USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

Research Summary June 2024

USDA Child and Adult Care Food Program Participation Among U.S. Childcare Providers (Summary)

Background

The Child and Adult Care Food Program (CACFP) is administered by the US Department of Agriculture Food and Nutrition Service (FNS) through State child nutrition agencies. Participating providers include childcare centers (including Head Start Programs), day care homes, before- and afterschool programs, adult day care centers, and emergency shelters serving children. USDA provides reimbursements to participating providers for nutritious meals and snacks served to participants enrolled in their care. Studies have found CACFP meals and snacks to be of high nutritional quality.

The analysis in this report uses data from the National Survey of Early Care and Education (NSECE) to describe the general characteristics of childcare providers, both centers and homes, and compares how those characteristics differed by CACFP participation status and eligibility. This analysis also uses a follow-up data set to understand how the COVID-19 pandemic affected provider operations and CACFP participation.

Key Findings

- In 2019, 61 percent of eligible childcare centers and 67 percent of eligible day care home providers participated in CACFP.
- CACFP-participating centers and homes were more likely to serve children experiencing food insecurity at home.
- CACFP-participating providers were more likely to serve populations experiencing economic disadvantage.
- CACFP-participating homes and centers were more likely to use a curriculum or prepared learning activities.
- Most CACFP providers that operated in 2019 were still operating in October 2020 during the pandemic, though centers were more likely to remain open than homes. Both centers and homes that were still operating continued to participate in CACFP.

Methods

The NSECE is a nationally representative survey of childcare providers sponsored by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families of the U.S. Department of Health and Human Services. This study used data from the following parts of the NSECE:

1. The 2019 Center-Based and Home-Based Provider Level-1 Restricted-Use Data Files,
2. The 2020-21 COVID-19 Longitudinal Follow-up, and
3. Selected data from the 2019 public-use versions of the Provider Survey and the Workforce Survey.

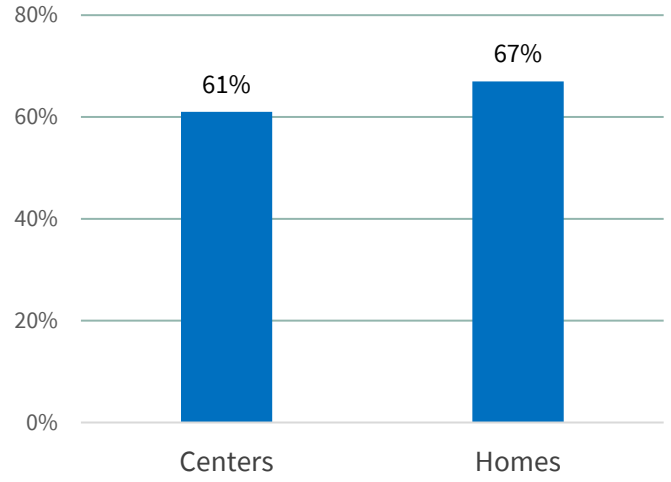
From the COVID-19 Longitudinal Follow-up data, the study used data collected in late 2020 and early 2021 that asked about CACFP participation in October 2020.

The analytic sample totaled approximately 4,680 centers (of which 3,340 had links to the workforce survey) and 3,700 homes for most questions, and 2,140 centers and 1,780 homes for the COVID-19 questions. The main sample excluded providers who: (1) were not asked about CACFP participation because they did not report serving meals to children; (2) were labeled as unlicensed as their eligibility for CACFP could not be determined; (3) did not serve any children 5 years or younger; and (4) either indicated they were ineligible for CACFP or did not respond. For study purposes, the remaining childcare centers and day care homes were presumed eligible for CACFP. The COVID-19 sample included only those providers who had participated in CACFP in 2019 and answered specific follow-up questions. The findings presented in this summary are statistically significant unless otherwise noted.

Findings: CACFP Participation Rates

Most eligible childcare centers and day care home providers participated in CACFP in 2019. In that year, the most recent year surveyed, 61 percent of eligible childcare centers, and 67 percent of eligible day care homes participated in CACFP (Figure 1).

Figure 1: Eligible US Providers Participating in the Child and Adult Care Food Program in 2019



Findings: Meal Service and Well-being

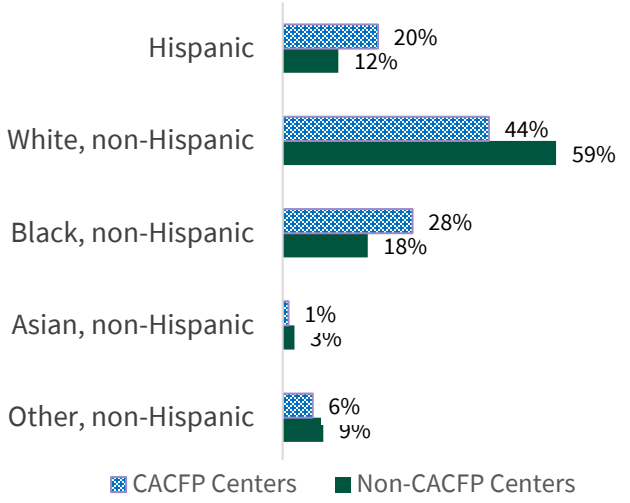
Meal provision and child physical activity show some differences by CACFP participation. CACFP guidelines prioritize serving milk and water instead of juice to encourage children's healthier eating habits, and encourage broader health-oriented practices, which could limit screen time and promote active play and engagement. Among centers that served meals and snacks, those participating in CACFP served 100-percent fruit juice (and no other juice) less frequently than non-participating centers. Home providers were not asked this question. Staff at CACFP-participating centers also spent more time on routine care activities that include meal and snack time than non-participating centers (1.22 versus 1.07 hours).

