



Child Care Resource and Referral and the Child and Adult Food Care Program: Strengthening Food Access for Children through Child Care Systems

Introduction

The Child and Adult Care Food Program (CACFP) plays an integral role in ensuring that young children have access to nutritious food. CACFP incentivizes and enables child care providers to meet high nutrition standards by reimbursing them for the healthy meals they serve. This federally-funded, state-administered program reimbursed over two billion healthy meals and snacks for children in child care and afterschool programs in 2016.¹ CACFP is both an effective anti-hunger program and a tool for promoting healthy eating habits in young children.² Like many public safety net programs, however, CACFP is underutilized. Estimates suggest that fewer than 40 percent of low-income four year-olds and only eight percent of low-income two year-olds receive CACFP reimbursed meals.³ Given the nutrition benefits for children and the financial benefits for providers, increasing CACFP participation is a win-win proposition.

Child care resource and referral networks (CCR&Rs) are uniquely positioned to support and promote CACFP participation. The over 500 CCR&Rs across the country work and partner with families, child care providers, and key decision-makers to promote policies, programs, and practices that improve outcomes for children and families. CCR&Rs collect and maintain data about child care supply and demand, and use this information to connect families to licensed and quality care. CCR&Rs also play a vital role in supporting child care providers as educators, caregivers, and businesses through training, technical assistance (TA), and quality improvement initiatives. Finally, many CCR&Rs engage in advocacy to improve access, affordability, and quality in child care. By embedding CACFP into their core activities, CCR&Rs have the opportunity to promote CACFP to child care providers, consumers, and regulators.

This project looked at three state CCR&R systems—Missouri, North Carolina, and Virginia—to assess how they promote CACFP participation through direct services and advocacy. By reviewing publically-available information sources and conducting key informant interviews, we identified a number of best practices that CCR&Rs across the country can use to promote CACFP. We were also able to identify untapped opportunities and innovative ways for CCR&Rs to capitalize on their influential role in the early care and education community.

State Case Studies

Missouri: Although Missouri child care licenses do not require providers to meet the CACFP nutrition standards, roughly 55 percent of Missouri child care programs participate in CACFP.⁴ Child Care Aware® of Missouri operates a managing network of four CCR&Rs that deliver training and TA services across the

¹ FRAC (2017). <http://frac.org/programs/child-adult-care-food-program>

² Korenman, S., Abner, K. S., Kaestner, R., & Gordon, R. A. (2013). The Child and Adult Care Food Program and the Nutrition of Preschoolers. *Early Childhood Research Quarterly*, 28(2), 10.1016/j.ecresq.2012.07.007. <http://doi.org/10.1016/j.ecresq.2012.07.007>

³ Gordon RA, Kaestner R, Korenman S, Abner K. The Child and Adult Care Food Program: Who is served and why? *Social Service Review*. 2011;85(3):359–400

⁴ Child Care Aware® of America's February 2017 survey of Child Care Resource and Referral State Networks

state. Child Care Aware® of Missouri coordinates data collection about child care supply and demand and is responsible for consumer education and referral services statewide. Child Care Aware® of Missouri also designs the trainings and special projects that its regional member agencies deliver.

North Carolina: North Carolina requires that all licensed child care programs meet the CACFP nutrition standards. Despite this requirement, only 36 percent of the state’s child care providers are currently enrolled in CACFP.⁵ The North Carolina Child Care Resource and Referral Council coordinates CCR&R service delivery across the state. Local CCR&Rs provide consumer education and referrals to parents and caregivers seeking child care, as well as training and TA to child care providers, in specific geographic areas. Some local CCR&Rs also serve as CACFP sponsor organizations, monitoring compliance and providing training and TA to support CACFP-participating child care centers and family child care homes.

Virginia: Roughly 40 percent of Virginia child care programs participate in CACFP.^{6,7} Virginia child care licensing requires providers to adhere to nutrition standards such as those outlined in CACFP. The state has also benefitted recently from political investments in promoting early childhood health, as first lady Dorothy McAuliffe spearheaded an anti-hunger initiative that included promoting CACFP participation. Child Care Aware® of Virginia manages the state’s CCR&R services through five regional service providers. Child Care Aware® of Virginia acts as the administrative, advocacy, and data lead for CCR&Rs in the state, while the regional CCR&Rs provide comprehensive referral, training, and TA services. As is the case in North Carolina, some of the regional CCR&Rs in Virginia also operate as CACFP sponsors.

Common Themes

A number of common themes emerged about the ways that CCR&Rs promote and support CACFP participation, despite the different direct services, licensing requirements, and political climates of the three resource and referral state systems studied in this project. Themes of marketing, quality, comprehensive systems, and relationships came up repeatedly in key informant interviews, however the ideas and approaches expressed around those themes varied widely. These findings only reflect practices in those three state systems and may not be representative of CCR&R practices nationally.

Marketing: All CCR&Rs market CACFP through their direct services, highlighting the full array of advantages that accompany CACFP participation. Local CCR&Rs that are also CACFP sponsors tend to invest significantly more time and effort into marketing CACFP than state-level CCR&Rs do. CCR&Rs market CACFP verbally, online, and through printed consumer education materials, as well as by incorporating it into provider training. CCR&Rs that are also CACFP sponsors were proactive in their marketing by screening, recruiting, and trying to enroll all eligible providers they encountered. State-level CCR&Rs took a more reserved approach, answering provider questions, embedding CACFP in statewide trainings, and supporting providers that named CACFP participation as a goal for quality improvement.

