



CACFP Emergency Shelter Characteristics Study

Results of the FY 2023 evaluation

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Introduction

The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursement to care providers for nutritious meals and snacks served to eligible children and adults. CACFP operates in a variety of settings, including child care centers, day care homes, adult day care centers, before and after school care centers, and emergency shelters.

This report describes the first national study of emergency shelters participating in CACFP. The term “emergency shelter” can refer to homeless shelters, youth shelters, runaway shelters, domestic violence shelters and other temporary housing designations. Emergency shelters are the smallest group of providers enrolled in CACFP and FNS groups them with child care centers in reporting and guidance documents¹. In 2024, emergency shelters represented 0.25 percent of all CACFP participating sites, and 0.6 percent of childcare facilities.²

Emergency shelters have been eligible to participate in the Child and Adult Care Food Program (CACFP) since July 1999, when the Homeless Child Nutrition Program was integrated into CACFP. Participating emergency shelters originally received reimbursement for meals served to residents under age 12, but the age limit was increased to age 18 in 2004.³ Emergency shelters may also be reimbursed for meals served to adults with disabilities age 19 and older as long the majority of persons served by the shelter are children. Emergency shelter sites enrolled in CACFP may claim up to three meals per participant per day or two meals and one snack per participant per day. CACFP emergency shelters must follow the same meal pattern requirements as other CACFP sites, but participant eligibility verification processes are streamlined because all shelter residents who meet the age requirements are categorically eligible for meals that are reimbursed at the free rate.⁴

Emergency shelters may choose to operate CACFP independently or through a sponsoring organization. Sponsoring organizations are public or non-profit organizations that help CACFP sites manage the operation and documentation of their meal service, including meal reimbursement claims to the State agency on behalf of the site. Sponsors may support multiple sites. Throughout this report, we will refer to

¹ FNS-44, part C; Independent Child Care Centers Handbook, page 7

² FNS National Data Bank

³ Child Nutrition and WIC Reauthorization Act of 2004, P.L. 108-265

⁴ USDA Food and Nutrition Service. (2007). *Accommodations for Non-Traditional Program Operators*. (CACFP 11-2007).

CACFP sponsoring organizations (“sponsors”) separately from CACFP emergency shelter sites (“shelters”) based on available data sources.

Methods

For this study we used multiple methods and data sources to document the history of this program component and describe the sponsors and shelters who participate in it. Each data source is described in more detail in Appendix B.

- FNS-44 Data – the “Report of the Child and Adult Care Food Program” provides semi-annual monitoring data for emergency shelters participating in CACFP from FY 2000 to FY 2023. Data is reported in October and March of each fiscal year.
- SMO Study – monthly meal claims data was collected from CACFP emergency shelters in all States except for two from March 2020 to September 2022 as part of the School Meal Operations (SMO) Study. We were able to use the data to estimate meal claims and number of daily meal services for emergency shelters in this study.
- 2023 CACFP Emergency Shelter Census – a 20-minute survey administered to all emergency shelters that participated in CACFP in FY 2023. Two thirds of these shelters (242 shelters) responded to the survey.
- Data from the Texas Department of Agriculture - we used data posted on the State of Texas Open Data Portal to understand a large spike in FNS-44 data for Texas in October 2017. That analysis is summarized in the box at the end of the next section.

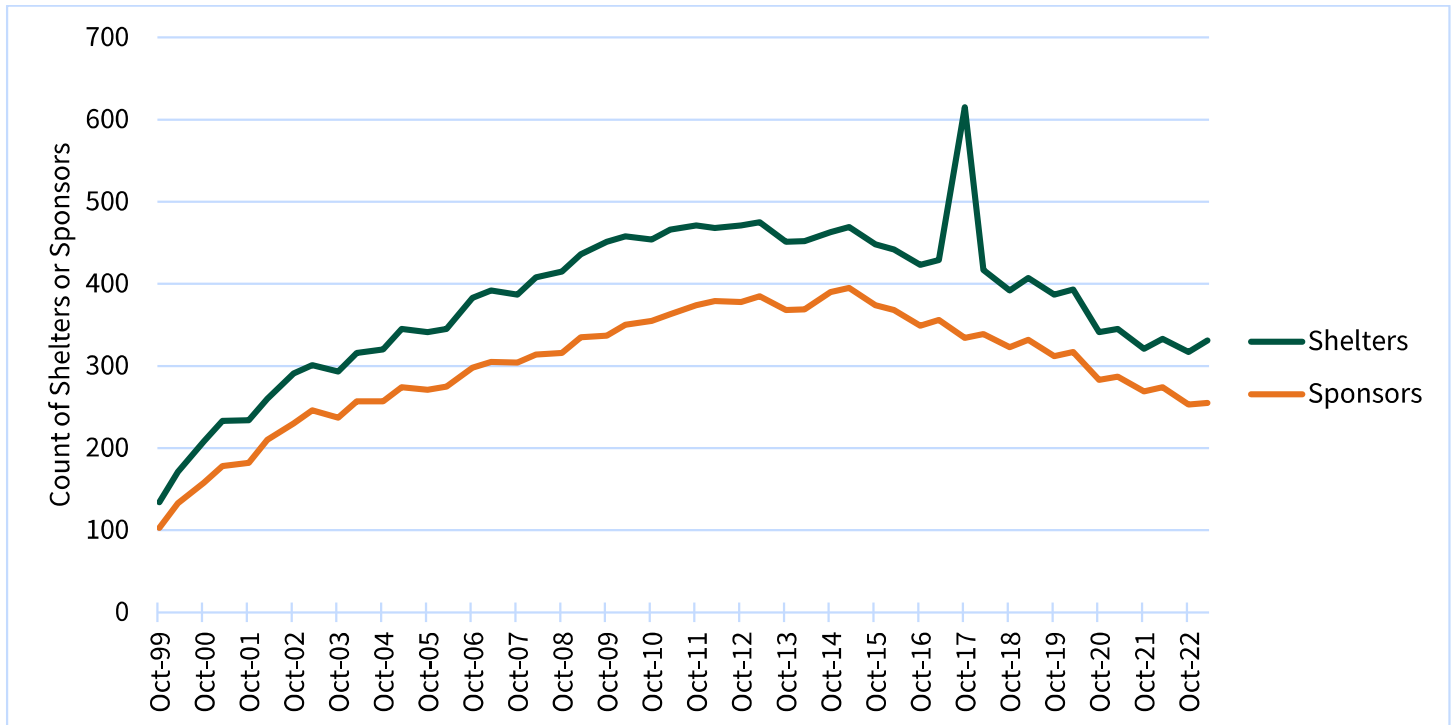
At the end of the 2023 CACFP Emergency Shelter Census, shelters were asked two open-ended questions. The first question asked why their organization chooses to participate in CACFP. Respondents interpreted the question in several ways, telling us more about their organizations and the people they serve, and highlighting the role that CACFP plays in their operations. We received 142 responses to this question; selections from this pool of responses are quoted throughout the report in conjunction with other findings.

The second open-ended question asked about the challenges shelters experience with participating in CACFP. The responses are summarized in the final section of this report.

Emergency shelter participation

Shelter and sponsor participation

Figure 1. Number of emergency shelters participating in CACFP since FY 2000ⁱ



ⁱ Source: Form FNS-44 submissions to the National Data Bank from October 1999 to March 2023, Boxes 11e and 12e

“[Our organization] has operated as an Emergency Shelter since 2013. CACFP helps us tremendously to be able to serve the homeless population.”

