - Limit deep-fried entrée options to no more than one choice per day.
    - Offer half- or reduced-size choices for some meals and concessions items, when feasible.
    - Where value meal combinations are offered, always offer fruit or a non-fried vegetable as the optional side dish, instead of chips or cookie.

Built Environment

Vision Zero Texas Interim Report
Instruct TXDOT to form a task force (with x,y,z folks) and return to 2019 session with a Vision Zero Action Plan to reduce traffic deaths in half by 2029 and to zero by 2050.
Instruct TXDOT to open up data as much as possible to cities and outside entities seeking to improve safety.

Reasoning: create task force of local supportive organizations that will probably use engineering solutions to increase safety and therefore ultimately increase physical activity. This agenda item has a broader application to public health and has potential to create momentum for other related items.

Distinguished Afterschool Health (DASH) Recognition Program

What is DASH?

DASH is a voluntary recognition program for licensed out-of-school time providers who go above and beyond minimum state licensing requirements to promote the National Institute of Out-of-School Time evidence-based healthy eating and physical activity standards. Texas requires licensure of childcare facilities providing before- and after-school services and allows regulation of nutrition and physical activity by TxDFPS. Examples of minimum requirements include prohibition of sugar-sweetened beverages except on special occasions and no more than 2 hours of screen time per day.

Why is DASH important?

- More than 880,000 youth in Texas participate in out-of-school time programs, making care providers key players in promoting wellness and reinforcing healthy behaviors.[1]
- Healthy eating habits and regular physical activity have a lasting benefit on a child's health, helping reduce the occurrence of conditions like obesity. With an obesity rate of 20% among our state's youth, steps must be taken to improve their wellbeing.[2]

What are the recommended standards?

1. At least 1 staff member must be trained on the standards
2. Provide opportunities to participate in at least 30-60 minutes of MVPA
3. Limit screen time to 30 minutes in a half-day program or 60 minutes in a full-day program, excluding educational experiences
4. Make available healthy foods to program attendees during meals or snacks
5. Serve water, low-fat or nonfat milk, nonfat flavored milk, or 100% fruit juice
6. Incorporate components of parental engagement

How does DASH recognition work?

Licensed out-of-school time providers that voluntarily apply for recognition will be assigned a tier, based on the above National Institute of Out-of-School Time standards.

- **Bronze:** designated for any provider which meets at least 2 of the 6 requirements
- **Silver:** designated for any provider which meets at least 4 of the 6 requirements
- **Gold:** designated for any provider which meets at least 5 of the 6 requirements

How will DASH be supported?

- Public and/or private funds will be used to support program implementation, technical assistance, monitoring, staff training, and evaluation.
- TxDFPS will be the administering state agency.
    - Access to information regarding standards and the recognition process will be provided on TxDFPS public website.

Why should the PHT make this a priority?

- In an effort to reduce youth obesity and promote wellness to youth across Texas, the PHT should support DASH because the out-of-school time sector can play a greater role in helping maintain healthy lifestyles by reinforcing principles of health learned in school and at home.
- DASH will position Texas as a pioneer in implementing quality health standards in out-of-school time, making Texas the 1st southern state to adopt this program.
- DASH is an investment in the health and wellness of Texas youth and over time will yield a great return on investment.

[1]Afterschool Alliance. America After 3pm Survey: Afterschool in Texas. Web. Apr. 2016. http://www.afterschoolalliance.org/policyStateFacts.cfm?state_abbr=TX

[2]"F as in Fat: How Obesity Threatens America's Future 2012." Trust for America's Health. Sept. 2012. Web. Apr. 2016. http://healthyamericans.org/report/100/

Nutrition in Early Childhood

Every kid deserves a healthy start in life. Parents and early care and education providers agree that infants and children benefit from healthy food and plenty of active play time. The vast majority of children spend much of their day in early care environments such as child care centers, child care homes, or Head Start programs. Stronger state standards must be in place to help these programs deliver what is best for children to maintain a healthy weight and achieve lifelong health.

Too many young Texans do not have access to healthy foods and are not growing up at a healthy weight, which has adversely effects on a child's development and health into adulthood. Nearly *one-third* of 2-to-5 year olds (31%) from low-income families in Texas are either overweight or obese. This is higher than the national average among this age group.[i] Also, obesity early in childhood disproportionately impacts low-income children of color in Texas. 14.2% of Hispanic and 11.4% of Black 2-to-5-year olds from low-income households in Texas are obese compared to 9.1% of their non-Hispanic white counterparts.[ii] By the time Texas kids get to elementary and middle school, the concern gets worse, with nearly *one in five* (19.1%) 10-to-17 year olds in Texas considered obese.[iii]

Helping Texas kids eat nutritious foods and stay active is critical to ensure kids develop healthy habits at an early age, stay healthy as they grow, and are ready to succeed in school and the workplace. Addressing this early in childhood is a vital step towards preventing chronic conditions and putting a stop to unnecessary costs related to heart disease and diabetes. Children who are overweight or obese as preschoolers are five times more likely to be overweight or obese as adults.[iv] Compared to healthy-weight peers, overweight and obese children are at a higher risk of bone and joint problems, social and psychological conditions, and greater risk of chronic conditions like heart disease, stroke, asthma, and certain forms of cancer.[v] Ensuring young kids eat nutritious foods and maintain a healthy weight is essential for state savings in our health system, healthier students, more productive workers, and a more prosperous Texas.

