

State Agency Perspectives on Successes and Challenges of Administering the *Child and Adult Care Food Program*

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ABSTRACT

The federal *Child and Adult Care Food Program* (CACFP) improves nutrition and reduces food insecurity for young children while helping cover food costs for care providers and families. Despite its important benefits, the program is underutilized. This report uses qualitative interviews with state CACFP administrators representing 28 states to explore federal and state policies and practices that support or discourage CACFP participation among licensed child care centers. We report on successful approaches to program outreach and administration, barriers that make CACFP participation challenging, and recommendations to expand access to CACFP for eligible child care providers and the populations they serve.

Key Words: child nutrition, CACFP, child care, qualitative interview (*J Nutr Educ Behav.* 2023;000:1–9.)

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INTRODUCTION

Most young American children do not meet dietary recommendations for healthy development and growth.^{1,2} Child care programs, such as child care centers and family child care homes, can help promote better diet quality for young children by offering healthy meals to children in their care.^{3,4} The potential reach of child care programs is substantial as most American young children receive regular nonparental care.⁵

The federal *Child and Adult Care Food Program* (CACFP) supports young children's food security and nutrition by reimbursing participating child care providers for serving meals and snacks that meet a set of nutrition standards aligned with the Dietary Guidelines for Americans.⁶ The program reimburses participating child

care providers on the basis of children's household income, with almost 83% of all meals feeding children from low-income households.⁷ Although research on the impact of CACFP on child health is limited, prior studies suggest that CACFP-participating programs serve more nutritious foods, help reduce food insecurity for young children, and improve children's dietary intake compared with what they eat at home.^{8–15} Reimbursements help offset food costs for child care providers, who often struggle financially, while families save time and money by having their children fed in child care. Despite these benefits, CACFP is not used by many eligible child care providers. Recent data suggest that only 36.5% of all licensed child care centers participate in CACFP nationally; among centers located in low-income areas in

which most providers would be eligible, only 57.5% participate.¹⁶

Ensuring that eligible providers access the program's federally-funded resources is an important policy goal. It is critical to understand both the extent to which CACFP reaches eligible providers and whether there are successful approaches that can be used to establish equitable and consistent program access. Although several studies have identified barriers and supports to CACFP participation from the perspective of child care providers, including a lack of awareness about CACFP and eligibility,¹² a complicated application process, administratively heavy paperwork, and insufficient meal reimbursements to offset food and labor costs,^{8,17–20} very little is known about strategies employed by the state agencies that administer CACFP to support program recruitment and management. Understanding what these state agencies do is essential; although CACFP is a federal program, it is administered at the state level, with several administrative policies and practices up to state discretion (eg, minimum duration for being licensed, complexity of the application, acceptance of electronically signed household eligibility forms). There are opportunities to study different state agencies' strategies for

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supporting CACFP recruitment and participation.

This study aimed to understand CACFP state agency approaches to program outreach and administration, barriers that make CACFP participation among child care centers challenging, and strategies to help shape CACFP into an accessible option for eligible centers and the children they serve. Through interviews with representatives of 28 CACFP state agencies across the country, we sought to gain insight into state practices to support participation in CACFP across licensed child care centers so that their perspectives can help better understand how state and federal policy changes can improve access to CACFP for eligible child care providers and children.

INTERVIEW PROCESS

Beginning in March, 2022, we invited via email representatives from all agencies administering CACFP across 50 states and Washington DC (n = 51) to participate in web-based interviews to discuss their agency's approaches and strategies to increase CACFP participation. Interviews were conducted

via WebEx (with 1 exception in which responses were emailed) in March–August, 2022 by 1-3 of the co-authors. The authors were researchers with prior state and federal-level experience studying CACFP and a dietitian providing CACFP training in child care settings who did not have preexisting relationships with any of the participants. Interviews consisted of 8 open-ended themed questions (see [Table 1](#)) selected by the researchers on the basis of their prior CACFP survey work and knowledge of the program regulations and literature.^{8,12,17} Participants were asked to focus specifically on licensed child care centers in their responses, excluding from consideration other types of CACFP participants, such as child care homes or after-school programs. All but 4 interviewed participants gave permission to record, with most interviews lasting approximately 30–40 minutes. All WebEx-recorded interviews were transcribed.