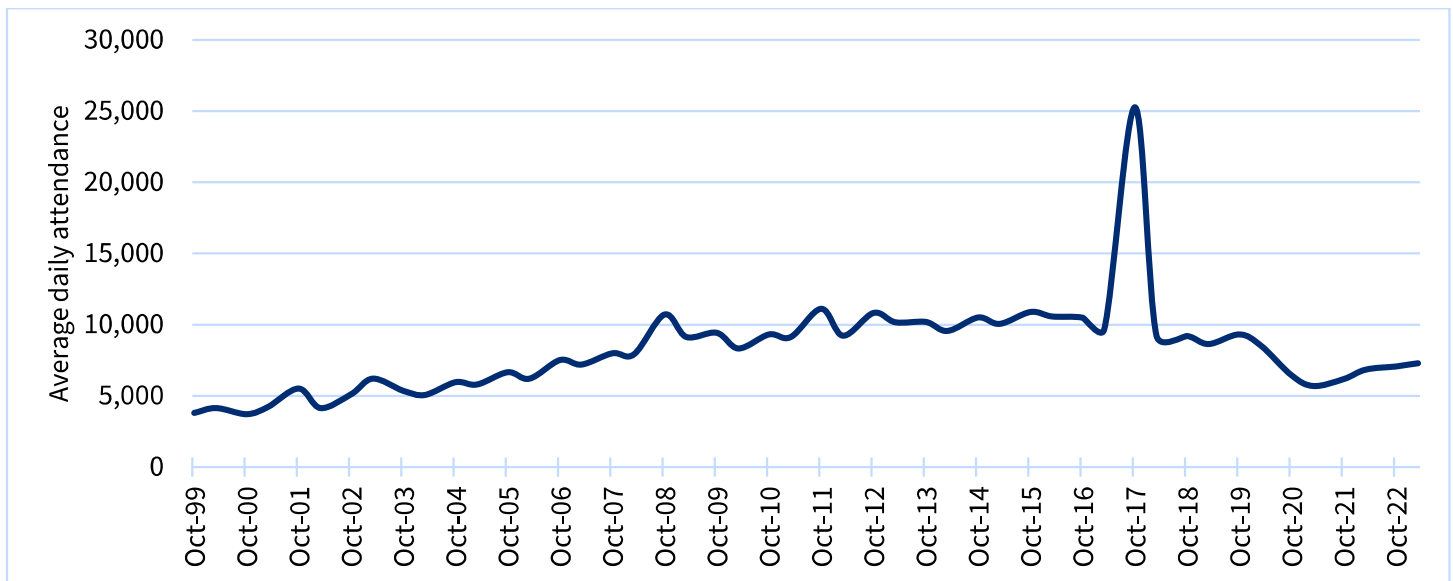
The number of shelters participating in CACFP grew from 139 to 436 between October 1999 and March 2009. After peaking at 475 shelters in March 2013, the number of participating shelters began to decline, with a sharper drop at the outset of the COVID-19 public health emergency in 2020. In March 2023, 331 shelters in 43 States operated CACFP. The vast majority of these were in metropolitan areas. Only five State agencies have never reported any participating shelters: Mississippi, Arkansas, Wyoming, Guam, and the U.S. Virgin Islands.⁵

⁵ Table A contains State-level information on CACFP sponsor, shelter, and average daily attendance data from the National Data Bank.

The number of sponsoring organizations grew in concert with the number of shelters, reaching a maximum of 395 in March 2015 and declining gradually thereafter. In March 2023, there were 224 sponsors of CACFP emergency shelters (see Figure 1). On average, CACFP sponsors of emergency shelters administer the program for 1.25 shelters, which is just over one third the average number of sites for all sponsors of CACFP childcare centers (3.09).

Number of participants

Figure 2. Average Daily Attendance at CACFP Emergency Shelters since FY 2000ⁱⁱ



ⁱⁱ Source: Form FNS-44 submissions to the National Data Bank from October 1999 to March 2023, Box 13e

Nationally, average daily attendance at CACFP-participating shelters grew from 3,798 participants per day in October 1999 to 9,144 participants per day in March 2009. Average daily attendance hovered around 10,000 participants per day between October 2009 and March 2019. Even as the number of shelters declined, average daily attendance remained stable until the COVID-19 public health emergency in 2020, when attendance declined. In March 2023, average daily attendance sat somewhat below pre-pandemic levels at 7,288 participants per day (see Figure 2).

Hurricane Harvey Response, October 2017

Figures 1 and 2 document a noticeable spike in the number of shelters and average daily attendance in October 2017. Temporary fluctuations in the number of emergency shelters and average daily attendance

are only picked up in national data if they occur in October and March of each year due to reporting requirements. The short-term increase seen in data reported to FNS in October 2017 coincides with the federal disaster declaration for flooding caused by Hurricane Harvey in the Greater Houston Metropolitan Area.

During a federal disaster declaration, States may temporarily designate appropriate facilities as emergency shelters that may claim meals through CACFP. An appropriate facility may include a school or another institution which, although it is not providing actual shelter to displaced families, is providing meals to displaced families who are being temporarily housed elsewhere. Existing CACFP providers, including childcare centers and at-risk afterschool programs, may also be designated as emergency shelters. Temporary designation as an emergency shelter allows childcare centers to claim meals for older children who are displaced by a disaster and to claim all meals served through CACFP at the free rate.⁶ This allows childcare centers and after school programs to contribute to disaster recovery.

The Texas Department of Agriculture (TDA) reported a total of 228 emergency shelters operating CACFP to FNS in October 2017. Of these, TDA's public data noted 211 of them as facilities that had been temporarily designated as emergency shelters for Hurricane Harvey response.⁷ These temporary emergency shelters were serving an estimated 15,277 participants per day, demonstrating the value of CACFP as part of the food assistance landscape during a disaster.

