

# Food Research and Action Center

## Issue Briefs for Child Nutrition Reauthorization | Number 3

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### Highlights

- The Child and Adult Care Food Program (CACFP) provides funding for healthy meals and snacks, which supports good nutrition and high-quality, affordable care that helps children to develop fully while allowing parents to work.
- A reauthorization bill that focuses on the appropriate improvements to CACFP can help to reduce hunger, prevent and reduce childhood overweight and obesity, improve child nutrition and wellness, and enhance child development and school readiness.
- Congress can strengthen the program by improving the area eligibility test, allowing the option of an additional meal or snack, updating the nutrition standards, promoting health and wellness in child care, increasing CACFP reimbursements, strengthening the support system, and streamlining paperwork requirements.

## How to Promote Access to Good Nutrition in Child Care Settings

The Child and Adult Care Food Program (CACFP) uses federal dollars to provide nutritious food to children from low-income families who receive care in eligible child care centers, including all Head Start centers, and family child care homes.<sup>1</sup> CACFP also supports afterschool programs and emergency shelters serving at-risk children and adolescents as well as day care programs for disabled and older adults; however, a majority of the program's resources go toward child care settings, which are the focus of this brief.<sup>2-3</sup>

CACFP ensures that children from low-income families in child care receive nutritious food by reimbursing care providers for meals and snacks that meet federal standards.<sup>4</sup> The healthy food makes a substantial contribution toward meeting the nutritional needs of hungry children in child care, particularly children from low-income families, which helps them to learn and achieve optimal growth and development.<sup>5-10</sup>

CACFP also plays an important role in improving the quality of child care and in making it more affordable for low-income parents.<sup>11-14</sup> By paying for nutritious meals and snacks, participating providers can direct their limited resources toward educational activities. Providers also receive ongoing training, technical assistance and support through CACFP.<sup>15</sup>

CACFP reaches more than 3.2 million children in child care each working day: more than two-thirds of them in child care centers and the rest in family child care homes.<sup>16</sup> More than \$2 billion in federal reimbursements for meal and snacks are distributed to child care centers and homes each year.<sup>17</sup>

Unfortunately, under the current system, healthy CACFP meals and snacks are out of reach for millions of other young children in child care. Participation among family child care homes, which increased rapidly in the early 1990s, has dropped 27 percent since the introduction of a complex two-tiered reimbursement system in 1997. More than half of all family child care homes operate without CACFP support.<sup>18</sup> And although participation among child care centers has continued to increase, far from all eligible children in centers have access to the program. In one study, researchers found that 60 percent of randomly sampled, non-participating centers were located in areas where the median household income was below the federal poverty level.<sup>19</sup>

Child Nutrition Reauthorization provides an important opportunity to make the improvements necessary to increase program access, improve nutrition quality, and protect CACFP services for children in care by:

- Improving the nutritional value of meals and snacks as well as the promotion of health and wellness in child care centers and homes that participate in CACFP;
- Allowing child care centers and homes the option of serving an additional meal or snack, up to a total of three meals and one snack or two meals and two snacks, as was previously allowed;
- Reducing the CACFP "area eligibility" test from 50 percent to 40 percent;

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- Increasing CACFP reimbursements to stem participation declines and improve nutrition;
- Enhancing program reimbursements to support CACFP sponsoring organizations; and
- Streamlining program requirements, reducing paperwork, and maximizing technology.

