



Childcare and Meal Provision: Data Analysis Report

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I. Introduction

The Child and Adult Care Food Program (CACFP), administered by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), provides cash payments to childcare providers that serve nutritious meals and snacks to eligible children enrolled in these settings. CACFP is a critical component of the Federal food safety net, serving meals and snacks to more than 4 million children enrolled in participating childcare centers and day care homes (USDA FNS n.d.). Providers in a variety of childcare settings operate CACFP. Programs that participate in CACFP not only provide food to children but also improve the nutritional quality of children's dietary intake (Gurzo et al. 2020; Ritchie et al. 2012; Zaltz et al. 2020); moreover, program participation in CACFP results in food cost savings for families (Andreyeva et al. 2022).

However, despite these benefits, many eligible childcare providers do not participate in CACFP. Researchers have started to investigate the extent to which CACFP is underused and the potential barriers to participation, such as burdensome paperwork, lack of awareness of CACFP, limited funding for administrative costs, lack of provider training, and state eligibility decisions (Adams et al. 2023; Andreyeva et al. 2022; Erinoshio et al. 2022; Francis et al. 2022; Heinz et al. 2022; Jana et al. 2023; Lee et al. 2022). Most of these studies have used qualitative methods with small sample sizes, largely drawing on insights from CACFP-administering agencies at the State or local level. There is a need for additional research on why providers may or may not choose to join and continue participating in CACFP. To our knowledge, only one empirical study has explored predictors of CACFP participation among childcare centers,¹ and no studies have provided nationally representative information regarding which providers participate in CACFP across the United States.

Understanding program participation is important because providers that decide to participate in a program are typically not representative of the entire target population of that program. In this study, we systematically examined childcare providers' participation in CACFP across the United States. This secondary data analysis is part of a two-component approach designed to describe characteristics of all childcare settings and how they differ based on CACFP participation. A complementary literature review pointed to the need for (1) nationally representative studies that build on existing research, which largely focus on specific geographic regions, and (2) research focused on providers that do not participate in CACFP (Eiffes et al. under review). The present study uses existing data from a nationally representative survey of childcare centers and home-based providers to examine how the characteristics of providers, their settings, and their communities predict participation in CACFP.

A. Research questions

This analysis explored several research questions with the general aim of understanding participation in CACFP among childcare providers (Exhibit I.1). The primary research questions assess which childcare

¹ In a Connecticut study of 231 licensed childcare centers, Andreyeva et al. (2022) observed that CACFP participants, compared to nonparticipants, served more children, operated more frequently as nonprofit centers, had higher rates of accreditation, were more likely to receive funding from State public preschool and Head Start/Early Head Start, and typically operated in communities with higher levels of poverty, on average. A greater percentage of these providers also reported giving children both meals and snacks.

providers participated in CACFP in 2019, and the secondary research questions explore how the COVID-19 pandemic influenced CACFP participation.

Exhibit I.1. Childcare and Meal Provision: Data analysis research questions

A. Primary research questions: Which childcare providers participated in CACFP in 2019?	
A1	<ul style="list-style-type: none"> What percentage of childcare providers reported participating in CACFP among all providers?
A2	<ul style="list-style-type: none"> What were the characteristics of CACFP-participating childcare providers and the communities in which they operated? How did these characteristics compare to those of providers that did not participate in CACFP?
A3	<ul style="list-style-type: none"> How did CACFP participation patterns and correlates with participation vary between provider types (that is, center-based versus home-based providers)?
A4	<ul style="list-style-type: none"> How did CACFP participation patterns and correlates with participation vary between CACFP participation categories (that is, providers that were required to participate, eligible but not required, or likely ineligible)?
B. Secondary research questions: How did the COVID-19 pandemic influence CACFP participation?	
B1	<ul style="list-style-type: none"> Among childcare providers that participated in CACFP in 2019, what proportion were still participating in October 2020?
B2	<ul style="list-style-type: none"> How did the characteristics of childcare providers in 2019 and the communities in which they were located differ between those that continued participating in CACFP into October 2020 and those that left the program?
B3	<ul style="list-style-type: none"> How did these associations vary between provider types (that is, center-based versus home-based providers)?

II. Methodology

Below, we describe the data sources, analytic sample, data analysis elements, and analytic strategy that we used for this analysis. We present additional details in the [Methods Supplement \(Appendix A\)](#).

A. Data sources

We used data from the 2019 and COVID-19 Longitudinal Follow-up National Survey of Early Care and Education (NSECE) Center-Based (CB) and Home-Based (HB) Provider Level-1 Restricted-Use Data Files (RUF). We also drew selected characteristics from the public-use versions of the 2019 provider survey data files as well as from the 2019 Workforce Survey. Sponsored by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families and conducted by National Opinion Research Center (NORC) at the University of Chicago, the NSECE is a nationally representative, cross-sectional study of the childcare landscape (NSECE Project Team 2020). Appendix A presents additional information on [study data sources](#).

Data collection for the 2019 NSECE took place between January and July 2019 (NSECE Project Team 2022). In total, the 2019 NSECE fielded four surveys of the following populations: home-based providers, center-based providers, the workforce at center-based providers, and households with children younger than age 13 using childcare providers. The current study analyzed data from three of the four 2019 NSECE surveys. Specifically, we used public- and restricted-use data from the center- and home-based provider surveys and public-use data from the 2019 center-based workforce survey to explore all study research questions.

The NSECE Project Team collected provider surveys from childcare providers (defined as center directors and home-based providers) to capture a wide range of descriptive information, including provider characteristics, the number and characteristics of enrolled children and staff, financial information, interaction with public childcare policies and systems (such as CACFP), engagement with accreditation and professional development activities, time use and learning activities, and ancillary services. The center-based workforce survey included additional selected characteristics for center-based staff that we aggregated to the provider level. To describe the communities in which centers and homes reside, we also used linked community characteristics from the American Community Survey (ACS) that were provided by the NSECE Project Team.

In response to the onset of the COVID-19 pandemic in spring 2020, OPRE funded the NSECE COVID-19 Longitudinal Follow-up, which began data collection in 2020. As part of the NSECE COVID-19 Longitudinal Follow-up, the NSECE Project Team re-interviewed all center-based providers, center-based workforce members, and paid, home-based providers that completed surveys in 2019. Data collection took place across two waves between late 2020 and early 2022. To address the secondary research questions, we used data on CACFP participation collected from provider surveys in centers and homes during the first COVID-19 survey wave which was fielded from November 2020 to February 2021.² The NSECE Project Team asked all respondents to report on CACFP participation during the last week of October 2020 as a point of reference.

B. Analytic sample

In 2019, the NSECE Project Team collected data from 6,917 center-based and 5,901 home-based provider survey respondents. Center staff representing 4,314 providers responded to the 2019 center-based workforce survey. The NSECE project team re-interviewed 4,800 center-based providers and 3,504 home-based providers during the first wave of the COVID-19 Follow-up.

The analytic sample for the primary research questions exploring patterns and correlates of CACFP participation in 2019 excluded providers that we confidently deemed unable to apply for CACFP reimbursement as well as providers not asked about CACFP participation status. The exclusion pertained to “unlisted” home-based providers, providers that did not report serving at least one child age birth to 5, providers that were not asked about CACFP participation because they did not report serving meals to children, and providers that either indicated that they were ineligible for CACFP or did not respond. With the exclusions, the primary analytic sample totaled approximately 4,680 centers (of which 3,340 accounted for one or more staff respondents to the workforce survey) and 3,700 “listed” homes (herein referred to as homes), weighted to represent approximately 79,600 centers and 80,800 homes across the nation.

The analytic sample for the secondary research questions exploring CACFP participation during the COVID-19 pandemic among providers that participated in 2019 further excluded providers that did not report participation in CACFP in 2019, providers that were not sampled or did not respond to the COVID-19 Follow-up survey, and providers that did not respond to specific COVID-19 Follow-up survey questions,

² Providers reported CACFP participation status only during the first wave of data collection. In the second wave, the provider surveys focused primarily on measuring receipt of COVID-19–related relief funding that Federal and State governments disbursed throughout 2021.

including those related to CACFP participation. With the additional exclusions, the secondary analytic sample totaled approximately 2,140 centers and 1,780 homes, weighted to represent approximately 48,200 and 46,100 providers, respectively.

Within the analytic samples for the primary and secondary research questions, sample sizes varied with the number of respondents who provided information on survey measures used to construct each study characteristic. We present item-level sample sizes—both weighted and unweighted—in each data table. Appendix A presents additional details on [sample exclusions and item-level missingness](#).

C. Data analysis elements

We examined differences between providers by CACFP participation across a range of provider- and community-level characteristics and within and across key provider and policy subgroups.

1. Sample characteristics

Using data collected by the NSECE Project Team, we constructed several measures to investigate patterns and correlates of CACFP participation among centers and home-based childcare providers. We included provider-level measures in the following domains: provider funding and governance, children served and program size, operational details and staffing, curriculum use and learning activities, meal services and physical and sedentary activity, ancillary child and family services, provider compliance, and professional development and quality supports. (In [Appendix Exhibit A.1](#), we describe each study data element and its level of analysis, the domain to which it belongs, and how it was constructed.) The NSECE Project Team also matched the study data files with several community demographic and economic characteristics by using the census tract or group of census tracts in which providers operated. These characteristics were drawn from the ACS, an ongoing survey of the nation's population conducted by the United States Census Bureau (U.S. Census Bureau 2018).

2. Provider and policy subgroups

We conducted the analysis primarily within and between childcare provider types—whether providers offer center- or home-based childcare. In addition, we further investigated the primary research questions by dividing center- and home-based providers into three CACFP participation categories based on Federal CACFP policy rules and regulations: (1) required to participate, (2) likely ineligible to participate, and (3) eligible but not required to participate (Exhibit II.1). (In Appendix A, we provide additional details on the [CACFP participation categories](#) and their definitions).

Exhibit II.1. Childcare and Meal Provision: CACFP participation categories

Category	Definition
Required to participate	<ul style="list-style-type: none"> Centers and home-based providers that received funding from Head Start (HS) or Early Head Start (EHS) for one or more children
Likely ineligible to participate	<ul style="list-style-type: none"> Centers: For-profit centers that reported serving mostly families with higher incomes (that is, centers reporting that they served fewer than 25 percent of children with public funds and operating in a community in which fewer than 50 percent of households were eligible for free and reduced-price meals) Home-based providers: Home-based providers that are legally exempt from licensing
Eligible but not required to participate	<ul style="list-style-type: none"> All providers that are neither required to participate nor likely ineligible to participate in CACFP as defined above

D. Analytic strategy

The analyses include univariate and bivariate descriptive methods. First, to describe variation in each characteristic by CACFP participation status (both in 2019 and late 2020), we conducted bivariate comparisons separately for center- and home-based providers, generating percentages for binary and categorical characteristics and means and standard errors for continuous characteristics. Within each provider type, we then compared the distributions of each characteristic by CACFP participation status. We use the *t*-distribution to test statistical significance of differences for binary and continuous characteristics. For categorical characteristics, we begin by using the χ^2 -distribution to conduct omnibus comparisons across levels. If statistically significant, we then conduct pairwise t-tests to identify which levels drive the statistically significant differences observed across levels.

Second, we conducted post-estimation Wald tests by using the *F*-distribution to compare stored estimates of the associations between each characteristic and CACFP participation status for center- and home-based providers to explore whether the correlates of CACFP participation among centers are similar to or different from correlates of CACFP participation among homes. We limited comparisons between provider types to characteristics significantly associated with CACFP participation within at least one provider type before adjusting for multiple comparisons by using the Benjamini and Hochberg correction (1995). (We provide additional details on the [Benjamini and Hochberg correction](#) for multiple comparisons in Appendix A.) Post-estimation Wald tests help to determine whether specific characteristics are more likely to differ by CACFP participation status for one provider type over another. If the test results are not significant, it means that even though we found important factors correlating with CACFP participation in either centers or homes, these factors do not show a uniquely strong or different correlation with CACFP participation when comparing the two types of providers.

Third, to investigate patterns and correlates of CACFP participation status in 2019, we compared correlates of CACFP participation within and between the three CACFP participation categories noted above and CACFP participation status. We conducted the analyses exclusively within provider type. We first tested differences in each characteristic by CACFP participation status within each category (for example, to identify correlates of CACFP participation among centers that are eligible but not required to participate). We then compared these associations across the three CACFP participation categories by using a single test statistic (or omnibus test) generated from a one-way analysis of variance (ANOVA).

Following the approach for testing associations across provider types, we limited comparisons across CACFP participation categories to characteristics significantly associated with CACFP participation within at least one participation category.

Across all analyses, we conducted tests of statistical significance to assess differences in each study characteristic by CACFP participation status ($p < 0.05$, two-tailed test) and applied the appropriate provider-level weight for the corresponding survey and NSECE data collection wave. To generate standard errors consistent with the stratified sampling design, all models further specified the primary sampling stratum and cluster. We report weighted point estimates and include both unweighted sample sizes for each cell and the range of weighted sample sizes in each table.

III. Results

We present results in the order of our research questions. The primary research questions consider which childcare providers participated in the Child and Adult Care Food Program in 2019. Below, we report overall patterns and correlates of CACFP participation for center-based and home-based providers in 2019. Exhibit III.1 presents a summary of key findings from the primary research questions. In Appendix B, we describe additional details from the primary research questions about (1) [center-based providers](#) and (2) [home-based providers](#) by CACFP participation category. In [Appendix C](#), we present findings from the secondary research questions examining patterns and correlates of CACFP participation based on the COVID-19 Longitudinal Follow-up Survey.

Exhibit III.1. Summary of key findings from comparisons of selected provider and community characteristics by CACFP participation in 2019 within and across childcare provider types

Provider and community characteristics	Center-based providers	Home-based providers	Difference is significant
Provider funding, governance, and location			
Majority funding source			
Majority Head Start	+	○	Yes
Majority public preschool	○	○	No
High subsidy	+	○	Yes
Majority private tuition	-	-	Yes
Mixed public or mixed public/private	+	+	No
Provider location			
Religious building	-	n.a.	n.a.
Public or private school	-	n.a.	n.a.
University, college, or employer	○	n.a.	n.a.
Other shared structure	○	n.a.	n.a.
Other independent structure	+	n.a.	n.a.
Somewhere else	○	n.a.	n.a.
Children served and program size			
Number of children enrolled	○	+	No
Percent of currently enrolled children who are:			
Hispanic/Latino/a	+	○	No

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Provider and community characteristics	Center-based providers	Home-based providers	Difference is significant
White, non-Hispanic/Latino/a	–	○	No
Black, non-Hispanic/Latino/a	+	○	No
Asian, non-Hispanic/Latino/a	○	○	No
Other, non-Hispanic/Latino/a	○	○	No
Served one or more children experiencing food insecurity at home	+	+	No
Operational details and staffing			
Percent of staff by highest level of education:			
No college degree	+	○	No
2-year college degree	○	○	No
4-year college degree	–	○	Yes
Curriculum use and learning activities			
Used curriculum or prepared learning activities	○	+	No
Meal services, routine care, physical activity, and screen time			
Number of times per week provided 100% fruit juice	–	n.a.	n.a.
Number of hours per day typically spent on routine care	+	○	No
Typical daily screen time	○	–	Yes
Additional services for children and families			
In the past year, offered or referred families to:			
Health screening services	+	○	No
Developmental assessments	○	+	No
Therapeutic services	○	+	No
Counseling services	+	○	No
Offered child well-being and development services on-site	○	+	No
Paid for child well-being and development services	○	+	No
Connected families with social services	+	+	No
Compliance, training, and quality supports			
In the past year, reported compliance activities:			
Inspected for health and safety	+	○	No
Attended health and safety training	○	+	No
Had access to a health consultant or nurse	+	+	No
In the past year, received an inspection to monitor quality	+	+	No
Participated in a quality rating and improvement system (QRIS)	+	+	No
Offered staff access to on-site coaches, mentors, or consultants	+	n.a.	n.a.
Had relationships with other schools or providers to share access to professional resources	+	+	No
Percent member of a professional childcare organization	+	○	No
In the past year, percent reported professional activities:			
Helped by home-visitor or coach	+	○	No
Attended professional workshop	○	+	Yes
Community demographics and economic well-being			
Percent of population who identified as:			

Provider and community characteristics	Center-based providers	Home-based providers	Difference is significant
Hispanic/Latino/a	+	○	Yes
Black non-Hispanic	+	+	No
Non-Hispanic, non-Black	-	○	No
Percent of households that spoke a language other than English	+	○	No
Percent of individuals in households with incomes at or below 100% of the federal poverty level	+	○	No
Percent of individuals in households with incomes at or below 185% of the federal poverty level	+	○	No
Average median income, all workers	-	○	No
Percent of females in labor force who were employed	-	○	No

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Summary exhibit presents associations between characteristics and CACFP participation status for characteristics that differed by CACFP participation status at the .05 level or below (two-tailed test) within at least one provider type. Omnibus associations reported for categorical characteristics with an ordinal type and pairwise associations reported for categorical characteristics with a nominal type. All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

⊕ represents a positive association between characteristic and CACFP participation.

− represents a negative association between characteristic and CACFP participation.

○ represents no association between characteristic and CACFP participation.

The “Difference is significant” column indicates whether these within-group associations differ from one another.

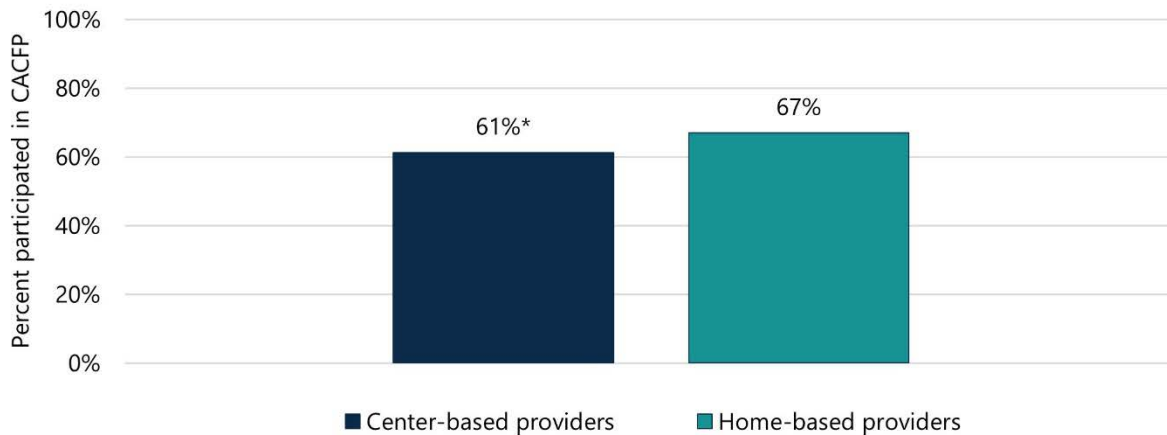
A. Primary research questions: Which childcare providers participated in CACFP in 2019?

