

Partners in Promoting Health and Nutrition for Young Children and Families

Sarah Widor: Good afternoon, everyone. And welcome to this joint webinar hosted by the United States Department of Agriculture, or USDA, and the U.S. Department of Health and Human Services, or HHS, and dedicated to formally announcing a renewed collaboration and partnership between our programs. The Special Supplemental Nutrition Program for Women, Infants and Children, also known as the WIC program, and the Child and Adult Care Food Program, or CACFP, and the Head Start and Child Care and Development Fund program at the Administration for Children and Families. My name is Sarah, Widor, and I am the director of the Supplemental Food Program division at FNS, an agency within USDA and the department that administers the WIC program. I would also like to acknowledge and introduce Shannon Christian. Shannon is the director of the Office of Child Care at ACF who is present on our webinar today, and will be providing our closing remarks. Our agencies are excited to announce that in October of last year, a Memorandum of Understanding was signed by FNS and ACF leadership to solidify a formal partnership in collaboration across WIC, CACFP, Head Start, and CCDF programs to improve program coordination and service delivery for low-income children and their families. MOU was subsequently released in December of 2017 for implementation.

We encourage you to review the MOU which has been disseminated through Federal agency channels and established, or re-established working relationships with your regional, state, and local WIC, CACFP, Head Start, and CCDF counterparts. This is an opportune time for programs to recommit to working together to improve the health of the children and families they serve by enhancing the effectiveness and quality of our programs. Our audience today is made up of our regional, state and local program operators. We thank you for your continued dedication part of our program, and the care that you provide to the families you serve. We thank you in advance for your efforts in support of this collaboration and future initiative. Additional guidance regarding this collaboration will be forthcoming, communicated through federal agency channels. I will now will turn this presentation over to Sarah Cannon, our WIC program lead, for this effort.

Sarah Cannon: Good afternoon everyone. And again, welcome to this afternoon's webinar. My name is Sarah Cannon, and I am a WIC program lead in the FNS national office in Alexandria, VA. I would like to acknowledge, that this collaboration and effort was led by federal agencies representatives from each program: WIC, CACFP, the Office of Head Start, and Office of Child Care. The development of this MOU and our renewed partnership reflects our shared dedication and passion for our program, and our agency's priorities to support the coordination of program services, improve customer service for program participants, and facilitate relationships at the regional, state, and local levels. Our goal for today's webinar is to help you understand the history and background of this collaboration, and the impact this renewed partnership will have as we invest and coordination of services for the purpose of enhancing the overall health and welfare of the families we serve, increase familiarity with each program's mission, and the benefits they provide, including similarities, differences, and available resources; identify specific focus areas for collaboration in the recently released MOU as the basis for strengthening and maintaining formal partnerships.

And in conclusion, we will highlight future federal agency initiatives that intend to incentivize, increase participation, and cross-program collaboration on the regional, state, and local level. We ask that any question you may have during this presentation and regarding this collaboration be submitted using the question feature in GoToWebinar. You will find this feature on the right- hand side of the status bar. Questions will be answered following this presentation. In 1994, WIC and Head Start entered into an interagency agreement to jointly support coordination of program services, improve customer service for both Head Start and WIC participants, and to facilitate relationships at the regional, state, and local levels.

In an effort to revitalize the partnership and collaboration efforts, the interagency agreement was recently updated as a Memorandum of Understanding to enhance to program coordination and service delivery. The MOU is signed by the deputy administrator for supplemental nutrition and safety programs, and the deputy administrator for child nutrition programs of FNS, with the director of the Office of Head Start, and the director of the Office of Child Care, ACF. The MOU outlines specific focus areas for federal, state, and local partnerships and has been expanded to include additional program partners, FNS child and adult care food programs, and ACF child care and development fund program. In addition, the MOU provides a forum and opportunity for programs to work together in the pursuit of shared goals. Working together can mean working together can mean minimizing duplicative efforts on the part of families and staff, creating opportunities for programs to benefit for each program's strengths, expertise, and best practices, and ultimately increasing the impact our programs have on the health and nutrition of children and families. Each program shares common goals and strives to promote positive health and nutrition status for young children and families. Each program provides young children and families with nutritious food, health and nutrition education, and assistance in accessing ongoing preventive health care. In many communities, programs serve the same families and population.