## Benefits

Research has clearly demonstrated CACFP's key role in helping to ensure good nutrition and high-quality, affordable child care. The program is a well-documented success:

- Data from the Fragile Families and Child Wellbeing Study, presented in ***Federal food policy and childhood obesity: A solution or part of the problem?***, showed that participation in federal child care and school meal programs, such as the Child and Adult Care Food Program, is associated with a lower body mass index (BMI) in children, particularly children from low-income families.<sup>20</sup>
- The Institute of Medicine, citing research on the association between participation in federal nutrition assistance programs, improved dietary quality and decreased risk of overweight among children, identified increasing participating in CACFP as a strategy to promote healthy eating in the report ***Local Government Actions to Prevent Childhood Overweight***.<sup>21</sup>
- The ***Children's HealthWatch*** study compared children from low-income families who received meals from centers and homes that likely participate in CACFP to children from low-income families who relied on food brought from home.<sup>22</sup> Children who received food from their care provider were 62 percent less likely to be in fair or poor health and 64 percent less likely to have been hospitalized. These children were also more likely to be at a healthy height and weight for their age.

In a study of nutrition in child care, ***It's 12 O'clock...What Are Our Preschoolers Eating For Lunch?***, participation in CACFP was associated with several positive practices.<sup>23</sup> Providers participating in CACFP were more likely than non-participating providers to serve whole grains and milk. The food served at participating family day care homes had a higher overall nutritional quality compared to non-participating homes. And the food served by providers was far superior to food brought from home. Meals brought from home included more packaged snack foods, desserts, and fruit drinks, and they were less likely to include fruits, vegetables, milk, or lean meat.

- In ***Dietary Intake and Health Outcomes among Young Children Attending 2 Urban Day-Care Centers***, researchers compared the intake of children at a center participating in CACFP to children at a similar center that required parents to send food from home.<sup>24</sup> Children at the participating center consumed significantly more milk/dairy and vegetable servings while eating fewer fats and sweets. They also obtained more protein, vitamin A, B vitamins, calcium, magnesium, iron and zinc. In addition, children from the participating center had fewer absences due to illness than children from the non-participating center.
- The Economic Research Service report ***Maternal Employment and Children's Nutrition Volume 1, Diet Quality and the Role of CACFP*** investigated differences in diet between children cared for at home and children of employed mothers who received meals and snacks through CACFP.<sup>25</sup> Children who received food through CACFP consumed more fruit and milk, less fat, and a greater variety of foods compared with children who did not attend day care. These children also consumed less soda, other soft drinks, and added sugars. The report states that "these differences especially favor children in low-income households." The authors concluded that "CACFP participants' diets, on average, meet daily recommendations for food energy, protein, vitamins A and

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C, iron, zinc, calcium, cholesterol, and dietary fiber” and that “meals and snacks consumed in CACFP care make a substantial and positive contribution to these children’s total dietary intake.”

- The U.S. Department of Agriculture’s ***Evaluation of the Child Care Food Program*** reported that the meals and snacks provided by child care centers and family day care homes participating in the food program were nutritionally superior to those provided by non-participating centers.<sup>26</sup> The food provided by participating homes and centers were more nutrient-dense and supplied a higher proportion of children’s daily needs for most nutrients. Participating homes and centers also had higher food quality and variety scores when compared to non-participating centers.
- The U.S. General Accounting Office’s report, ***Promoting Quality in Family Child Care***, cited the effectiveness of the program: “Because of its unique combination of resources, training, and oversight, experts believe the [Child and Adult Care] food program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide.”<sup>27</sup>
- A study conducted by the Midwest Child Care Research Consortium reported that “participation in the USDA Food Program was associated with quality. This association held true for family child care providers and for infant/toddler center-based care regardless of the provider’s education level.”<sup>28</sup> The authors of the report, ***Child Care Characteristics and Quality in Nebraska***, recommended using CACFP as a way to expand training and educational opportunities because “the USDA Food Program has been an important way to augment the quality of programs serving low-income children.”

## Child Nutrition Reauthorization Recommendations

Considering the prevalence of childhood overweight and obesity as well as food insecurity among the many children from low-income families who receive child care, the need to provide nutritious meals and form healthy eating habits in child care has never been greater.<sup>29-32</sup> Far too many children from low-income families in this country face both short- and long-term adverse effects on their health, social/emotional development, and ability to learn and perform in child care and eventually school, all as a result of limited access to good nutrition.<sup>33-62</sup> The reauthorization of the child nutrition programs offers a chance to make much-needed improvements to increase CACFP access and strengthen CACFP’s role in supporting good health and nutrition.

