

Statement for the Record
Child Nutrition Reauthorization: Healthy Meals and Healthy Futures
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Enhancing CACFP for Equitable Access to Healthy Meals and Healthy Futures for Young
Children

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Chairperson Senator Stabenow, Ranking Member Senator Boozman, committee members, and my fellow distinguished panelists: I am honored to have the opportunity to speak before you today. I am Reynaldo Green, President of the National CACFP Forum, a leading national CACFP organization working to strengthen and expand CACFP to underserved communities and to maximize the utility of CACFP to address the worsening inequities for children in the U.S.. I am also the Vice-President of Nutrition and Family Well-Being, at Quality Care for Children, a statewide nonprofit child care organization and CACFP sponsor located in Atlanta, Georgia.

I sincerely appreciate Chairperson Senator Stabenow and the Ag Committee's leadership and commitment to CACFP both during COVID-19 and in normal times.

We are at a critical juncture to strengthen the Child and Adult Care Food Program through Child Nutrition Reauthorization. This will allow us to continue the original intent of the program: To address hunger and improve the nutritional well-being of millions of children across this country.

The CACFP Landscape

The Child and Adult Care Food Program (CACFP) uses federal dollars to provide nutritious meals and snacks to low-income children in child care centers, family child care homes and afterschool programs. CACFP is very important – both in terms of the number of children it serves and its positive impact on young children in child care. Nationwide, preschoolers are consuming diets too high in calories, saturated fat, and sweets and too low in fruits, vegetables, whole grains, and low-fat dairy. The healthy food provided by CACFP, of course, makes a substantial contribution towards meeting the nutritional needs of children in child care, particularly low-income children. CACFP helps to assure that children in child care receive good nutrition through ongoing training, technical assistance and support.

Food insecurity, poor nutrition and overweight and obesity disproportionately affects low-income children both before and during COVID-19. Existing inequities have been exacerbated by

COVID-19, one in five families with children and one in four Black and Latino families with children have experienced food insecurity. Intervening in early childhood and providing high quality child care programming is critically important as lifelong health behaviors are developed during this time. By paying for nutritious meals and snacks for eligible children enrolled at participating child care centers and family child care homes, CACFP plays an important role in improving the quality of child care programs and in making them more affordable for low-income parents.

In 2020, CACFP provided high-quality nutrition and learning experiences for over 4.2 million children in child care each working day: more than two-thirds of them in child care centers including afterschool programs, and the rest in family child care homes. Nearly \$3 billion in federal reimbursements for meals and snacks is distributed to child care centers and homes each year. The program plays a vital role in improving the quality and affordability of child care for many families with low-income. However, there are thousands of child care programs across the nation that do not participate in CACFP due to systemic barriers. Over half of the family child care homes operate without CACFP support for healthy meals. Although participation among child care centers has increased, not all eligible children 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.

Many child care programs do not participate in CACFP because (1) the benefits are inadequate, (2) the program is wrought with burdensome paperwork and (3) the losses and penalties are too detrimental to child care programs that operate on razor thin margins. The brunt of these barriers disproportionately impacts both communities of color and providers with fewer resources, contributing to gross inequities in child care quality and nutrition.

Child Nutrition Reauthorization Recommendations for CACFP

The Forum believes equity in CACFP can be achieved if we remove systemic barriers that often give advantages to better-resourced programs. The upcoming reauthorization of the child nutrition programs provides an opportunity to make much needed improvements to increase CACFP access and strengthen CACFP's role in supporting good health and nutrition through the following recommendations:

- **Allow child care centers and homes the option of serving an additional meal (typically a snack or supper), 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. 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 nutrition needs. Previously, child care providers could receive funding for up to four meal services – most commonly two meals and two snacks. Congress cut out one meal service to achieve budget savings. This penny-wise and pound-foolish step harms

children's nutrition and health and weakens child care. We should restore CACFP support to the full complement of meals and snacks young children need and stop short-changing young children at a time when they, and their families can least afford it.

- **Allow annual eligibility for proprietary (for-profit) child care centers.** Many of these child care centers are small, independent "Mom and Pop" operations that provide much-needed child care and afterschool programs to low-income children in underserved areas. Proprietary child care centers are eligible to participate in CACFP if at least 25 percent of the children they serve are living in low-income households. Unfortunately, USDA requires these child care centers to document institutional eligibility *every month* rather than the annual eligibility allowed for other centers and homes. This creates unnecessary and substantial paperwork and administrative burdens.

No-Cost Recommendations:

- **Streamline program requirements, reduce paperwork, and maximize technology to improve program access.** This can be accomplished through a variety of proposals which will improve CACFP's ability to reach low-income families and improve equity by streamlining program operations, increasing flexibility, maximizing technology and innovation to reduce parent paperwork, and allowing sponsors and providers to operate most effectively. These include the following recommendations:
 - Modernize applications, eliminate normal days and hours on forms,
 - Allow the use of electronic data collection and virtual visit systems following all the required federal CACFP standards, and
 - Support sponsoring organizations' ability to mediate and fix problems through improvements to the serious deficiency process.