By working together, programs have an opportunity to coordinate services, and maximize use of scarce resources, such as funding, staff, and space. Although our programs share common goals, the scope and design of each program's services are quite different. As each program provides an overview of their mission, operations, and services, we ask that you anticipate ways in which programs strengths, expertise, and resources, can cultivate new partnerships and strengthen ongoing partnerships. The WIC program was established to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional risk. This mission is carried out by providing nutritious foods to supplement diet, nutrition education, including breastfeeding promotion and support, and referrals to health and other social services. WIC is a federal grant program and it is administered at the federal level by FNS. FNS provides funds to its seven regional offices, which in turn distributes them to WIC state agencies for program administration and operation. The WIC program is available in all 50 states, 34 Indian/Tribal organizations, American Samoa, the District of Columbia, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. WIC is administered by 90 state agencies and operate through about 1900 local agencies, with services provided at approximately 10,000 clinic locations including county health departments, hospitals, schools, and Indian health service facilities. And over 40,000 retail vendors transact WIC food benefits nationwide.

The WIC program is designed to serve certain categories of women, infants, and children, and the following individuals are considered categorically eligible for WIC. Women who are pregnant, postpartum women, breastfeeding women, infants, and children. In addition, participants must meet the following eligibility requirements. Be determined at nutritional risk by a health professional. Have a family income at or below 185 percent of the US poverty income guidelines, and be a resident of the state in which they apply for services. The goal of the WIC program is to improve the nutritional health of program participants during pregnancy and the post-partum period, infancy, and early childhood. The benefits provided by the WIC program include: the WIC food package, which provides supplemental food designed to meet the special nutritional needs of participants. WIC food packages align with the dietary guidelines for Americans, and infant feeding practice guidelines of the American Academy of Pediatrics. Nutrition education is another important focus area and benefit of the WIC program. The WIC program provides nutrition education, emphasizing relationships between nutrition, physical activity, and health, and helping participants make healthy food and lifestyle choices. WIC also promotes and supports breastfeeding by providing education and guidance to pregnant and postpartum women. WIC's breastfeeding promotion provides appropriate support for the breastfeeding dyad, especially at

critical times for breastfeeding success. WIC's benefits are not limited only to food and nutrition education. WIC participants have access to a number of resources, including health screening, immunization screening, and referrals to health care. WIC's mission is to be a partner with other service that improve the health and wellbeing of participants and their families. In addition to participant centers, benefits, and services, WIC provides free access to FNS developed resources, and training for you and health and nutrition professionals. The WIC Works resource system is an online education and training center for WIC staff. However many of the resources are applicable to those in health care and nutrition series, and cover areas such as child nutrition and health; USDA's dietary guidelines for Americans; developing nutrition education; and stages of development. WIC Works also provides links to other internet sites as a service to health and nutrition professionals such as the institute of medicine.

WIC Learning Online is a series of online courses designed to train all levels of staff working in the WIC program. A few examples of course offerings include Value Enhanced Nutrition Assessment, WIC breastfeeding basics, interpersonal communication, and WIC 101. WIC Learning Online can be accessed through the WIC Works Resource System. Loving Support Makes Breastfeeding Work is USDA's national breastfeeding promotion program. The Loving Support campaign promotes breastfeeding to WIC participants and their families. It is based on a social marketing approach that emphasizes the concept that the support of family and friends, the health care system, and the community are all essential for our breastfeeding mothers to be successful. Campaign materials, outreach videos, informational brochures, and breastfeeding training curriculum for WIC staff, including peer counselors, are just a few examples of resources available on this website. Training and resources made available through the WIC program have the opportunity to amplify collaborative efforts in the streamlining of nutrition services, and we encourage our program partners to take advantage of these free resources. Our FNS regional office and WIC state and local agencies are available to provide technical assistance and guidance in the use of these resources. I will now turn the time over to Rachel Polon of the Childhood Adult Care Food Program for an overview of CACFP.