We used a framework analysis approach²¹ to analyze the interview data. After familiarization with the data, a thematic framework was identified on the basis of the initial interview questions and additional themes that emerged from the data. We then

developed a codebook with these topics that came up as the main themes, including (1) program outreach and recruitment, (2) cross-agency collaboration (that came up in outreach questions), (3) application process, (4) CACFP sponsoring agencies (ie, intermediaries connecting child care providers with the program and reducing the administrative burden for a fee), (5) program barriers, (6) successful strategies, and (7) recommendations for program improvement and expansion. Two researchers independently reviewed each transcript with the codebook, noting whether a certain theme was discussed (yes/no) and extracting quotes and additional information, for example, an average length from the application submission to approval. Any discrepancies were discussed between the 2 coders until they reached a consensus.

The University of Connecticut Institutional Review Board deemed this study did not constitute human subjects research as defined by federal regulations for the protection of human subjects in research. To preserve the confidentiality of the state employees, all quotes below are reported without citing the source, and the state agencies are not named, except for acknowledging their participation in interviews.

Lessons Learned

Representatives of 28 state CACFP agencies (response rate 55%) agreed to participate in the interviews, with 3–5 states per region from all 7 US regions. Specifically, participants were from the following regions and states: (1) Mid-Atlantic: Delaware, New Jersey, and Pennsylvania; (2) Midwest: Illinois, Indiana, Michigan, Ohio, and Wisconsin; (3) Mountain: Colorado, Kansas, Montana, and North Dakota; (4) Northeast: Massachusetts, New York, Rhode Island, and Vermont; (5) Southeast: Georgia, Kentucky, Mississippi; (6) Southwest: Arizona, Arkansas, Louisiana, Oklahoma, and (7) West: Alaska, California, Nevada, Oregon, Washington. Job titles of the participants varied across states from a director of child nutrition and wellness to state program coordinator, assistant director,

Table 1. Interview Questions

Questions

- Please tell us about your agency's approaches and practices to conduct outreach to recruit new CACFP sites.
- What participation benefits and program requirements does your agency highlight in CACFP outreach and recruitment?
- How long is the application process? Does the state agency have a prescreening application? Do you provide instructions/offer help with completing the application?
- What is your approval rate and average approval time frame for new CACFP applications (unaffiliated centers)?
- What makes participation challenging for affiliated and unaffiliated centers currently in the program? What are their main challenges, and how does your agency respond to them? What is your state turnover/dropout rate for CACFP sites in a typical year and during COVID-19?
- What role, if any, do sponsors play in working with your agency for CACFP efforts? Do you have a list of available sponsors? How many sponsors for centers?
- If it were up to you, what would you change about CACFP to make it easier to use/a better choice for (your) centers?
- How do you explain your success? What do you think you could do differently to improve participation?

CACFP indicates *Child and Adult Care Food Program*; COVID-19, coronavirus disease 2019.

quality assurance coordinator, applications program manager, and program delivery supervisor. There was no evidence of selection into the study on the basis of CACFP participation rates among licensed child care centers: the median rate of 35% (range, 16% to 64%) among the interviewed states vs 36% (range, 15% to 65%) for states that were not interviewed.

Program Outreach and Recruitment

Table 2 summarizes key themes for successful approaches to outreach, among the other main constructs outlined in the study aims. Most states reported conducting some outreach to nonparticipating child care providers to inform them about CACFP, but their recruitment strategies and effort intensity varied significantly. At least half of the state agencies used active strategies to recruit new programs, with the most frequent one being emails with information about CACFP to newly

licensed child care programs or preparing and distributing CACFP factsheets or brochures at various events (eg, provider training). Examples of more unique high-intensity strategies included having a marketing team devoted to promoting CACFP or appointing a specific employee to oversee program outreach, with the ability to access state administrative data to identify newly licensed programs or programs receiving child care subsidies for targeted outreach. Some states translated brochures with information about CACFP in multiple languages. Although multiple states provided CACFP brochures and factsheets to newly licensed centers, one state reached out with such information even to those inquiring about how to get licensed.