CACFP-participating homes reported lower screen time than non-participating homes on average: CACFP participants were more likely to report fewer than 30 minutes of screen time per day (39 versus 30 percent) and less likely to report between 30 minutes and 1.5 hours of screen time per day (33 versus 38 percent).

Findings: Programs and Access

In 2019, CACFP participants were more likely to serve minority populations. CACFP-participating centers had a higher share of Hispanic (20.4 percent) and Black, non-Hispanic enrolled children (27.8 percent) than non-participating centers (11.9 percent and 18.2 percent, respectively) (Figure 2). Participating centers also had a lower share of White, non-Hispanic enrolled children (44.1 percent) than non-participating centers (58.5 percent). Student shares by ethnicity in CACFP-participating homes had similarly different patterns from non-participating homes, but the differences were not statistically significant.

Figure 2: Percentage of Children Enrolled in Child and Adult Food Program (CACFP) by Ethnicity in 2019



CACFP-participating centers and homes were more likely to serve children experiencing food insecurity at home. Among participating centers, 42 percent served one or more children experiencing food insecurity at home, compared to 28.9 percent of non-participating centers. Among participating homes, 18.8 percent served food insecure children, compared to 11.4 percent of non-participating homes.

CACFP-participating centers and homes were more likely to connect families to social services. Both participating centers and participating homes connected families with social services such as medical, housing or food assistance at higher rates than non-participating centers (79 percent versus 58 percent) and non-participating homes (24 percent versus 13 percent). Participating providers were also more likely to offer or refer families to many other kinds of services such as health screenings, counseling,

child health services, and therapeutic services compared to non-participating providers.

Findings: Provider Characteristics

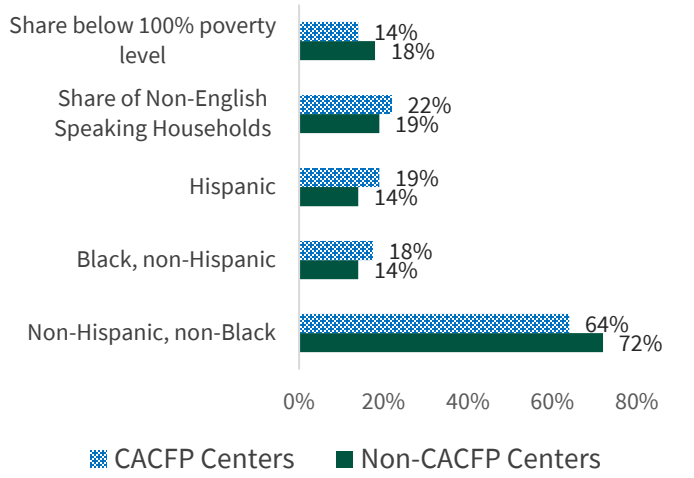
CACFP-participating homes and centers were more likely to use a curriculum or prepared learning activities. This may suggest more formalized and potentially professionalized care settings. Among home providers, 59 percent of participating homes reported using a curriculum or prepared set of learning activities compared to 48 percent of home providers that did not participate. Among center providers, 88 percent of CACFP participants used a curriculum which is higher than the 86 percent of non-participants that did so, though the difference is not statistically significant.

Findings: Community Characteristics

CACFP-participating centers were in communities that were more likely to be economically disadvantaged and have higher minority populations. The percentage of individuals in households with incomes at or below 100 percent of the poverty level was higher in communities of CACFP-participating centers (18 percent) than those of non-participating ones (14.4 percent). The same is true for the threshold of 185 percent of poverty (Figure 3). The same patterns show when comparing CACFP-participating and non-participating homes, but the differences were not statistically significant.

Echoing the child enrollment ethnicity differences, CACFP-participating centers were in communities with larger minority populations (Hispanic, 19.1 percent; Black 17.5 percent) compared to non-participating centers (Hispanic, 13.9 percent; Black, 14.4 percent). Participating centers were in communities with higher shares of households that spoke a language other than English (21.9 percent, compared to 18.8 percent for non-participating centers).

Figure 3: Select Community Characteristics of Centers by Child and Adult Care Food Program (CACFP) Participation in 2019



Findings: COVID-19 Pandemic Effects

Most CACFP providers that operated in 2019 were still operating in October 2020 during the pandemic, and most continued to participate in CACFP. Among 2019 CACFP participants, a higher share of homes reported suspending operations during COVID compared to centers (31 percent versus 13 percent). Among providers that remained operational during COVID, nearly all homes continued participating in CACFP (91 percent), whereas 85 percent of centers continued participating.

For More Information:

Franckle, Rebecca, Maria Boyle, Brett Eiffes, Owen Schochet. (2024). USDA Child and Adult Care Food Program Participation by U.S. Providers. Prepared by Mathematica, Contract No. 12319819A0006/12319823F0028. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support.