To address our primary research questions, we first examined the patterns and correlates of CACFP participation within and between center-based and home-based provider types in 2019. We report means or percentages by CACFP participation status for characteristics that demonstrate statistically significant differences by CACFP participation within centers and/or homes ($p < .05$), as well as report whether these relationships further differ between centers and homes.

1. CACFP participation

In Exhibit III.2, we present the percentage of center-based and home-based childcare providers that reported CACFP participation. In 2019, 61 percent of centers and 67 percent of homes reported participating in CACFP ($p < .05$).

Exhibit III.2. Percent of center-based and home-based childcare providers that reported CACFP participation



Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes approximately 4,680 center-based and 3,700 home-based providers, representing 79,600 and 80,800 providers across the nation, respectively, that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20."

* Differences in CACFP participation between provider types statistically significant at the .05 level, two-tailed test.

2. Provider funding, governance, and location

In Exhibit III.3, we present a comparison of provider funding, governance, and location by CACFP participation within and across childcare provider types. Characteristics include majority funding from various public or private sources as defined by the percentage of children enrolled whose care is funded by each source; private and/or for-profit status; sponsorship by another larger organization; and location, such as a religious building, school, or another independent structure (defined as a structure in which the provider is the sole occupant).

Providers of both types that participated in CACFP were generally more likely to receive government funding from means-tested programs (such as childcare subsidies, or, among centers, EHS/HS) and less likely to receive primarily private funding. An exception to this pattern was receiving public funding from State or local public school-based preschool programs, which did not predict CACFP participation. Centers participating in CACFP were also far less likely to operate in a school-based (public or private) setting. Centers in public school-based settings may be less likely to report participating in CACFP because they serve children receiving meals through other, non-CACFP, USDA programs such as the National School Lunch Program (NSLP).

a. Majority funding source

We found statistically significant variation in the majority funding source by CACFP participation status both for centers and homes, although the patterns differed across provider types. For both centers and homes, smaller percentages of CACFP participants were majority funded by private sources compared to CACFP nonparticipants (10 versus 44 percent for centers; 54 versus 70 percent for homes; $p < .05$).

Exhibit III.3. Comparison of provider funding, governance, and location by CACFP participation within and across childcare provider types

	Center-based providers				Home-based providers			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	n	Percent	n	Percent	n	Percent	n	Percent
Majority funding source								
Majority Head Start ^a	2,080	18.6*+	1,160	3.24	2,340	0.32	1,060	0.53
Majority public preschool ^b	2,080	8.41	1,160	11.4	2,340	0.33	1,060	0.07
High subsidy ^c	2,080	14.3*+	1,160	5.78	2,340	7.58	1,060	8.25
Majority private tuition ^d	2,080	9.68*+	1,160	43.6	2,340	53.5*	1,060	70
Mixed public or mixed public/private	2,080	49*	1,160	36	2,340	38.2*	1,060	21.2
Governance								
Private, for-profit	3,100	36.6	1,560	40.4	n.a.	n.a.	n.a.	n.a.
Private, not for-profit	3,100	48.9	1,560	43.2	n.a.	n.a.	n.a.	n.a.
Public	3,100	14.4	1,560	16.4	n.a.	n.a.	n.a.	n.a.
Larger organization								
Sponsored by another organization	3,060	33.9	1,540	30.1	n.a.	n.a.	n.a.	n.a.
Provider location								
Religious building	3,100	9.15*	1,560	15.3	n.a.	n.a.	n.a.	n.a.
Public or private school	3,100	33.3*	1,560	46.3	n.a.	n.a.	n.a.	n.a.
University, college, or employer	3,100	3.72	1,560	1.25	n.a.	n.a.	n.a.	n.a.
Other shared structure ^e	3,100	16.5	1,560	14	n.a.	n.a.	n.a.	n.a.
Other independent structure	3,100	36.1*	1,560	22.6	n.a.	n.a.	n.a.	n.a.
Somewhere else	3,100	1.23	1,560	0.54	n.a.	n.a.	n.a.	n.a.
Sample size (weighted)	34,300-48,600		22,900-30,800		50,200-50,200		25,200-25,200	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary and categorical characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

- ^a Includes providers where at least 50 percent of children are funded by Head Start or Early Head Start (HS/EHS) and less than 30 percent are funded by other federal, state, or local government sources.
- ^b Includes providers where at least 50 percent of children are funded by state public preschool and less than 30 percent are funded by other federal, state, or local government sources.
- ^c Includes providers where at least 50 percent of children are funded by child care subsidies and less than 30 percent are funded by other federal, state, or local government sources.
- ^d Includes providers where at least 90 percent of their children are funded by private tuition paid by their parents or guardians without any public funding.
- ^e Includes providers located in community centers, municipal buildings, or other commercial structures in which the provider is not the sole occupant.
- * Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.
- + Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

For centers, CACFP participants were more likely to be majority funded by Head Start (19 versus 3 percent; $p < .05$) or childcare subsidies (14 versus 6 percent; $p < .05$) relative to CACFP nonparticipants, but the percentages did not differ by CACFP participation status among homes. The percentage of providers that were majority funded by Head Start and the percentage of providers that were majority funded by childcare subsidies were both more likely to differ by CACFP participation in centers than in homes. Fewer homes accepted government funding, and only a small percentage of those accepting such funding served a majority of children with just one funding source. Higher percentages of CACFP participants received a mix of public or public/private funding compared to nonparticipants, among both centers (49 versus 36 percent; $p < .05$) and homes (38 versus 21 percent; $p < .05$).

b. Provider governance, sponsorship, and location

The NSECE Project Team asked centers about provider location, governance, and sponsorship. Homes were not asked about these topics. Compared to centers that did not participate in CACFP, centers that reported participation in CACFP were less likely to operate in public or private school settings (33 versus 46 percent; $p < .05$) or religious buildings (9 versus 15 percent; $p < .05$) and more likely to operate in an independent structure (36 versus 22 percent; $p < .05$). Similar percentages of center-based providers that did and did not participate in CACFP reported for-profit, not-for-profit, and public governance as well as sponsorship by another larger organization.

3. Characteristics of children served and provider size

In Exhibit III.4, we present comparisons of characteristics of children served and provider size by CACFP participation within and across childcare provider types. Characteristics include the number of children enrolled; the percent of the provider's licensed capacity (or total number of children they could serve) that is filled by enrolled children (that is, the total number of children they do serve); the percent of currently enrolled children of different ages, races and ethnicities, and the percent who speak a non-English language; and whether providers serve children experiencing food insecurity at home.

Overall, centers and homes participating in CACFP cater to a demographically diverse and economically vulnerable population. On average, CACFP is more likely to reach groups that may benefit most from supplemental food programs, such as families experiencing food insecurity, infants in nonparental childcare, and children from Hispanic/Latino/a and Black, non-Hispanic racial or ethnic groups that may face systemic inequities.

a. Enrollment and capacity

Home-based providers that participated in CACFP enrolled about 9.5 children, on average, whereas those that did not participate in CACFP enrolled about eight children ($p < .05$). There were no differences in either the number of children enrolled by CACFP participation status for centers, or the percentage of provider capacity enrolled for either provider type.

Exhibit III.4. Comparison of characteristics of children served and provider size by CACFP participation within and across childcare provider types

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Enrollment and capacity												
Number of children enrolled	3,120	78.4	3.57	1,560	89.7	5.78	2,540	9.47*	0.26	1,160	8.02	0.28
Percent of capacity enrolled	2,980	90.0	0.53	1,560	89.0	0.66	2,200	83.3	1.02	1,000	81	1.57
Age groups served												
Percent of currently enrolled children who are:												
Infants (<12 months)	3,120	6.98*	0.41	1,560	5.35	0.37	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Toddlers (1 and 2 years)	3,120	22.8	0.90	1,560	20.6	1.05	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Infants and toddlers ^a	3,120	29.8	1.16	1,560	26	1.35	2,540	41.5	1.02	1,160	41.7	2.03
Preschoolers (3 to 5 years, not in K)	3,120	56.3	1.37	1,560	57.5	1.63	2,540	36.9	0.74	1,160	37	1.65
School-aged (5 years plus)	3,120	14	0.98	1,560	16.6	1.31	2,540	21.5	0.98	1,160	21.3	1.81
Demographic composition												
Percent of currently enrolled children who are:												
Hispanic/Latino/a	1,540	20.4*	1.91	740	11.9	1.35	2,320	16.3	1.56	1,040	14	2.16
White, non-Hispanic/Latino/a	1,540	44.1*	3.04	740	58.5	2.59	2,320	48.7	3.30	1,040	55.8	4.23
Black, non-Hispanic/Latino/a	1,540	27.8*	2.70	740	18.2	2.00	2,320	23.8	2.40	1,040	17.9	3.16
Asian, non-Hispanic/Latino/a	1,540	1.27	0.16	740	2.52	0.50	2,320	2.15	0.49	1,040	3.65	1.01
Other, non-Hispanic/Latino/a	1,540	6.43	0.50	740	8.68	1.33	2,320	9	1.00	1,040	8.62	1.06
Percent that speak a language other than English	1,980	18.9	1.42	980	15.4	1.32	2,500	16.2	1.54	1,140	19.5	2.88
Child economic well-being												
Served one or more children experiencing food insecurity at home	1,940	42*	—	980	28.9	—	2,400	18.8*	—	1,080	11.4	—

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Sample size (weighted)	27,100-48,800			15,400-30,800			46,900-54,300			21,800-26,500		

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary and categorical characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Data for home-based providers combine infants and toddlers. Differences between providers by CACFP participation status and provider type evaluated for the percentage of infants and toddlers.

* Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

b. Age groups served

Center-based providers participating in CACFP enrolled a higher mean percentage of infants compared to providers that did not participate in CACFP (7 versus 5 percent; $p < .05$). Differences in the percentages of toddlers, preschoolers, and school-age children were similar in magnitude to the differences in infants between centers that did and did not participate in CACFP, although they were not statistically significant. There was no variation in age groups served by CACFP participation status for home-based providers.

c. Demographic composition

Center-based providers participating in CACFP enrolled a higher mean percentage of Hispanic/Latino/a children (20 versus 12 percent) and Black, non-Hispanic children (28 versus 18; $p < .05$) and a lower percentage of White, non-Hispanic children (44 versus 58 percent; $p < .05$) compared to providers that did not participate in CACFP; enrollment of other demographic groups did not differ significantly. Though patterns were similar to those of centers among home-based providers by CACFP participation status, the differences were not statistically significant. Among either provider type, there were no statistically significant differences in the percentage of enrolled children who spoke a language other than English.

d. Child economic well-being

Higher percentages of both center-based (42 versus 29 percent; $p < .05$) and home-based (19 versus 14 percent; $p < .05$) providers participating in CACFP reported serving at least one child experiencing food insecurity as compared to providers of each type that did not participate in CACFP.

4. Operating hours and staff characteristics

In Exhibit III.5, we present a comparison of operating hours and staff characteristics by CACFP participation within and across childcare provider types. Characteristics include the number of standard and nontraditional (defined as evenings, overnight, and weekends) operating hours per week, the number of paid staff who did (such as lead and assistant teachers) and did not (such as some administrative staff, cooks, and janitors) regularly work with children, the child-to-staff ratio, the percentage of staff by education degree and Child Development Associate (CDA) attainment, and average staff years of experience.

CACFP participation among center-based providers was associated with a higher percentage of staff without a college degree and a lower percentage of staff with a four-year college degree. CACFP participation does not appear to be associated with operating hours, the child-to-staff ratios, or other staff qualifications such as CDA credentials and years of experience.

a. Operating hours, staffing, and group sizes

Both center-based and home-based providers participating in CACFP reported operating for a similar number of standard and nontraditional hours per week, on average, compared to nonparticipating providers. There were also no significant differences in either the number of paid staff who did and did not work with children or the child-to-staff ratio by CACFP participation status for either center- or home-based providers.

Exhibit III.5. Comparison of operational hours and staff characteristics by CACFP participation within and across childcare provider types

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Operating hours												
Weekly standard operating hours	3,080	44.8	0.78	1,540	42.3	1.09	2,480	54.1	0.67	1,120	52.3	0.81
Weekly nontraditional operating hours ^a	3,100	1.58	0.23	1,560	1.01	0.21	2,500	5.48	0.66	1,140	4.60	0.64
Staffing and group sizes												
Number of paid staff that work with children	3,100	14.4	0.62	1,560	16.5	0.91	2,200	1.51	0.04	1,000	1.36	0.06
Number of paid staff that do not work with children ^b	2,640	5.48	0.61	1,360	5.2	0.41	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Child-to-staff ratio ^c	2,940	9.02	0.67	1,480	12.6	2.25	2,200	7.03	0.18	1,000	6.7	0.31
Staff qualifications^d												
Percent by highest level of education:												
No college degree	2,820	39.8*	1.36	1,520	31.7	1.47	2,480	67	1.91	1,100	66.7	3.05
2-year college degree	2,820	20.1	0.94	1,520	17.8	1.07	2,480	17.6	1.42	1,100	16.4	2.50
4-year college degree	2,820	40.1*+	1.33	1,520	50.5	1.83	2,480	15.3	1.17	1,100	16.9	2.01
Percent with CDA credential	2,040	30.2	1.90	1,020	24.6	2.57	2,460	26.3	1.87	1,040	20.5	2.85
Average years of experience	2,800	16.9	0.38	1,500	17.3	0.51	2,460	14.9	0.40	1,100	14.1	0.61
Sample size (weighted)	34,200-48,600			19,700-30,700			47,300-53,900			22,700-26,100		

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable; CDA = Child Development Associate.

^a Defined as childcare provided during weekday evenings and overnight (between 7:00 PM and 6:00 AM) and on weekends.

^b Includes full-time and part-time workers, administrators, support staff, drivers, cooks, and any other childcare staff that do not work directly with children.

^c Includes center-based teaching staff (full- and part-time lead teachers, teachers assistant teachers, and aides) and all paid home-based staff that work with children.

^d Center-based provider survey respondents (usually center directors) included in percent of staff by highest level of education and average years of experience, but were not asked to report on whether they had a CDA credential.

* Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

b. Staff qualifications

On average, center-based providers participating in CACFP had a higher percentage of staff with no college degree (40 versus 32 percent; $p < .05$) and a lower percentage with a four-year college degree (40 versus 51 percent; $p < .05$) compared to nonparticipating providers. There were no differences in these characteristics by CACFP participation status among home-based providers. The percentage of staff with a four-year college degree was more likely to differ by CACFP participation in centers than in homes.

The mean percentage of staff with a CDA credential and the average years of experience across provider staff were similar for providers of both types that did and did not report participation in CACFP. Though participating centers and homes had higher CDA levels than non-participating centers and homes, neither difference was statistically significant.

5. Curriculum use and learning activities

In Exhibit III.6, we present a comparison of curriculum use and learning activities by CACFP participation within and across childcare provider types. Characteristics include whether providers reported use of a curriculum or prepared set of learning activities, and the average number of hours spent per day on whole-group, small-group, one-on-one, and child-selected learning activities, and pre-planned singing/rhyming and book reading or sharing.

Overall, home-based providers participating in CACFP were more likely to report the use of a curriculum or prepared learning activities. This may suggest more formalized and potentially professionalized care settings. These patterns were not reflected in time spent on various learning activities, although these measures may be limited because they exclusively capture time use without regard to assessment of childcare quality.

a. Curriculum use

A higher percentage of home-based providers participating in CACFP reported use of a curriculum or prepared set of learning activities compared to providers that did not participate (59 versus 48 percent; $p < .05$). A high percentage of center-based providers, both those that did (88 percent) and did not (86 percent) participate in CACFP, reported using a curriculum or prepared learning activities; this difference was not statistically significant.

b. Learning activities

Across both center-based and home-based providers, there were no statistically significant differences between providers that did and did not participate in CACFP in the average number of hours spent per day on various learning activities. Providers of both types tended to spend the most time on child-selected activities, followed by whole-group and then small-group activities.

Exhibit III.6. Comparison of curriculum use and learning activities by CACFP participation within and across childcare provider types

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Curriculum use												
Used curriculum or prepared learning activities ^a	2,040	88	—	1,020	85.8	—	2,500	59.3*	—	1,100	47.6	—
Learning activities												
Number of hours per day typically spent on: ^b												
Whole group activities	2,020	1.09	0.03	1,020	1.06	0.04	2,400	1.21	0.03	1,020	1.28	0.06
Small group activities	2,020	0.85	0.02	1,020	0.89	0.04	2,360	0.95	0.03	1,000	1.00	0.04
One-on-one activities	2,020	0.65	0.02	1,000	0.65	0.03	2,340	0.68	0.02	1,000	0.71	0.03
Child-selected activities	2,020	1.42	0.05	1,000	1.32	0.06	2,380	1.59	0.04	1,020	1.60	0.06
Pre-planned singing/rhyming	2,020	0.78	0.02	1,000	0.74	0.03	2,380	0.84	0.03	1,020	0.90	0.04
Book reading or sharing	2,020	0.76	0.02	1,000	0.77	0.03	2,400	0.88	0.03	1,020	0.91	0.04
Sample size (weighted)	33,700-34,200			19,500-19,900			50,600-53,400			22,400-24,900		

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest “20.” All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Includes center-based providers in which all teaching staff reported using a curriculum or prepared set of learning activities.

^b Average of the values assigned to the following categories across age groups for each learning activity, which are further averaged across center-based provider staff: “no time” = 0; “30 minutes or less” = .5; “about one hour” = 1; “about two hours” = 2; “three hours or more” = 3).

* Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

6. Meal service, routine care, physical activity, and screen time

In Exhibit III.7, we present a comparison of meal services, routine care, physical activity, and screen time by CACFP participation within and across childcare provider types. Characteristics include whether centers served snacks to children (in addition to meals) as well as how frequently they provided 100 percent fruit juice to children, the amount of time providers spent on routine care (defined as feeding, diapering, or bathroom breaks, not including lunch or nap breaks) and children's physical activity, the location(s) providers used for physical activity, and typical screen time.