Rachel Polon: Good afternoon, everyone. My name is Rachel Polon, and I am a nutritionist in the Child Nutrition program at the Food and Nutrition Service National Office. And I am going to give you just a very brief overview of the Child and Adult Care Food Program, also affectionately known as CACFP, for those of you who maybe don't work with the program already. The next slide please. CACFP provides aid to child and adult care institutions as well as family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, as well as the health and wellness of older adults and chronically in-care disabled persons. The program was actually started by congress in 1968, and was known at the time as the Child Care Food Program. And the purpose of the program, when it was established, was to improve the nutritional status and prevent disease in children who were attending child care centers, and only child care centers. However, in 1975, the program was expanded to day care homes. And in 1989, the program was further expanded to adult day care centers, hence changing the name to Child and Adult Care Food Programs. CACFP is administered by the USDA Food and Nutrition Service through grants to state agencies. Next slide please. Today the majority of CACFP participants are children in child care centers and homes, including those in Head Start. There are a growing numbers of school-aged children and teens participating via the at-risk afterschool component of CACFP. Through CACFP, more than 4.2 million children and 130,000 adults receive nutritious meals and snacks each day, as part of the care they receive. CACFP provides reimbursement for meals and snacks meeting a certain nutrition requirements, what we call our meal pattern, and providers may serve up to two meals and one snack, or two snacks and one meal per day that can be reimbursed by CACFP. Of course they are welcome to serve more, but that's what we're able to reimburse. I will say that there is an enhanced focus on nutrition now in CACFP. In fact, just in 2017, CACFP began implementing updated meal patterns reflecting recommendations of the dietary

guidelines for Americans, as well as the National Academy for Medicine, and the American Academy of Pediatrics. And this is the first update to the meal pattern since the program's inception in 1968. We're very proud of being able to, to move this forward. Next slide, please. This was a very high-level overview of the program.

And so for more information please feel free to visit our website. We have a ton of information ranging from management of the program, to nutrition, to the very technical policy issues, to program guides or handbooks. I'd like to particularly point out, as a nutritionist, our nutrition resources. And these are -- these are a collection of nutrition education materials developed for child care sponsors, providers, teachers, program participants, families, you name it. There have been several new publications, since we updated the meal pattern last year, and there are several more coming down the pike. I have included a couple of examples here. And although they are obviously too small to decipher, what exactly is going on with them, I wanted to include a couple of photos just so that you get a sense of the look and feel of some of the newer publications. They're very attractive. They're very user-friendly. Very graphic. So, hope you take some time. I would recommend digging around on the nutrition site particularly, and looking for resources there. So that is all I have. And I would like to now turn the mic over to Marco Beltran from the Office of Head Start. Marco

Beltran: Good afternoon. This is Marco Beltran. I'm the health lead for the Office of Head Start. And I'm going to give you a really brief overview of the Office of Head Start. Since its beginning in 1965, as part of the war on poverty, Head Start's goal has been to boost the school readiness of low-income children. Based on the whole-child model, the program provides comprehensive services that include preschool education, medical, dental, and mental health care, nutrition services, and efforts to help parents watch their child's development. Head Start services are designed to be responsive to each child's and family's ethnic, cultural, and linguistic heritage. Head Start programs support children's growth and development in a positive learning environment through a variety of services which include early learning that focuses on children's readiness for school and beyond, which is fostered through individualized learning experiences. Through relationships with adults, play, and planned and spontaneous instruction, children grown in many aspects of development.