**Improve the nutritional value of the meals and snacks and the promotion of health and wellness in child care participating in CACFP.** Research has demonstrated that the meals and snacks that children receive through CACFP provide essential nutrients and may reduce the risk of overweight among children from low-income families.<sup>63-68</sup> However, the current federal CACFP nutrition standards do not reflect the latest nutrition recommendations, such as the Dietary Guidelines for Americans.<sup>69</sup> For this reason, the Secretary of Agriculture should be directed to issue proposed regulations updating the CACFP meal pattern, including recommendations for the reimbursements necessary to cover the costs of the new meal pattern, within 18 months of the publication of the Institute of Medicine CACFP Meal Pattern report. In the interim, the USDA should provide training, education, and technical assistance for serving healthier meals and snacks consistent with the Dietary Guidelines, emphasizing increased consumption of whole grains, fruits and vegetables, and lower-fat dairy and protein foods. The reauthorization also provides an opportunity to ensure that CACFP rules allow only lower-fat milk options to be served to children over the age of two, as recommended in the Dietary Guidelines. Water, an essential but often overlooked contributor to children’s health and well-being, should be available and accessible to children throughout the day. CACFP’s role in supporting health and wellness in child care should be strengthened. CACFP

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## About this series

*Issue Briefs for Child Nutrition Reauthorization* will explore various aspects of the child nutrition programs as Congress considers reauthorization. To learn more, visit FRAC's website ([www.frac.org](http://www.frac.org)).

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reaches children from low-income families who are at greater risk of overweight and obesity and whose families have limited access to nutritious foods and opportunities for physical activity.<sup>70-72</sup> With a broader mandate and additional resources, CACFP can play a stronger role in efforts to prevent and reduce childhood obesity. The USDA should collaborate with the Department of Health and Human Services in developing a comprehensive wellness handbook that includes recommendations, guidelines, and best practices consistent with current science for participating child care centers and family child care homes. The reauthorization should also make permanent the CACFP Child Care Wellness Grants, which USDA distributes to state agencies in order to promote nutrition and physical activity, provide training, and conduct outreach.

The reauthorization provides an opportunity to launch an ongoing study of the nutrition and wellness practices in child care settings, which would be conducted every five years by the USDA in consultation with the DHHS. The study should focus on nutrition quality, opportunities for physical activity, and the quantity of time spent in sedentary activities, as well as barriers and facilitators to improving practices and participating in CACFP. As part of a comprehensive strategy to improve the health of all children in child care, the Secretary of Agriculture and the Secretary of Health and Human Services should work together to encourage state agencies to include wellness standards within state child care licensing regulations. This will ensure that all licensed and regulated child care centers and homes provide physical activity opportunities, limit screen time, and offer food consistent with the healthy meal patterns and nutrition standards of CACFP.

**Allow child care centers and homes the option of serving an additional meal or snack, as was previously allowed.** National child care standards, based on the best nutrition and child development science, specify that young children need to eat small healthy meals and snacks on a regular basis throughout the day.<sup>73</sup> Many children are in care for more than eight hours per day as their parents work long hours to make ends meet, so they rely on child care providers to meet a majority of their nutritional needs.<sup>74</sup> Previously, child care providers could receive funding for up to three meals and one snack, and in 1995, 26 percent of all providers served two meals and two snacks.<sup>75</sup> In 1996, Congress cut out one meal service to achieve budget savings. This step harms children's nutrition and health and weakens child care. It is essential for CACFP to support the full complement of meals that young children need.

**Reduce the CACFP "area eligibility" test from 50 percent to 40 percent to streamline access to healthy meals for young children in child care.** Area eligibility, the most successful and inclusive CACFP eligibility mechanism, allows family child care homes in low-income areas to receive the highest CACFP reimbursement rates for all children enrolled in care. This "area eligibility" test has proven extremely effective because it substantially decreases the paperwork for providers and families by eliminating the need to individually document each child's household income.

