



National Alliance for Nutrition & Activity

Updating the Child and Adult Care Food Program *A Key Component of Child Nutrition Reauthorization*

CACFP Overview

The Child and Adult Care Food Program (CACFP), which will be considered as part of the Child Nutrition reauthorization, provides nutritious meals and snacks to more than 3.3 million children each day who are in Head Start, Early Head Start and child care programs in both centers and family child care homes. The 2010 Child Nutrition Reauthorization directed the U.S. Department of Agriculture to improve the nutritional quality of CACFP meals by providing a greater variety of fruits and vegetables, more whole grains, and less sugar and fat. As a result, USDA proposed an updated meal pattern in January 2015.

This is the first time the CACFP meal patterns have been significantly updated since the program was created in 1968. Although the Agency proposed a number of improvements to the nutritional quality of the meals and snacks, it was not able to propose all the changes recommended by the National Academy of Medicine (formerly known as the Institute of Medicine) due to a lack of funding. Congress should increase the reimbursement rate for CACFP in order to ensure that CACFP providers have the resources they need to provide nutritious meals for children.

CACFP plays a critical role in educating children, families and child care providers about healthy nutrition and helps address the high rates of childhood obesity in the country, particularly for at-risk children. Overall, about one-quarter of 2–5 year olds and one-third of school-age children are overweight or obese in the U.S. and about 30 percent of low-income preschoolers are overweight or obese. Although the rates have stabilized in recent years due to nutrition and physical activity efforts, they remain at high levels that put children's health at future risk.

For many children, the meals they receive in early care and education settings, such as child care centers and family child care homes, are the most nutritious meals they consume all week. Low-income parents rely on CACFP as a quality source of nutrition for their children. However, the program is constrained by the same economic challenges faced by parents. Amidst rising food costs and stagnant food and care reimbursement rates, child care providers must stretch their dollars within already limited budgets.

How CACFP Works

CACFP funds are provided by the USDA to state agencies which often hire sponsoring non-profit organizations (sponsors) to conduct the day-to-day support and oversight for participating child care centers and family child care homes. CACFP currently reimburses providers for either two meals (generally breakfast and lunch) in addition to a snack, or two snacks and one meal. Similar to the National School Lunch Program, child care centers receive reimbursement as free, reduced-price, or paid based on parental income. However, family child care providers are reimbursed based on a complicated tiering structure that was implemented in 1996.

In addition to the need for higher reimbursement overall, Tier II rates are inadequate. Providers receive either Tier I reimbursements or Tier II reimbursements, which are less than half of Tier I. Before 1996, all family child care providers received the same reimbursement rate for all meals and snacks.

Tier I reimbursement is issued to family child care providers who live in school districts where at least 50 percent of children are eligible for free or reduced-priced meals (i.e. school lunch/breakfast), are at or below 185 percent of poverty, or are in a census block group in which at least 50 percent of the children live in households with incomes at or below 185 percent of the federal poverty guidelines. For all others, Tier I reimbursements are provided only for children whose families are at or below 185% of poverty based on what is referred to as a “means test.” Otherwise the family child care provider will receive Tier II rates, which are drastically lower. The reimbursement rates are:

	Tier I Current	Tier II	Difference Between Tiers
Breakfast	\$1.32	\$0.48	\$0.84 less, 64% cut
Lunch/Supper	\$2.48	\$1.50	\$0.98 less, 39% cut
Snack	\$0.74	\$0.20	\$0.54 less, 73% cut

Tiering has had a devastating impact on family child care participation in CACFP. Since tiering was created in 1996, more than 32 percent of family child care providers have withdrawn from the program. During the same time period, child care center and Head Start participation in CACFP increased by more than 59 percent. Tier II rates are simply not adequate to cover the costs of food, fuel and administrative requirements of the program, causing a barrier to participation.

How to Improve the Nutritional Quality of CACFP

CACFP can improve child nutrition and health, enhance child development and school readiness, reduce hunger, and make healthier meals more affordable for providers with the following key provisions:

- **Increase meal reimbursements by ten cents per meal.** Reimbursement rates must increase to support the updated CACFP meal patterns. Rising food costs have made serving healthy meals and snacks containing fruits, vegetables, whole grains and lower-sugar dairy products increasingly more expensive. In addition, USDA was not able to institute the full range of nutrition improvements recommended by the National Academy of Medicine.
- **Provide two year implementation funds (\$100 million) for state agencies and \$20 million to USDA to successfully implement the new healthier CACFP meal pattern and increase CACFP participation.** Similar to the implementation funds allocated to state agencies for school meals in the Healthy, Hunger-Free Kids Act, these funds would be allocated to state agencies to support the successful implementation of the new healthier meal pattern and increase CACFP participation. Additional funds and a transition period of no less than two years to support implementation are essential, as shown by the use of similar funds for school meals changes.
- **Enhance technical assistance (TA).** Sponsors serve a critical role in providing programmatic and administrative TA to help their child care providers successfully meet CACFP guidelines. TA is critical to ensuring providers understand changes in the regulations and gain the necessary skills for serving healthy meals and without it, providers may feel overwhelmed by the requirements, fearful of making mistakes, and frustrated by perceived barriers of participation. TA for CACFP could be improved by increasing states’ staffing levels for CACFP enrollment and TA, and ensuring that CACFP monitors are trained adequately on the regulations and best practices in order to provide proper guidance to providers. Moreover, TA should be expanded to cover not only compliance with administrative requirements, but also best practices and practical strategies for healthy meal patterns. Together, these additional measures will ensure successful uptake of the new meal standards.

For more information contact Becky Levin at blevin@afscme.org or Colin Schwartz at cschwartz@cspinet.org.