Emergency shelter populations

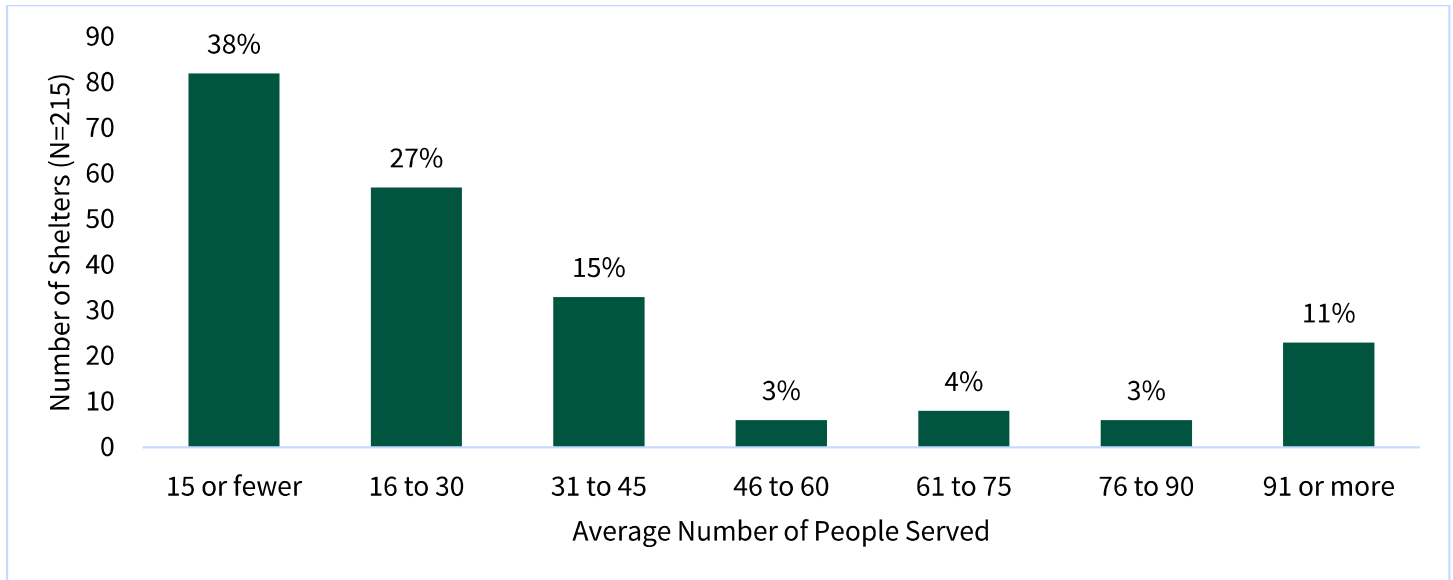
Shelter size

The size of the population served by CACFP shelters varies considerably; many serve a relatively small number of people, while a handful serve a large population. Many shelters reported serving fewer than 15 people on an average day, and 80 percent of shelters reported serving fewer than 45. However, 11 percent of shelters reported serving more than 90 people per day (see Figure 3).

⁶ USDA Food and Nutrition Service. (2014). *Disaster Response* (FNS Document No. SP 46-2014, CACFP 12-2014, SFSP 18-2014). <https://www.fns.usda.gov/cn/disaster-response>

⁷ Texas Open Data Portal (2021). *Child and Adult Care Food Programs (CACFP) – Emergency Shelters – Meal Reimbursement – Program Year 2017-2018*. https://data.texas.gov/dataset/Child-and-Adult-Care-Food-Programs-CACFP-Emergency/w5fv-5rxd/about_data

Figure 3. Distribution of average number of people served at CACFP emergency shelters in FY 2023ⁱⁱⁱ



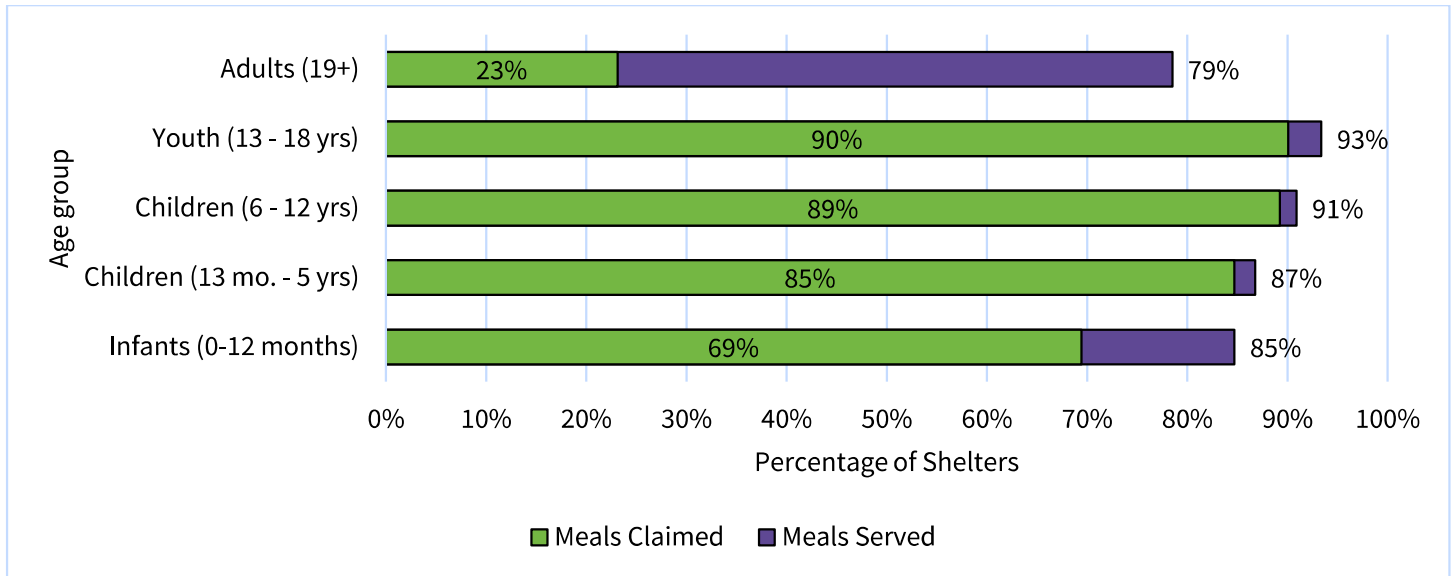
ⁱⁱⁱ Source: 2023 CACFP Emergency Shelters Census, Q3; N=215 (27 missing)

Age groups served

In the survey, most shelters reported serving a variety of age groups and that about half the people they serve include adults whose meals may not qualify for reimbursement (See Figure 4). One fifth of shelters (21 percent) reported that they only serve one or more age groups of children (e.g., children 6 to 12 years only). About one in four shelters reported claiming CACFP meals for adults with disabilities.

“We participate [in CACFP] because we want to ensure that families, specifically children get appropriate meals that promote well balanced meals. These children have experienced trauma, and CACFP is providing support to children in need.”

Figure 4. Percentage of CACFP emergency shelters that served and claimed meals for specific age groups in FY 2023^{iv}



^{iv} Source: 2023 CACFP Emergency Shelter Census, Q2B and Q2C; N = 242, respondents could select multiple responses. Adults (19+) served applies to shelters that selected one or more sub-groups of adults in Q2B. Not pictured: “Don’t Know” responses to Q2B (1 response) and Q2C (3 responses).