Children's progress in school and social skills, and emotional well-being, along with language and literacy learning, and concept development. Health services are focused on ensuring that each child's perceptual, motor, and physical development is supported to permit them to fully explore and function in their environment. All children receive health and development screening, nutritious meals, oral health, and mental health support. Programs connect families with medical, dental, and mental health services to ensure that children are receiving the service that they need. And finally, family well-being services, in which parents and families are supported and achieving their own goals, such as stability, continued education, and financial security. Programs support and strengthen parent-child relationships and engage families around children's learning and development.

Over 50 years ago, Head Start began as a program for preschoolers. Today, 3- and 4-year-olds make up over 80 percent of the children served by Head Start programs each year. Added to the Head Start Act in 1995, Early Head Start was created to serve pregnant women, infants, and toddlers. Early Head Start programs are available to family until the child turns three, and is ready to transition into Head Start, or another pre-K program. Just recently many Early Head Start programs have been funded to partner directly with existing infant and toddler child care programs, resulting in higher-quality services to all children enrolled in the child care program. Delivered through 1600 agencies in local communities, Head Start and Early Head Start programs provide services to over a million children every year birth to age 5, including pregnant women. As indicated on the previous slide, Head Start programs promote school readiness of children by supporting their development in a comprehensive way that includes the

education services, health, nutrition, social-emotional, and family services. Finally, Head Start and Early Head Start programs offer a variety service models depending on the needs of the local community. Many Head Start and Early Head Start programs are based in centers and schools. Other programs are located in in child care centers and family child care homes. Some programs offer home-based services that assign us dedicated staff to conduct weekly visits to children in their home and work with the parent and the child's primary teacher. Head Start launched 34 individual American Indian and Alaska Native Head Start programs in the summer of 1965. Now 154 federally-recognized tribal and Alaska Native entities participate in Head Start.

The American Indian and Alaskan Native Head Start has the second largest number of states of any Head Start region, totaling 28 states including Alaska, and serving over 24,000 children. The Office of Head Start honors the rich, hopeful heritage of our American Indian and Alaskan Native children, families, and communities. Based on the needs of local communities, Head Start programs offer traditional language and cultural practices to provide high-quality services to young children and their families. Migrant and Seasonal Head Start has the largest numbers of states of any Head Start region, totaling 38 states. Started in 1969, Migrant Head Start programs opened their doors as families arrived to work the crops. Traditionally, these programs may have stayed open for six or seven days a week, 12-14 hours a day, to care for children so that they do not have to go into the field or orchards with their parents. When harvesting impact ends, centers close and the migrant families move once again. In 1998, Migrant Head Start programs were given the flexibility to serve seasonal farm worker families who had begun to settle down to become permanent members of a community. Hence, the program is now referred to as Migrant and Seasonal Head Start. The Office of Head Start website, which we refer to as the Early Childhood Learning and Knowledge Center, or the ECLKC for short, contains a wide variety of materials on all aspects of Head Start; from locating a Head Start program to policy and regulations.

We also have a program locator -- we also have a Nutrition landing page where you can explore nutrition resources to support healthy eating habits and information to share with families. Of interest is the positive eating environment self-assessment for early care and education programs, which offers a brief user-friendly way to assess basic mealtime practices. The assessment was designed to help center-based and family child care programs that serve 3 to 5 year-olds evaluate the availability of healthy nutrition and mealtime environment. On the Nutrition landing page, you will also find *The Growing Healthy: A Guide for Head Start Health Managers*. The guide provides the user with talking points for staff and home visitors to use for families when discussing health, develop healthy meal routines. It provides suggestions for integrated physical activity, as well. Please visit the website frequently, as we will continue to work and enhance Nutrition landing page to meet the needs of our programs. I would now like to turn it over to Tatiana Tucker to provide a overview of the Child Care and Development Fund.