When trying to recruit new centers, most CACFP agencies highlighted meal reimbursements as an important participation benefit, as reflected in this quote: "Reimbursement definitely is something we always highlight. I think money talks, right?" Another program benefit highlighted in

recruitment was training opportunities available to the program participants, with 10 agencies discussing the value of free training provided through CACFP. In some states, this free training also provided credits toward child care licensing hours, helping child care providers fulfill requirements outside of the CACFP realm. At least in one state, introductory CACFP training that gives professional development or licensing hours was used as a recruitment tool to educate newly licensed centers about the program.

During the interviews, a quarter of the agencies talked directly about the role of CACFP in reducing food insecurity and supporting child nutrition. Some states also spoke about how their state had a licensing requirement to follow the CACFP meal patterns for all child care centers, irrespective of CACFP participation, and how they leveraged this for recruitment by communicating to centers that they could join the program to benefit from meal reimbursements and free training because they were already required by licensing to

Table 2. Summary of Key Lessons Learned About Improving Outreach and Participation From Interviews With CACFP State Administrators (n = 28)

No.	Aim
1.	Understand successful approaches to program outreach and administration Active strategies, including email outreach to newly licensed programs, distribution of brochures/factsheets at events (eg, provider training) Hiring an employee or team to oversee program outreach and promotion Partnering with other agencies to reach potentially eligible programs (eg, using state licensing and/or child care subsidy data to identify eligible programs) Employing messaging that highlights the benefits to providers (reimbursement, training that fulfills requirements, linking to indicators of quality) When appropriate, consider conditioning state funding to providers on CACFP participation
2.	Identify barriers that make CACFP participation among child care centers challenging Staffing shortages at child care programs Insufficient meal reimbursements Paperwork and administrative burden, including collecting income eligibility paperwork Stresses and multiple roles required of child care directors Demonstration of financial viability requirement Additional layers of state or local requirements for food safety and preparation
3.	Identify strategies to shape CACFP into an accessible and maintainable option for eligible centers and the children they serve Streamlining applications to not overwhelm potential participants Expanding access to sponsoring organizations Modernizing and optimizing provider training Streamlining recertification procedures Implement a version of the Community Eligibility Provision for centers located in low-income areas Drop the requirement that for-profit centers have at least 25% of families with low incomes

CACFP indicates *Child and Adult Care Food Program*.

meet the CACFP meal patterns. Finally, 5 states reported highlighting CACFP participation as an indicator of a quality child care program and using CACFP as a great marketing tool to recruit families. At least one state encouraged multicenter (ie, chain) programs to apply with one center as a pilot program to test the workload, costs, and benefits of participation.

Recruitment in several states was in part guided by state regulations that conditioned the receipt of state funding by child care providers on required or strongly encouraged participation in CACFP, helping to make CACFP participation more of a default. For example, one state department of education funded a preschool expansion program, which required CACFP participation for its private child care providers. In another state with a universal Prek program, child care providers funded by this program had to provide an opt-out letter explaining why they would not participate in CACFP; otherwise, they were expected to participate. One state reported that all state-funded child care centers were required to participate in CACFP.

Cross-agency Collaboration

Cross-agency collaboration is defined by the research team as joint activities/initiatives or information sharing with another state agency with the purpose of supporting CACFP and its participants. It is important to assess it as these agencies serve the same child care providers, so efficiencies through collaboration are likely. The majority of the interviewed state agencies gave examples of cross-agency collaboration. These usually involved activities with their state licensing agency to distribute information about CACFP to newly licensed programs and recruit eligible applicants, regularly sharing records of newly licensed programs with the CACFP agency, and recommending select new centers, viewed as quality programs to seek CACFP participation. One state provided training for licensing staff to help them understand the CACFP specifics and better educate and recruit new centers. Some CACFP agencies also felt that they helped the licensing agency to monitor compliance

with regulations affecting the nutrition aspect of child care services: “When they participate with us, that takes a load off of licensing, because then we’re monitoring those.”