Special populations

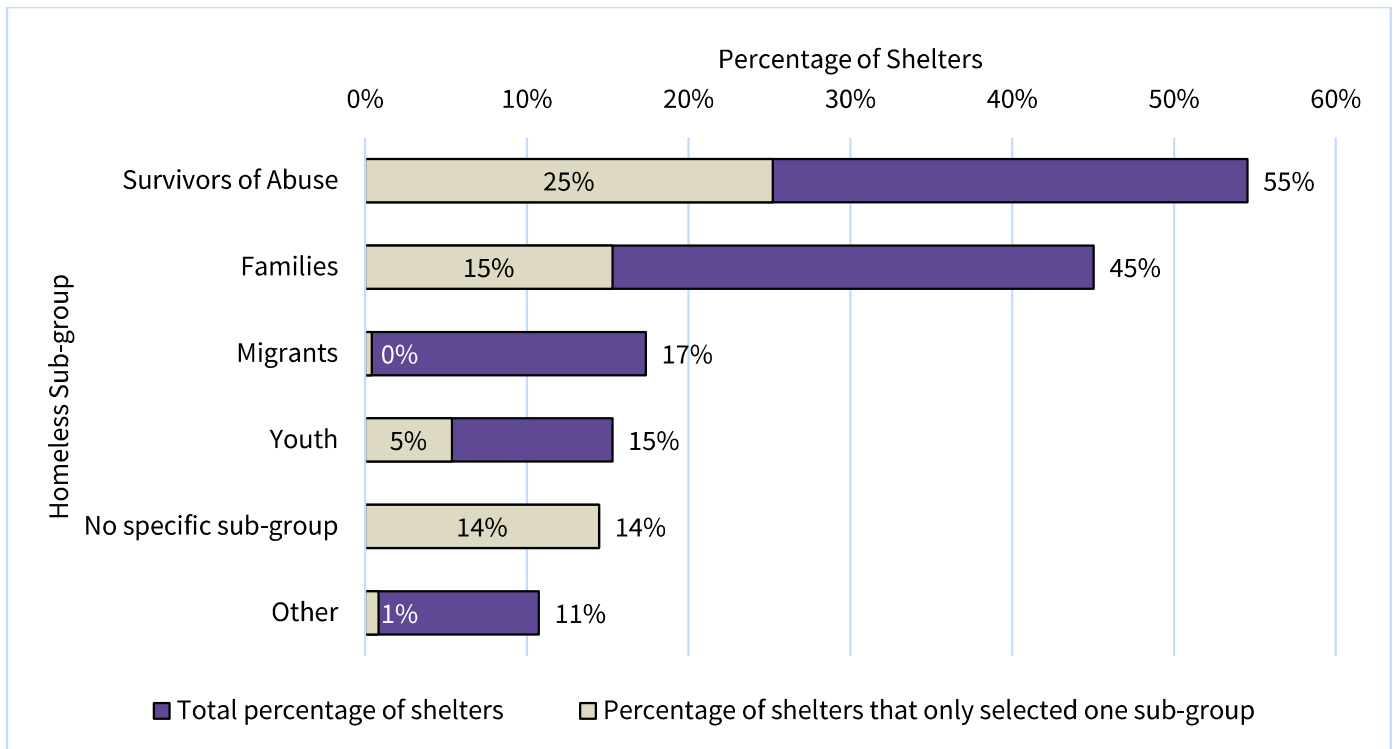
Shelters were also asked if they specialized in serving specific sub-groups of the homeless population, including families, runaways or unaccompanied minors, migrants, and domestic abuse survivors.

During analysis, the “domestic abuse survivors” category was expanded and renamed “survivors of abuse” to include victims of human trafficking and sexual violence, which respondents frequently added as “other” groups of specialization. The “runaways or unaccompanied minors” category was similarly expanded and renamed “youth” to include youth in the foster care system.⁸ The remaining “other” special populations identified in Figure 5 include LGBTQ+ populations, veterans, and families or individuals referred to the shelter by a public housing agency.

“We run a 24/7 emergency shelter for victims [of domestic violence, sexual assault, and human trafficking] and their children. We provide all their meals for their safety. We could not do so without [CACFP].”

⁸ Organizations that care for children transitioning into the foster care system or from one foster home to another are eligible to claim reimbursable meals through CACFP. Foster homes are not considered temporary shelter, and therefore cannot participate in CACFP.

Figure 5. Percentage of CACFP emergency shelters that specialized in homeless sub-groups in FY 2023^v



^v Source: 2023 CACFP Emergency Shelter Census, Q4; N = 242, respondents could select multiple responses. Not pictured: 3 “Don’t Know” responses (1 percent)

“Youth that come to us often have nothing and being able to provide food and shelter goes a long way with letting them know that someone does actually care for them and their wellbeing.”

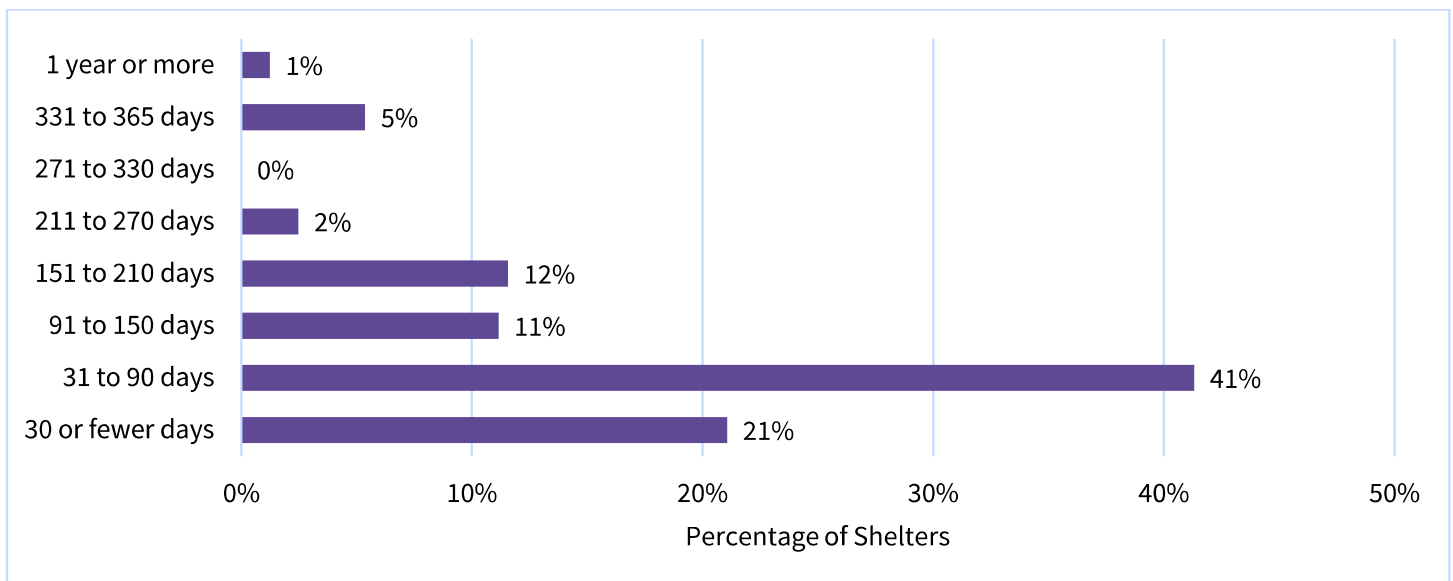
Almost half of shelters (48 percent) indicated that they serve one special population, while almost a third (30 percent) indicated two or three special populations. An additional 23 percent selected either no category or every category (including “other”), suggesting their mission does not involve serving any specific group. Just over half of all shelters (55 percent) reported serving survivors of abuse, while 45 percent reported serving families (see Figure 5).

When asked if their served populations were gender-restricted, most shelters (88 percent) did not report any gender restrictions. Among those that did, a significant majority reported serving only women.

Length of stay

Shelters were asked about the average length of stay for people at their facilities (see Figure 6). Almost two-thirds of shelters indicated that residents stayed at their facilities for fewer than 90 days on average. A small number of shelters indicated an average stay length greater than one year. The average length of stay at CACFP emergency shelters was about 106 days, with a median of 90 days. Shelters that selected migrants as a special population tended to have the longest average length of stay (162 days), followed by shelters that selected families (135 days).

Figure 6. Average length of stay reported by CACFP emergency shelters in FY 2023^{vi}



^{vi} Source: 2023 CACFP Emergency Shelter Census, Q5; N=242. Not pictured: 14 “Don’t Know” responses (6 percent)

103 shelters (43 percent) indicated that there is a limit on the number of days that a resident may reside at the shelter. Of the shelters with a limit, 53 had limits between 31 and 90 days, 17 had a limit of 30 days or less, and nine had a limit of more than one year. The average limit was 145 days, while the median was 90 days.