CACFP-participating center-based providers reported lower frequency of 100 percent fruit juice provision and greater time spent on routine care activities across staff, on average, while home-based CACFP participants reported significantly lower screen time. CACFP guidelines prioritize serving milk and water over juice to encourage children's healthier eating habits, and encourage broader health-oriented practices, which could limit screen time and promote active play and engagement.

a. Meal service

Nearly all center-based and home-based providers that responded affirmatively to questions about serving meals to children also reported that they served snacks; rates did not vary by CACFP participation status for either provider type. Among center-based providers responding to the same question, CACFP participants tended to report providing 100 percent fruit juice to children less frequently compared to providers that did not participate in CACFP. Centers that participated in CACFP were more likely to report providing 100 percent fruit juice just one to three times per week (31 versus 20 percent; $p < .05$) and less likely to report providing it almost every day (5 versus 8 percent; $p < .05$) or once a day (16 versus 24 percent; $p < .05$).

b. Routine care

Compared to providers that did not participate in CACFP, center-based providers that participated in CACFP spent a statistically significant higher number of hours on routine care per day (1.22 versus 1.07 hours; $p < .05$). Home-based providers that did and did not participate in CACFP spent a similar number of hours on routine care, on average.

c. Physical activity

For either provider type, there were no significant differences in the number of hours spent in physical activity or in location(s) used for physical activity by CACFP participation status.

d. Screen time

Home-based providers participating in CACFP reported significantly less screen time, on average, compared to providers that did not participate in CACFP. For instance, CACFP participants were more likely to report fewer than 30 minutes of screen time per day (39 versus 30 percent; $p < .05$) and less likely to report between 30 minutes and 1.5 hours of screen time per day (33 versus 38 percent; $p < .05$). Among center-based providers, screen time by CACFP participation status was similarly distributed. Typical daily screen time was more likely to differ by CACFP participation in homes than in centers.

Exhibit III.6. Comparison of meal services, routine care, physical activity, and screen time by CACFP participation within and across childcare provider types

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Meal services												
Provided both snacks and meals to children	3,000	96.3	—	1,520	93.4	—	2,520	99.8	—	1,160	99	—
Number of times per week provided 100% fruit juice:												
Never provided	2,840	39.9	—	1,540	39.2	—	n.a.	n.a.	—	n.a.	n.a.	—
One to three times	2,840	30.7*	—	1,540	20.1	—	n.a.	n.a.	—	n.a.	n.a.	—
Almost every day	2,840	4.77*	—	1,540	7.7	—	n.a.	n.a.	—	n.a.	n.a.	—
Once a day	2,840	16.3*	—	1,540	23.7	—	n.a.	n.a.	—	n.a.	n.a.	—
Two to three times a day	2,840	6.02	—	1,540	7.62	—	n.a.	n.a.	—	n.a.	n.a.	—
Four or more times a day	2,840	2.35	—	1,540	1.7	—	n.a.	n.a.	—	n.a.	n.a.	—
Routine care^a												
Number of hours per day typically spent on routine care ^b	2,000	1.22*	0.04	1,000	1.07	0.05	2,340	1.15	0.03	1,000	1.22	0.06
Physical activity												
Number of hours per day typically spent on physical activity ^b	2,020	1.16	0.03	1,000	1.08	0.04	2,380	1.38	0.03	1,020	1.45	0.06
Location(s) for physical activity:												
Indoor space for regular care ^c	2,680	84	—	1,480	87	—	2,480	85.2	—	1,120	82.5	—
Own outdoor space	2,840	96.9	—	1,560	98.1	—	2,500	95.3	—	1,120	96.3	—
Nearby public outdoor space	2,480	29.9	—	1,340	24.1	—	2,460	53.6	—	1,120	54.5	—
Typical daily screen time												
No screen time	2,040	53	—	1,020	52.3	—	2,520	20.2	—	1,140	20.3	—
Less than 30 minutes	2,040	34.7+	—	1,020	36	—	2,520	39.2*	—	1,140	29.5	—

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	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
30 minutes to 1.5 hours	2,040	10.3	—	1,020	8.93	—	2,520	33*	—	1,140	38.1	—
1.5 hours or more	2,040	1.94	—	1,020	2.77	—	2,520	7.57	—	1,140	12.1	—
Sample size (weighted)	33,800-46,800			19,600-30,600			50,500-54,200			22,900-26,500		

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary and categorical characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest “20.” All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Routine care activities defined as feeding, diapering, or bathroom breaks, not including lunch or nap breaks.

^b Average of the values assigned to the following categories across age groups for each activity, which are further averaged across center-based provider staff: “no time” = 0; “30 minutes or less” = .5; “about one hour” = 1; “about two hours” = 2; “three hours or more” = 3).

^c For center-based providers, includes both vigorous physical activity in the classroom or another inside room, such as a gym.

* Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

7. Additional services for children and families

In Exhibit III.8, we present a comparison of additional services for children and families by CACFP participation within and across childcare provider types. Characteristics include offering or referring families to health screening services, developmental assessments, therapeutic services, and counseling services, whether services were offered on-site and/or subsidized by the provider, and whether providers connected families with social services (defined as referrals to housing services or food assistance, access to medical care, or help in obtaining assistance from other government or private programs).

Both centers and homes participating in CACFP were more likely to connect children and families to a wide range of additional comprehensive child and family support services compared to nonparticipants. Higher rates of additional service provision among CACFP participants may reflect needs of families served by the program, service requirements for participating in other childcare policies that may overlap with CACFP participation (such as Head Start), and participating providers' connections to childcare agencies and professional networks that provide access to these services and supports.

a. Additional child-focused on-site services and referrals

Center-based providers participating in CACFP were more likely to offer or refer families to health screening services (82 versus 76 percent; $p < .05$) and counseling services (74 versus 65 percent; $p < .05$) compared to centers that did not participate in CACFP. Similarly, home-based providers participating in CACFP were more likely to offer or refer to developmental assessments (33 versus 24 percent; $p < .05$) and therapeutic services (29 versus 18 percent) compared to those that did not participate in CACFP. Home-based providers participating in CACFP were also more likely both to offer one or more additional child-focused service on site (18 versus 11 percent; $p < .05$) and to pay for additional services.

b. Additional family-focused service referrals

Both center-based (79 versus 58 percent; $p < .05$) and home-based (24 versus 13 percent; $p < .05$) providers participating in CACFP connected families with social services at a higher rate than those not participating in the program.

Exhibit III.8. Comparison of additional services for children and families by CACFP participation within and across childcare provider types

	Center-based providers				Home-based providers			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	n	Percent	n	Percent	n	Percent	n	Percent
Additional child-focused on-site services and referrals								
In the past year, offered or referred families to:								
Health screening services	3,080	81.9*	1,540	75.5	2,500	26.8	1,140	20
Developmental assessments	2,860	88.4	1,540	85	2,480	33.4*	1,120	23.9
Therapeutic services	3,040	85.9	1,540	83.1	2,500	28.6*	1,140	18.2
Counseling services	3,060	74.2*	1,540	65.4	2,460	14.2	1,120	9.60
Offered child well-being and development services on-site	3,100	89.3	1,560	87.9	2,520	17.9*	1,140	10.9
Paid for child well-being and development services	3,100	45.3	1,560	46.3	2,520	3.06*	1,140	0.62
Additional family-focused service referrals								
Connected families with social services ^a	3,080	78.6*	1,540	58.2	2,480	24.3*	1,120	12.5
Sample size (weighted)	47,100-48,700		30,100-30,600		52,700-54,100		25,400-26,300	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Includes referrals to housing services or food assistance, access to medical care, or help getting assistance from other government or private programs.

* Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

8. Compliance, quality, and professional training activities and supports

In Exhibit III.9, we present a comparison of compliance, quality, and professional training activities and supports by CACFP participation within and across childcare provider types. Characteristics include health and safety inspections and trainings and access to health consultants or nurses; recent service quality inspections and participation in State quality rating and improvement systems (QRISs); whether providers offer staff access to and/or paid time-off for various professional development opportunities such as through mentors, coaches, coursework, and other schools or providers; and the extent to which staff report participating in various professional activities, such as coaching, workshops, and coursework.

Providers participating in CACFP were more integrated into formal professional networks and childcare policy systems, as reflected, for instance, in higher rates of health and safety and quality inspections and participation in QRISs. CACFP health and safety monitoring and regulatory requirements may influence these characteristics. Integration into professional networks may be especially important for home-based providers that might otherwise operate in isolation. Conversely, those not participating in CACFP appeared less connected to these support systems, indicating potential disparities in access to professional development and quality improvement resources.

a. Health and safety compliance

Compared to those that did not participate, center-based providers participating in CACFP were more likely to have undergone inspection for health and safety in the past year (96 versus 91 percent; $p < .05$). These rates were more similar for home-based providers (95 versus 88 percent). Both centers and homes participating in CACFP were more likely to report access to a health consultant or nurse than non-participating providers (71 versus 62 percent; $p < .05$ for centers and 53 versus 42 percent; $p < .05$ for homes). Home-based providers participating in CACFP were also more likely to report attendance at a health and safety training session in the past year (91 versus 82 percent; $p < .05$).

b. Quality monitoring and improvement

CACFP participation was associated with a higher likelihood of undergoing an inspection to monitor quality in both center-based (90 versus 81 percent; $p < .05$) and home-based providers (78 versus 66 percent; $p < .05$). Reported participation in State QRISs was also dramatically higher among both center-based (62 versus 38 percent; $p < .05$) and home-based providers (44 versus 27 percent; $p < .05$) participating in CACFP.

c. Professional training supports

Center-based providers participating in CACFP were more likely to report access to on-site coaches, mentors, or consultants than providers not participating in CACFP (66 versus 54 percent; $p < .05$), though there were no differences in whether centers offered staff funding or paid time-off for off-site courses or training by CACFP participation status. Compared to those not participating, both centers and homes participating in CACFP were more likely to report relationships with other schools or providers for the purpose of sharing access to professional resources (67 versus 57 percent; $p < .05$ for centers and 48 versus 36 percent; $p < .05$ for homes).

d. Staff professional activities

A greater percentage of staff among center-based providers participating in CACFP reported membership in a professional childcare organization compared to staff among providers that did not participate in CACFP (25 versus 17 percent; $p < .05$). There were no statistically significant differences in this association among home-based providers.

Home-based providers participating in CACFP reported a higher rate of receiving help from a home visitor or coach (39 versus 22 percent; $p < .05$) and attending professional workshops (74 versus 58 percent; $p < .05$) compared to nonparticipating providers. There were no statistically significant differences in these associations among center-based providers. The percentage of providers that attended a professional workshop was more likely to differ by CACFP participation in homes than in centers.

Exhibit III.9. Comparison of compliance, quality, and professional training activities and supports by CACFP participation within and across childcare provider types

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Health and safety compliance												
In the past year, reported compliance activities:												
Inspected for health and safety ^a	2,820	96.3*	—	1,520	90.8	—	2,480	95	—	1,060	88.3	—
Attended health and safety training ^b	2,040	89.9	—	1,020	86.6	—	2,500	90.8*	—	1,120	81.6	—
Had access to a health consultant or nurse ^c	3,100	71.2*	—	1,560	62.4	—	2,480	52.6*	—	1,120	41.8	—
Quality monitoring and improvement												
In the past year, received an inspection to monitor quality ^d	2,820	90.4*	—	1,520	81.3	—	2,460	77.8*	—	1,040	66.3	—
Participated in a quality rating and improvement system (QRIS)	2,760	62.3*	—	1,220	38	—	1,960	43.8*	—	800	27.2	—
Professional development training												
Professional training supports												
Offered professional development resources for staff:												
Funding for off-site courses or trainings	2,860	59.3	—	1,540	53.5	—	n.a.	n.a.	—	n.a.	n.a.	—
Paid time-off for off-site courses or trainings	2,840	43.6	—	1,540	43.7	—	n.a.	n.a.	—	n.a.	n.a.	—
Access to on-site coaches, mentors, or consultants	3,060	65.7*	—	1,540	54.2	—	n.a.	n.a.	—	n.a.	n.a.	—
Had relationships with other schools or providers to share access to professional resources	2,840	67.1*	—	1,540	57	—	2,480	48.4*	—	1,080	35.5	—

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Staff professional activities ^e												
Percent member of a professional childcare organization	2,040	25.3*	1.89	1,020	16.6	1.87	2,480	27.6	—	1,080	19.1	—
In the past year, percent reported professional activities:												
Helped by home-visitor or coach	2,000	41	2.38	1,000	32.7	2.73	2,500	39.4*	—	1,120	22.1	—
Attended professional workshop ^f	2,040	80.5 +	1.60	1,020	79.1	2.08	2,500	74.4*	—	1,120	57.5	—
Took college-level childcare course for credit	2,020	26.5	2.03	1,020	19.1	2.29	2,500	31.1	—	1,120	23.7	—
Sample size (weighted)	33,900-48,700			19,800-30,600			42,100-53,300			18,700-25,900		

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Inspected to ensure compliance with health, safety, or other requirements, such as group sizes or staff: child ratios.

^b Includes center-based providers in which all teaching staff reported having attended a health and safety training in the past year.

^c Health consultants or nurses may help with nutrition, allergies, or other health-related issues children experience.

^d Inspected to monitor the quality of childcare services other than meeting health, safety, or other requirements.

^e Indicates the average percent of center staff and the percent of home-based providers that reported each professional activity.

^f Center staff reported on professional workshops such as those offered by professional associations or childcare resource and referral networks. Home-based providers reported on professional workshops such as those sponsored by a community agency of Family Child Care network.

* Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

9. Community demographic and economic well-being

In Exhibit III.10, we present a comparison of demographic and economic well-being characteristics of the communities where providers were located by CACFP participation within and across childcare provider types. Characteristics include the percentage of the population by urban/rural geography, race/ethnicity, English language proficiency, immigrant status, and household poverty level, the median income of all workers, and the employment rate among females in the labor force.

Centers and homes participating in CACFP were generally more likely to be located in communities with greater concentrations of low-income families and diverse populations, such as Black, non-Hispanic and Hispanic/Latino/a residents, and households that spoke a language other than English. Particularly large differences in community economic characteristics for centers suggest that CACFP-participating centers serve communities facing more pronounced economic challenges, although these findings might also reflect differences in CACFP eligibility policies for homes and centers. A lack of significant differences in urbanicity suggests that CACFP's reach was not geographically biased, which could be seen as a positive indication of program inclusivity on the basis of geography.

a. Community demographics

Both center-based (18 versus 14 percent; $p < .05$) and home-based (16 versus 11 percent; $p < .05$) providers participating in CACFP served communities with a higher mean percentage of Black, non-Hispanic residents compared to providers that did not participate in CACFP. Centers participating in CACFP also operated in communities with greater density of Hispanic/Latino/a residents (19 versus 14 percent; $p < .05$) and with a greater mean percentage of households that spoke a language other than English (22 versus 19 percent; $p < .05$). There were no statistically significant differences in these characteristics for home-based providers. Hispanic/Latino/a population density was more likely to differ by CACFP participation in centers than in homes.

There were no significant differences by CACFP participation status in the average percentage of the population in an urban area or the percentage of the population who were recent immigrants for either provider type.

b. Community economic well-being

Compared to providers that did not participate in CACFP, center-based providers participating in CACFP served communities with a higher mean percentage of households with incomes at or below 100 percent of the Federal poverty level (18 versus 14 percent; $p < .05$) and 185 percent of the Federal poverty level (36 versus 30 percent; $p < .05$), a lower average median income for all workers (approximately \$24,100 versus \$29,200; $p < .05$), and a lower mean percentage of females in the labor force who were employed (92 versus 94 percent; $p < .05$).

There were no statistically significant associations between community economic well-being characteristics and CACFP participation status among home-based providers, though patterns in these characteristics were generally similar to those within centers.

Exhibit III.10. Comparison of demographic and economic well-being characteristics of communities where providers were located by CACFP participation within and across childcare provider types

	Center-based providers						Home-based providers					
	Participated in CACFP			Did not participate in CACFP			Participated in CACFP			Did not participate in CACFP		
	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE	n	Percent/ mean	SE
Community demographics												
Percent of population in urban area	3,120	79.7	2.36	1,560	75.9	2.89	2,540	81.1	3.52	1,160	81.2	4.99
Percent of population who identified as:												
Hispanic/Latino/a	3,120	19.1*+	1.44	1,560	13.9	1.11	2,540	18.5	1.58	1,160	18.4	2.12
Black non-Hispanic	3,120	17.5*	1.49	1,560	14.4	1.25	2,540	15.9*	1.70	1,160	11.5	1.48
Non-Hispanic, non-Black	3,120	63.5*	1.96	1,560	71.8	1.60	2,540	65.6	2.62	1,160	70	3.13
Percent of population who were recent immigrants ^a	3,120	2	0.16	1,560	1.74	0.16	2,540	1.93	0.20	1,160	2.02	0.27
Percent of households that spoke a language other than English	3,120	21.9*	1.46	1,560	18.8	1.27	2,540	22.4	1.71	1,160	23.3	2.26
Community economic well-being												
Percent of individuals in households with incomes at or below 100% of the federal poverty level	3,120	18*	0.47	1,560	14.4	0.62	2,540	15.5	0.71	1,160	13.9	0.91
Percent of individuals in households with incomes at or below 185% of the federal poverty level	3,120	36.3*	0.70	1,560	29.7	1.00	2,540	32.4	1.04	1,160	29.3	1.51
Average median income, all workers	3,120	24,100*	796	1,560	29,200	1,330	2,540	27,100	1,390	1,160	29,700	2,180
Percent of females in labor force who were employed	3,120	92.4*	0.21	1,560	93.5	0.21	2,540	93	0.33	1,160	93.3	0.39
Sample size (weighted)	48,800-48,800			30,800-30,800			54,300-54,300			26,500-26,500		

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2013-2017 American Community Survey five-year estimates.

Note: Exhibit presents means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a The percentage of the total population who entered the U.S. in 2010 or later.

* Differences between providers by CACFP participation status within provider type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider type statistically significant at the .05 level, two-tailed test.

IV. Discussion and implications

These findings provide insights into the patterns and correlates of CACFP participation across different child care provider types and CACFP participation categories. This discussion summarizes and integrates key findings and considers their potential implications for future research and CACFP policy.

We found that 61 percent of eligible center-based providers and 67 percent of home-based providers in this sample reported participating in CACFP in 2019, meaning that 39 percent of centers and 33 percent of eligible homes were not participating. This difference in CACFP participation between eligible centers and homes was statistically significant. Variation in CACFP participation by provider type might suggest different operational and financial incentives or constraints. For instance, the home-like environments and smaller scale of home-based providers' operations may make CACFP financially beneficial for these providers; they were more likely than centers to report serving meals, and they regularly offered care during nontraditional hours, such as evenings or weekends. Conversely, some center-based providers are integrated into school-based settings and may have access to alternative USDA nutritional funding options, such as the National School Lunch Program and School Breakfast Program. Centers situated in public or private schools and that received funding from school-based public preschool programs were less likely to participate in CACFP, and some centers required by Head Start to receive USDA child nutrition program funding did not participate in CACFP.³

CACFP's role in addressing nutritional needs is evident within specific demographic and economic contexts. Providers participating in CACFP reported serving diverse populations and operating in communities with higher representation of minority populations. Providers that served children funded through means-tested government programs were also more likely to participate in CACFP. Compared to nonparticipants, higher percentages of centers and homes participating in CACFP reported serving one or more children experiencing food insecurity and reported connecting families with social services, such as housing or food assistance. Participating providers, particularly centers, often operated in communities with greater household poverty, lower median incomes, and less access to employment for women. Centers participating in CACFP also had a lower percentage of staff with college degrees, which may reflect challenges these providers face in generating revenue to offer competitive salaries to recruit and retain staff with higher levels of education. Findings from the analysis of CACFP participation during the pandemic further suggest the vital role CACFP plays in supporting these centers – those operating in lower-income communities, with less qualified staff, and with fewer resources – in times of crisis (see Appendix Exhibits [C.4](#), [C.7](#), [C.9](#)).

