

# Healthy Food for Kids in Home-Based Child Care

A Study of Access to the Child and Adult Care Food Program in New Mexico

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The views expressed here do not necessarily reflect the views of the Foundation.*

## **Introduction and Background**

One in five New Mexico children experiences food insecurity, meaning they do not have consistent access to enough food for a healthy and active life.<sup>i</sup> This makes it especially important for the state to tap federal resources to combat hunger, including the Child and Adult Care Food Program (CACFP). Administered by the U.S. Department of Agriculture (USDA) and New Mexico Early Childhood Education and Care Department (ECECD), CACFP reimburses child care providers for some of the costs of serving nutritious meals and snacks in both center and home-based settings.

### **CACFP in New Mexico**

Nationally, CACFP reimburses participating child care centers, child care homes, and adult day care centers for a portion of the cost of nutritious meals and snacks. The majority of CACFP recipients are young children who are served in Head Start, center-based, and home-based care settings. All participating providers are required to serve meals and snacks that meet program-wide nutrition quality standards. In 2017, CACFP updated these standards by increasing the variety of fruits, vegetables, and whole grains required to be served, and reducing added sugars and saturated fat.

Because about 59 percent of children in the U.S. spend some time each week in a child care setting, supporting healthy food for children in care is a potentially powerful anti-hunger strategy.<sup>ii</sup> Ensuring that home-based care providers can access CACFP is particularly important for supporting equitable nutrition access, as home-based providers in New Mexico are concentrated in rural and border areas and disproportionately serve Hispanic and Tribal children.<sup>iii</sup>

*In fiscal year 2022, an average of 5,481 children per month received CACFP-reimbursed meals in home-based child care in New Mexico.*

### **The Study**

In New Mexico, CACFP is an important part of the safety net that provides steady, nutritious meals to a large portion of children in the state who are food insecure. The study's research questions were designed to better understand the child care providers who enroll in CACFP and the communities they serve; to better determine which children are receiving and not receiving CACFP; sponsor and home-based provider perceptions of CACFP access; and potential policy solutions to increase CACFP reach in the state. To answer these questions, researchers conducted a mixed-methods study with quantitative and qualitative components. In the quantitative strand, analysts used state administrative data to assess CACFP access among children whose families receive child care assistance. The analysis quantified levels of overall access, and differences in access by family- and county-level characteristics. In the qualitative strand, researchers interviewed home-based child care providers and CACFP sponsors about their perceptions. These interviews were focused on identifying barriers to CACFP participation, as well as policies that support successful participation.

## About Home-Based Care Providers

This study focused on home-based care providers both because they serve some of New Mexico's most vulnerable children, and because national data suggest these home-based providers face distinct barriers to participation in CACFP. Rates of participation for home-based providers nationwide have steadily declined from almost 200,000 in 1996 to 100,000 in 2018.<sup>iv</sup> In New Mexico, home-based care providers are particularly concentrated along the southern border and play a key role in serving the care needs of immigrant communities. Home-based care also features prominently in the care landscape of New Mexico's rural and frontier areas, where small communities separated by vast distances make home-based care more practical than centers.

## Who Accesses CACFP?

The quantitative strand of the study used multi-level regression modeling to determine if certain family or provider characteristics were associated with increased family odds of being connected with a CACFP-enrolled provider.

Researchers matched New Mexico's September 2019 child care assistance participation data with CACFP participation data, as well as county-level social and economic data from the 2020 U.S. Census. Because child care assistance in New Mexico in 2019 was limited to families at or below 250 percent of the federal poverty level, families in the program provide a proxy for CACFP access among low-income families. State data are not collected about families who pay privately for child care, therefore our study is limited to those low-income families who access state assistance for use in a regulated care setting.

From the child care assistance data, researchers analyzed family-level characteristics including household employment status, household income, participation in other public benefits, number and age of children in household, race/ethnicity, and language preference. County-level characteristics from Census data included population density, percent of population by race/ethnicity, median income level, percent of households with children under age 5 living in poverty, percent of population not U.S. citizens, and percent of population that speaks a language other than English.

## The Study Sample

The final dataset included 11,324 families statewide who receive state child care assistance.<sup>1</sup> The average child age was 5.2 years, with children receiving home-based care on average about one year older than children in center-based care. The majority of children received care in centers (84.7 percent) and most were either Hispanic of any race (67.5 percent) or non-Hispanic White (19.3 percent). A higher proportion of Hispanic children were served in home-based rather than center settings, with the opposite being true for non-Hispanic children. Consistent with requirements for program eligibility, households receiving child care assistance were

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<sup>1</sup>About 2% of families in the original sample could not be matched to a provider. Note also that CACFP meals provided through Head Start or Tribal programs are not reflected in the sample, which examined only families receiving child care assistance through the state.

predominantly low-income, single-parent households. The majority of households preferred to speak English and received all of their income from employment; about two-thirds participated in the Supplemental Nutrition Assistance Program (SNAP).