Shelters were asked about chronic homelessness among their residents. The Department of Housing and Urban Development definition of chronic homelessness includes individuals or heads of household who have been homeless and living in an emergency shelter for at least twelve months in the last three years.⁹

⁹ 24 CFR § 578.3

One quarter (26 percent) of shelters were unsure about the rate of chronic homelessness at their shelters. Just over one quarter (27 percent) of shelters reported that less than 20 percent of their population was chronically homeless. Almost one fifth (17 percent) of shelters reported that more than 80 percent of their population was chronically homeless. The average rate of chronic homelessness reported by shelters was 46 percent and the median was 45 percent.

Emergency shelter operations

In the survey, shelters were asked whether certain statements applied to them. A majority of shelters (58 percent) indicated that their shelter uses a Homeless Management Information System (HMIS), which facilitates data collection and monitoring for federal reporting. A little more than a quarter (28 percent) indicated that they were affiliated with a national non-profit organization, such as Catholic Charities, the Salvation Army, or the YMCA, and about 14 percent said they had a faith-based mission.

Nearly all shelters (92 percent) that participate in CACFP indicated they operate every day of the year, including weekends and holidays. Five percent of shelters indicated that they are only open on weekdays.

Meal Services

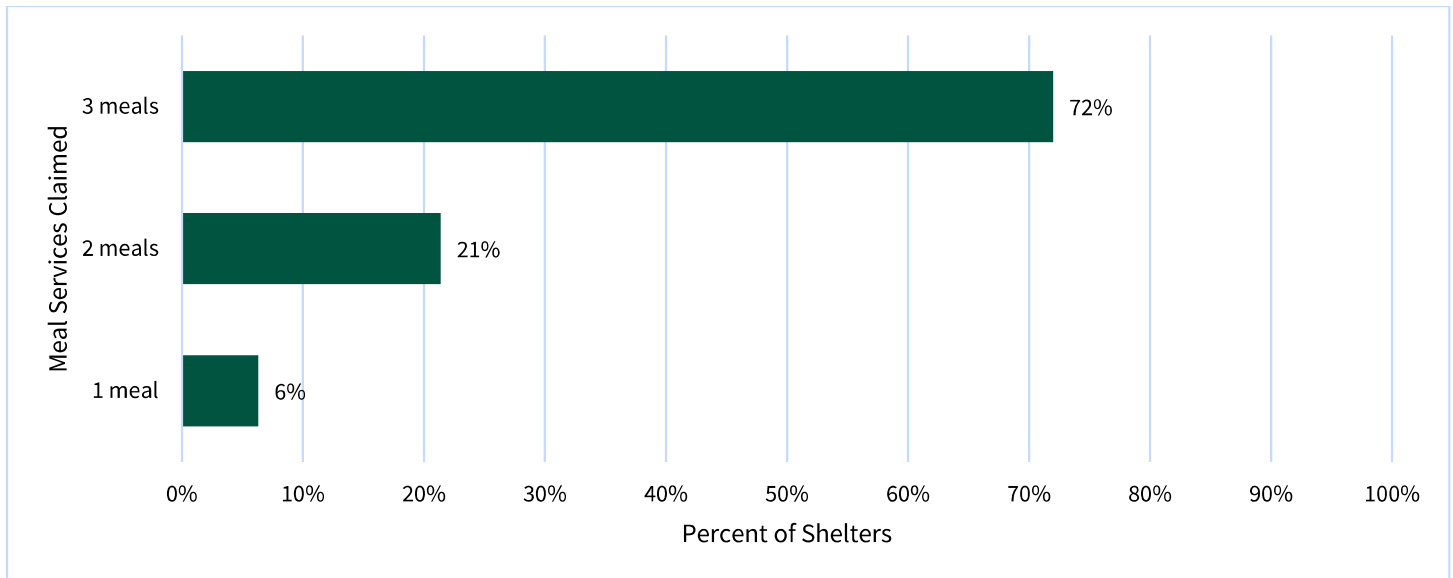
In the qualitative sections of the survey, 44 percent of those who described their reasons for participating in CACFP cited that the program enabled their organizations to provide meal service. Most of these respondents also mentioned that the nutritional value of the meals was important to them. Thirteen respondents (9 percent) emphasized the educational role of annual CACFP training and guidelines for staff.

“Our organization recognizes the benefit of the CACFP program for our residents and staff members. CACFP has constantly provided us with both structure and guidelines in order to provide healthy meal options to our residents. It also serves as continued education/training on how we should handle, store, and prepare food for those in our emergency shelter.”

Shelters can claim up to three meals or a combination of two meals and one snack per participant per day for reimbursement through CACFP. In monthly administrative data for FY 2022, 72 percent of shelters claimed three meals per day, while 21 percent claimed two meals (See Figure 7). Just under half of shelters claimed a snack, but only one shelter claimed only snacks. About a quarter of shelters claimed three meal services and a snack each month. Shelters cannot claim three meals and one snack for the same participant in the same day, but shelters may vary their meal service offerings from day to day, or a shelter may have

some participants that receive three meals while others receive a two meals and one snack.¹⁰ Additionally, meals that are served outside of mealtimes designated by State CACFP agencies may be claimed as snacks.

Figure 7. Number of meal services claimed by CACFP emergency shelters in FY 2022^{vii}



^{vii} Source: SMO Study, Year 2, FNS-44 data; N = 332. Figure does not describe combinations of meals and does not describe snack services.

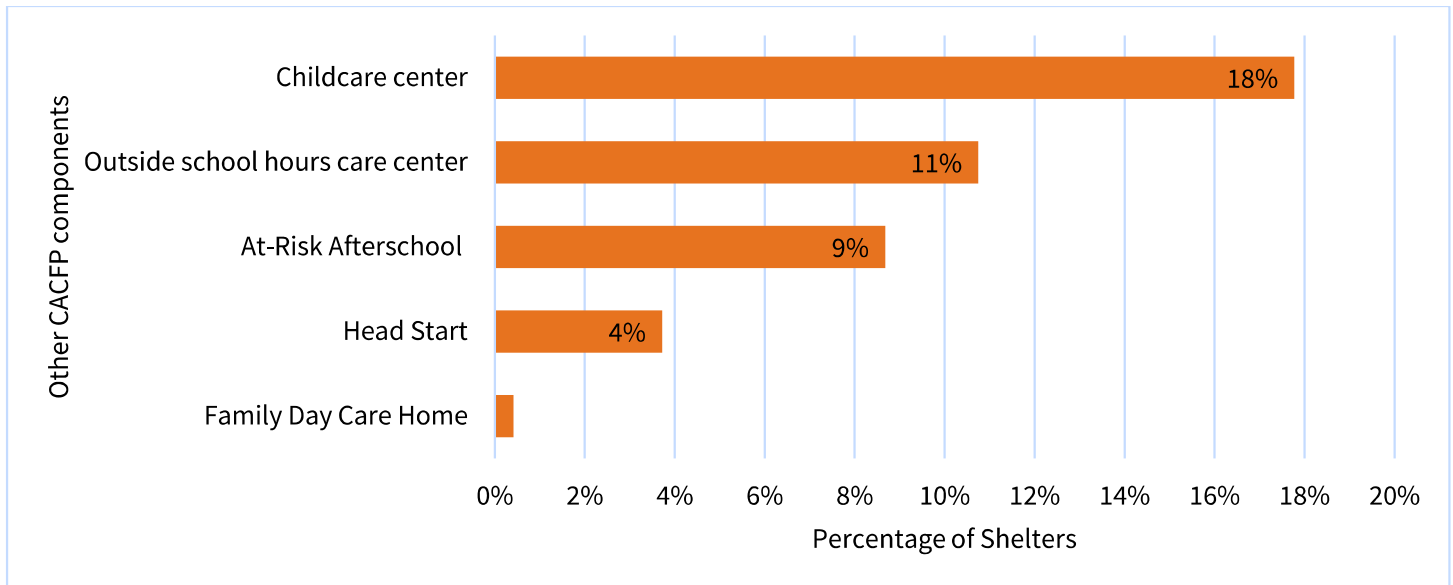
As previously discussed, about half of the population served by shelters are adults whose meals may not be eligible for reimbursement. Just over a quarter of shelters (28 percent) indicated that they provide meals to non-residents for which they cannot claim reimbursement. Nearly all shelters (94 percent) operate meal services at the same location where residents are housed.

