



REFLECTIONS ON THE CHILD AND ADULT CARE FOOD PROGRAM

from the MN Farm to Early Care CSA Hmong Provider Cohort

Key Takeaways

- Providers appreciate that CACFP reimbursement reduces financial stress and allows them to incorporate local foods into their menus more easily.
- Providers report that the amount of paperwork required for program participation is excessive and burdensome.
- Program requirements are too rigorous and inflexible, which is a barrier to participation.
- CACFP standards should include more culturally diverse recipes and produce, including Hmong dishes.

Background

Building on a long-standing partnership and a bedrock vision of a truly community-based food system, from 2020-23 the Hmong American Farmers Association (HAFA) and the Institute for Agriculture and Trade Policy (IATP) have supported a new Farm to in-home Early Care initiative on the east side of St. Paul. So far, the project has worked with 16 Hmong licensed in-home early care providers and the 82 children they care for to connect them with a weekly CSA box of fresh healthy vegetables from HAFA's farm, in addition

to providing resources to support providers' long-term ability to maintain Farm to Early Care activities and lay the groundwork for a scalable model.

To boost the long-term resources that providers have for purchasing meals, we share information with providers in our cohort about the federal Child and Adult Care Food Program (CACFP, also known as "the Food Program") and the four Minnesota sponsoring organizations that act as intermediaries administering the program to in-home early care providers. This document presents highlights of in-home early care providers' feedback on the benefits of enrollment, recommendations on how CACFP could work best for them and suggestions for improvement to the program. The feedback was collected through a formal evaluation process, including virtual group reflection conversations and in-person individual key informant interviews, conducted in a combination of English and Hmong languages.

Three of the 16 providers in our cohort are currently enrolled in CACFP (two enrolled for the first time during the term of our partnership), several others have previously been but are not currently enrolled and some have not had experience participating in the program yet. All the providers in our cohort prepare their own meals on-site with a significant amount of scratch cooking, including preparing meals using the local ingredients from HAFA's farm, with a few providers serving a limited number of premade items, such as chicken nuggets. Providers in our cohort serve a mix of traditional Hmong dishes and dishes from other cultural traditions, with most reporting



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they serve half to mostly Hmong foods. Children in our providers' care come from diverse cultural backgrounds; one provider only has Hmong children at her day care currently, while most care for both Hmong children and children from other cultural and ethnic backgrounds. Experience in providing childcare ranges from only a few years to over 20 years of experience for cohort members. All the providers in our cohort are bilingual (several also speak additional languages), and we conduct primary communication with them in either English or Hmong depending on their preference.

Child and Adult Care Food Program
Child Meal Pattern
 DEPARTMENT OF EDUCATION

Breakfast	Minimum Portion Size		
	Ages 1-2	Ages 3-5	Ages 6-12 and 13-18 ^{1,2}
Serve all three components for a reimbursable meal.			
Milk³	4 fluid oz	6 fluid oz	8 fluid oz
Vegetables, fruits or portions of both⁴	1/4 cup	1/2 cup	1/2 cup
Grains^{5,6}			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal ⁷ , cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup
• Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁸ :			
• Flakes or rounds	1/2 cup	1/2 cup	1 cup
• Puffed cereal	3/4 cup	3/4 cup	1 1/4 cup
• Granola	1/8 cup	1/8 cup	1/4 cup
Lunch and Supper			
Serve all five components for a reimbursable meal.			
Milk³	4 fluid oz	6 fluid oz	8 fluid oz
Meat/meat alternate			
• Lean meat, poultry or fish	1 oz	1 1/2 oz	2 oz
• Tofu, soy product or alternate protein product	1/4 cup	3/8 cup	1/2 cup
• Cheese	1 oz	1 1/2 oz	2 oz
• Cottage cheese	2 oz or 1/4 cup	3 oz or 3/8 cup	4 oz or 1/2 cup
• Large egg	1/2	3/4	1
• Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
• Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
• Yogurt, regular or soy, plain or flavored, sweetened or unsweetened ⁹	4 oz or 1/2 cup	6 oz or 3/4 cup	8 oz or 1 cup
• Peanuts, soy nuts, tree nuts or seeds ⁹	1/2 oz = 50%	3/4 oz = 50%	1 oz = 50%
Vegetables or 100% vegetable juice⁴	1/8 cup	1/4 cup	1/2 cup
Fruits or 100% fruit juice^{4,10}	1/8 cup	1/4 cup	1/4 cup
Grains⁵			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal ⁷ , cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup

Providers participating in the CACFP can be reimbursed for each meal they serve that meets the proper Meal Pattern Requirements for preschool-aged children. Our provider cohort would like to see more Hmong foods explicitly included in the CACFP resource, example and training materials.