Early care and education programs play a critical role in helping kids eat healthy, stay active, and maintain a healthy weight. The first few years of a child's life are key. Children are developing vital skills – from walking and speaking to building habits and understanding social interactions – that are carried into adulthood. About 75% of kids under age 6 spend much of their day in child care outside the home,[vi] meaning that child care programs are the places where kids are forming eating and physical activity habits. Many young Texans consume much of their caloric intake in child care settings. In fact, nearly 1 million young kids in Texas are cared for in licensed or regulated child care programs (child care centers or homes) – and another 130,000 school age kids are served in before and after-school programs.[vii] Parents know their children deserve the benefits of healthy foods and active play time, and they want to know their kids are learning in an environment that reinforces positive habits.

Texas must take the following steps to ensure children served in child care centers and homes receive healthy foods and drinks as they learn and develop in early care environments:

1) ***Direct the Department of Family and Protective Services (DFPS), which regulates and licenses child care centers and homes, to indicate on the state's child care online look-up tool whether a child care program serves healthy meals and snacks through the Child and Adult Care Food Program (CACFP).*** CACFP is a federally-funded program that Texas has participated in for decades and which reimburses child care centers and homes for providing nutritious foods and drinks that contribute to healthy growth and development of young children. CACFP sets standards for meals and snacks to ensure kids get enough nutrients and variety of foods while they are in child care – including a variety of fruits, vegetables, whole grains, and milk and less added sugars and saturated fats.[viii] This program positively impacts a child's health and weight. Studies show that children in CACFP-participating programs receive meals that are higher nutrient quality to those served in comparable child care settings without CACFP.[ix] Participation in federal child care and school meal programs, such as the CACFP, is associated with a lower body mass index in children, particularly low-income children.[x]

   Many, but not all, child care centers and homes in Texas participate in CACFP to serve healthy foods to kids. Of the nearly 1 million young kids in child care centers and homes,[xi] about 400,000 kids are served by programs that participate in CACFP.[xii] One reason for this is many programs choose not to serve their own food and instead have children eat lunches brought from home.

   The DFPS online look up tool allows parents to search for child care by zip code and by criteria (e.g. ages served, night or weekend care, accepts child care subsidies). As parents search for a child care provider in their area, they should be able to easily find out whether a local child care program serves kids healthy meals and snacks through CACFP. Adding this element to the DFPS online look up tool will increase transparency and empower parents as they make decision for their family.

2) ***Direct the Texas Workforce Commission (TWC) to include in the Texas Rising Star (TRS) program additional weighted scores for child care providers participating in CACFP***. Texas Rising Star is a voluntary, quality rating system for early childhood programs to recognize providers that go above and beyond minimum child care licensing standards. Programs receive two-, three-, and four- star ratings for offering quality care in areas such as caregiver/child interactions, nutrition and physical activity, and parent involvement. Currently, "menu planning" is a measure in TRS scoring. Programs can receive a higher score if they (a) have 12-months of menus approved by a dietician; (b) have menu policies designed to provide children with a variety of foods to meet USDA dietary guidelines; or (c) the provider participates in CACFP. Given that CACFP has a proven track record in increasing the nutrient quality of foods served and positively impacting health and weight, the state should actively incentivize participation in CACFP. Adding a weighted score in TRS for child care programs that participate in CACFP is an added layer of recognition that is

critical to incentivize participation and ensure Texas kids receive nutritious foods.

3) ***Direct DFPS to include in minimum standards for child care centers and homes clear guidelines on nutrition and infant feeding for children from birth to 12 months. Guidelines should be based on CACFP nutrition standards for infants.*** Currently, the state's minimum standards set out serving sizes and the variety of food groups to serve kids at different ages to meet their daily food needs. But this only covers children age 1 and older – the rules are silent on nutrition and feeding practices for infants from birth to 12 months. Information on infant nutrition and feeding is truly lacking and more guidance to child care staff is needed.

   This silence in standards is particularly concerning given that, compared to other states, Texas ranks far below average when it comes to incorporating high-impact, evidence-based obesity prevention strategies into child care licensing. Texas' child care licensing standards include only 13 of the 47 components recommended by the CDC and the American Academy of Pediatrics (AAP) to prevent obesity in child care settings. Texas' minimum standards fall short most significantly in the area of infant feeding and nutrition – such as when to introduce solid foods, how long to serve milk or formula, and what types of fruits and grains to serve kids under age 1.