Providers participating in CACFP sometimes offered different services and means of operations compared to nonparticipants. Some of these differences suggest a direct influence of CACFP's standards and policies. For instance, center-based providers in CACFP served fruit juice less frequently, aligning with CACFP guidelines and reimbursement policies favoring milk and water (USDA FNS 2017). In addition, providers of both types participating in CACFP reported higher rates of health and safety inspections,

³ Appendix B discusses additional reasons why [centers](#) and [homes](#) receiving Head Start funding may not report participating in CACFP, including noncompliance with Head Start requirements and lack of awareness among center directors who do not typically manage operations for larger Head Start grantees.

which may relate to program monitoring. Other differences might provide insights into which providers decided to participate in CACFP and their ability or willingness to navigate its requirements. Home-based providers participating in CACFP, for instance, reported more structured learning environments, managed larger operations, offered additional child-focused services, and were more integrated into professional networks and child care systems.

This integration may be especially important for home-based providers who might otherwise work without other adults and be disconnected from other child care agencies or professional organizations (Schochet et al. 2022). Yet, providers not participating in CACFP, including smaller and license-exempt home-based providers that we categorized as likely ineligible to participate (see [Appendix Exhibit B.14](#)), appeared less connected to these supports, indicating potential disparities in access to professional development and quality improvement resources. These providers may face challenges in successfully navigating CACFP participation requirements, even though they may be particularly likely to serve populations vulnerable to food insecurity (Adams et al. 2023). We found that, among this group, only those providers with the highest levels of education and resources tended to report participating in CACFP. Federal efforts could support outreach and retention of smaller and license-exempt home-based providers to enhance the program's inclusivity.

Future research should aim to better understand differential correlates of CACFP participation, particularly among groups of providers serving families with greater needs. For instance, additional research could investigate why providers that receive Head Start funding and are required to participate in a USDA child nutrition program do not participate in CACFP (see [Appendix Exhibit A.1](#)). For centers in this group, research could examine the interplay between CACFP and other USDA nutrition programs, such as those situated in school-based settings. For homes in this group, research could investigate challenges faced by providers in engaging in Early Head Start-Child Care Partnerships (EHS-CCPs), such as complying with Head Start's USDA funding requirements, while navigating funding partnerships. Moreover, research to identify extant strategies to engage likely ineligible home-based providers could present an opportunity to better understand how States use CACFP's flexibility in effectively enrolling and supporting these providers. Finally, CACFP participation is based on provider self-report. Future work should consider the validity of self-reported participation rates.

In conclusion, our analysis of CACFP participation across child care provider types and CACFP participation categories reflects a complex and dynamic program. CACFP significantly supports providers serving economically vulnerable and diverse populations, with its impact and reach shaped by various factors, including provider type, funding sources, community characteristics, and compliance with program regulations and requirements. These findings highlighting differences between providers that do and do not participate in CACFP may help FNS consider outreach strategies and programmatic changes to engage centers and home-based providers in CACFP.

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Appendix A

Methods supplement

In this appendix, we provide additional methodological details to complement the information in the main text. The structure of the appendix aligns with the organization of the main methodology text by first describing the data sources, followed by the analytic sample, data analysis elements, and analytic strategy.

Data sources

As described in the main text, the analysis uses the 2019 and COVID-19 Longitudinal Follow-up National Survey of Early Care and Education (NSECE) Center-Based (CB) and Home-Based (HB) Provider Level-1 Restricted-Use Data Files (RUF) and Public-Use Data Files. The NSECE Project Team collected provider surveys from childcare providers (defined as center directors and home-based providers); the center-based workforce survey included additional selected characteristics for center-based staff, which we aggregated to the provider level.

In some cases, the NSECE Project Team collected similar data from home-based providers and centers' individual staff rather than from center directors. The reason is that center-based classroom staff may be able to report certain information more reliably than center directors, such as their years of experience or classroom learning activities. Within each center that participated in the provider survey, the NSECE Project Team identified all staff members. The NSECE Project Team then sampled staff by using a structured framework to ensure representation across different roles, classrooms, and age groups.

The 2019 center- and home-based provider survey samples included all 50 States and the District of Columbia, and the NSECE Project Team selected each group of providers by using a multistage probability design. In the first stage, the team selected approximately 220 counties or county clusters (each is a primary sampling unit, or PSU). In the second stage, the NSECE Project Team sampled approximately 750 provider clusters so that every PSU encompassed at least three provider clusters. The NSECE Project Team oversampled provider clusters in areas with high densities of families below 250 percent of the Federal poverty level (NSECE Project Team 2022). The NSECE Project Team selected center-based and "listed" home-based childcare providers in each provider cluster from State or national listings, usually licensing or accreditation lists. The team identified "unlisted" home-based childcare providers based on eligible responses to the household survey screener indicating that an adult in the household regularly cared for children other than the adult's own for at least five hours per week in a home-based setting.

Analytic sample

In 2019, the NSECE project team collected data from 6,917 center-based and 5,901 home-based provider survey respondents. Of these, they re-interviewed 4,800 and 3,504, respectively, during the first wave of the COVID-19 follow-up survey. We excluded the following groups from all study analyses:

- Unlisted home-based providers (N = 1,670) not listed on Federal, State, or local lists of licensed or accredited providers or on lists of providers approved to receive childcare subsidies (which include providers who may have been license exempt) in 2019. These providers were not licensed nor legally exempt from licensing, making them ineligible for CACFP.

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- Providers that exclusively served school-age children or did not provide information about the ages of children served in 2019 (N = 131 center-based providers and 207 listed home-based providers).⁴ Excluding providers who did not serve one or more children from birth to school entry allowed for a more focused analysis on the correlates of CACFP participation among providers offering early childhood care.
- Providers that did not report serving meals to children or did not respond to this item in 2019 (N = 1,560 center-based providers and 276 listed home-based providers). The project team asked only those providers that reported providing meals to children in their care whether their program participated in CACFP. These providers were assumed to be ineligible for CACFP because they did not report serving meals.
- Providers that were asked about CACFP participation in 2019 but did not respond (6 percent of center-based providers and 1 percent of listed home-based providers).

With these exclusions, as previously described, the primary analytic sample totaled approximately 4,680 centers (of which 3,340 accounted for one or more staff respondents to the workforce survey) and 3,700 homes weighted to represent approximately 79,600 and 80,800 providers, respectively, across the nation in 2019.

The analytic sample for the secondary research questions further excluded providers that did not report participation in CACFP in 2019, providers that were not sampled or did not respond to the COVID-19 Follow-up survey, and providers that did not respond to specific COVID-19 Follow-up survey questions, including those related to CACFP participation. With the additional exclusions, the secondary analytic sample totaled approximately 2,140 centers and 1,780 homes, weighted to represent approximately 48,200 and 46,100 providers, respectively.

Within the analytic samples for the primary and secondary research questions, sample sizes varied with the number of respondents who provided information on survey measures used to construct each study characteristic. Item-level missingness was generally low within the analytic sample. Fewer than 5 percent of providers were missing data on most study characteristics from the home-based (38 out of 49 characteristics examined) and center-based (26 out of 34 characteristics examined) provider surveys. As discussed, between 30 and 40 percent of center-based providers were missing data for study characteristics drawn from the center-based workforce survey, completed by a subset of providers.

CACFP participation categories

In addition to the analysis that examined patterns and correlates of CACFP participation among all childcare providers included in the analytic sample, we also conducted the analysis by dividing the analytic sample into the following CACFP participation categories:

⁴ Approximately 50 percent of centers and listed homes that primarily offer regular childcare to one or more age groups between the ages of 0 and 5 also serve school-age children in before or after school or in summertime care arrangements (author's calculations from public-use data). We will include these providers in the analysis alongside those that exclusively serve younger children.

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- Required to participate. Federal policy requires providers that receive Head Start or Early Head Start funds for one or more children to use funds from a USDA child nutrition program as a primary source of payment for meal services for those children. We categorized centers and listed home-based providers who received funding from Head Start or Early Head Start as required to participate.
- Eligible to participate but not required. Most childcare providers who do not receive Head Start or Early Head Start funds are eligible but not required to participate in CACFP. These include nonprofit or public centers and licensed home-based providers. For-profit centers are eligible to participate in CACFP only if they demonstrate serving a significant portion of children from families with low incomes, either by receiving Title XX funds for at least 25 percent of capacity or enrollment or by serving at least 25 percent of enrolled children who are eligible for free or reduced-price (FRP) meals. We categorized all providers who were neither required to participate or likely ineligible as eligible to participate but not required.
- Likely ineligible to participate. As previously discussed, we excluded providers who were unlisted or did not report serving meals to children from all analyses. We categorized two additional groups of providers as “likely” ineligible for CACFP in the main analytic sample:
 1. For-profit centers that do not receive Head Start or Early Head Start funds and neither meet the Title XX funding criterion nor serve the necessary portion of children eligible for FRP meals are ineligible for CACFP. The NSECE neither collected data on Title XX funding nor the household income of children served but did collect data on the percentage of children served funded by childcare subsidies and State or local public preschool. These means-tested programs generally have similar income eligibility to FRP meals.⁵ The NSECE also collected information on the percentage of households in providers’ communities with incomes that would qualify them for FRP meals. We categorized for-profit centers that reported serving fewer than 25 percent of children with public funds and who operated in a community where fewer than 50 percent of households were eligible for FRP meals as likely ineligible to participate.
 2. A subset of listed home-based providers are legally exempt from licensing but become listed because they receive childcare subsidy funding. In most, but not all, States and localities, home-based providers who are legally exempt from licensing are ineligible to participate in CACFP. The NSECE did not collect data on licensing status but did classify home-based providers either as “family childcare (FCC)-like” and/or “relationship-based.” Non-FCC-like providers that were also relationship-based were providers that had a prior relationship with all children served (usually relatives) and that either served three or fewer children, provided care in the home of the child or children, or cared for children no more than 25 hours per week. Prior studies have used this indicator to proxy for license-exempt status, which States typically determine based on the number of children served and whether providers are related to those children (Schochet et al. 2023). We also classified these providers as likely ineligible to participate in CACFP.

⁵ In certain States or localities, however, public preschool programs are not means tested. For instance, in 2019, the District of Columbia, Georgia, New York, Vermont, and West Virginia all operated universal preschool programs (Friedman-Krauss et al. 2020). We only included children funded by public preschool in percentage calculations for for-profit centers who report serving fewer than 50 percent of three- and four-year-old children with these funds.

Data analysis elements

We examined differences between providers that did and did not participate in CACFP across a range of provider- and community-level characteristics and within and across key provider and policy subgroups. In Exhibit A.1, we describe each study data element and its level of analysis, the domain to which it belongs, and how it was constructed.

Exhibit A.1. Childcare and Meal Provision: Data analysis elements

Level	Domain	Construct (type)
Provider CACFP participation status		
Provider	CACFP participation (binary)	<ul style="list-style-type: none"> Provider participated in CACFP Provider did not participate in CACFP
Provider	Continued CACFP participation in October 2020 ^a (categorical)	<ul style="list-style-type: none"> Provider continued participating in CACFP Provider did not continue participating in CACFP Provider suspended operations
Provider and policy subgroups		
Provider	Provider type (binary)	<ul style="list-style-type: none"> Center-based provider Home-based provider
Provider and community	CACFP participation categories (categorical)	<ul style="list-style-type: none"> Required to participate (serves one or more children funded by HS or EHS) Eligible to participate but not required (if public or nonprofit center, does not serve at least one child funded by HS or EHS; if for-profit center, is area eligible [at least 50 percent of households have incomes at or below 185 percent of poverty] or at least 25 percent of served children receive public funding for childcare; if home, is FCC-like and does not serve at least one child funded by HS or EHS) Likely ineligible to participate (if for-profit center, not area eligible and fewer than 25 percent of served children receive public funding for childcare; if home, is non-FCC-like and assumed to be legally exempt from licensing)
Provider and community characteristics		
Provider funding, governance, and location		
Provider	Majority funding source	Majority HS/EHS, majority State public preschool, majority childcare subsidy, majority private tuition, mixed public or mixed public/private (categorical)
Provider	Type of governance, sponsorship	For-profit, nonprofit, run by government agency (categorical) ^b Program independent or sponsored by another organization (binary) ^b
Provider	Program location	Religious building; public or private school; university, college, or employer; other shared structure; other independent structure; somewhere else (categorical) ^b
Children served and program size		
Provider	Enrollment and capacity	Total number of children enrolled and total capacity (continuous)
Provider	Ages of children served	Percentage of currently enrolled children by age group (infants [0 to 1], toddlers [1 to 3], preschoolers [3 to 5], school age) (continuous)
Provider	Demographics of children served	Percentage of currently enrolled children by race/ethnicity (Hispanic/Latino/a; Black, non-Hispanic; White, non-Hispanic; other, non-Hispanic) whose primary language was not English (continuous) ^b

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Level	Domain	Construct (type)
Provider	Economic well-being of children served	Serves one or more children experiencing food insecurity at home (binary) ^b
Operational details and staffing		
Provider	Operating hours	Weekly hours of operation during standard operating hours; weekly hours of operation during nontraditional hours (including evenings, overnight, and weekends) (continuous)
Provider	Staffing and group sizes	Total number of paid staff who work with children, number of paid staff who do not work with children; staff:child ratios (continuous)
Provider	Staff qualifications and experience	Percentage of staff by highest level of education (no college degree; two-year degree; four-year degree or higher) (continuous) Staff average years of experience in caring for children (continuous) ^b Percentage of staff with a Child Development Associate (CDA) credential (continuous) ^b
Curriculum use and learning activities		
Provider	Curriculum	Used curriculum or prepared set of learning activities (binary) ^b
Provider	Learning activities	Across age groups, time in typical day spent on each of whole-group learning activities, small-group learning activities, one-on-one learning activities, child-selected learning activities, preplanned singing/rhyming, book reading or sharing (continuous) ^b
Meal services, routine care, physical activity, and screen time		
Provider	Meal services	Provided children with both meals and snacks (relative to meals only) (binary) Frequency of 100 percent fruit juice consumption during typical week (four or more times a day, two to three times a day, once a day, almost every day, one to three times, never provided) (categorical) ^b
Provider	Routine care	Across age groups, time in typical day spent on routine care activities such as feeding, diapering, and bathroom breaks, not including lunch or nap breaks (continuous) ^b
Provider	Children's physical activity	Location in which children participated in vigorous physical activity (indoor space for regular care, outdoor space reserved for children, nearby public outdoor space) (binaries) Across age groups, time in typical day spent in vigorous physical activity indoors or outdoors (continuous) ^b
Provider	Electronic screen time	Across age groups, time in typical day spent in front of screens (no time, 30 minutes or fewer, about one hour, about two hours, three hours or more) (categorical)
Additional services for children and families		
Provider	Supplementary services to address child well-being and development	Types of additional services offered to families in past year, either directly or through referrals (health screening, developmental assessments, therapeutic services, counseling services) (binaries) Offered any additional services on site (binary) Paid for any additional services for children (binary)
Provider	Social services to support families	Helped connect parents with social services such as housing or food assistance or access to medical care or help getting assistance from government or private programs (binary)

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Level	Domain	Construct (type)
Compliance, training, and quality supports		
Provider	Health and safety compliance activities and resources	In past year, inspected to ensure compliance with health, safety, or other requirements or to monitor quality of services other than meeting health and safety requirements (binaries) In past year, participated in health or safety training (binary) ^b Had access to a health consultant or nurse to help with nutrition, allergies, or other health-related issues (binary)
Provider	Quality improvement	Participated in a State quality rating and improvement system (QRIS; binary)
Provider	Professional development training and supports	Provided staff funding or paid time off to participate in college courses or off-site training and access to professional mentors, coaches, or consultants (binaries) ^b Had relationships with other schools or programs to share access to resources or professional development (binary) In the past year, (percentage of center staff [continuous]; home-based provider [binaries]) recently receiving help from home visitor or coach, attending a professional workshop, or taking a college course ^b Percentage of center staff (continuous); home-based provider (binaries) with membership in a professional organization focused on caring for children ^b
Community demographics and economic well-being		
Community	Community demographic characteristics (ACS)	Percentage of total population living in an urban area; considered recent immigrants; identifying as members of racial or ethnic minority groups (each of Hispanic/Latino/a; Black, non-Hispanic; non-Hispanic; non-Black) (continuous) Percentage of total households speaking a language other than English (continuous)
Community	Community economic characteristics (ACS)	Percentage of individuals in households with incomes at or below 185 percent of the Federal poverty level (continuous) Average community median annual income, all workers (continuous) Percentage of females in the labor force who were employed (continuous)

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys, the 2019 Center-Based Workforce Survey, and the 2013–2017 American Community Survey five-year estimates.

Note: All data elements drawn from the 2019 wave unless otherwise noted.

^a Data elements drawn from the first wave of the COVID-19 Longitudinal Follow-up.

^b Data element collected from center-based providers only.

^c Data elements drawn from the provider survey for homes and aggregated across staff responding to the workforce survey for centers.

Analytic strategy

Across all analyses, we conducted tests of statistical significance by CACFP participation status to focus on differences in each study characteristic that are unlikely to have occurred by chance ($p < 0.05$, two-tailed test). We did not control for several characteristics simultaneously because of the fundamental aim of our study: to describe the characteristics of providers that did and did not participate in CACFP and to test for differences across them.

Adjusting for multiple comparisons

We limited comparisons between provider types to characteristics significantly associated with CACFP participation within at least one provider type and then adjusted for multiple comparisons by using the Benjamini and Hochberg correction (1995). The sheer volume of characteristics and comparisons made increases the chance of finding a statistically significant difference in error. This is because, with more tests, the total number of false positives we might expect also rises – even though each individual test still has the same chance of error. We adjusted the results for multiple comparisons by controlling the false discovery rate, or the expected proportion of incorrectly rejected hypotheses. We reported a comparison as statistically significant in tables and a summary of results only if its p -value fell below its Benjamini–Hochberg critical value. We calculated this critical value ($k*f/m$) by using the total number of comparisons ($m = 566$ for the primary analysis, 193 for the secondary analysis), each comparison's rank (k) from most significant (smallest p -value) to least significant, and the false discovery rate ($f = 0.05$). In the primary analysis, the adjustment corrected 78 false discoveries from among 187 statistically significant associations. In the secondary analysis, the adjustment corrected 23 false discoveries from among 47 statistically significant associations.