Some shelters choose to operate CACFP as both an emergency shelter and another type of provider, under which they may serve overlapping or distinct populations and claim meals separately under the program rules governing those types of CACFP sites. Most emergency shelters (74 percent) do not participate in any other CACFP components. Of those shelters that did participate in another CACFP component, the majority operated multiple types of programs in addition to their emergency shelter component. The most common types of other providers, in order, were childcare centers, outside school hours care centers, and CACFP at-

¹⁰ Though this data point is during the COVID-19 public health emergency, a majority (80 percent) of shelters indicated in the survey that their meal services did not change during the pandemic.

risk afterschool programs. A handful of emergency shelters indicated they also operate Head Start centers or family daycare homes (see Figure 8).

Figure 8. Percentage of CACFP emergency shelters that participated in other CACFP components in FY 2023^{viii}



^{viii} Source: 2023 CACFP Emergency Shelter Census, Q13 and Q14; N = 242, respondents could select multiple responses. Figure does not show 180 shelters (74 percent) that did not participate in additional components of CACFP in FY 2023.

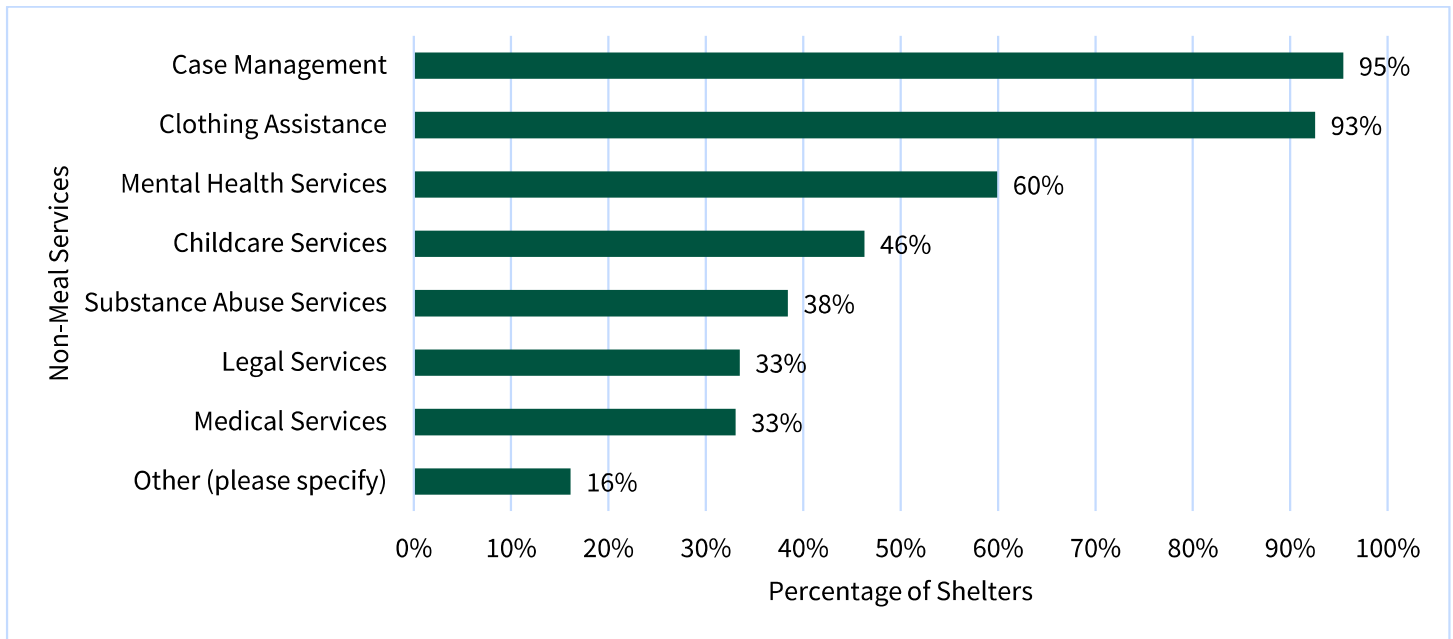
Non-Meal Services

“Working with CACFP furthers our mission and continuum of care for the community in providing a plethora of services including three hot meals, daily to survivors of domestic violence and their families.”

Shelters were asked to select from a list of additional services provided by their organization, including clothing assistance, case management, mental health services, substance abuse services, medical services, childcare services, and legal services.¹¹ During analysis, three more types of services were identified through common write-in responses: transportation, education or job training, and administrative support. Another addition, often paired with clothing assistance, was access to public showers, restrooms, and hygiene products.

¹¹ Legal services were defined for respondents as “Included but not limited to providing residents with a legal advocate, legal consultations or referrals to consultations.”

Figure 9. Percentage of CACFP emergency shelters offering non-meal services in FY 2023^{ix}



^{ix} Source: 2023 CACFP Emergency Shelter Census, Q12; N = 242, respondents could select multiple responses.

Ten percent of respondents indicated they provided all listed services. Two-thirds provided a combination of at least three of the services listed. The most popular combination of services includes clothing assistance, case management, and mental health services (58 percent).

Funding

“We are [a] homeless shelter with limited resources and CACFP funds help offset some meal costs that would otherwise need to be covered by additional fundraising from individual donors.”

In the qualitative sections of the survey, 59 percent of those who described their reasons for participating in CACFP cited that it was an important funding stream for their organization.