Although licensing agencies were the most cited partners for cross-agency collaboration, about a third of the interviewed agencies had partnerships with advocacy groups to promote CACFP access. In addition, one state was piloting a project with the state’s *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) program to educate WIC staff and, ultimately, WIC-participating families about CACFP, its benefits and how to participate. As WIC families have young children and low incomes, they are an important group to target to educate about the CACFP benefits and share information about participating child care providers. Another state sought to educate pediatricians about CACFP and WIC and provide medical professionals with appropriate resources to distribute among their patients. One state funded another state agency to conduct CACFP outreach as the state funding could not reportedly go to the CACFP agency, which was federally funded. Finally, several states highlighted the role of sponsoring agencies in conducting outreach and recruitment: “Most of our participation rate is due to our sponsors.” Sponsoring agencies work as intermediaries between child care providers and CACFP and greatly reduce the burden of program participation.

Application Process

Three-quarters of the states reported using a prescreener or a preregistration form to identify eligible programs, save time for ineligible centers, and direct child care homes to CACFP sponsoring agencies (also referred as sponsors). In addition to the federal eligibility requirements, 10 states reported requiring a minimum period of operating a licensed child care center, varying in length from 3 months to 1 year. About half of the interviewed states had an application form available online. Given the administrative complexity involved in preparing an application, almost two-thirds of the states

reported actively working with applicants to guide them through the application process and offer “hand-holding”. The duration of the application process varied widely across states, from 1 to 6–8 months, with the average approval rates or percentage of centers that apply for CACFP and get accepted each year ranging from “very low” to 100%.

Some unique approaches to optimizing the application process included assigning a dedicated expert/consultant to each applicant to assist with the application. Several states established regular informational sessions (ie, office hours) to clarify details of the application process, review a checklist for a complete application package, and answer questions from applicants. Another strategy to help smooth the application process was to split it into 2 steps, starting with the viability aspect to screen out programs that cannot establish federally mandated financial viability; the rest of the application would be completed by eligible applicants after confirming their viability, with sections completed step-by-step to avoid overwhelming applicants and keep them engaged.

Sponsoring Agencies

Unlike child care homes, which can only participate in CACFP through a sponsoring agency, child care centers can self-sponsor and participate as unaffiliated or independent centers. Sponsoring agencies provide important technical assistance and training, including access to software, development of qualifying menus, documentation maintenance, and access to qualifying food, which greatly reduce the burden of program participation, particularly for smaller centers.^{18,19} Despite the sponsors’ critical role in providing access to CACFP, multiple states do not have any sponsoring agencies for independent centers or have only 1 sponsor.²² In our interviews, only 4 states reported looking to expand the availability of sponsors for independent centers. When sponsoring agencies were available, several state agencies reported encouraging centers to participate in CACFP through a sponsor, particularly for new programs:

Sometimes a brand-new center feels very overwhelmed because CACFP is a very burdensome program to operate... a lot of administrative work and paperwork, record keeping, rules... and they will start out under a sponsoring organization.

Only 1 state reported discouraging such practice, under the thinking that if programs would not have to pay a fee to the sponsor, they could fully use their federal meal reimbursements.

Participation Barriers

The most frequently mentioned barrier to CACFP participation was having very burdensome paperwork, as reported by almost 80% of the interviewed agencies. "Even if they're financially viable, it's just the administrative burden, all of this additional paperwork that we are required to do on top of everything else." The second most reported common barrier was center staff shortages. The state agency employees talked about low wages and significant stresses on child care employees: "It is hard to see someone, you know, getting paid 7 dollars an hour to cook and take care of this federal program." Not surprisingly, with a lack of competitive wages, there was high turnover among center staff: "You wonder why our programs are not renewing, and you call up to find that every single person that's listed as authorized is gone."

Half of the interviewed states highlighted the considerable stresses and challenges of running the small business of a child care center, in which owners are often also center directors who wear many hats. They often do not have the training to optimize complex administrative tasks and complete paperwork: "these are not people with MBAs." The heavy workload, significant amount of paperwork, and administrative capacity needed to meet all program requirements were acknowledged by multiple state agencies: "The intersection between program knowledge and financial knowledge that's required both at the sponsor level and at our level for these applications, it's kind of absurd."