Tatiana Tucker: Thank you, Marco. Hello, everyone. My name is Tatiana Tucker, and I am a child care program specialist within the Office of Child Care. And I will give a brief overview of the Child Care and Development Fund. The Office of Child Care supports low-income working families by improving access to affordable, high-quality early care and afterschool programs. The Office of Child Care administers the Child Care and Development Fund, a block grant to state, territory, and tribal governments that provides support for all children and their families with paying for child care that will fit their needs and that will prepare children to succeed in school. Child care is provided across all kinds of settings, both formal and informal such as family child care, home-based settings, after-school programs, center-based settings, as well as relevant care.

About the CCDF program, 1.4 million children each month receive financial assistance for childcare through CCDF/ Combined with TANF and other resources, a total estimated 2.3 million children are

served. Of children served by CCDF, 28 percent are infants and toddlers; 28 percent are preschoolers; 10 percent are kindergarten-aged; and 26 percent are school-aged. Half of families served are below the poverty level; a fourth are near poor with incomes between 100-150 percent of the Federal Poverty Level. On November 19, 2014, the President signed into law bipartisan legislation that reauthorizes the CCDBG Act for the first time since 1996. This law made many important statutory changes focused on reforming child care in this country so that we can support both parents and children in low-income families, and increase their access to healthy, safe, and high-quality child care. So, with reauthorization, the law address four areas, in which I will touch on three of those areas, as they relate to this work and the MOU.

So to protect the health and safety of children in child care. This area provides details on health and safety standards established in the CCDBG Act of 2014, which includes optional health and safety training and nutrition. Help parents make informed consumer choices and access information to support child, children development. This area of the rule is dependent upon consumer education available to parents, the public, and child care providers, including informing parents of financial assistance programs that they may be eligible for, including the TANF program, Head Start and Early Head Start, the low income home energy assistance program, the WIC program, SNAP, as well as the CACFP, Medicaid, and the state children's health insurance program. And enhance the quality of child care and the early childhood workforce; this area of the rule requires states that use public, as well as public-private partnerships to increase the supply and quality of child care. So therefore, there are areas within our law that require the collaboration amongst our programs, and we at the Office of Child Care are excited that we will be able to partner together with USDA and Head Start to address the topical areas. And now I will turn the presentation back over to Sarah Cannon.

Sarah Cannon: Thank you to Rachel, Marco, and Tatiana for providing an overview of the CACFP, Head Start, and CCDF programs, and highlighting the similarities and differences in each agency's approach to securing the health and well-being of our nation's most vulnerable populations. We, again, invite you to consider your current partnerships, and those that can be developed, taking into consideration each program's areas of expertise and strengths as we highlight specific areas of collaboration outlined in the MOU. These focus areas are meant to serve as a starting point and are not exclusive of areas in which regional, state, or local partnerships may collaborate. We encourage you to think about your communities and the diverse populations you serve when developing and focusing on ways in which you can collaborate. As been previously mentioned, the MOU is an agreement that defines how WIC, CACFP, Head Start, and CCDF will work together to promote and support regional, state, and local efforts to improve program coordination and service delivery for low-income children and their families. The MOU encourages each program to consider areas of collaboration which would be helpful in a practical and realistic way; identify existing linkages between programs and build upon those linkages; and collect and implement best practices. Specific areas of collaboration as highlighted in the MOU are nutrition services, which programs are encouraged to promote the exchange of information about each program's procedures and standards for providing nutrition services to low-income children and their families in order to accomplish this.