   To address this and to ensure healthy, age-appropriate feeding for infants in child care, the state must establish minimum standards that address nutrition for kids from birth to 12 months and are based on CACFP infant meal pattern standards. CACFP's infant meal pattern includes clear, scientifically-supported guidelines for the types of age-appropriate solid foods and amount of breastmilk/formula to serve infants from birth to age 1. These clear guidelines will help ensure infants in child care programs are getting enough nutrients and age-appropriate foods for a healthy start in life.

4) ***Direct DFPS to include in minimum standards that, for child care programs where parents supply their children's own meals and snacks, programs should provide information to parents regarding nutritional values of food and potential choking hazards.*** Many child care centers and homes choose not to serve food and have children eat meals and snacks brought from home. Child care programs play a critical role in helping families increase children's healthy eating and active living. Minimum standards should indicate that child care programs should provide parents/caregivers with sample menus of healthful lunches and information about foods that may cause allergic reactions or are potential choking hazards.

5) ***Direct DFPS to implement minimum standards requiring child care staff to complete training hours related to children's nutrition, physical activity, and screen time as part of pre-service or annual trainings.*** Staff in child care centers and homes must complete a certain number of training hours in specific topics, such as teacher-child interaction and discipline. Child health is merely an optional training topic. To ensure child care programs deliver what is best for children to maintain a healthy weight and achieve lifelong health,

child care staff must have annual training opportunities to further their skills in healthy menu planning, age-appropriate foods and snacks, and activities that promote active play.

The policy actions above will facilitate improvements in child care settings that will help ensure young Texans eat healthy and grow up at a healthy weight.

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[i] Based on data from low-income families participating in the Women, Infant, and Children (WIC) program. Centers for Disease Control. *2011 Pediatric Nutrition Surveillance System*. Available at http://www.cdc.gov/pednss/pednss_tables/pdf/national_table6.pdf.

[ii] Ibid.

[iii] Trust for America's Health and Robert Wood Johnson Foundation. *The State of Obesity 2015*. Available at http://stateofobesity.org/files/stateofobesity2015.pdf.

[iv] One study showed that children who became obese as early as age two were more likely to be obese as adults. Centers for Disease Control. *Progress on Childhood Obesity*. (Aug. 2013). Available at http://www.cdc.gov/vitalsigns/childhoodobesity/.

[v] Freedman DS, Zuguo M, Srinivasan SR, Berenson GS, Dietz WH. *Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study*. *Journal of Pediatrics* 150(1):12–17 (2007). Kushi LH, Byers T, Doyle C, Bandera EV, McCullough M, Gansler T, et al. *American Cancer Society guidelines on nutrition and physical activity for cancer prevention: reducing the risk of cancer with healthy food choices and physical activity*. CA: A Cancer Journal for Clinicians 56:254–281 (2006).

[vi] See Centers for Disease Control and Prevention. *Weight of the National, Early Care and Education Policy Review*. Available at http://www.cdc.gov/obesity/downloads/Early-Care-and-Education-Policy-Review-FINAL_web508.pdf. Kaphingst KM, Story M. Child care as an untapped setting for obesity prevention: state child care licensing regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States. Prev Chronic Dis. 2009;6(1).

[vii] Department of Family and Protective Services. *2015 Annual Report and Databook*: Child Day Care Licensing. p. 76. Available at https://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2015/pdf/6DCLAll.pdf.

[viii] Newly-revised CACFP meal pattern standards will ensure that meals and snacks served to kids in child care include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The new standards for meals and snacks served in the CACFP are based on the Dietary Guidelines for Americans, science-based recommendations made by the National Academy of Medicine, cost and practical considerations, and stakeholder's input.

[ix] Participation in federal child care and school meal programs, such as CACFP, is associated with a lower body mass index in children, particularly low-income children. Rachel Tolbert Kimbro and Elizabeth Rigby. *Federal Food Policy and Childhood Obesity: A Solution or Part of the Problem?* Health Affairs 29, no.3 (2010):411-418.

[x] One study found that, compared to children who rely on food from home, children who received food from their CACFP child care program were 62% less likely to be in fair or poor health and 64% less likely to have been hospitalized. These children were also more likely to be a healthy height and weight for their age. For more information on how CACFP improves nutrient quality of foods kids receive in child care, see Food and Research Center, CACFP Supports Good Nutrition in Quality Child Care, available at http://www.frac.org/pdf/CACFP_factsheet.pdf.

[xi] In FY 2014, about 868,187 kids in Texas attended child care centers; 20,761 kids attended licensed child care homes; and 59,862 kids attended registered child care homes. There were an additional 131,169 school age kids attending before and after school programs. Department of Family and Protective Services. *2015 Annual Report and Databook*: Child Day Care Licensing. p. 76. Available at https://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2015/pdf/6DCLAll.pdf.

[xii] In 2014, about 5,646 centers participated in CACFP, with average daily attendance of 341,284 kids; and about 5,515 licensed and registered child care homes participated in CACFP, with average daily attendance 42,496 kids. Food Research and Action Center. *CACFP Participation Trends 2014.* (Feb 2016). Available at http://frac.org/pdf/cacfp-participation-trends-2014.pdf.