Currently, family child care homes only qualify for such eligibility in geographic areas with 50 percent or more children from low-income families (as defined by local census data or the percentage of children in the local school eligible for free and reduced price meals).<sup>76</sup> The threshold is too high to appropriately target many communities with struggling families. This is especially true in rural and suburban areas which do not typically have the same pattern of concentrated poverty seen in urban areas.

Reducing the area eligibility test to a 40 percent threshold (the same threshold used by the federal government for other programs like Title I) would make many more child care providers who serve children from low-income families eligible for the higher reimbursement,

and many more children in need would receive healthy CACFP meals and snacks. When confronted with the complex CACFP eligibility requirements to be met outside of the areas currently eligible, most providers choose not to participate. It is often easier in such an instance for a provider to serve cheaper, less nutritious meals (and operate without the CACFP standards, oversight, and required paperwork), or have the children bring food from home. Research has consistently shown that food brought from home is far less nutritious than the meals and snacks that children receive through CACFP.<sup>77-81</sup>

**Increase CACFP reimbursements to stem participation declines and improve nutrition.** Cost is one of the most commonly cited barriers to providing healthier foods.<sup>82-86</sup> Increasing the availability and consumption of fruits and vegetables, whole grains, and lower-fat dairy products among young children in child care is absolutely essential to improve development, promote health and prevent obesity at exactly the time – early childhood – when that strategy can have the most long-term effect.<sup>87-91</sup> This effort needs to be supported by adequate meal reimbursements. At the same time, family child care participation declines created by reimbursement cuts need to be reversed. Higher reimbursements will assure that more children participate in CACFP, both attracting more child care centers and helping to stem the loss of family child care providers.

**Enhance program reimbursements to support CACFP sponsoring organizations in their efforts to sustain the participation of family child care providers.** Access to healthy meals is threatened by the breakdown in the network of CACFP sponsors, the non-profit community-based organizations supporting the participation of family child care homes in CACFP. Due to a recession-influenced decline in the Consumer Price Index, sponsors' administrative reimbursement rates were recently reduced by one dollar per home per month, forcing the elimination of jobs in these community-based organizations. Even before this reduction, many sponsors were unable to make ends meet due to high program costs and the loss of economies of scale as family child care homes dropped out of the program, leading to a 27 percent decrease in the number of sponsors in the last 13 years.<sup>92</sup> According to a 2006 USDA report, "costs reported by sponsors on average were about 5 percent higher than allowable reimbursement amounts."<sup>93</sup> Sponsors' administrative reimbursement rates should be brought to the level necessary to cover the costs of providing quality nutrition and wellness education, transportation to serve family child care homes in rural areas, additional visits to ensure compliance and provide support, and extra time spent to help low-income providers overcome literacy and language issues.

**Streamline program requirements, reduce paperwork, and maximize technology to improve program access.** This can be accomplished through the following no-cost or very low cost proposals which will improve CACFP's ability to reach low-income families: 1) allow CACFP sponsors to plan multi-year administrative budgets using carryover funds, and to keep their earned administrative reimbursement using a "homes multiplied by rates" system; 2) direct the USDA to reduce paperwork by eliminating ineffective and poorly targeted requirements, including "block claiming;" 3) restore the right to advance funds; 4) allow CACFP family child care providers to facilitate the return of family income forms; 5) allow the use of the last four digits of the social security number instead of requiring the full number, which discourages some from participating; 6) continue the USDA Paperwork Reduction Initiative; and 7) streamline program operations, increase flexibility, and maximize technology and innovation to reduce parent paperwork and allow sponsors and providers to operate most effectively.

For more detailed fact sheets on these issues please see FRAC's website: [www.frac.org](http://www.frac.org).

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