Another commonly mentioned barrier was due to the federal requirement that all CACFP-participating child care programs demonstrate financial viability, maintain adequate administrative capacity, and have internal controls for accountability, otherwise known as viable, capable, and accountable (VCA).²³ The VCA complexity and the need for centers to justify funds were mentioned in several interviews: "In a lot of ways, it almost feels as though CACFP is more focused on the money side of things at times than it is on the goal of feeding kids." A more direct criticism of the VCA was evident from this quote:

My biggest qualm with the qualifications for this program always has been that the USDA actually requires a child care center to prove they do not need federal monies in order to maintain the program standards in order to receive the federal monies.

Some states felt that the VCA burden was particularly hard for small centers that often do not have enough evidence of financial viability.

Some issues were specific to select states. For example, 5 states acknowledged as a key barrier that for-profit centers must maintain monthly enrollment of at least 25% of children eligible for free and reduced-price meals or title XX of the Social Security Act beneficiaries; no such requirement exists for nonprofit centers that are CACFP eligible irrespective of household income among children in their care. In some states, many for-profit centers were on the margin for the 25% threshold:

If you're serving kids all month long, meals that cost you money, and then you get to the end of the month and 1 child put you under the 25%... That's a lot of money out of your pocket.

Collecting the family income eligibility data required of CACFP-participating child care centers annually was mentioned as a barrier by 25% of the interviewed state agencies. Some states innovate to reduce the data collection burden on their centers by accepting paperwork that is readily

available. For example, in reviewing the eligibility of for-profit centers, 1 state shared its approach: "They give us the state child care assistance award letter to show that the children are receiving child care subsidies." Some states allow electronic submissions for household income applications to ease the paperwork burden, whereas others say electronic signatures are not allowed in their states and insist on paper forms.

Some states cited additional requirements of state or local health agencies as further barriers to CACFP participation (eg, a local health district with rules to prevent foodborne illnesses that were difficult for centers to follow). Centers that lack the capacity to prepare meals on-site and lack of food service vendors that could provide CACFP-compliant meals were another reported barrier.

Strategies to Support CACFP-participating Centers

The most frequent explanation for the strengths of their CACFP programs, cited by two-thirds of the interviewed agencies, was the quality of their training capabilities, including access to online training. The states felt their investments in modernizing and optimizing provider training were paying off; for example, quizzes ensured participants understood program requirements and helped on-site visits run smoothly while offering on-demand online training helped providers with scheduling flexibility and avoiding commute. There were several unique examples of training programs developed and offered by the CACFP state agencies, including financial management series and training on controlling food costs and food waste.

Another important support reported by several agencies was the dedication of agency staff who were passionate about CACFP and feeding children.

The staff are very stable in their positions... people know them... I think that speaks volumes. I think that's why we see our numbers grow... If somebody can't get through an application, they help them get through it.

Most states reported a low turnover rate among their employees.

Our staff...they're really very dedicated. I mean everybody that is there really believes in this program. We have very low turnover rates, and we find that everybody is really committed to bringing these programs on.

Several states had additional policies or incentives aimed at expanding access to CACFP, particularly for children from households with low incomes. For example, one agency noted that advocacy groups in their state provided grants to support CACFP or offer technical assistance through state universities as well as fund dietetic and college internships to support child care programs, which could be particularly helpful with the staffing shortages. One state highlighted its technology innovation grant, which allowed parents/guardians to complete an eligibility application online. Another state instituted an advisory committee with representatives from centers, child care homes, and administrative sponsors around the state. They meet quarterly with the state agency staff to gather information to then share with other providers in the region. This state noted increased satisfaction with program participation among providers because of better communication. Another example of a state initiative to establish strong communication channels was offering regular open-house-style meetings to help sponsors and child care providers navigate the system. One state agency sent out surveys gauging why centers dropped off or chose not to participate. Finally, one reported strategy to reduce paperwork was to streamline the renewal application process, with applicants being required to only update fields with changes while the rest of the application was carried over automatically with information from prior years.