All programs are encouraged to identify areas of commonality, such as nutrition assessment and education, gaps in service, and practices that have been found to be most effective for each program. State and local agency are encouraged to identify ways to minimize duplication of effort in obtaining this information. Nutrition Education. Programs are encouraged to exchange educational approaches and materials, including inviting representatives from each respective program to attend local, state, regional, and national meetings. These meetings serve as an opportune time to share program processes, education, and resources. Shared Information. Programs are encouraged to share statistical,

medical, and eligibility information regarding participants to the extent that confidentiality policies permit. It is important that programs enter into written agreements authorizing the use and disclosure of confidential applicant and participant information. In addition, programs are encouraged to share information for community needs assessment. Programs are encouraged to share and link to bulletins and newsletters, and if the opportunity allows, consider co-sponsoring community resources, resource fairs, and information sessions. Display of Information. Programs are encouraged to obtain and display information on each program. For the purpose of referring potentially-eligible participants and to inform participants about program locations and services. The use of program websites, technology tools, and social media as available are highly-encouraged methods for promoting program information sharing, and referring those that are potentially eligible. Other health care services and referrals. Programs are encouraged to identify other health care services and referrals available to their participants, such as early and periodic screening, diagnostic and treatment, and Medicaid. If possible, programs may consider using joint application forms in an effort to improve efficiency, time, and cost effectiveness. Programs are also encouraged to work together to coordinate services and referrals to avoid overlap and prevent gaps in service. Grant Opportunities and Referrals. When program grantees have been rewarded special grants, they will be encouraged to work with each program to identify appropriate partnerships and community resources for purpose of participant referrals. Staff Training. Programs are encouraged to develop joint staff training opportunities for persons responsible for nutrition education, including breastfeeding promotion and support. Joint training opportunities should focus on the development and the dissemination of quality nutrition education, and materials that deliver accurate, relevant, and consistent messages to participants. Volunteer Services.

Programs are encouraged to exchange information on the training and use of volunteers within each program. To the extent that programs utilize volunteering, programs may share guidelines, materials, management techniques, and experiences. Each regional, state, and local entity has its own unique experience, expertise, and strengths to offer this renewed collaboration. Coordination at the state and community levels between local WICs, CACFP, Head Start, and CCDF programs is particularly essential. Our participants ideas engaged with our local and community level program operators actively, and we recognize that their dedication, support, and initiative greatly affects the quality and effectiveness of our program. As you commit and recommit to working together, we encourage regional, state, and local partnerships to consider the following when engaging and taking steps to develop and implement shared initiatives in your community.

Continue to learn about each program. Understanding and accommodating the differences between programs is key in working towards a successful collaboration. Consider formal agreements that outline expectations. Developing formal agreements between programs is integral part of planning in a collaborative manner. Interagency agreements, memorandum agreements, or contracts that specify respective expectations and responsibilities provide structure. Explore linkages. Identify areas of mutual benefit. Forge new partnerships at the community, state, and federal levels, and identify areas of overlap and differences among program services. Leverage strengths to further coordinate those services. Discuss procedures for best practices. Jointly develop a best practices guide or resources that feature a document, examples of successful collaboration efforts. This may include information on the purpose of collaborating and address efforts that streamline services effectively, address issues of quality, and give examples and templates of collaboration initiatives. Examine the need for flexibility and a realistic approach to collaborating.

Take adequate time to commit to planning, implementing, and evaluating collaborative efforts. Examine barriers and determine what issues can be mitigated or reduced through coordinated efforts. In addition and as part of the effort to revitalize and incentivize collaborative relationships between programs, FNS

and ACF will work together to provide continued guidance and technical assistance in support of these partnerships. FNS and ACF regional offices are available to provide continued guidance and technical assistance and the facilitation and the development of partnership and collaboration initiatives. Agency and state and local contact information will be provided at the close of this webinar. FNS and ACF are focused on developing joint resources that focus on best practices, and providing concrete examples of collaborative effort that have been successfully implemented at the state and local level. We expect to release these resources late this year. FNS and ACF plan to host subsequent webinars focused on various topics and meet the regional, state, local program operators in order to support collaboration efforts. Webinar topics may include best practices, access to resources, challenges and solutions, and highlight ongoing regional, state, and local collaboration.