Preserving the nationally representative survey design

We implemented the *subpop* command in Stata because we restricted our analytic sample. Such an approach preserved the full nationally representative survey design in the variance estimation to ensure that results remain in the context of the full sample.

Appendix B

Results by CACFP Participation Categories

In this appendix, we present findings from analyses comparing center-based and home-based provider characteristics by CACFP participation status and CACFP participation category. This analysis aims to identify characteristics that correlate with CACFP participation differently across the participation categories. We focus reporting means or percentages of characteristics that demonstrate statistically significant associations with CACFP participation both within one or more participation categories and that relate to CACFP participation differently across categories.

Patterns and correlates of CACFP participation within and between CACFP participation categories among center-based providers in 2019

CACFP participation

In Exhibit B.1, we present the percentage of center-based providers that reported CACFP participation by CACFP participation category. Box B.1 describes possible relationships between CACFP participation and center-based CACFP participation categories in further detail.

Box B.1. CACFP participation patterns and center-based participation categories

Centers that are required to participate in CACFP would be expected to report actually participating at higher rates than other centers. However, there are several reasons why some centers required to participate might not report participating in CACFP:

- **Program requirements.** Section 1302.44(b) of the Head Start Performance Standards requires providers receiving HS/EHS funding to use funds from a USDA child nutrition program as a primary source of payment for meal services, though this program does not necessarily need to be CACFP. For instance, mixed delivery centers in public school-based preschool settings may use funds from the National School Lunch Program (NSLP) or School Breakfast Program (SBP).
- **Grantee noncompliance.** Head Start grantees are required to list compliance with requirements for USDA payments during the application process and during the regular monitoring review process for compliance, but some grantees may be noncompliant.
- **Lack of awareness.** Grantee agencies typically manage operations for their programs (grant recipients and their delegate agencies) and centers within their programs. For this reason, some center directors might not be aware that they participate in CACFP because they did not apply for funding.

At the same time, centers that are likely ineligible to participate in CACFP would be expected to report CACFP participation at lower rates than centers in other participation categories. Yet, some centers that are likely ineligible to participate might still report participating in CACFP in our study:

- **Provider misclassification.** The NSECE did not collect data on Title XX funding nor on the household income of families served, which, as previously discussed, are used to determine CACFP eligibility among for-profit centers. We relied on the percentage of children served funded by means-tested government programs as well as the poverty density of providers' communities to categorize for-profit centers as likely ineligible.

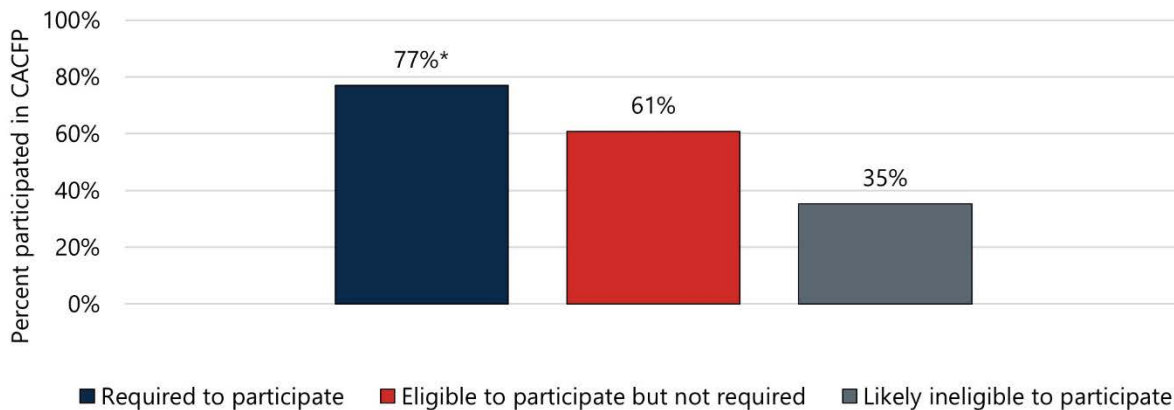
Appendix A includes additional details on how we categorized centers into different [CACFP participation categories](#) on the basis of provider and community characteristics. ▲

We categorized approximately 25 percent of centers as required to participate on the basis of serving at least one child with HS/EHS funding, 60 percent as eligible but not required to participate, and 15 percent as likely ineligible, for-profit centers serving a lower density of families with low incomes. Seventy-seven percent of centers that were required to participate reported participating in CACFP compared to 61

percent of centers that were eligible but not required and 35 percent of centers that were likely ineligible ($p < .05$).

Though patterns of CACFP participation across the CACFP participation categories were in the expected directions (with the highest rates among centers required to participate and the lowest rates among centers that were likely ineligible), the categories did not perfectly predict CACFP participation levels.

Exhibit B.1. Percent of center-based providers that reported CACFP participation by CACFP participation category



Source: Data from the 2019 National Survey of Early Education Home-Based Provider Survey.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes approximately 1,120 center-based providers required to participate, 2,960 providers eligible to participate but not required, and 620 providers likely ineligible to participate, representing 20,600, 47,700, and 11,400 providers across the nation, respectively, that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest “20.”

* Differences in CACFP participation rates across CACFP participation categories statistically significant at the .05 level, two-tailed test.

Characteristics of children served and provider size

In Exhibit B.2, we present a comparison of the characteristics of children served and provider size among center-based childcare providers by CACFP participation and CACFP participation category.

Center-based providers that received HS/EHS funding and participated in CACFP served a higher proportion of preschool-age children and a lower proportion of school-age children. Centers with HS/EHS funding that did not report participating in CACFP likely access other USDA child nutrition programs, such as NSLP or SBP, and tend to serve a broader age range. This could be due to their location in public school settings. Centers with HS/EHS funding that reported participating in CACFP may be majority HS settings that use CACFP to comply with HS requirements. Centers that are eligible but not required to participate in CACFP or likely ineligible showed more variability in ages served.

Age groups served

There were differences in age groups served among center-based providers by CACFP participation status and CACFP participation categories. Specifically, centers that were required to participate and reported participating served greater proportions of preschoolers ages 3 to 5 not in kindergarten compared to nonparticipants (75 versus 66 percent; $p < .05$), but smaller proportions of school-aged children compared to centers that were required to participate but did not report participating (6 versus 18 percent; $p < .05$). By contrast, centers that were eligible but not required (49 versus 59 percent; $p < .05$) and likely ineligible (42 versus 48 percent; $p < .05$) and reported participating in CACFP served a smaller percentage of preschool-aged children than centers in these categories that did not participate in CACFP, and they served similar percentages of school-age children.

Enrollment and capacity, demographic composition, and child economic well-being

There were no additional differences in other measures of enrollment and capacity, demographic composition, and child economic well-being among center-based providers by CACFP participation status and CACFP participation categories.

Operating hours, staff characteristics, curriculum use, and learning activities

In Exhibits B.3 and B.4, respectively, we present a comparison of (1) operating hours and staff characteristics and (2) curriculum use and learning activities among center-based childcare providers by CACFP participation and CACFP participation category.

There were no differences in operating hours, staff and group sizes, staff qualifications, curriculum use, and learning activities among center-based providers by CACFP participation status and CACFP participation categories.

Meal services, routine care, physical activity, and screen time

In Exhibit B.5, we present a comparison of meal services, routine care, physical activity, and screen time among center-based childcare providers by CACFP participation and CACFP participation category.

Likely ineligible centers that did not participate in CACFP reported less frequency of 100 percent fruit juice provision and less screen time compared to likely ineligible centers that reported participating in CACFP. This may indicate that these providers, that are more likely to be serving families with higher incomes, already meet or exceed certain quality standards that CACFP promotes. This would support CACFP policies that focus quality supports and nutritional guidance on providers serving families and communities with lower incomes who could benefit the most from the program.

Exhibit B.2. Comparison of characteristics of children served and provider size among center-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Enrollment and capacity												
Number of children enrolled	82	5.74	110	22.45	78.5	4.72	85.6	7.17	62.9	5.40	87	7.79
Percent of capacity enrolled	94.2	0.68	92.9	1.92	87.8	0.67	88.7	0.83	88.7	1.65	87.2	1.22
Age groups served												
Percent of currently enrolled children who are:												
Infants (< 12 months)	4.15	0.47	3.59	0.85	8.22*	0.57	4.78	0.47	9.14	0.86	7.93	0.62
Toddlers (1 and 2 years)	15.3	1.32	12.6	2.47	25.5*	1.08	18	1.23	33	1.31	32.3	1.37
Preschoolers (3 to 5 years, not in K)	75*+	1.94	65.9	4.91	49.1*	1.62	58.9	2.08	41.9*	1.51	48.4	1.61
School-aged (5 years plus)	5.54*+	1.34	17.8	3.62	17.2	1.38	18.3	1.79	16	1.78	11.4	1.69
Demographic composition												
Percent of currently enrolled children who are:												
Hispanic/Latino/a	22.4	2.61	17	4.37	20.8*	2.40	12.8	1.88	12.1	2.74	7.04	1.24
White, non-Hispanic/Latino/a	43.5	4.36	51.9	7.03	40.9*	3.60	55.3	3.15	64	6.35	69.1	3.57
Black, non-Hispanic/Latino/a	27.4	3.87	21.1	5.33	29.9*	3.26	20.1	2.32	17.6	3.91	12.8	2.31
Asian, non-Hispanic/Latino/a	1.32	0.26	1.26	0.41	1.32	0.20	1.96	0.51	.87*	0.37	4.38	1.09
Other, non-Hispanic/Latino/a	5.4	0.74	8.77	2.00	7.18	0.63	9.60	2.02	5.35	1.70	6.75	1.31
Percent that speak a language other than English	21	2.29	16.4	3.66	18.9	1.69	15.1	1.64	11.8	2.60	15.6	2.31

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Child health and well-being												
Served one or more children experiencing food insecurity at home	58.2	—	48.7	—	35.2	—	33.5	—	31.8	—	10.5	—
Sample size (unweighted)	480-920		100-200		940-1,980		460-980		120-220		180-400	
Sample size (weighted)	8,440-15,800		2,470-4,750		15,800-29,000		8,670-18,700		2,800-4,020		4,280-7,390	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary and categorical characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Exhibit B.3. Comparison of operational hours and staff characteristics among center-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Operating hours												
Weekly standard operating hours	36.3	1.29	34.7	2.62	48.4*	0.82	41.5	1.31	52.7	1.56	49	1.95
Weekly nontraditional operating hours ^a	1.1	0.30	0.44	0.21	1.88	0.29	1.06	0.20	1.29	0.58	1.22	0.71
Staff and group sizes												
Number of paid staff that work with children	16.5	1.45	19.9	3.79	13.8	0.61	15.6	1.14	10.5*	0.95	16.7	1.01
Number of paid staff that do not work with children ^b	8.27	1.71	7.9	2.11	4.4	0.32	5.75	0.44	2.17	0.22	2.69	0.16
Child-to-staff ratio ^c	8.77	1.08	22.8	12.88	9.38	0.95	12.1	1.46	7.43	0.54	6.97	0.50
Staff qualifications^d												
Percent by highest level of education:												
No college degree	28.4	1.76	27.5	4.18	44.9*	1.69	30	1.93	49.9	6.39	38.6	2.84
2-year college degree	19.2	1.53	17.2	2.92	20.3	1.04	16.9	1.25	21.8	3.64	20.3	2.21
4-year college degree	52.5	1.97	55.3	5.16	34.8*	1.64	53.2	2.22	28.3	4.97	41.1	3.43
Percent with CDA credential	38	3.71	26.4	6.55	28.3	2.33	24	2.93	17.3	3.94	24.8	4.74
Average years of experience	18.6	0.74	17.8	1.18	16.3	0.38	18.1	0.67	14.8	1.21	15.2	0.66
Sample size (unweighted)	620-920		140-200		1,260-1,980		620-960		160-220		260-400	
Sample size (weighted)	10,400-15,800		2,770-4,740		20,600-28,900		11,300-18,600		3,210-4,020		5,660-7,380	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents means and standard errors for continuous characteristics. Analysis sample includes center-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented

across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

CDA = Child Development Associate.

- ^a Defined as childcare provided during weekday evenings and overnight (between 7:00 PM and 6:00 AM) and on weekends.
- ^b Includes full-time and part-time workers, administrators, support staff, drivers, cooks, and any other childcare staff that do not work directly with children.
- ^c Includes full-time teaching staff (full-time lead teachers, teachers assistant teachers, and aides).
- ^d Center-based provider survey respondents (usually center directors) included in percent of staff by highest level of education and average years of experience, but were not asked to report on whether they had a CDA credential.
- * Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.
- + Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Exhibit B.4. Comparison of curriculum use and learning activities among center-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Curriculum use												
Used curriculum or prepared learning activities ^a	94.6	—	94.1	—	85.7	—	84.1	—	81.9	—	85.3	—
Learning activities												
Number of hours per day typically spent on: ^b												
Whole group activities	1.08	0.08	1.15	0.12	1.10	0.04	1.06	0.05	1.03	0.07	1.00	0.07
Small group activities	0.81	0.04	0.87	0.09	0.87	0.03	0.85	0.04	0.86	0.06	0.98	0.08
One-on-one activities	0.65	0.03	0.69	0.06	0.66	0.02	0.57	0.03	0.59	0.06	0.78	0.08
Child-selected activities	1.41	0.07	1.23	0.12	1.40	0.06	1.23	0.07	1.65	0.17	1.54	0.10
Pre-planned singing/rhyming	0.70	0.03	0.73	0.08	0.81	0.03	0.72	0.04	0.87	0.05	0.79	0.05
Book reading or sharing	0.74	0.03	0.71	0.10	0.76	0.02	0.75	0.03	0.76	0.04	0.83	0.05
Sample size (unweighted)	620-620		120-140		1,240-1,260		620-620		160-160		260-260	
Sample size (weighted)	10,300-10,500		2,720-2,770		20,100-20,700		11,200-11,500		3,180-3,230		5,560-5,650	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Includes providers in which all teaching staff reported using a curriculum or prepared set of learning activities.

^b Average of the values assigned to the following categories across age groups for each learning activity, which are further averaged across staff: "no time" = 0; "30 minutes or less" = .5; "about one hour" = 1; "about two hours" = 2; "three hours or more" = 3).

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Exhibit B.5. Comparison of meal services, routine care, physical activity, and screen time among center-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE
Meal services												
Provided both snacks and meals to children	94.3	—	96.4	—	96.8*	—	91.3	—	100	—	97.1	—
Number of times per week provided 100% fruit juice:												
Never provided	50.6 +	—	37.6	—	36.8	—	31.7	—	25.8*	—	56.6	—
One to three times	27.2 +	—	19.9	—	32.1	—	24.8	—	41.3*	—	10.8	—
Almost every day	3.96	—	12.1	—	5.31	—	8.52	—	4.3	—	2.82	—
Once a day	10.3	—	16.4	—	19.2	—	24.5	—	19.7	—	26.4	—
Two to three times a day	5.45	—	11.5	—	6.69	—	8.33	—	3.73	—	3.38	—
Four or more times a day	2.44	—	2.61	—	1.89	—	2.1	—	5.14	—	.1	—
Routine care^a												
Number of hours per day typically spent on routine care ^b	1.03	0.06	0.85	0.11	1.27*	0.05	0.98	0.06	1.49	0.11	1.37	0.09
Physical activity												
Number of hours per day typically spent on physical activity ^b	1.09	0.04	0.96	0.05	1.15	0.04	1.03	0.05	1.45	0.16	1.24	0.08
Location(s) for physical activity:												
Indoor space for regular care ^c	88.9	—	88.3	—	83.3	—	86.7	—	70.3	—	86.8	—
Own outdoor space	96.2	—	94.9	—	97	—	98.7	—	99.2	—	98.7	—
Nearby public outdoor space	24.7	—	25.9	—	31.2	—	25.6	—	39	—	19.4	—
Typical daily screen time												
No screen time	46.2 +	—	46.9	—	56.4	—	43.9	—	54.4*	—	71.8	—

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE	Percent /mean	SE
Less than 30 minutes	44.4	—	39.9	—	30.3	—	41.2	—	30.6	—	23.7	—
30 minutes to 1.5 hours	8.19	—	7.55	—	10.9	—	11.6	—	13.3*	—	4.17	—
1.5 hours or more	1.18	—	5.76	—	2.36	—	3.24	—	1.74	—	0.34	—
Sample size (unweighted)	600-900		120-200		1,240-1,920		620-960		160-220		260-400	
Sample size (weighted)	10,400-15,600		2,690-4,730		20,200-27,800		11,200-18,500		3,210-4,020		5,610-7,360	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary and categorical characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Routine care activities defined as feeding, diapering, or bathroom breaks, not including lunch or nap breaks.

^b Average of the values assigned to the following categories across age groups for each activity, which are further averaged across staff: "no time" = 0; "30 minutes or less" = .5; "about one hour" = 1; "about two hours" = 2; "three hours or more" = 3).

^c Includes both vigorous physical activity in the classroom or another inside room, such as a gym.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Meal services and screen time

There were differences in meal services and typical daily screen time among center-based providers by CACFP participation status and CACFP participation categories, primarily driven by variation in these characteristics among likely ineligible providers. Among likely ineligible centers, those that participated in CACFP provided 100 percent fruit juice more frequently (26 percent never served it compared to 57 percent among nonparticipating providers; $p < .05$) and reported higher levels of typical daily screen time (54 percent reported no screen time compared to 72 percent nonparticipants; $p < .05$).

Although not statistically significant, among centers required to participate, 51 percent of those that participated in CACFP reported never providing fruit juice compared to 38 percent of those that did not participate. Among centers that were eligible but not required to participate, these statistics were 37 versus 32 percent, respectively.

Other measures of meal services, routine care, and physical activity

There were no additional differences in other measures of meal services, routine care, and physical activity among center-based providers by CACFP participation status and category.

Additional services for children and families, compliance, quality, and professional training activities and supports

In Exhibits B.6 and B.7, respectively, we present a comparison of (1) additional services for children and families and (2) compliance, quality, and professional training activities and supports by CACFP participation and CACFP participation category.

There were no differences in additional child-focused and family-focused services and referrals, health and safety compliance, quality monitoring and improvement, professional training supports, and staff professional activities among center-based providers by CACFP participation status and category.

