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know this committee proposed that juice should be reduced across WIC food packages to a maximum amount of 64 fluid oz/mo in all packages, except for the package for postpartum women, where the recommendation was to eliminate juice.

Moreover, the committee also recommended that the US Department of Agriculture permit WIC participants to elect to receive an additional $3.00 in their cash value voucher instead of juice. This option is cost-neutral and responds to recommendations3-4 that, as a general practice, fruit should be consumed as whole fruit instead of juice. This option also provides autonomy to WIC participants to meet their personal preferences for juice compared with whole fruit.

In summary, the US Department of Agriculture has received recommendations for the contents of the WIC food packages from an expert committee appointed for this purpose. Their proposed recommendations reduce but do not eliminate (except for postpartum women) juice from the food packages. Furthermore, a new option, to exchange the voucher for juice with one for an increase in the cash value voucher to purchase whole fruit, was proposed.

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Disclaimer: Any views not attributed to the report are those of the authors and do not necessarily represent the views of the National Academies of Science, Engineering, and Medicine.

Editorial Note: This letter was shown to the corresponding author of the original article, who declined to reply on behalf of the authors.


To the Editor We write to request retraction of our article, “Can Branding Improve School Lunches?” that was published in Archives of Pediatrics and Adolescent Medicine (2012;166[10]: 967-968. doi:10.1001/archpediatrics.2012.999), and that was previously retracted and replaced on September 21, 2017, to address pervasive errors.2 This study aimed to explore the association of branding apples with cartoon characters with their selection by children.

Following the notice of Retraction and Replacement, the funder of this study informed us of another important error. We had erroneously reported the age group as children ranging from 8 to 11 years old; however, the children were 3 to 5 years old.

This study was based on data collected at elementary schools and other locations in upstate New York in 2008 by staff who are not authors of the published study (they were acknowledged for their roles in data collection in the original article), which were then analyzed. When we wrote the manuscript in 2011, we had assumed that because most data were collected in local elementary schools, the study participants were in the same 8- to 11-year-old age range that we typically use for our studies in elementary schools. In reviewing our records again, we realized that the study was conducted with 3- to 5-year-old children who were in Head Start programs, some of which met in elementary schools.

We take responsibility for these errors in analysis and reporting of this study. Our specific contributions as authors were reported in the retracted and replaced article as follows: “Study concept and design: Wansink, Just, and Payne. Acquisition of data: Payne. Analysis and interpretation of data: Wansink. Drafting of the original manuscript: Wansink, Just, and Payne. Critical revision of the replacement manuscript for important intellectual content: Wansink, Just, and Payne. Statistical analysis: Wansink. Obtained funding: Wansink. Administrative, technical, and material support: Payne. Study supervision: Wansink.”

In our previous notice of Retraction and Replacement, we stated, “We confirm that there are no other errors or omissions in the original article.”2 Given this additional substantial error in reporting the correct ages of the children and the inadequate oversight of the data collection and pervasive errors in the analyses and reporting, the editors have asked that we retract this article. We regret any confusion or inconvenience this has caused the readers and editors of the journal.

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