The topics and dates of these webinars will be communicated through each agency's organizational structure. At the conclusion of this webinar, you will receive a post webinar survey asking about topics of interest and the initiative or efforts that many of you are currently working on in this collaborative space. We encourage you to respond as the feedback we receive will be used in determining topics and themes of upcoming webinars, and feature successful collaborations and partnerships. FNS and ACF will continue to communicate information on joint programs initiatives, program priorities, goals, and action planning to regional, state, and local program operators. For more information regarding our programs and regional, state, and local contact information, please visit the following websites. We again encourage you to initiate contact with your WIC, CACFP, Head Start, and CCDF counterparts. There are many creative ways WIC, CACFP, Head Start, and CCDF can work together to jointly support coordination of program services, improve customer service for program participants, and to facilitate relationships at the regional, state, and local levels. Together our programs can make a difference in safeguarding the health and nutrition of our young children and families. We invite Shannon Christian, Director of the Office of Child Care, to leave us with a few closing remarks. Following her remarks, we will take questions for whatever time is remaining in the hour. We would like to remind you that this webinar has been recorded and will be posted through federal agency channels at a later time.

Shannon: My turn? Okay. So, thank you for including me in this webinar. I keep learning a lot, and while I was listening, I scribbled through all of my remarks and wrote new ones. I hope I can read them. So first, I'm delighted that Child Care could be part of this partnership. I was excited when I first heard about it, and I get more excited every time I learn more. As we know, all of us here, good nutrition is the key to helping child development. And this kind of partnership really could improve outcomes for the millions of children our programs serve every day. First, I want to thank our partners for this great introduction to the MOU, and encourage you to review the document itself, and help us think of future opportunities for coordinating and collaborating as we move forward, as well as recording whatever you know of that's going on in your area right now, which there will be space for on the survey.

We plan to, at the Office of Child Care, to continue our work at the national and regional level, as well as our work with the partners here, and hope to hear from you about how we can support efforts in states. Please be sure to complete the survey that will be sent to you via email so that we can learn what we can be doing around this effort, and receive feedback about how we can help, and to share collaborations going on in your area and others. CCDF, the Child Care Program is new to the this partnership and we are going to use your input to figure what would be best for us to share and how best to get that word out, as well as what specific TA needs our constituents might have. I think it's -- we all have access to different TA networks, and I think we can get, get to you in different ways, but we'll need to know what you'll need in order to do that as effectively as possible. And CCDF is often a little difference because we're working through our state administrators, where some of you, I think, have more touch at the local level. We're going to have to figure out how to intervene at each level the best

way. So anything you can do to help us. Be specific about what kind of help is needed, at what level would help us.

One thing that came to mind, for me as a possibility for the state child care, state tribal care, tribal care administrators that might be on the phone is that, as Tatiana mentioned, the consumer education is required in the re-authorization legislation for our program, and there are specific areas that that consumer education is supposed to touch on. And one of those is actually letting parents and those who are viewing these websites or whatever -- however the information is getting out -- but that they, they tell parents about the other programs that they, they might be eligible for. And so, I see a potential for us to connect what we're learning and talking about here so that other resources for the same kind population sections that states are probably developing right now, because those are supposed to be up and running by the end of September of this year. Again, it's a great time to think about how the resources we've been talking about could get out to parents through that vehicle of dissemination as well as everything you're already doing. So, I want to thank you all for your work to improve access to nutritional services for our vulnerable families. And I look forward to our work together, and to some very meaty suggestions in those survey responses. And at this point, I will just turn it back our Q&A host. Which one of you is doing that?

Sarah: Thank you, Shannon, for those remarks.

Shannon: Okay. I'm going to give it back to Sarah.

Sarah: We will now proceed to our question and answer portion of this webinar. And for those questions that are not answered in the remaining time, we ask that you direct your questions through appropriate agency channels, or by initiating contact with the appropriate program following this webinar.