Exhibit B.6. Comparison of additional services for children and families among center-based childcare providers by CACFP participation and CACFP participation category

	Required to participate		Eligible but not required		Likely ineligible	
	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP
	Percent	Percent	Percent	Percent	Percent	Percent
Additional child-focused on-site services and referrals						
In the past year, offered or referred families to:						
Health screening services	94.8	87.6	78.7	77.6	78.7	62.7
Developmental assessments	96.4	93.6	86.1	85.4	73	78.8
Therapeutic services	95.6	93.1	83.3	85.5	65.3	71
Counseling services	87.5	80.5	70.9	68.8	45.3	47.2
Offered child well-being and developmental services on-site	97.4	93.8	88.2	89	65.9	81.4
Paid for child well-being and developmental services	64.7	71.1	38.1	45.9	20.9	31.6
Additional family-focused service referrals						
Connected families with social services ^a	90.9	79.8	75.5*	59.2	51.6	42.3
Sample size (unweighted)	900-920	200-200	1,740-1,980	940-960	220-220	380-400
Sample size (weighted)	15,500-15,800	4,510-4,730	27,600-28,900	18,000-18,500	3,900-4,020	7,310-7,380

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes center-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Includes referrals to housing services or food assistance, access to medical care, or help getting assistance from other government or private programs.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Exhibit B.7. Comparison of compliance, quality, and professional training activities and supports among center-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Health and safety compliance												
In the past year, reported compliance activities:												
Inspected for health and safety ^a	94.7	—	89.1	—	96.8*	—	88.6	—	98.9	—	97.2	—
Attended health and safety training ^b	96.5	—	85.7	—	86.4	—	84.3	—	86.4	—	91.5	—
Had access to a health consultant or nurse ^c	89.2	—	84	—	64.2	—	62.8	—	64.2	—	47.4	—
Quality monitoring and improvement												
In the past year, received an inspection to monitor quality ^d	90.4	—	85.5	—	90.8*	—	78.8	—	87.3	—	85.2	—
Participated in a quality rating and improvement system (QRIS)	64.8	—	47.9	—	62.4*	—	38.3	—	51.6	—	31.4	—
Professional development training												
Professional training supports												
Offered professional development resources for staff:												
Funding for off-site courses or trainings	73.7	—	65.4	—	53.4	—	52.6	—	43.1	—	47.9	—
Paid time-off for off-site courses or trainings	50.1	—	56.6	—	42.6	—	44.8	—	25.1	—	32.5	—
Access to on-site coaches, mentors, or consultants	83.6	—	74.1	—	59.6	—	53.9	—	39.8	—	42.3	—

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Had relationships with other schools or providers to share access to professional resources	84.3	—	70.6	—	61.1	—	58.7	—	41.1	—	43.5	—
Staff professional activities ^e												
Percent member of a professional childcare organization	35.1	3.63	20.4	6.26	22.2	2.19	17.3	2.23	13	3.72	13.4	3.49
In the past year, percent reported professional activities:												
Helped by home-visitor or coach	54.3	4.29	44.3	7.79	37.1	2.86	33.4	3.54	22.6	4.96	25.6	4.05
Attended professional workshop ^f	88	2.34	84.3	6.06	78.7	2.07	80.6	2.60	67.1	6.92	73.6	3.89
Took college-level childcare course for credit	30	3.78	19.6	7.18	25.4	2.62	16.8	2.21	22.8	5.04	23.3	5.02
Sample size (unweighted)	600-920		120-200		1,240-1,960		620-960		160-220		260-400	
Sample size (weighted)	10,400-15,800		2,710-4,750		20,300-28,900		11,300-18,600		3,160-4,010		5,630-7,330	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest “20.” All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Inspected to ensure compliance with health, safety, or other requirements, such as group sizes or staff:child ratios.

^b Includes providers in which all teaching staff reported having attended a health and safety training in the past year.

^c Health consultants or nurses may help with nutrition, allergies, or other health-related issues children experience.

^d Inspected to monitor the quality of childcare services other than meeting health, safety, or other requirements.

^e Indicates the average percent of staff that reported each professional activity.

^f Staff reported on professional workshops such as those offered by professional associations or childcare resource and referral networks.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Patterns and correlates of CACFP participation within and between CACFP participation categories, among home-based providers in 2019

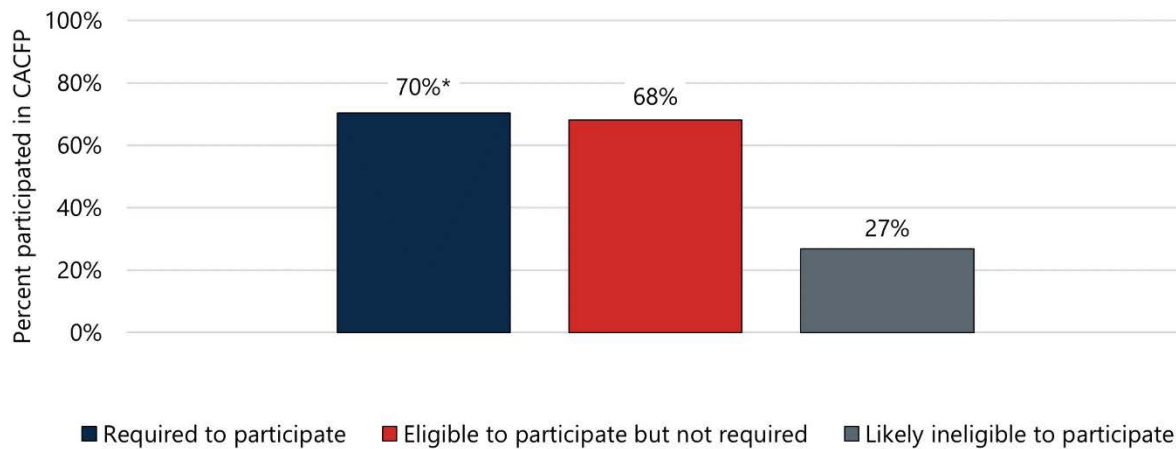
CACFP participation

In Exhibit B.8, we present the percentage of home-based providers that reported CACFP participation by CACFP participation category.

Relationships between CACFP participation and CACFP participation categories among homes might be similar to these relationships for centers (Box B.1). That is, homes required to participate would be expected to have the highest participation rates, followed by homes that are eligible but not required, and homes that are likely ineligible. Yet CACFP participation categories may also not perfectly predict CACFP participation for homes. First, homes that engage in EHS-CCPs may also use other USDA funding sources, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), to meet program requirements. These providers may also be noncompliant or not aware that they participate in CACFP. Second, we categorized non-FCC-like and relationship-based providers as likely ineligible to participate in CACFP under the assumption that they were legally exempt from licensing. Yet, these homes could be eligible to participate in CACFP in the few states that license homes serving a small number of related children or that allow license-exempt home-based providers to participate in CACFP.

We categorized approximately 6 percent of homes as required to participate on the basis of serving at least one child with HS/EHS funding, 91 percent as eligible but not required to participate, and 3 percent as likely ineligible non-FCC-like and relationship-based homes. Seventy percent of homes that were required to participate reported participating in CACFP compared to 68 percent of homes that were eligible but not required and 27 percent of homes that were likely ineligible ($p < .05$).

Exhibit B.8. Percent of home-based providers that reported CACFP participation by CACFP participation category



Source: Data from the 2019 National Survey of Early Education Home-Based Provider Survey.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes approximately 240 home-based providers required to participate, 3,380 providers eligible to participate but not required, and 80 providers likely ineligible to participate, representing 5,000, 73,700, and 2,100 providers across the nation, respectively, that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20."

* Differences in CACFP participation rates across CACFP participation categories statistically significant at the .05 level, two-tailed test.

Characteristics of children served and provider size

In Exhibit B.9, we present a comparison of the characteristics of children served and provider size among home-based childcare providers by CACFP participation and CACFP participation category.

We found differences in the number of children enrolled by CACFP participation status among home-based providers required to participate in CACFP. Larger homes that receive HS/EHS funding may be more likely to have the necessary infrastructure and staffing to comply with the program’s USDA funding requirements, including participation in CACFP.

We also found a significant association between CACFP participation and serving children experiencing food insecurity in homes that were eligible but not required to participate in CACFP. Home-based providers may be more likely to participate in CACFP if the families they serve are most in need of nutritional assistance and qualify for more generous reimbursement from the program. There were no differences in this characteristic by CACFP participation among homes required to participate in CACFP which may reflect the more uniform economic challenges faced by families eligible for Head Start.

Enrollment

Among home-based providers required to participate in CACFP, those that participated had a higher mean number of children enrolled compared to those that did not participate (11.3 versus 8.3; $p < .05$). For those eligible but not required, homes that participated in CACFP also had a higher mean number of

children enrolled (9.4 versus 8.3; $p < .05$). There was no significant difference in enrollment based on CACFP participation among likely ineligible home-based providers, which were conditioned partly on serving a small number of children. Associations between CACFP participation status and number of children enrolled were largest and most positive for homes that were required to participate, followed by homes that were eligible but not required.

Child economic well-being

Significant differences in the percentages of homes serving one or more children experiencing food insecurity by CACFP participation status were concentrated among the majority of home-based providers that were eligible but not required to participate in CACFP (18 percent of providers that reported participating in CACFP as compared to 11 percent of providers that did not; $p < .05$). Among homes that were required to participate, high levels of food insecurity (between 32 and 38 percent) were reported, regardless of CACFP participation status, while very few homes that were likely ineligible reported this characteristic.

Capacity, age groups served, and demographic composition

There were no differences in additional measures of capacity, age groups served, or demographic composition among home-based providers by CACFP participation status and CACFP participation categories.

Exhibit B.9. Comparison of characteristics of children served and provider size among home-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Enrollment and capacity												
Number of children enrolled	11.3*+	0.64	8.34	0.55	9.42*	0.27	8.31	0.28	3.15	0.43	3.3	0.33
Percent of capacity enrolled	83	2.75	70.9	5.63	83.4	1.07	81.8	1.65	75.9	4.11	79	5.69
Age groups served												
Percent of currently enrolled children who are:												
Infants (<12 months) and toddlers (1 and 2 years)	41.1	3.34	32.7	6.08	41.6	1.02	42.2	2.00	35.3	7.59	44.1	8.24
Preschoolers (3 to 5 years, not in K)	34.1	2.12	35.3	5.56	37.3	0.77	38.1	1.71	19.7	2.56	21.3	4.42
School-aged (5 years plus)	24.8	2.33	32	5.84	21	0.98	19.7	1.90	45	8.50	34.6	7.26
Demographic composition												
Percent of currently enrolled children who are:												
Hispanic/Latino/a	31.7	3.89	26.8	7.12	15.4	1.48	13.1	2.24	8.91	7.55	15.5	5.51
White, non-Hispanic/Latino/a	24.6	4.77	30.8	7.08	50.3	3.37	58.1	4.22	49.1	15.45	44.4	13.05
Black, non-Hispanic/Latino/a	29.2	4.73	37.4	7.45	23.5	2.43	16	2.82	21	12.78	28.9	12.13
Asian, non-Hispanic/Latino/a	5.32	3.77	1.5	1.36	1.95	0.47	3.98	1.12	1.67	1.68	0.61	0.63
Other, non-Hispanic/Latino/a	9.16	2.23	3.55	1.14	8.85	1.06	8.80	1.08	19.4	4.32	10.6	4.76
Percent that speak a language other than English	30.2	5.27	39.6	10.70	15.4	1.44	19	3.06	3.32	2.38	5.91	2.21
Child health and well-being												
Served one or more children experiencing food insecurity at home	38.5 +	—	32.3	—	17.7*	—	10.9	—	0	—	0.8	—

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Sample size (unweighted)	140-180		40-60		2,020-2,340		900-1,040		20-20		60-60	
Sample size (weighted)	2,820-3,510		1,230-1,480		43,600-50,200		19,100-23,500		487-564		1,420-1,540	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary and categorical characteristics, and means and standard errors for continuous characteristics. Analysis sample includes home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Operating hours and staff characteristics

In Exhibit B.10, we present a comparison of operating hours and staff characteristics among home-based childcare providers by CACFP participation and CACFP participation category.

Among homes required to participate, those that participated in CACFP reported a higher number of paid staff working with children compared to those that did not participate. These providers may have more staff available to manage the demands of the CACFP participation requirements. Homes that are required to participate but do not report participating may find it challenging to meet the program's requirements with fewer staff members.

Among likely ineligible homes, those that participated in CACFP had staff with higher levels of educational attainment compared to those that did not participate. This may indicate the types of smaller or license-exempt homes that are able to participate in CACFP in States where they are eligible to do so. Smaller licensed and license-exempt homes with more educated staff may be more likely to successfully navigate the program (Adams et al. 2023).

Number of paid staff

On average, homes required to participate in CACFP reported a higher number of paid staff who work with children compared to those that did not participate (1.69 versus 1.21; $p < .05$). There were no statistically significant differences in this characteristic by CACFP participation status among homes that were eligible to participate but not required and homes that were likely ineligible. This association was larger and more positive than the near-zero differences in the number of paid staff by CACFP participation status in other CACFP participation categories.

Staff qualifications

Among homes that were likely ineligible to participate, those that participated in CACFP had a significantly higher percentage of staff with a four-year college degree (50 versus 3 percent; $p < .05$) and a lower percentage of staff with no college degree (46 versus 88 percent; $p < .05$) compared to providers that did not participate in CACFP. There were no differences in the mean percentage of staff by highest level of education between home-based providers that did and did not participate in CACFP and were either required to participate or eligible to participate but not required.

Group sizes, operating hours, and other measures of staff qualifications

There were no differences in additional measures of staff and group sizes, operating hours, and staff qualifications among home-based providers by CACFP participation status and category.

Exhibit B.10. Comparison of operational hours and staff characteristics among home-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Operating hours												
Weekly standard operating hours	54.2	2.56	57.4	3.63	54.2	0.65	52.5	0.92	39.8	4.16	43.5	5.10
Weekly nontraditional operating hours ^a	9.52	2.31	11.9	3.17	5.22	0.66	3.92	0.58	3.15	2.88	8.10	3.07
Staff and group sizes												
Number of paid staff that work with children	1.69*+	0.13	1.21	0.08	1.5	0.04	1.39	0.07	NA	NA	1.01	0.01
Child-to-staff ratio ^b	8.1	0.44	7.56	0.61	7	0.20	6.83	0.33	NA	NA	3.26	0.45
Staff qualifications												
Percent by highest level of education:												
No college degree	71.7 +	4.29	69.6	8.98	67	2.06	65.2	3.37	45.5*	8.43	87.7	7.95
2-year college degree	14	3.03	7.17	4.13	18.1	1.54	17.4	2.85	4.19	3.49	9.26	7.74
4-year college degree	14.4 +	2.63	23.3	8.52	15	1.26	17.3	1.99	50.3*	8.55	3.06	1.64
Percent with CDA credential	39.8	5.24	41.6	9.33	25.4	1.85	19.3	2.74	n.a.	n.a.	n.a.	n.a.
Average years of experience	12.9	0.87	13.1	1.05	15.1	0.41	14	0.58	11.5	4.04	16.9	3.46
Sample size (unweighted)	160-180		60-60		2,020-2,300		900-1,020		20-20		40-60	
Sample size (weighted)	3,230-3,460		1,290-1,470		43,500-49,900		20,300-23,200		557-564		1,080-1,440	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents means and standard errors for continuous characteristics. Analysis sample includes home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

CDA = Child Development Associate; NA = not available (<= 20 records with value).

^a Defined as childcare provided during weekday evenings and overnight (between 7:00 PM and 6:00 AM) and on weekends.

^b Includes all paid home-based staff that work with children.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Curriculum use and learning activities

In Exhibit B.11, we present a comparison of curriculum use and learning activities among home-based childcare providers by CACFP participation and CACFP participation category.

There were no differences in curriculum use and learning activities among home-based providers by CACFP participation status and category.

Meal services, routine care, physical activity, and screen time

In Exhibit B.12, we present a comparison of meal services, routine care, physical activity, and screen time among home-based childcare providers by CACFP participation and CACFP participation category.

Among homes required to participate, those that reported participating reported less typical daily screen time than homes that did not report participating, possibly suggesting higher quality care standards in these homes. Likely ineligible homes participating in CACFP were also more likely to report using public outdoor spaces for physical activity than likely ineligible homes not participating in CACFP; this may reflect an emphasis on physical activity and community engagement among likely ineligible homes that are able and willing to navigate participation in CACFP.

Physical activity

Homes likely ineligible for CACFP that participated were more likely to use nearby public outdoor spaces (95 versus 70 percent; $p < .05$) for physical activity and less likely to use the indoor space for regular care (59 versus 94 percent; $p < .05$) compared to those not participating. These associations were larger than the near-zero associations between CACFP participation status and locations for physical activity among homes in the other participation categories.

Daily screen time

Among homes required to participate in CACFP, those that participated reported significantly less typical daily screen time compared to nonparticipants. For instance, 21 percent reported no daily screen time compared to 7 percent of homes required to participate that did not report participating in CACFP ($p < .05$). There were no significant differences in screen time by CACFP participation status among homes that were eligible but not required and homes that were likely ineligible to participate.

Meal services, routine care, and other measures of physical activity

There were no differences in additional measures of meal services, routine care, or physical activity among home-based providers by CACFP participation status and category.

Additional services for children and families

In Exhibit B.13, we present a comparison of additional services for children and families among home-based childcare providers by CACFP participation and CACFP participation category.

There were no differences in child-focused and family-focused services and referrals among home-based providers by CACFP participation status and category.

Exhibit B.11. Comparison of curriculum use and learning activities among home-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE
Curriculum use												
Used curriculum or prepared learning activities	73.7*	—	38.4	—	58.3	—	48.1	—	n.a.	—	n.a.	—
Learning activities												
Number of hours per day typically spent on: ^a												
Whole group activities	1.26	0.11	1.49	0.14	1.20	0.03	1.27	0.06	NA	NA	1.22	0.19
Small group activities	1.21	0.13	0.90	0.11	0.93	0.03	1.00	0.04	NA	NA	1.19	0.20
One-on-one activities	0.78	0.06	0.89	0.13	0.67	0.02	0.67	0.03	NA	NA	1.31	0.19
Child-selected activities	1.35	0.08	1.45	0.20	1.61	0.05	1.62	0.06	NA	NA	1.41	0.26
Pre-planned singing/rhyming	0.91	0.07	1.09	0.10	0.83	0.04	0.88	0.05	NA	NA	1.00	0.19
Book reading or sharing	0.89	0.04	1.00	0.11	0.88	0.04	0.90	0.05	NA	NA	0.96	0.18
Sample size (unweighted)	180-180		60-60		2,160-2,320		900-1,040		NA		40-40	
Sample size (weighted)	3,440-3,470		1,410-1,460		46,700-49,900		20,300-23,400		NA		645-691	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics, and means and standard errors for continuous characteristics. Analysis sample includes home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable; NA = not available (<= 20 records with value).

^a Average of the values assigned to the following categories across age groups for each learning activity: "no time" = 0; "30 minutes or less" = .5; "about one hour" = 1; "about two hours" = 2; "three hours or more" = 3).