Recommendations to Address Challenges in CACFP

Employees of the state CACFP agencies have an important impact on the program they administer, so their recommendations about potential

changes with CACFP are particularly valuable. The most frequently reported recommendation that also reflected the most common barrier to participation was to decrease and streamline paperwork for program participants. Several agencies emphasized that the benefits of CACFP participation to the child care providers (eg, meal reimbursements, training) need to be compared with the costs of program participation, particularly the time and personnel resources needed to complete complex paperwork and maintain compliance. This cost-benefit analysis should be in favor of CACFP to attract more eligible programs and expand participation. This did not appear to be the case based on our interviews: "CACFP is overly regulated for the amount of reimbursement people get, which makes it complex. Decreasing regulatory burdens is important."

There were frequent suggestions for CACFP to implement a version of the Community Eligibility Provision for low-income areas to reduce the burden of collecting income eligibility forms, avoid variation in attendance and negative effects on eligibility for for-profit centers, and increase access to better child nutrition in more areas. A related recommendation highlighted by several states was to drop the 25% threshold for for-profit centers. [Table 3](#) provides quotes to further elaborate on these points, targeting federal regulations. Additional suggestions focused on connecting small centers with sponsoring agencies to relieve administrative burdens on small businesses. State agencies were interested in obtaining more funding to increase their resources, including hiring more registered dietitians and staff dedicated specifically to CACFP and expanding the program. Finally, there were also suggestions for major changes in the CACFP regulations and how CACFP is administered: "The whole program needs to be totally revamped."

IMPLICATIONS FOR RESEARCH AND PRACTICE

This report interviewed employees of 28 state CACFP agencies to gather their perspectives on federal and state regulations, policies, and

practices that support or hinder CACFP participation among licensed child care centers. The program's cumbersome paperwork was reported as the main barrier to participation, with suggestions focused on necessary changes at the federal level to ease the administrative burden and expand the program's use. Prior research on CACFP barriers and facilitators with other stakeholders, such as child care providers and sponsoring agencies in select states had the same conclusions.^{8,18,20} It is therefore critical that the US Department of Agriculture (USDA) invest resources in evaluating and updating federal regulations, policies, and procedures to reduce the CACFP administrative burden and align federal regulations and practices with the USDA's stated agenda priority: "Ensure equitable and consistent access to USDA programs for eligible populations"²⁴. Easing eligibility and data collection requirements deserves particular attention, including the elimination of the monthly 25% threshold for for-profit centers and easing the VCA requirements. Furthermore, as CACFP participation is very burdensome in its requirements, several state agencies stated that if USDA would lighten this by allowing free meals to all center-based children in income-eligible areas, as with school meals, CACFP would reach and benefit considerably more children.

Some of the requested changes would require an Act of Congress (eg, establishing the CEP for CACFP), but some changes could be made directly by the USDA. For example, the state agencies ask for additional guidance from the USDA on a variety of program topics and challenging issues, including procedures regarding unaffiliated centers and sponsoring agencies. The lack of any sponsoring agencies for unaffiliated centers in multiple states²² may contribute to unequal access to the program across states and hinder participation of eligible providers.¹⁶ Overall, there is a clear need for federal guidance on best practices for reducing the administrative burden of CACFP program requirements, conducting outreach, identifying eligible nonparticipating

Table 3. State Agency Recommendations for Federal-Level Changes**Recommendations**

Need guidance from USDA

“If you’re going to give us something new, you have to have resources at the ready, because for me, it is just appalling that 50 states are creating the same materials. I mean, that’s just appalling to me. We’re all spending money.”

“One thing that we have always asked for, and we always will get their response that it’s *not* coming, is more template documentation from the USDA.”

“There is nothing specifically written for sponsors of unaffiliated centers to be able to hold their centers accountable.”

Reduce administrative burdens

“All federal funds come with strings.”

“I want them to have good quality meals, but it’s the paperwork and it’s the requirements that support those meals that makes it really difficult.”

“We’re going to make little tool kits for this monster to make it more intuitive for them to move through each phase a bit quicker.”

Drop the 25% threshold at for-profit centers

“After 20 years I still don’t understand why they have to meet the 25%. Because the facility that we were at yesterday with 700 kids is nonprofit and 0 kids qualify for free and reduced (meals). Well, okay, but just because they’re a nonprofit, they can participate with us.”