Shannon: Can I hold on for a second? It's Shannon. We in the Office of Child Care haven't decided exactly how, who our contact person should be. And so, it said regional offices up there because usually when there's a request for TA or support, it comes through the regional offices. But I want to say, we feel fluid about that decision at this point and are waiting to see your responses, and talk to the states, territories, tribes, a little bit more to figure out really what would work for getting those ideas to us and back out to others. So don't feel wedded to that. You know, reach out to us in any way that makes sense. Thanks.

Sarah: Thanks, Shannon. We will go right into questions, we did see a number of questions about receiving copies of the presentation, as well as this webinar. And previously mentioned, that will be made available so there will be an opportunity to re-listen to what has been said here today, as well as being able to print the PowerPoint and the slides. Program-specific questions relating to the WIC program. There was a question, or asked about highlighting fathers as eligible participants in the WIC program. And our answer to that is that fathers are not an eligible participant category, but they can serve as a proxy for their eligible infants and children. We also got another question on whether programs can use WIC resources and FNS resources are available, they are free, and they are relatable to other programs or child and nutrition professionals.

So, if you have any specific questions about those resources, gaining access to them, you can follow the link to the presentation, or reach out to your local WIC agency, or WIC state agency, and they can direct you on how to receive those resources. We also received a specific question regarding the colocation of service amongst programs. And that is encouraged where funding and resources and space, when that's feasible and able, you are welcomed to do that, and it is encouraged under the MOU. We also received a question about how to gain access to the MOU. The MOU was distributed through federal agency channels. So reach out to your agency counterparts to receive access to that. But it was

distributed through each agency's specific dissemination -- or their dissemination method of choice. We received a CACFP-specific question about handouts and resources, and those can be accessed through the links in this webinar and PowerPoint, or reaching out to your CACFP counterparts. Sarah: Hi, this is Sarah Widor, director of the supplemental food program division. I just want to make sure I put out a clarifying comment about the intent of the MOU. The MOU is not intended to change or modify any program policy. Its intention is really to sort of foster areas of potential collaboration. So going back to that question of co-location of services, there are a lot of factors that come at play, and state and local agency pursuing colocation. And certainly in the spirit of the MOU, but you should definitely check all channels and make sure that it's consistent with other policies and practices that that are applicable.

Sarah: Thank you, Sarah. We received a question that asked about the use of resources under the WIC Loving Support, receiving the Loving Support campaign. And yes, again, those are free resources and where applicable, you may use those as long as they remain consistent with your own program messaging or reference the WIC program.

Shannon: And many of the resources available both on the Loving Support site, which is dedicated to breastfeeding promotion, as well as WIC works, are available for free download by state and local agencies or community partners. The Loving Support site has a special area specific for community partners, and those resources are available to the general public.

Sarah: So those are all the questions that we have received using the question feature in the GoToWebinar platform. We do have a few more minutes if you have additional questions, please forward those through the platform, and we can respond to those.

Kurtria Watson: This is Kurtria Watson, and we did receive a question from a state WIC office about collaborating under the federal MOU, or if it's encouraged to develop a more localized MOU. And I think just to echo what Sarah Widor stated, while this federal MOU serves as an umbrella, it is strongly encouraged and probably a best practice to actually develop more localized MOUs, given all of the different priorities and policies that take place across the different state agencies. So this should serve as an umbrella and should facilitate, but I think, the suggestion to develop a more localized MOU would be good idea.

Tatiana: As this MOU is a federal MOU between ACF and the Food and Nutrition Service. And so, knowing that we are the federal agencies that operate and administer these programs, gives us the forum to start to bring together, to bring state and local partners. But the next level to where the rubber meets the road is at the state and local level, depending on the -- how the program is operated to forge those partnerships.

Sarah: Those are the questions that we can speak to at this time. Again, this webinar has been recorded. And, it will be made available following this presentation. So please look for that during federal -- Please look that, for that, as it's disseminated through your respective federal agency. We will provide further direction, and if you have any additional questions, please reach out to your, to your programs, or the respective program that you have a question for, or to us in the regional offices at ACF agency offices. We thank you for your time. Thank you.

Marco: Thank you.