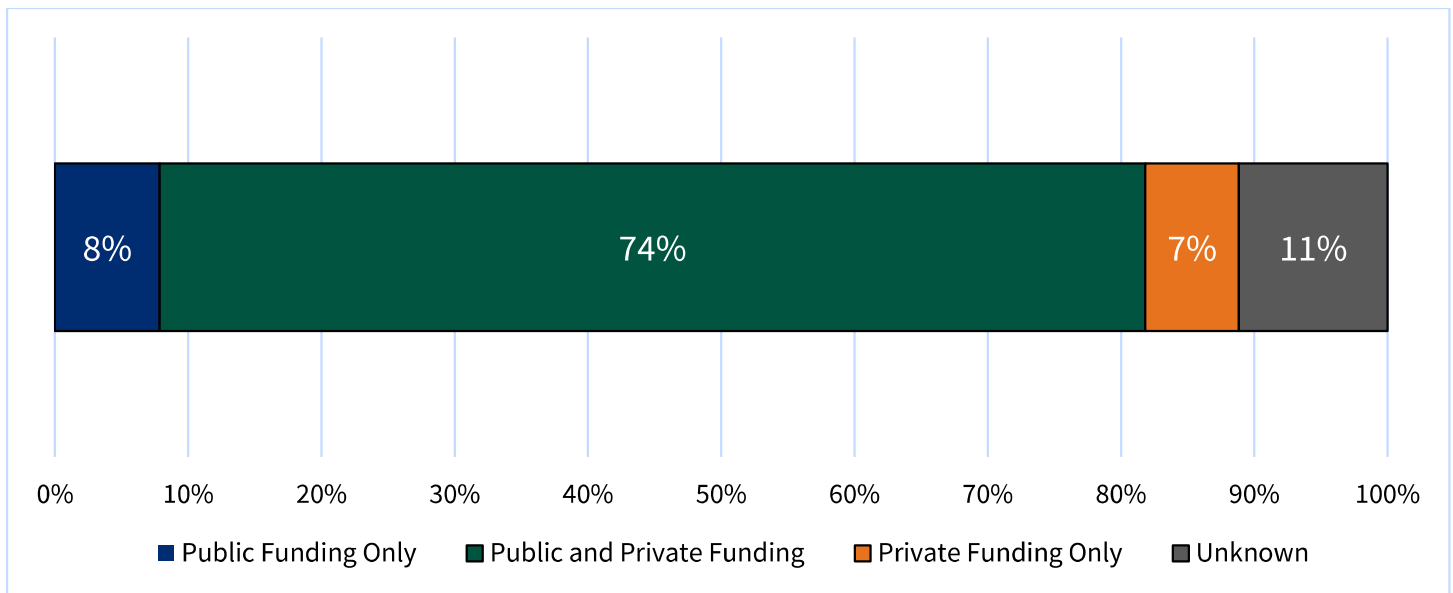
Shelters were asked if they receive funding from public sources (local, state, or federal programs or grants), private sources (grants, donations or fundraising), or paid meals or fees. A small number of respondents (11 percent) indicated that they did not receive funding from any of the listed sources or did not know their

funding sources. Most shelters (74 percent) reported receiving a combination of public and private funding; only 15 percent reported receiving only public or only private funding (See Figure 10).

“We chose to participate because of the cost to deliver emergency shelter services. Our county payments for shelter only covers 73% of our cost of business. Without CACFP, I have no words. It is a lifeline for us.”

About half of shelters (51 percent) received a combination of public funding from federal, state, and local government. Donations were the most common single source of funding across all shelters (74 percent).

Figure 10. Sources of funding of CACFP emergency shelters in FY 2023*



* Source: 2023 CACFP Emergency Shelter Census, Q17; N = 242. Public sources include state, local, or federal programs and grants. Private sources include grants, donations or fundraising, and paid meals/fees.

Impact of the COVID-19 public health emergency on CACFP emergency shelters

While States are only required to report on shelter participation twice per year, monthly data were available for most States through the SMO Study.¹² From March 2020 to September 2022, CACFP emergency shelters in participating States claimed a total 234,000 meals per month on average. The number of meals served at CACFP shelters declined from 288,782 in March 2020 to a low of 182,364 meals in April 2021, then gradually increased to pre-pandemic levels in summer 2022.

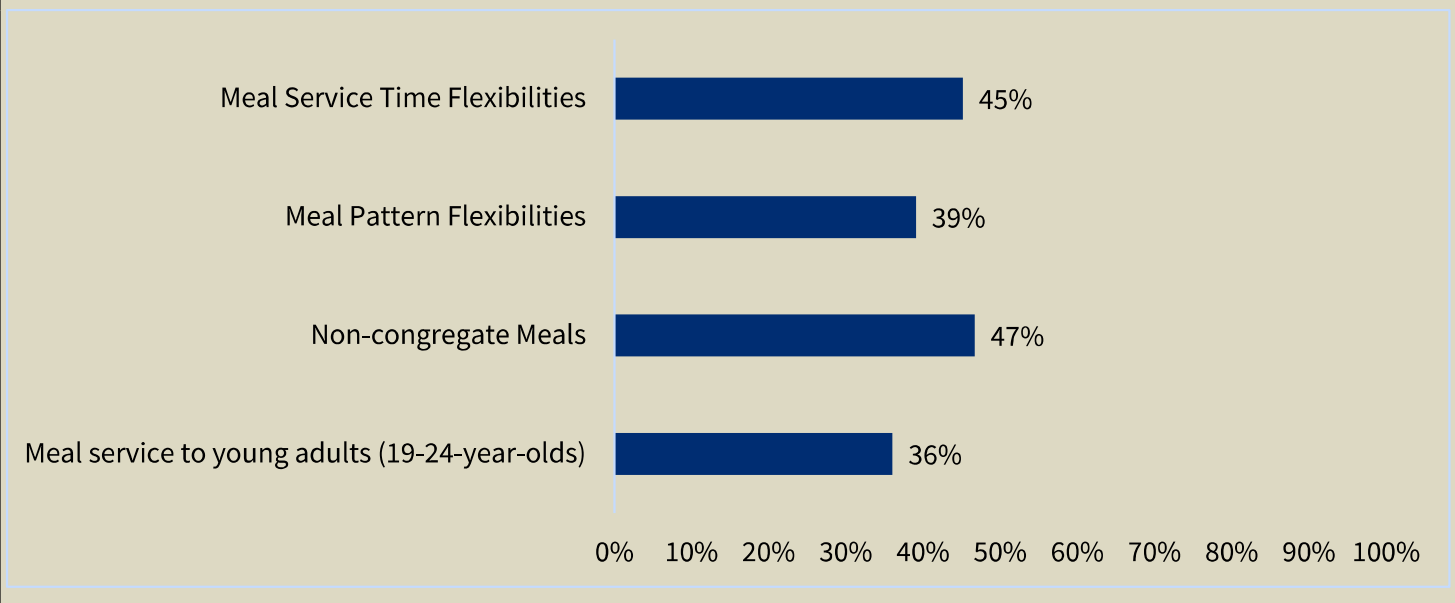
¹² This data set does not include California and Rhode Island. See “SMO Data” in Appendix B.

FNS issued waivers and guidance to support public safety under its emergency authority during the COVID-19 public health emergency. A series of waivers made available three temporary meal service flexibilities to CACFP providers, and a fourth specific to emergency shelters:

- (1) Non-congregate meal service allowed program providers to provide meals to participants without requiring them to eat together in the same place.
- (2) Meal service time flexibilities allowed providers to schedule meals for times that best fit their operational needs.
- (3) Meal pattern flexibilities temporarily waived specific meal pattern requirements due to supply chain shortages.
- (4) In April 2021, the age limit of eligible CACFP meal recipients at emergency shelters was temporarily raised from age 18 to age 24.¹³

Eighty-one percent of shelters that responded to the 2023 Emergency Shelter Census participated in CACFP prior to FY 2023 and could have used the flexibilities described above. Most of them (68 percent) implemented at least one of these practices during the COVID-19 pandemic, while 32 percent did not use any of them. Less than half of respondents reported using each of these flexibilities (see Figure 11). In total, 14 percent reported using all four flexibilities.

Figure 11. Practices used by CACFP emergency shelters during the COVID-19 public health emergency¹⁴



¹³ USDA Food and Nutrition Service. (2021). *Reimbursement for Meals and Snacks Served to Young Adults in the Child and Adult Care Food Program: Implementation Guidance for State Agencies*. (CACFP 08-2021).

¹⁴ Source: 2023 CACFP Emergency Shelter Census, Q11A; N=197, respondents could select multiple responses.

Challenges with CACFP

Eighty-three respondents (34 percent) did not respond to our question about challenges related to CACFP, and seventy respondents (29 percent) responded with “None” or “No challenges.” Eighty-nine respondents (37 percent) provided more information about challenges they faced using CACFP. The details of their experiences demonstrate how emergency shelters are unique from other CACFP providers. Challenges coalesced around three themes: administrative burden, meal pattern requirements, and training.