## **CACFP Access is High in New Mexico**

Almost two-thirds (64.1 percent) of licensed centers and 87.9 percent of home-based providers were enrolled in CACFP. The proportion of enrolled home-based providers was similar across licensed (84.8 percent) and registered (88.4 percent) homes.

Overall, among families receiving child care assistance that could be matched to a provider, 85.8 percent (n=9,717 of 11,324) received care from a provider enrolled in CACFP. Across care settings, 85.2 percent of families served at centers and 89.7 percent of families served at homes had a provider enrolled in CACFP. Within home-based settings, 89.6 percent of families served by licensed homes and 89.8 percent of families served by registered homes had a provider enrolled in CACFP. These access rates are markedly higher than national rates, last measured in 2011.<sup>v</sup>

These findings suggest that New Mexico's current policies support widespread CACFP participation among care providers serving low-income children. In particular, New Mexico's policy of allowing (and generally requiring) registered homes to participate in CACFP appears to support access to nutrition supports for vulnerable children and families.

*New Mexico requires most registered home child care providers to enroll in CACFP. Registered home child care providers in New Mexico must participate in CACFP with a few narrow exceptions, such as for providers who do not care for children during mealtimes (e.g. overnight care). This is unusual among states, some of which don't let homes enroll in CACFP unless they meet the stricter requirements of becoming licensed. New Mexico's unique rules likely contribute to the state's high rates of access for low-income children being cared for in home-based settings.*

### **BY THE NUMBERS**

*88% of home-based providers and 64% of centers participate in CACFP*

*86% of families receiving child care assistance receive care from a CACFP-connected provider*

## **Predictors of CACFP Access**

Families in which all members prefer to speak English, all members are non-Hispanic white, or who resided in counties with relatively higher annual household incomes had lower odds of receiving care from a CACFP-connected provider. Families with at least one child under age 2 receiving child care assistance had significantly higher odds of receiving care from a provider enrolled in CACFP. Effect sizes were small to medium.

These findings suggest that federal policies are effective at targeting CACFP resources to communities with widespread poverty, but may not effectively serve low-income families who live in higher income areas. This is consistent with past research,<sup>v</sup> and is likely driven at least in part by national CACFP eligibility policies. The USDA prohibits CACFP participation by for-profit centers in which low-income students comprise less than 25 percent of enrollment. Additionally, CACFP reimburses meals and snacks at a higher rate when they are served to low-income children, and allows home-based providers to receive this higher tier of reimbursement on the basis of their own low-income status or by demonstrating that they live in a low-income area (see box on page 1).

These policies likely also influence our finding that CACFP access was less available to families in which all members are non-Hispanic white and prefer to speak English. A variety of widespread, historically discriminatory policies and practices in the United States have resulted in Hispanic and Black families being disproportionately segregated into high-poverty areas meaning they are less likely to reside in the higher income counties with less CACFP reach.<sup>vi</sup> This relationship did not differ by care setting, meaning that differences in care setting preference by ethnicity likely do not explain this finding.

### **TIERED REIMBURSEMENT**

*CACFP reimbursement for child care centers is based on the incomes of the children they serve, while reimbursement for home-based providers follows a separate, tiered system. Tier 1 offers the highest reimbursement rate to providers who either live in a low-income area or are low-income themselves. Tier 2 pays considerably lower reimbursement rates to providers who do not meet the criteria for Tier 1. Providers designated Tier 2 can receive Tier 1 rates for children in their care whose household income is below 185 percent of the federal poverty level. Starting in the 2021-2022 school year, all home-based providers enrolled in CACFP were reimbursed at Tier 1 rates as part of a set of COVID-era waivers that expired in June 2023. As of July 2023, Tier 1 reimbursement rates are \$1.65 per breakfast, \$3.12 per lunch/supper, and \$0.93 per snack and Tier 2 reimbursement rates are \$0.59 per breakfast, \$1.88 per lunch/supper, and \$0.25 per snack.*

## **What Prevents and Facilitates CACFP Access for Home-Based Providers?**

### **The Sample**

The qualitative portion of the research is based on semi-structured interviews and focus groups with home-based child care providers and staff from CACFP sponsoring organizations. Sponsor interviews were conducted in the fall of 2020, and provider interviews and focus groups took place between March 2021 and April 2022. Interview questions for both populations focused on challenges and successes related to participation in CACFP, with interviews then transcribed and analyzed for significant

### **CACFP SPONSORS**

- *Sponsor organizations serve as intermediaries between providers and ECECD, which administers CACFP in NM*
- *Sponsors provide training on CACFP nutrition guidelines and program rules and regulations*
- *Sponsors monitor compliance through home visits and review of menus submitted for meal reimbursement*

themes. Although some sponsoring organizations support centers as well as homes, this portion of the analysis focused on home-based care providers.