Provider insights on the benefits of enrollment in CACFP

- “The reimbursement helps a lot with cost of food” and can help providers’ bottom line. To colleagues considering enrollment, one provider shared: “My number one thing would be, look at the reimbursement. How much that’s going to help you, how much that’s going to help your program. Of course, we want to be able to provide good food for the kids, and here this money is coming outside of our pocket. If you have eight kids, you get like \$700 a month — so if I spend \$150 per week, I get reimbursed... what I spend.”
- Previously, providers reported that the cost of local products can be a barrier, and they want to pay local farmers a fair price for their produce. CACFP reimbursement helps providers who want to serve healthy meals and purchase local.
- “The sponsoring organization staff are really helpful in understanding the requirements of the food program.”
- “The education side from the sponsoring organizations is really helpful.”
- A provider also mentioned how helpful the CACFP menu is to track what she has served to children: “I used to spend way more time inputting information — now as soon as the last kid is served their final snack on Friday, I can enter it quickly.”

Provider insights on CACFP challenges: Tracking & Reporting, Technology & Language

- “Paperwork can be a challenge,” since they are already required to complete other paperwork.
- “When you are a provider, you have many roles. Finding extra time is a challenge (even 5-10 minutes).”
- “The program is too onerous; it takes a lot of my time especially after a long day with the children and operating solely.”
- “CACFP is great as it provides reimbursement, however, sometime the reimbursement does not justify the amount of work invested.”



- “I am not familiar with technology, and it’s hard to navigate.”
- Some providers were not aware that there is an online portal where they can enter their meals daily rather than creating a weekly meal plan in advance to submit later.
- “I found the program easy to navigate, yet it would be challenging for someone who does not read and write English fluently.”

Provider insights on CACFP challenges: Regulatory Approach, Inflexibility, Need for Culturally Appropriate Items

- A major theme from multiple providers was difficulty in keeping up with program requirements, which can feel too rigorous.
 - “I was cited because I provided lunch to a child for snack and not during the regular meal plan.
 - “A child came late and missed snack, but I only noted that the child attended and was cited because the parent was randomly called to inquire if the child attended that day, which they did but arrived after lunch.”

- Providers shared a feeling of being micromanaged and fear of “getting in trouble,” with the need to adhere to the meal plan when random site visits occur.
- One provider who had been enrolled previously but is no longer participating shared: “The food program was too stressful and strict, and the audit was too much in the past.”
- Providers felt that the program does not include Hmong dishes or recipes.
 - “I tried CACFP before, but it did not work for me due to requirements. The kids did not like the food that was required of them to eat, they would refuse to eat it and starve instead and go home hungry. It wasted a lot of my money because kids wouldn’t eat and then I wouldn’t get reimbursed. If CACFP is willing to accommodate to Hmong dishes then I would definitely give it another shot.”
 - CACFP online entry is not user friendly because it does not include cultural produce and consumes providers’ time to identify a similar produce.
- Meal plans are hard to create in advance when dealing with fresh produce, and the produce may not be available or the shelf life is limited.

Provider recommendations on how to address challenges for Hmong providers

- Processes should be updated to be streamlined and take less time.
- Incorporate diverse cultural dishes and recipes into CACFP standards and incentivize culturally appropriate items.
- Add culturally appropriate produce to the lists of approved items, for example, lemon grass, mustard greens, etc.
- Allow more flexibility with meals and timing — for example, if a child arrives late and misses snack or leaves early and misses lunch — so that the provider can still be compensated for the meal prep.

- Start from a collaborative and supportive approach rather than compliance enforcement.
- Have multilingual staff to support providers who do not speak English fluently.
- Increase the reimbursement rate to reflect the cost of produce and have an additional incentive for locally grown items.
- Highlight that using locally grown items is an explicit CACFP best practice, promote buying from local farmers in trainings and resources.

For our cohort of Hmong home-based early care providers, the decision about whether to participate in the CACFP is complex. Providers appreciate the monetary reimbursement the program provides, particularly for boosting their food budgets to make purchasing fresh local products possible. Providers also value the structured support and training on best practices offered by sponsoring organizations, and app-based tracking technology increased the convenience for some of our providers. However, many providers express that the tracking and reporting required to participate were too onerous, and the rigorous program requirements, audits and regulatory approach are intimidating. For some, language and technology barriers make navigating the program more challenging. Additionally, our cohort of providers highly values serving traditional Hmong foods, cooking from scratch and using fresh seasonal ingredients and express that the program is not flexible enough to include their cultural traditions and adapt to cooking with fresh ingredients.

Providers offered concrete suggestions for how the CACFP could be more accessible, emphasizing a need for a collaborative approach instead of a focus on compliance, reduced burden of tracking and reporting, increased flexibility to accommodate the realities of the unpredictable early care environment and explicit inclusion of traditional Hmong food items and recipes in official CACFP resources and trainings. Additionally, increasing the rate of reimbursement to cover the cost of fresh produce and incentivizing locally grown items would support providers in preparing food from scratch.



Learn more about Farm to Early Care in Minnesota: www.farmtoearlycaremn.org



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