Quality: Across the board, CCR&Rs emphasize CACFP participation as an indicator of program quality. In some cases, local CCR&Rs use CACFP participation to incentivize child care providers to pursue other

⁵ Child Care Aware® of America's February 2017 survey of Child Care Resource and Referral State Networks

⁶ FRAC (2017) Child and Adult Care Food Program Participation Trends. <http://frac.org/wp-content/uploads/cacfp-participation-trends-fact-sheet.pdf>

⁷ Child Care Aware® of America’s 2017 State Child Care Facts in the State of Virginia. https://usa.childcareaware.org/wp-content/uploads/2017/07/VA_Facts.pdf

quality improvement initiatives such as technical assistance or QRIS. CACFP sets a high, yet achievable, standard for child nutrition that CCR&Rs and their partners advocate for. CACFP participation is flagged in child care referrals, and families seeking care learn that CACFP is shorthand for a provider's investment in child nutrition.

Comprehensive Services: Local CCR&Rs, particularly those that are also CACFP sponsors, take a “whole child” and “whole provider” approach to direct services. Access to high quality nutrition is a key piece of the early childhood experience that CCR&Rs embrace. At the same time, all CCR&Rs encourage CACFP participation as a responsible, basic business decision for providers. CACFP promotion fits squarely into set of essential supports that local CCR&Rs offer to strengthen the child care community. Staff are often cross-trained on the various programs their organizations offer and internal referrals between programs are common.

Relationships: Local CCR&Rs that are also CACFP sponsors tend to have direct relationships with state CACFP agency. Staff from the state CACFP office audit sponsor organizations provide training and TA to support CACFP sponsor staff, and participate in local nutrition initiatives. The relationships between state CCR&R offices and state CACFP administrators are not as strong. While strategic partnerships with other departments in state government have proven useful for advocacy, funding, and collaboration, building relationships with state CACFP administrators seems to be a challenge. The working relationships that local CCR&Rs have with CACFP administrators do not necessarily translate into higher-level partnership.

Best Practices

CCR&Rs interact with families, child care providers, community stakeholders, and decision-makers on a regular basis. Our research and interviews highlighted some important ways that CCR&Rs are successfully supporting and promoting CACFP participation. Other CCR&Rs should consider incorporating CACFP promotion in the following ways:

Referral Services: Include information about CACFP in all consumer education packets sent to families. Add a specific question about CACFP participation on “What to Ask” checklists for parents seeking care. Cross-train all CCR&R staff to understand, screen for, and promote CACFP through resource and referral services. Use online and telephone inquiries as an opportunity to educate families seeking child care about what CACFP is and why it should matter to them. Have information about CACFP readily available on [CCR&R websites](#) and link to state CACFP offices and/or local sponsor organizations' websites for additional information.

Training and TA: Embed information about CACFP into all relevant trainings, including health and nutrition, basic knowledge, and business trainings. Align the messaging in nutrition trainings with CACFP meal pattern standards. Encourage providers to name CACFP participation as a goal within action plans and quality improvement processes. Offer TA and reflective coaching to help child care providers put what they have learned into practice to improve program quality and enroll in CACFP.

Advocacy: Promote CACFP as a baseline nutrition standard for child care licensing or Quality Rating and Improvement Systems (QRIS). Advocate for standards and alternate approval processes that would allow unlicensed providers to participate in CACFP. Collaborate with early childhood and public health advocates to identify ways to promote CACFP across state systems. Take advantage of the public

comment process for licensing rules, QRIS, or other regulation change as an opportunity to recommend inclusion of CACFP standards. Develop comment language and share with provider network and partners.

Data Collection: Look for geographic and demographic trends in CACFP participation data. Use this information to support funding proposals and to target recruitment for programs. High levels of participation may indicate a baseline of knowledge and interest in nutrition and/or quality. Low levels of participation may indicate a substantial need for investment in quality initiatives more broadly. Use spatial/GIS mapping of participation rates to identify any patterns within communities and explore community barriers to participation.

Promoting Quality: Market CACFP to providers as an affordable way to improve the quality of the food they serve and enhance the overall quality of their program. Use press releases, newsletters, CCR&R website, and social media to feature child care providers that are newly-enrolled or implementing the CACFP standards in innovative ways. Emphasize the role that good nutrition plays in child health, school readiness, and other positive child outcomes. Require providers to accept quality improvement TA as a condition of CACFP sponsorship.

CACFP Sponsorship: Offer a catering service that makes CACFP meal pattern compliance easier and more streamlined. As a sponsor organization, make nutrition trainings and resources available to non-CACFP participants, introducing them to the program and promoting its benefits. Cross-train CCR&R staff to know, screen for, and promote all CCR&R services, including CACFP sponsorship, CACFP eligibility, and all trainings that incorporate CACFP.

Opportunities and Conclusions

In addition to the numerous best practices outlined above, this project illuminated a number of opportunities within state CCR&R systems to further support and promote CACFP participation.

- State-level CCR&Rs should leverage local CCR&Rs' ground-level knowledge and relationships to promote CACFP participation more broadly.
- When local CCR&Rs spotlight standout CACFP participants, state-level CCR&Rs can amplify that recognition by posting it on the state website, highlighting it on social media, or incorporating those success stories into their advocacy.
- Use local CACFP participation data to inform statewide programming and service delivery, targeting those who need it most.
- State-level CCR&Rs can build stronger collaborative relationships with state CACFP administrators by capitalizing on local CCR&R relationships, particularly when local CCR&Rs are also CACFP sponsors.

By embedding CACFP in all their services and engaging state CACFP staff whenever possible, CCR&Rs can demonstrate the unique value they bring to CACFP promotion. CCR&Rs and CACFP overlap in their commitment to children's wellbeing, and they should continue working together to ensure that all eligible child care providers are enrolled in CACFP.