When respondents described their interactions with CACFP – both their reasons for participating and their challenges with the program – they referenced general CACFP experiences, as well as experiences that were specific to their CACFP State agencies (e.g. State data systems, annual training materials, etc.).

“Emergency Shelters are held to Day Care Center meal program standards and not its own set of standards created from a 40+ year history of trauma informed, domestic violence shelter program standards.”

Respondents’ perceived challenges with State CACFP agencies frequently revolved around emergency shelters’ frustration with communications, guidelines, and procedures that are tailored to the operations of childcare centers. Some respondents emphasized that CACFP State program specialists’ understanding of the needs of emergency shelters (vs childcare centers) was an important part of overcoming challenges – many of the respondents who indicated “None” or “no major challenges” also alluded to a positive working relationship with their CACFP State agency. Other respondents expressed that State agency program specialists did not seem familiar with the unique operations of emergency shelters, which respondents perceived as complicating the ability to conduct monitoring visits or overcome challenges with the program.

There were also several shelters that reported challenges with the program that run counter to FNS guidance, such as requiring a doctor’s note for milk substitutions, being unable to integrate food donations, and no longer allowing reimbursement for qualifying meals served to adults 19 and older with disabilities. These responses suggest the need for additional guidance on these topics.

Administrative Burden

Administrative burden, including recordkeeping and annual program application requirements, was cited as a challenge by 31 emergency shelters (35 percent of those who responded to this part of the survey and

13 percent of all shelters), with four shelters indicating that they stopped participating in CACFP during FY 2023 due to administrative burden.

The variety of ages that can be served reimbursable meals at emergency shelters presented an administrative challenge for shelters. Three shelters indicated that they developed their own internal systems for tracking ages and meal pattern requirements, but others served snacks instead of meals (1 shelter), stopped serving infants (1 shelter), or expressed frustration with the limitations on serving adults over age 18 (5 shelters).

“record keeping is very hard for an emergency shelter when you are serving folks who do not qualify for reimbursement.”

Recordkeeping is further complicated by a transient population. Shelters cited frequent changes in meal service attendance and difficulties documenting dietary accommodations due to residents’ transient status. The annual program application or renewal process varies by State, but several shelters cited that the process could be streamlined or that elements of the application process (i.e., budget line items) were not suited to emergency shelters.

Another administrative element mentioned by a few shelters was data privacy. Shelters that serve high-risk populations, such as survivors of abuse, may be reluctant to share certain information that is requested by State agencies for CACFP monitoring visits. Compliance with these policies may place additional administrative burden on shelters.

“[...] all of our records must be redacted prior to CACFP reviews.”

Meal Pattern Requirements

Thirty-six respondents (40 percent; 15 percent of all shelters) reported challenges with CACFP meal pattern requirements. Shelters cited challenges with the palatability of meals among children who are used to foods that are not allowed under the existing meal patterns and with food waste, especially milk. Respondents also called for more allowable food substitutions and meal pattern options to accommodate cultural food preferences.

“No issues with the program overall. However, with many different cultures being served, not all residents like to follow the strict nutrition guidelines set by CACFP. We can only claim what fits in the CACFP box, even if a resident refuses to eat what we have to follow. We still have to feed each resident, it is just an expense that we cannot claim. I understand the importance of the guidelines, but many cultures/people we serve do not like to follow them.”

Emergency shelters also contend with their residents’ experiences of homelessness and abuse, which can impact shelters’ ability to meet the meal pattern. Multiple respondents highlighted that controlling food consumption (both mealtime and food items) is a tactic used by abusers in domestic violence situations. Shelters also highlighted the importance of allowing their residents to make choices as a way of recovering from the psychological impacts of homelessness, even in the absence of experiences of abuse.

Emergency shelters that serve families also face unique challenges implementing the meal pattern during family-centered meal services. In addition to the administrative challenge of serving multiple meal patterns based on the age of children in a family, emergency shelters are the only CACFP providers that interact directly with parents or guardians *during* a meal service.

“Often times we received input from parents they would prefer to make their children's plates and they didn't always want to make them take all the components of the meal knowing their child didn't like it. Some said it felt wasteful, others (especially individuals who fled very controlling parenting households) felt their role was being undermined in the food choices of the kids.”

Shelters that serve families were also challenged by the availability of outside meal options. Several respondents noted that parents can take their children to eat elsewhere, forgoing a free CACFP meal out of a desire to accommodate their children’s food preferences. Most respondents that described these situations also expressed the opinion that the outside meal options were of poor nutritional quality.

Training

Respondents’ recommendations and perceptions of CACFP training and support resources were highly dependent on existing resources in their State. Training resources were appreciated and even celebrated by some respondents. Twenty-two respondents (25 percent; 9 percent of all shelters) had suggestions for how to improve training resources for emergency shelters. Nine shelters described high staff turnover at their shelters as a challenge to maintaining required CACFP staff training, suggesting that it would be better to

have training content available and accessible to providers throughout the year. One shelter suggested making CACFP training resources available in multiple languages, and another suggested an in-person training specifically for emergency shelters.

Popular training topics included nutrition label reading, food purchasing and meal planning, and using each States' reporting tools. Other topics that respondents expressed confusion over included allowable meal pattern substitutions, program application and renewal processes, and whether/when a shelter can claim meals for adults with disabilities.

“As a CACFP participant, we would love more updates and communication on changes involving the program. The information does not seem current or readily available for those who are doing our recordkeeping and reporting, so there are frustrations and challenges in those areas.”

Conclusions

Most shelters that responded to the survey had positive perceptions of CACFP. The emergency shelter component of CACFP is a vital funding stream for many respondents, while CACFP training and guidance supports meal service operations and contributes to respondents' mission to meet their residents' nutritional needs. While 29 percent of shelters indicated they had no challenges with CACFP, just over one-third (37 percent) of respondents provided insights into the challenges they are facing. Ultimately, this evaluation found that the unique characteristics that distinguish emergency shelters from other CACFP providers also present unique challenges to CACFP participation—challenges which may be mitigated by State administering agencies, which are tasked with supporting and monitoring all CACFP providers. .

CACFP emergency shelters are a diverse group of facilities that provide healthy meals and a range of other supportive services to homeless children and disabled adults in shelters whose length of stay can range from a single day to well over a year. Most emergency shelters serve a population of mixed-age transient residents for 24 hours per day, 365 days per year. This same diversity contributes to increased administrative burden and meal pattern challenges as shelters must meet the meal pattern for multiple age groups and plan meal services for a roster of children and disabled adults that changes frequently.

Additionally, many shelters face challenges implementing CACFP requirements in meal service environments that are family-centered and trauma-informed to meet the needs of their residents. Finally, existing CACFP training materials, guidelines, meal patterns, and regulations were primarily developed for

CACFP institutions and facilities that serve more consistent groups of non-resident children and adults and may not fully account for the unique needs of emergency shelters.

The insights gained from this study can be used to inform policy, technical assistance, training, and research initiatives moving forward, with a goal to reduce the unique challenges expressed by respondents. For example, this information could be used to consider how the development of materials specific to emergency shelters could potentially increase the recruitment and retention of emergency shelters to CACFP by: increasing the public visibility of CACFP and its emergency shelter component; helping shelters assess whether they are eligible for the program; helping shelters with training; and supporting State agency personnel in training and monitoring efforts.