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Exhibit B.12. Comparison of meal services, routine care, physical activity, and screen time among home-based childcare providers by CACFP participation and CACFP participation category

	Required to participate				Eligible but not required				Likely ineligible			
	Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP		Participated in CACFP		Did not participate in CACFP	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Meal services												
Provided both snacks and meals to children	99.8	—	100	—	99.8	—	98.9	—	100	—	99.8	—
Routine care^a												
Number of hours per day typically spent on routine care ^b	1.15	0.10	1.17	0.17	1.16	0.04	1.22	0.07	NA	NA	1.38	0.16
Physical activity												
Number of hours per day typically spent on physical activity ^b	1.32 +	0.06	1.15	0.09	1.38	0.03	1.46	0.06	NA	NA	1.81	0.23
Location(s) for physical activity:												
Indoor space for regular care	85.7 +	—	87.8	—	85.5	—	81.4	—	58.7*	—	94.2	—
Own outdoor space	94.2	—	96.1	—	95.3	—	96.7	—	100	—	91.1	—
Nearby public outdoor space	69.7	—	64.7	—	52	—	52.9	—	95	—	69.6	—
Typical daily screen time												
No screen time	21.1*+	—	6.8	—	20.3	—	27	—	6.95	—	17.2	—
Less than 30 minutes	39.3	—	37	—	39.5	—	30.1	—	13.6	—	12.1	—
30 minutes to 1.5 hours	32.9	—	33.8	—	32.6	—	32.5	—	72.4	—	42.9	—
1.5 hours or more	6.64*	—	22.4	—	7.64	—	10.4	—	7.05	—	27.8	—
Sample size (unweighted)	180-180		60-60		2,140-2,320		900-1,040		20-20		40-60	
Sample size (weighted)	3,420-3,510		1,430-1,480		46,500-50,100		20,700-23,500		510-564		691-1,540	

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary and categorical characteristics, and means and standard errors for continuous characteristics. Analysis sample includes home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are

reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

NA = not available (<= 20 records with value).

- ^a Routine care activities defined as feeding, diapering, or bathroom breaks, not including lunch or nap breaks.
- ^b Average of the values assigned to the following categories across age groups for each activity: "no time" = 0; "30 minutes or less" = .5; "about one hour" = 1; "about two hours" = 2; "three hours or more" = 3).
- * Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.
- + Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Exhibit B.13. Comparison of additional services for children and families among home-based childcare providers by CACFP participation and CACFP participation category

	Required to participate		Eligible but not required		Likely ineligible	
	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP
	Percent	Percent	Percent	Percent	Percent	Percent
Additional child-focused on-site services and referrals						
In the past year, offered or referred families to:						
Health screening services	38.8	19.5	25.8	19.6	25.8	27
Developmental assessments	42.2	21.9	32.8	25	32.8	8.54
Therapeutic services	40.1*	9.33	28.1*	19.7	28.1	3.92
Counseling services	24.7*	8	13.2	9.87	13.2	7.05
Offered child well-being and developmental services on-site	15	9.77	17	11.7	17	0.17
Paid for child well-being and developmental services	5.5	0	2.77*	0.70	2.77	0
Additional family-focused service referrals						
Connected families with social services ^a	40.2	16.4	23.1*	12.8	23.1	4.03
Sample size (unweighted)	180-180	60-60	2,260-2,320	1,000-1,040	20-20	60-60
Sample size (weighted)	3,410-3,510	1,420-1,480	48,800-50,000	22,500-23,300	564-564	1,440-1,540

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Includes referrals to housing services or food assistance, access to medical care, or help getting assistance from other government or private programs.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Compliance, quality, and professional training activities and supports

In Exhibit B.14, we present a comparison of compliance, quality, and professional training activities and supports among home-based childcare providers by CACFP participation and CACFP participation category.

We found positive associations between CACFP participation and health and safety training compliance that were largest among home-based providers required to participate, such as EHS-HS CCP-funded homes, as well as those that are likely ineligible and traditionally less regulated, and smaller among homes that were eligible but not required to participate. This may suggest that CACFP participation could indicate broader compliance with health and safety regulations required by various childcare policies that exist separately from licensing, such as from Head Start or childcare subsidies. Among the majority of home-based providers that were eligible but not required to participate in CACFP, the program's role may be more complementary to existing licensing regulations.

Health and safety compliance

Among homes required to participate in CACFP, a higher percentage of those that participated in CACFP reported attending a health and safety training in the past year compared to those that did not participate (94 versus 64 percent; $p < .05$). Similarly, among homes that were likely ineligible, a higher percentage of providers that participated in CACFP also reported recently attending a health and safety training compared to those that did not participate (91 versus 58 percent; $p < .05$). These findings indicate that participation in CACFP may be associated with a greater engagement in health and safety training across these two distinct groups of home-based providers. There was no difference in this characteristic by CACFP participation status among homes that were eligible but not required to participate.

Other measures of health and safety compliance, quality, and staff professional training activities

There were no differences in additional measures of health and safety compliance, quality monitoring and improvement, professional training supports, or staff professional activities among home-based providers by CACFP participation status and category.

Exhibit B.14. Comparison of compliance, quality, and professional training activities and supports among home-based childcare providers by CACFP participation and CACFP participation category

	Required to participate		Eligible but not required		Likely ineligible	
	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP
	Percent	Percent	Percent	Percent	Percent	Percent
Health and safety compliance						
In the past year, reported compliance activities:						
Inspected for health and safety ^a	96.7	82.3	94.9	89.7	n.a.	n.a.
Attended health and safety training	94.3*+	64	90.5	84.3	90.5*	58.1
Had access to a health consultant or nurse ^b	56.3	51.8	52.1*	40.2	52.1	55.9
Quality monitoring and improvement						
In the past year, received an inspection to monitor quality ^c	89	80.4	77*	66.1	n.a.	n.a.
Participated in a quality rating and improvement system (QRIS)	52.7*	25.3	43.3*	27.4	n.a.	n.a.
Professional development training						
Professional training supports						
Had relationships with other schools or providers to share access to professional resources	44.1	29.1	48.7*	35.9	n.a.	n.a.
Staff professional activities ^d						
Percent member of a professional childcare organization	34.9	23.3	27	19.1	n.a.	n.a.
In the past year, percent reported professional activities:						
Helped by home-visitor or coach	49.8	28	38.3*	22.6	38.3*	7.52
Attended professional workshop ^e	77.6	61.6	74*	58.3	74*	42.1
Took college-level childcare course for credit	43	26	30.3	24	30.3	16.6
Sample size (unweighted)	120-180	40-60	1,840-2,300	760-1,020	20-20	60-60

	Required to participate		Eligible but not required		Likely ineligible	
	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP	Participated in CACFP	Did not participate in CACFP
	Percent	Percent	Percent	Percent	Percent	Percent
Sample size (weighted)	2,420-3,500	1,290-1,470	39,600-49,600	17,400-23,300	564-564	1,440-1,540

Source: Data from the 2019 National Survey of Early Education Home-Based and Center-Based Provider Surveys and the 2019 Center-Based Workforce Survey.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes home-based providers that serve one or more children aged 0 to 5, provide meals to children served, and reported CACFP participation status. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Inspected to ensure compliance with health, safety, or other requirements, such as group sizes or staff:child ratios.

^b Health consultants or nurses may help with nutrition, allergies, or other health-related issues children experience.

^c Inspected to monitor the quality of childcare services other than meeting health, safety, or other requirements.

^d Indicates the percent of providers that reported each professional activity.

^e Providers reported on professional workshops such as those sponsored by a community agency of Family Child Care network.

* Differences between providers by CACFP participation status within CACFP participation category statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and CACFP participation category statistically significant at the .05 level, two-tailed test.

Appendix C

Secondary research questions: How did the COVID-19 pandemic influence CACFP participation?

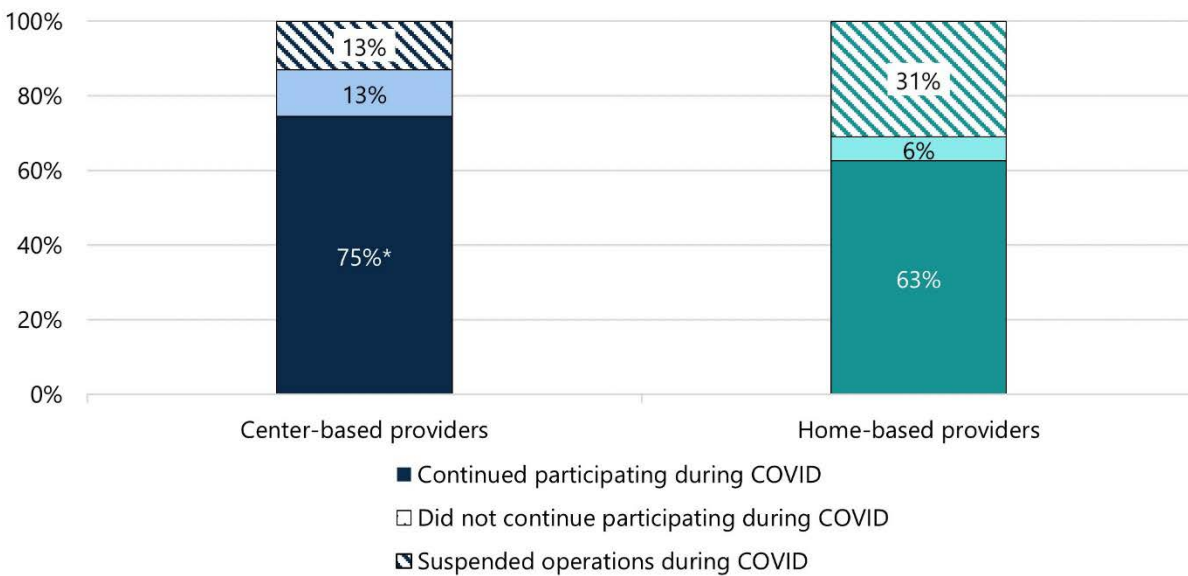
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In this appendix, we present findings from the analysis of the secondary research questions using additional data from the COVID-19 Longitudinal Follow-up Survey. This analysis focuses on centers and homes that participated in CACFP in 2019 to examine patterns and correlates of CACFP participation in October 2020. We draw provider and community characteristics from 2019, prior to the start of the COVID-19 pandemic. We report means or percentages by CACFP participation in October 2020 for characteristics that demonstrate statistically significant differences by CACFP participation within centers and/or homes, as well as report whether these relationships further differ between centers and homes.

CACFP participation

In Exhibit C.1, we present the percentage of center-based and home-based childcare providers that participated in CACFP in 2019 by their CACFP participation status in October 2020. During the pandemic, providers either continued participating in CACFP, exited the program (including by becoming ineligible as a result of no longer reporting serving meals to children), or suspended their operations entirely.

Exhibit C.1. CACFP participation in October 2020 among center-based and home-based childcare providers that participated in 2019



Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes approximately 2,120 center-based and 1,780 home-based providers, representing 48,160 and 46,100 providers across the nation, respectively, that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20."

* Differences in CACFP participation across provider-type statistically significant at the .05 level, two-tailed test.

Among 2019 participants, a higher proportion of homes reported suspending operations during COVID as compared to centers (31 percent versus 13 percent; $p < .05$). Findings also suggest that among providers that remained operational during COVID, nearly all homes continued participating in CACFP (91 percent), whereas centers had greater variability in CACFP participation (85 percent continued participating; $p <$

.05). Nonetheless, small proportions of providers of both types that continued operating reported exiting CACFP.

Provider funding, governance, and location

In Exhibit C.2, we present a comparison of provider funding, governance, and location for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

There were no differences in majority funding source, auspice, sponsorship, or provider location among providers that participated in CACFP in 2019 by their CACFP participation status during COVID.

Characteristics of children served and provider size

In Exhibit C.3, we present a comparison of the characteristics of children served and provider size for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

The findings indicate that larger providers, both centers and homes, were more likely to remain operational during the pandemic. In addition, centers (but not homes) that continued participating in CACFP during the pandemic served a higher percentage of infants and toddlers, and a lower percentage of preschoolers. Centers serving young children may have higher operational costs and may have experienced greater reductions in enrollment for this age group during the pandemic.

Enrollment

Both centers and homes that participated in CACFP in 2019 and subsequently suspended operations during COVID enrolled fewer children than other providers of each type. Centers that suspended operations during COVID served 64 children, on average, which was fewer than centers that remained in operation and either did (86 children) or did not (82 children) continue participating in CACFP ($p < .05$). For homes, these averages were approximately eight children, 10 children, and 10 children, respectively ($p < .05$).

Age groups served

Centers that continued participating in CACFP during COVID served a larger percentage of infants and toddlers (34 percent) and a smaller percentage of preschoolers (52 percent) compared to centers that did not continue participating (22 percent and 68 percent, respectively) and centers that suspended operations (26 percent and 61 percent, respectively; both differences were significant at $p < .05$). There were no differences in age groups served among homes by CACFP participation status during COVID. Both the percentage of infants and toddlers served and the percentage of preschoolers served were more likely to differ by CACFP participation in centers than in homes during COVID.

Exhibit C.2. Comparison of provider funding, governance, and location for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019			Home-based providers that participated in CACFP in 2019		
	Continued participating during COVID	Did not continue participating during COVID	Suspended operations during COVID	Continued participating during COVID	Did not continue participating during COVID	Suspended operations during COVID
	Percent	Percent	Percent	Percent	Percent	Percent
Majority funding source						
Majority Head Start ^a	19.4	29	19.5	0.27	2.8	0.21
Majority public preschool ^b	4.75	12	2.61	0.34	0	0.3
High subsidy ^c	14.3	6	12	8.32	8.70	7.84
Majority private tuition ^d	9.57	15.8	15.4	51	45.2	57.3
Mixed public or mixed public/private	51.9	37.3	50.5	40	43.3	34.4
Auspice						
Private, for-profit	39.2	24.6	34.2	n.a.	n.a.	n.a.
Private, not for-profit	51.1	57.6	54.1	n.a.	n.a.	n.a.
Public	9.74	17.8	11.7	n.a.	n.a.	n.a.
Larger organization						
Sponsored by another organization	34.7	38.8	25.6	n.a.	n.a.	n.a.
Provider location						
Religious building	10.2	11.5	10.2	n.a.	n.a.	n.a.
Public or private school	27.9	35.3	23.9	n.a.	n.a.	n.a.
University, college, or employer	3.99	5.25	5.07	n.a.	n.a.	n.a.
Other shared structure ^e	17.8	14.9	12.2	n.a.	n.a.	n.a.
Other independent structure	38.9	32.5	46.9	n.a.	n.a.	n.a.
Somewhere else	1.28	0.48	1.74	n.a.	n.a.	n.a.
Sample size (unweighted)	1,120-1,620	180-260	180-240	1,060-1,060	100-100	500-500
Sample size (weighted)	25,500-35,700	4,090-6,010	5,010-6,220	26,600-26,600	2,630-2,630	13,400-13,400

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary and categorical characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

- ^a Includes providers where at least 50 percent of children are funded by Head Start or Early Head Start (HS/EHS) and less than 30 percent are funded by other federal, state, or local government sources.
- ^b Includes providers where at least 50 percent of children are funded by state public preschool and less than 30 percent are funded by other federal, state, or local government sources.
- ^c Includes providers where at least 50 percent of children are funded by child care subsidies and less than 30 percent are funded by other federal, state, or local government sources.
- ^d Includes providers where at least 90 percent of their children are funded by private tuition paid by their parents or guardians without any public funding.
- ^e Includes providers located in community centers, municipal buildings, or other commercial structures in which the provider is not the sole occupant.
- * Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.
- + Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

Exhibit C.3. Comparison of characteristics of children served and provider size for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Enrollment and capacity												
Number of children enrolled	85.5*	5.25	81.5	12.6	63.6	10.1	10.4*	0.36	9.81	0.78	8.25	0.32
Percent of capacity enrolled	90	0.59	91.4	1.57	89.5	2.02	85.6	1.14	84	2.86	81	2.17
Age groups served												
Percent of currently enrolled children who are:												
Infants (<12 months)	8.38*	0.63	4.47	0.70	5.51	1.09	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Toddlers (1 and 2 years)	25.2*	1.05	17.1	2.16	20.1	2.94	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Infants and toddlers ^a	33.6*+	1.38	21.6	2.77	25.6	3.61	40.6	1.36	37.1	3.27	41.5	2.19
Preschoolers (3 to 5 years, not in K)	51.7*+	1.48	67.9	3.75	61	3.96	37.3	1.12	36.4	3.38	37.1	1.67
School-aged (5 years plus)	14.8	1.42	10.4	2.05	13.4	1.88	22.1	1.41	26.5	3.95	21.4	2.23
Demographic composition												
Percent of currently enrolled children who are:												
Hispanic/Latino/a	18.3	1.84	20.6	4.29	24.1	6.37	14.4	1.45	22.7	4.60	20.8	2.93
White, non-Hispanic/Latino/a	48.7	3.27	48	7.64	43.6	9.87	51.4	3.15	41.6	7.91	45.7	4.57
Black, non-Hispanic/Latino/a	25.5	2.56	25.7	6.29	24.7	5.54	23.9	2.63	29	8.80	25	3.29
Asian, non-Hispanic/Latino/a	1.23	0.20	1.29	0.37	1.13	0.41	1.46	0.30	0.89	0.43	1.88	0.77
Other, non-Hispanic/Latino/a	6.21	0.53	4.45	0.93	6.51	1.65	8.88	0.99	5.76	1.09	6.65	1.17
Percent who speak a language other than English	17.4	1.41	18.6	2.92	20.3	4.85	12.1*	1.40	20.5	4.75	21.3	3.08

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Child health and well-being												
Serves one or more children experiencing food insecurity at home	40.9	—	47.8	—	57.8	—	19.9	—	11.1	—	24.6	—
Sample size (unweighted)	920-1,620		120-260		120-240		980-1,140		100-100		460-540	
Sample size (weighted)	22,100-35,900		3,420-6,020		2,980-6,230		24,700-28,900		2,660-2,930		11,900-14,300	

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary and categorical characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Data for home-based providers combine infants and toddlers. Differences between providers by CACFP participation status and provider-type evaluated for the percentage of infants and toddlers.

* Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

Enrollment capacity, demographic composition, and child economic well-being

There were no additional differences in other measures of enrollment capacity, demographic composition, and child economic well-being among providers that participated in CACFP in 2019 by their CACFP participation status during COVID.

Operating hours and staff characteristics

In Exhibit C.4, we present a comparison of operating hours and staff characteristics for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

We found that centers that continued participating in CACFP during the pandemic had staff with lower levels of educational attainment compared to other centers. Centers with less educated staff may be located in lower-income areas and/or may have more limited resources available to recruit staff with higher levels of education.