“There is no guaranteed reimbursement if your children qualifying for free meals drops below 25% any month—even if you followed all the guidelines and kept all the appropriate records.”

Reconsider the VCA role/complexity

“My biggest qualm with the qualifications for this program, always has been that USDA actually requires a daycare center to prove they do not need federal monies in order to maintain the program standards in order to receive the federal monies.”

“Financial viability is an absolute burden to the program.”

Increase meal reimbursements and align CACFP with the school meal program:

“It truly was a slap in the face to get 10 cents.” (referring to the COVID-19 increase)

“The Centers . . . feel very forgotten about over COVID because home facilities got the higher tier 1 reimbursement, schools got more . . . Centers feel very left out.”

“Some of those kids are in child care 9, 10, 11, 12 hours a day. And they are eating more meals, but the center can’t get reimbursed for those.”

“We have the same issues as schools did across the United States, but we were not given the flexibility that they were given.”

“If there were more things that were aligned and streamlined to be more similar between the *National School Lunch Program* and the *Child and Adult Care Food Program*, we might be able to see more people joining this program.”

CACFP indicates *Child and Adult Care Food Program*; COVID-19, coronavirus disease 2019; USDA, US Department of Agriculture; VCA, Viable, Capable, and Accountable.

programs, tracking program participation, and identifying racial/ethnic, socioeconomic, and geographic disparities in CACFP access and predictors of these disparities. In prior research, we found that the states with high participation were more likely to have sponsoring agencies that assisted with the application process and continued work with the centers to perform the administrative duties related to CACFP participation.¹⁶

Our analysis suggests that state agencies could play a major role in ensuring broad access to CACFP through the creative use of state policies and practices that ensure compliance with federal CACFP regulations while also supporting

program participants. For example, some state agencies attempt to eliminate any state or local requirements exceeding federal regulations, such as the use of electronic signatures on household applications. In 2007, the USDA encouraged electronic applications, assuming state agencies have the capability to provide legally binding electronic signatures as per state and local regulations.²⁵ However, some states still have restrictions disallowing electronic signatures, increasing the burden of collecting hard copies of household applications. Collecting household income eligibility was previously reported as a major challenge by CACFP-participating centers.⁸ It is hard to justify the lack of technological capabilities

or existence of such restrictions on electronic documents, particularly following the pandemic.

Staff shortages, which were commonplace, were another barrier to CACFP participation. Interviews were conducted in 2022 at the peak of the labor market crisis across multiple industries, but particularly in the child care industry. We shared earlier multiple strategies that the CACFP state agencies reported using to help applicants through the application process. The USDA could encourage that such assistance is universally available across states by providing guidance on what works, offering office hours to state agencies to address relevant issues, and requiring state data collection on the success of

applications (submitted vs completed) and resulting participation rates. Similarly, the USDA could encourage state agencies to provide regular updates on outreach activities, data sharing with state licensure or other partners, and assessment of participation gaps. Several states reported having all necessary forms on their website to help expedite the process and have a streamlined application process. The USDA could encourage modernizing all paperwork through appropriate channels in all states. Providing the state agencies with prompt technical assistance and sufficient federal funding will be essential for the successful implementation of these recommendations.

Advocates and policymakers can recommend conducting a review of the CACFP paperwork requirements and encourage Congress to review the CEP for CACFP. The state legislature could also play a role in funding better nutrition for young children. Universal school meals have recently seen a major expansion in multiple states that identified state sources of funding to ensure access to free school meals for every child from kindergarten to 12th grade in the public school system. However, none of these initiatives included younger children whose nutritional needs are at least as important and whose access to federally-funded food is much more limited than for school-age children in many states.¹⁶ Future research should focus on identifying innovative strategies for getting CACFP to reach more child care programs, whether they were mentioned in this report or not, and assessing differences in access across population groups or types of child care providers to improve equitable access to the CACFP enrollment, participation and benefits. It is also important to understand how different strategies for expanding CACFP awareness and enrollment are linked with higher participation and/or lower rates of churning or dropout.

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