Reducing CACFP paperwork and rules will increase the power of CACFP to address inequity. When confronted with the complex CACFP paperwork requirements, many providers choose not to participate because they can't be assured of receiving reimbursements for their work and if they make paperwork errors the consequences can be severe. It is easier just to resort to serving cheaper, less nutritious meals and operate without the CACFP standards, oversight, and required paperwork. It is not uncommon for providers to forgo offering even the less costly meals and simply let children rely on food sent 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.

The federal requirement for a CACFP specific additional enrollment form with normal days and hours in care has become a significant administrative burden

and a barrier to participation in underserved communities. Requiring normal days and hours of care is based on outdated assumptions that parents work regular and consistent hours. Now, more than ever, many low-income families work a wide variety of shifts which may change from week to week. Many states require forms to be updated to reflect each change, creating a paperwork burden for both the parent and the provider. There have been many cases where child care providers and sponsors have been required to payback substantial reimbursements for meals served and, in some cases, were terminated from the program, due to these outdated assumptions. If a child care provider is terminated from CACFP they are then barred from participating in a broad range of other government programs. This outdated and unnecessary requirement discourages participation by creating the risk of losing payment for healthy meals served to children in care and the risk of being terminated from the program losing the right to participate in a range of other important government programs.

Additional Cost Recommendations:

- **Reduce the CACFP area eligibility test from 50 percent to 40 percent to streamline access to healthy meals for young children in child care.** 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 automatically receive the highest CACFP reimbursement rates. 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 area eligibility in areas with 50 percent or more low-income children (as defined by local census data or the percentage of children in the local school eligible for free and reduced-price meals). 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 would make more child care providers who serve low-income children eligible for the higher reimbursement, and many more children in need would receive healthy CACFP meals and snacks.

- **Increase CACFP reimbursements to stem participation declines.** Cost is one of the most commonly cited barriers to providing healthier foods. 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 it can have the most long-term effect. This

effort needs to be supported by adequate meal reimbursements. 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.** Sponsor's administrative reimbursement rates should be brought to the level necessary to cover costs of administering the program. 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. Many sponsors were unable to make ends meet due to high program costs and the loss of economies of scale as providers dropped out of the program, leading to a significant decrease in the number of sponsors in the last dozen years. Access to healthy meals particularly in rural areas, 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.
- **Make permanent the expansion allowing young adults 18 to 24 years old to participate in CACFP at homeless and youth serving shelters.** Prior to the recently passed American Rescue Plan Act, youth serving shelters could not use CACFP because the program was limited to children under 18 years of age. By making permanent the CACFP age expansion implemented during COVID-19, youth serving and family homeless shelters could continue to rely on CACFP to serve healthy meals and snacks. CACFP is an important resource to support the efforts of the committed, hard-pressed, and often faith-based organizations working to care for this vulnerable population.

The majority of CACFP serves children in child care homes, centers and afterschool programs but CACFP is also used to serve a smaller number of seniors in adult day care centers, and children in homeless shelters. The improvements proposed for centers will have a positive impact for adult day care centers and homeless shelters too.

CACFP During COVID-19

The National CACFP Forum wishes to thank Congress for the emergency funding to CACFP sponsors, centers, homes, and afterschool programs included in the American Rescue Plan Act. This funding will help cover operating-cost deficits that were created by shutdowns, as well as a shift in services, which occurred during the first three and a half months of COVID-19. This important provision in the American Rescue Plan Act is crucial to maintaining the infrastructure and financial viability of program operators and administrators. The value of the emergency funds CACFP in the first three and a half months of COVID is worth approximately a quarter of a million dollars.

Emergency funding was vital based on the most recent data available from USDA that reveals during the first seven months of COVID-19 (March through September 2020), CACFP served 480 million fewer meals, a 41 percent decrease, compared to the same months in 2019. As a result, CACFP child care providers' reimbursements decreased by \$690 million (-37 percent). Yet, CACFP remained a vital source of support for many children and their families by providing nutritious onsite and "grab and go" meals through helpful waivers authorized by Congress. Please see [CACFP During COVID-19: A Key Support for Families Despite Losses Due to the Pandemic](#) for additional details.

Conclusion

When children miss out on CACFP meals and snacks, it strains family budgets, contributing to food insecurity. To reach more families with CACFP and to strengthen its positive effects, the National CACFP Forum urges Congress to act on our priority recommendations - improving the adequacy of benefits by allowing another meal or snack for children in a full day of care, making proprietary care eligibility consistent with other federal nutrition programs by allowing yearly verification, and eliminating overly burdensome and outdated paperwork - in addition to our other important recommendations including increased reimbursement rates for providers and sponsors, improved area eligibility, and making permanent the expansion for homeless shelters.