Staff qualifications

Centers that continued participating in CACFP during COVID had a greater percentage of staff with no college degree (43 percent) and a smaller percentage of staff with a four-year college degree (37 percent) than centers that did not continue participating (27 percent and 50 percent, respectively) and centers that suspended operations (35 percent and 47 percent, respectively; both differences were significant at $p < .05$). There were no differences in staff qualifications among homes by CACFP participation status during COVID. The percentage of staff with no college degree and the percentage of staff with a four-year college degree were more likely to differ by CACFP participation in centers than in homes during COVID.

Staff and group sizes, operating hours, and other measures of staff qualifications

There were no differences in operating hours, staff and group sizes, and additional measures of staff qualifications among providers that participated in CACFP in 2019 by their CACFP participation status during COVID.

Curriculum use and learning activities

In Exhibit C.5, we present a comparison of curriculum use and learning activities for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

There were no differences in curriculum use and learning activities among providers that participated in CACFP in 2019 by their CACFP participation status during the pandemic.

Meal services, routine care, physical activity, and screen time

In Exhibit C.6, we present a comparison of meal services, routine care, physical activity, and screen time for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

Exhibit C.4. Comparison of operational hours and staff characteristics for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Operating hours												
Weekly standard operating hours	46	1.06	43.1	2.04	43.1	2.08	56	0.86	57.6	2.51	52.7	1.06
Weekly nontraditional operating hours ^a	1.65	0.33	2.2	0.74	0.8	0.74	6.76	1.08	11.2	3.84	3.74	3.84
Staffing and group sizes												
Number of paid staff that work with children	16.3	1.00	15.3	1.52	11.1	1.52	1.55	0.05	1.92	0.24	1.43	0.24
Number of paid staff that do not work with children ^b	5.26	0.55	6.64	1.29	4.43	1.29	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Child-to-staff ratio ^c	9.1	1.08	9.52	1.84	7.06	1.84	7.57	0.23	6.43	0.56	6.72	0.56
Staff qualifications^d												
Percent by highest level of education:												
No college degree	42.9*+	1.66	27.1	2.84	35.3	2.84	66.9	2.26	69	4.17	66.7	4.17
2-year college degree	20	1.17	22.7	3.09	18.1	3.09	16.4	1.82	17.8	4.22	15.6	4.22
4-year college degree	37.1*+	1.63	50.2	3.69	46.5	3.69	16.7	1.57	13.2	3.45	17.7	3.45
Percent with CDA credential	30.6	2.37	28.3	5.09	23.5	5.09	22.3	2.06	29.9	5.46	28.8	5.46
Average years of experience	16.9	0.49	18.2	0.79	16.2	0.79	14.9	0.58	11.9	1.55	15.9	1.55
Sample size (unweighted)	1,200-1,620		180-260		160-240		980-1,120		100-100		460-520	
Sample size (weighted)	27,100-35,800		4,420-6,020		4,370-6,220		25,500-28,600		2,640-2,880		11,700-14,200	

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

Childcare and Meal Provision: Data Analysis Report

n.a. = not applicable; CDA = Child Development Associate.

- ^a Defined as childcare provided during weekday evenings and overnight (between 7:00 PM and 6:00 AM) and on weekends.
- ^b Includes full-time and part-time workers, administrators, support staff, drivers, cooks, and any other childcare staff that do not work directly with children.
- ^c Includes center-based teaching staff (full- and part-time lead teachers, assistant teachers, and aides) and all paid home-based staff that work with children.
- ^d Center-based provider survey respondents (usually center directors) included in percent of staff by highest level of education and average years of experience, but were not asked to report on whether they had a CDA credential.
- * Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.
- + Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

Exhibit C.5. Comparison of curriculum use and learning activities for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Curriculum use												
Used curriculum or prepared learning activities ^a	87.1	—	94.4	—	80.3	—	59.6	—	55.9	—	60.3	—
Learning activities												
Number of hours per day typically spent on: ^b												
Whole group activities	1.12	0.05	1.02	0.09	1.01	0.08	1.20	0.04	1.09	0.10	1.22	0.06
Small group activities	0.88	0.03	0.79	0.07	0.85	0.06	0.97	0.04	0.91	0.08	0.89	0.07
One-on-one activities	0.66	0.03	0.66	0.05	0.66	0.07	0.67	0.03	0.60	0.11	0.66	0.04
Child-selected activities	1.46	0.05	1.38	0.10	1.44	0.22	1.71*	0.06	1.23	0.13	1.52	0.08
Pre-planned singing/rhyming	0.82	0.03	0.68	0.03	0.79	0.06	0.82	0.04	0.77	0.08	0.83	0.04
Book reading or sharing	0.77	0.02	0.77	0.04	0.70	0.04	0.87	0.04	0.82	0.07	0.83	0.03
Sample size (unweighted)	1,200-1,220		180-180		160-160		1,060-1,120		100-100		500-520	
Sample size (weighted)	26,800-27,200		4,370-4,420		4,340-4,370		27,000-28,400		2,640-2,930		13,200-14,200	

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest “20.” All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

^a Includes center-based providers in which all teaching staff reported using a curriculum or prepared set of learning activities.

^b Average of the values assigned to the following categories across age groups for each learning activity, which are further averaged across center-based provider staff: “no time” = 0; “30 minutes or less” = .5; “about one hour” = 1; “about two hours” = 2; “three hours or more” = 3).

* Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

Exhibit C.6. Comparison of meal services, routine care, physical activity, and screen time for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Meal services												
Provided both snacks and meals to children	97.2	—	98.4	—	90.2	—	99.8	—	100	—	99.9	—
Number of times per week provided 100% fruit juice:												
Never provided	39.8	—	47.3	—	38.8	—	n.a.	—	n.a.	—	n.a.	—
One to three times	33	—	23.2	—	38.9	—	n.a.	—	n.a.	—	n.a.	—
Almost every day	3.67	—	2.16	—	3.82	—	n.a.	—	n.a.	—	n.a.	—
Once a day	16.3	—	16.7	—	9.4	—	n.a.	—	n.a.	—	n.a.	—
Two to three times a day	4.59	—	6.05	—	8.85	—	n.a.	—	n.a.	—	n.a.	—
Four or more times a day	2.69	—	4.64	—	0.24	—	n.a.	—	n.a.	—	n.a.	—
Routine care^a												
Number of hours per day typically spent on routine care ^b	1.28*	0.05	0.92	0.08	1.10	0.13	1.31*	0.06	0.95	0.13	1.08	0.06
Physical activity												
Number of hours per day typically spent on physical activity ^b	1.17	0.04	1.11	0.09	1.44	0.19	1.48*	0.05	1.27	0.13	1.30	0.05
Location(s) for physical activity:												
Indoor space for regular care ^c	85.4	—	86.8	—	76.4	—	85.2	—	82.2	—	86.1	—
Own outdoor space	96.8	—	99	—	98.6	—	96.6	—	97.6	—	92.9	—
Nearby public outdoor space	29.5	—	30.3	—	36.7	—	52.3	—	58.6	—	51.2	—
Typical daily screen time												

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
No screen time	56.9	—	47.5	—	42.9	—	18.9	—	11.6	—	19.1	—
Less than 30 minutes	31.5	—	42	—	52.3	—	41.2	—	58.4	—	38.7	—
30 minutes to 1.5 hours	9.83	—	8.21	—	3.71	—	33.6	—	23.6	—	36.9	—
1.5 hours or more	1.8	—	2.32	—	1.13	—	6.31	—	6.33	—	5.27	—
Sample size (unweighted)	1,200-1,600		180-260		160-240		1,040-1,140		100-100		500-540	
Sample size (weighted)	27,000-35,500		4,290-6,010		4,340-6,180		27,000-28,700		2,720-2,930		13,100-14,300	

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary and categorical characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest “20.” All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Routine care activities defined as feeding, diapering, or bathroom breaks, not including lunch or nap breaks.

^b Average of the values assigned to the following categories across age groups for each activity, which are further averaged across center-based provider staff: “no time” = 0; “30 minutes or less” = .5; “about one hour” = 1; “about two hours” = 2; “three hours or more” = 3).

^c For center-based providers, includes both vigorous physical activity in the classroom or another inside room, such as a gym.

* Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

The findings indicate greater allocation of time for routine care and physical activity among childcare providers that continued participating in CACFP. These centers and homes reported allocating more time to routine care activities compared to their counterparts that did not continue participating in CACFP. Homes that continued participating in CACFP also reported allocating more time to physical activities.

Routine care and physical activity

Both centers and homes that continued participating in CACFP reported spending a greater number of hours per day on routine care activities. Centers that continued participating in CACFP spent 1.3 hours per day on routine care activities, on average, which was more than centers that did not continue participating in CACFP (0.9 hours) or that suspended operations during COVID (1.1 hours; $p < .05$). For homes, these averages were approximately 1.3 hours, 1 hour, and 1.1 hours, respectively ($p < .05$).

Homes that continued participating in CACFP also reported spending a greater number of hours per day on physical activity, on average (1.5 hours) than homes that did not continue participating in CACFP (1.3 hours) or that suspended operations (1.3 hours; $p < .05$). We did not find significant differences in the time that centers allocated to physical activities based on their CACFP participation status during COVID.

Meal services, daily screen time, and other measures of physical activity

There were no differences in additional measures of meal services, daily screen time, or physical activity among providers that participated in CACFP in 2019 by their CACFP participation status during COVID.

Additional services for children and families

In Exhibit C.7, we present a comparison of additional services for children and families for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

Centers that did not continue to participate in CACFP during the pandemic were more likely to have funded additional child well-being and development services pre-pandemic than centers that continued to participate or that suspended operations during the pandemic. Centers that do not pay for additional child well-being and development services may have fewer resources.

Paid for additional child-focused services

Centers that did not continue participating in CACFP during COVID were more likely than other centers to report paying for one or more child well-being and development services prior to the pandemic (63 percent versus 41 percent among centers that continued participating in CACFP and 30 percent among centers that suspended operations during COVID; $p < .05$). There were no differences in this characteristic among homes by CACFP participation status during COVID. The percentage of providers that paid for additional child-focused services was more likely to differ by CACFP participation in centers than in homes during COVID.

Other child-focused and family-focused services and referrals

There were no differences in additional measures of child-focused and family-focused services and referrals among providers that participated in CACFP in 2019 by their CACFP participation status during COVID.

Compliance, quality, and professional training activities and supports

In Exhibit C.8, we present a comparison of compliance, quality, and professional training activities and supports for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

There were no differences in health and safety compliance, quality monitoring and improvement, professional training supports, or staff professional activities among providers that participated in CACFP in 2019 by their CACFP participation status during COVID.

Community demographic and economic well-being

In Exhibit C.9, we present a comparison of demographic and economic well-being characteristics of the communities where providers were located for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider types.

We find that centers that did not continue participating in CACFP during the pandemic were located in higher-income communities compared to other centers. This implies that these centers served families with greater financial resources, whereas centers that continued to participate in CACFP and that suspended their operations, served families with fewer resources. The findings also suggest that community income levels had a more significant relationship with decisions to continue participating in CACFP for centers than for homes.

Community average median income

Centers that did not continue participating in CACFP during COVID operated in communities with higher average median incomes among all workers (\$27,800) compared to centers that continued participating in CACFP (\$22,500) and centers that suspended their operations (\$20,400; $p < .05$). There were no differences in average median income among homes by CACFP participation status during COVID. Average community median income was more likely to differ by CACFP participation in centers than in homes during COVID.

Community demographics and other measures of community economic well-being

There were no differences in additional measures of community demographics and economic well-being among providers that participated in CACFP in 2019 by their CACFP participation status during COVID.

Exhibit C.7. Comparison of additional services for children and families for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019			Home-based providers that participated in CACFP in 2019		
	Continued participating during COVID	Did not continue participating during COVID	Suspended operations during COVID	Continued participating during COVID	Did not continue participating during COVID	Suspended operations during COVID
	Percent	Percent	Percent	Percent	Percent	Percent
Additional child-focused on-site services and referrals						
In the past year, offered or referred families to:						
Health screening services	82.1	89.8	77.3	27.7	40.2	25.6
Developmental assessments	89.9	92.1	84	36	37.8	31.1
Therapeutic services	87.9	86.3	81.9	29.5	34.7	28.4
Counseling services	74.8	80.5	74.3	13	14.7	16.8
Offered child well-being and development services on-site	90.7	92.4	79.8	17.3	14	12.7
Paid for child well-being and development services	41.2*+	63	30.3	5.21	4.44	1.09
Additional family-focused service referrals						
Connected families with social services ^a	78	81.6	79.5	26.3	30	19
Sample size (unweighted)	1,580-1,620	260-260	240-240	1,100-1,140	100-100	520-540
Sample size (weighted)	35,200-35,800	5,940-6,010	6,150-6,220	27,900-28,800	2,870-2,930	13,700-14,200

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Includes referrals to housing services or food assistance, access to medical care, or help getting assistance from other government or private programs.

* Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

Exhibit C.8. Comparison of compliance, quality, and professional training activities and supports for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Health and safety compliance												
In the past year, reported compliance activities:												
Inspected for health and safety ^a	96.9	—	89.8	—	99	—	95.6	—	98.2	—	95.8	—
Attended health and safety training ^b	88.5	—	92.4	—	93.6	—	90.1	—	89.7	—	92.5	—
Had access to a health consultant or nurse ^c	68.9	—	78.3	—	77.7	—	51.2	—	44.7	—	51.6	—
Quality monitoring and improvement												
In the past year, received an inspection to monitor quality ^d	90.4	—	88.5	—	88.3	—	77.9	—	81.3	—	82	—
Participated in a quality rating and improvement system (QRIS)	65.8	—	66.7	—	63.8	—	47.2	—	44.7	—	39.5	—
Professional development training												
Professional training supports												
Offered professional development resources for staff:												
Funding for off-site courses or trainings	61.8	—	59.5	—	57.7	—	n.a.	—	n.a.	—	n.a.	—
Paid time-off for off-site courses or trainings	46	—	39.4	—	41.2	—	n.a.	—	n.a.	—	n.a.	—
Access to on-site coaches, mentors, or consultants	66	—	65.1	—	62.6	—	n.a.	—	n.a.	—	n.a.	—

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE	Percent/mean	SE
Had relationships with other schools or providers to share access to professional resources	68.2	—	72.8	—	66.3	—		—		—		—
Staff professional activities ^e												
Percent member of a professional childcare organization	25.4	2.40	27.8	6.36	22.5	5.36	28.5	—	24.6	—	27.4	—
In the past year, percent reported professional activities:												
Helped by home-visitor or coach	37.7	2.98	50.4	6.57	42	8.61	43.3	—	36.5	—	37.2	—
Attended professional workshop ^f	80.9	2.00	75.8	6.15	81	5.78	77.7	—	68.8	—	76.7	—
Took college-level childcare course for credit	27.4	2.62	32.4	6.19	16.7	5.18	32.3	—	40.1	—	31.2	—
Sample size (unweighted)	1,180-1,620		180-260		160-240		920-1,120		80-100		400-540	
Sample size (weighted)	26,900-35,800		4,300-6,020		4,350-6,230		22,600-28,600		2,380-2,920		11,100-14,100	

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents percentages for binary characteristics, and means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a Inspected to ensure compliance with health, safety, or other requirements, such as group sizes or staff:child ratios.

^b Includes center-based providers in which all teaching staff reported having attended a health and safety training in the past year.

^c Health consultants or nurses may help with nutrition, allergies, or other health-related issues children experience.

^d Inspected to monitor the quality of childcare services other than meeting health, safety, or other requirements.

^e Indicates the average percent of center staff and the percent of home-based providers that reported each professional activity.

^f Center staff reported on professional workshops such as those offered by professional associations or childcare resource and referral networks. Home-based providers reported on professional workshops such as those sponsored by a community agency of Family Child Care network.

- * Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.
- + Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

Exhibit C.9. Comparison of the characteristics of communities where providers were located for 2019 CACFP participants by their participation status in October 2020 within and across childcare provider-types

	Center-based providers that participated in CACFP in 2019						Home-based providers that participated in CACFP in 2019					
	Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID		Continued participating during COVID		Did not continue participating during COVID		Suspended operations during COVID	
	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE	Percent/ mean	SE
Community demographic characteristics												
Percent of population in urban area	78.6	3.10	77.9	5.00	65.4	7.45	81.4	2.88	83.7	7.62	79.9	5.25
Percent of population that identified as:												
Hispanic/Latino/a	17.5	1.45	19.8	2.70	18	2.19	18.7	1.39	24.4	3.67	21	2.75
Black non-Hispanic	16.6	1.45	13.7	2.60	12.9	2.11	14.5	1.48	21	6.66	16.9	2.22
Non-Hispanic, non-Black	65.9	2.02	66.5	3.89	69.2	3.57	66.8	2.23	54.6	6.99	62.2	3.98
Percent of population that were recent immigrants ^a	1.79	0.15	1.94	0.29	1.64	0.23	1.68	0.17	1.99	0.35	2.38	0.37
Percent of households that spoke a language other than English	19.7	1.42	22.7	2.89	19	2.26	19.9	1.50	27.3	3.63	26	2.89
Community economic well-being												
Percent of individuals in households with incomes at or below 100% of the federal poverty level	17.9	0.55	16.6	1.15	16.9	0.83	15.5	0.62	17.6	1.47	15.9	1.20
Percent of individuals in households with incomes at or below 185% of the federal poverty level	36.3	0.81	33.9	1.70	35.3	1.27	32.6	0.95	35.6	2.18	32.9	1.75
Average median income, all workers	22,500*+	883	27,800	1,780	20,400	2,530	26,800	1,090	25,300	2,370	27,400	2,170
Percent of females in labor force that were employed	92.6	0.24	93	0.36	92.1	0.94	93.2	0.28	91.4	1.00	92.6	0.45
Sample size (unweighted)	1,620-1,620		260-260		240-240		1,140-1,140		100-100		540-540	
Sample size (weighted)	35,900-35,900		6,020-6,020		6,230-6,230		28,900-28,900		2,930-2,930		14,300-14,300	

Source: Data from the 2019 and the COVID-19 Longitudinal Follow-up National Survey of Early Education Home-Based and Center-Based Provider Surveys.

Note: Exhibit presents means and standard errors for continuous characteristics. Analysis sample includes center-based and home-based providers that serve one or more children aged 0 to 5, provide meals to children served, reported participating in the CACFP in 2019, and reported CACFP participation status in October 2020. Probability of sampling weights are applied. Weighted and unweighted sample sizes presented across the range of included characteristics. In accordance with restricted-use data reporting requirements, all estimates are reported out to three significant digits and unweighted sample sizes are rounded to the nearest "20." All reported contrasts are adjusted for multiple comparisons using the Benjamini-Hochberg method.

n.a. = not applicable.

^a The percentage of the total population that entered the U.S. in 2010 or later.

* Differences between providers by CACFP participation status within provider-type statistically significant at the .05 level, two-tailed test.

+ Differences between providers by CACFP participation status and provider-type statistically significant at the .05 level, two-tailed test.

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