Interviews were conducted with 11 participating staff from nine of the 13 sponsor organizations across the state. Sponsors served a mix of registered and licensed home-based child care providers. Sponsors reported that the majority of the providers they served were Hispanic, with many speaking only or primarily Spanish. About half of the sample described their provider population as mostly older, consisting largely of grandparents caring for their own grandchildren, sometimes alongside non-relative children. Findings from these interviews have also been published as a manuscript in the *Journal of Nutrition Education and Behavior*.<sup>vii</sup>

Home-based providers were recruited for interviews from across the state, with support from partners that included CACFP sponsor organizations and place-based nonprofits. The sample included 75 home-based providers, who were recruited primarily through the New Mexico Partnership for Community Action (Albuquerque), Growing Up New Mexico (Santa Fe), the Community Action Agency of Southern New Mexico (Doña Ana County), and Chicanos por la Causa New Mexico (Tribal and rural communities located primarily in McKinley, Cibola and Sandoval Counties). The sample consisted mainly of registered home providers who were enrolled in CACFP at the time of their interviews. However, the Santa Fe sample (n=17) were informal, non-registered providers who were recruited to help researchers understand perceptions and barriers among providers without direct CACFP experience.

## Barriers and Challenges to CACFP Participation

### Upfront Costs and Delays

Sponsors and providers said the upfront costs and processes involved in obtaining ECECD approval were key challenges. Federal law requires child care providers to be “approved” by their states to participate in the program, which in New Mexico means they must be either licensed or registered. Depending on the type of registered home (see Table 1), upfront costs can include the costs of fingerprint background checks<sup>2</sup>, safety equipment and renovations, and first aid or CPR classes. Sponsors said these costs can be prohibitive, and are most burdensome for low-income providers. Sponsors also said the state lacks sufficient agency staff to register homes in a timely way. This can result in extensive wait times for

**Table 1. Types of Home-Based Providers in New Mexico**

	CACFP Participation	Eligible for Child Care Assistance Payments	Background Check Requirement	Special Notes
<b>Registered Home</b>	Required	Yes	Fingerprint background check for all household adults	
<b>Registered Home (food only)</b>	Required	No	Fingerprint background check for caregiver only; child abuse and neglect screen for other household adults	
<b>Registered Home (exempt)</b>	Not required	Yes	Fingerprint background check for all household adults	Must not care for non-resident children during meal times
<b>Licensed Home</b>	Not required	Yes (at higher rate)	Fingerprint background check for all household adults	Additional quality requirements

<sup>2</sup>At the time of publication, the cost of a background check for home-based providers is waived if providers enter a state-supplied coupon code at time of payment.

providers to receive their state home inspection and approval. Then, if the inspection identifies an issue that needs to be remedied, providers have to wait again for the state official to come back for reinspection. One sponsor said: “It’s my understanding from my staff that most of the challenge is getting them licensed and put into the [state data] system. I know we have probably 30 clients now who are just waiting for the state to approve them so they can start getting reimbursement.”

One sponsor explained how the burden of upfront costs impacts a home-based provider:

*They have to get other things that are required, such as health and safety stuff for the house: smoke alarms, carbon monoxide detectors, first aid kits. Depending on what their situations are, they might need to do some minor renovations to their yards or their homes if they have a radiator or a fireplace or something like that that needs to be secured for the children. There’s definitely a financial burden associated with getting started as well. They usually make that money back pretty quickly, but if you’re living paycheck to paycheck and you’re on a very limited income, that money that you shell out upfront is—that’s very difficult to providers.*

A strong theme emerged among sponsors only (not providers), who said CACFP access was easier when sponsors handled more of the home registration process. Prior to 2013, CACFP sponsors served as a one-stop shop for home providers, assisting them not only with CACFP, but also with the home inspections and other requirements of becoming registered with the state. This process changed in 2013, after the USDA issued guidance saying that CACFP sponsor funds could not be used to support non-CACFP registration or licensing activities, and sponsors could not be required to monitor providers’ compliance with state requirements separate from CACFP. Shortly after this, state officials took on the role of monitoring homes for compliance with state regulations, and that task was removed from CACFP sponsors’ purview. Sponsors said this made the registration process more prolonged and overwhelming for providers, as it created a second, separate system that providers had to navigate and interact with. One sponsor said:

*If I was in charge, I would go back to the way we used to have where outside sponsors would do the registration process. We would do the inspections. . . . [W]e would even do the background checks. Well, not that check itself, but we would do the fingerprints, and so it would be a one-stop shop instead of going to—there’s just so many steps now that the providers get, like, ‘Oh, my God.’ It just takes so much just to get in and so much money. So much waiting, so much time.*

### **Background Checks**

Sponsors frequently mentioned the background checks required for residents of family child care homes as both a financial barrier (background checks cost \$44 each, though this fee can currently be waived), and a barrier for providers living with family members unlikely to pass the background check. Sponsors emphasized that they understood the importance of background checks in protecting children from unsafe care settings, but some expressed concern that the requirements have an unintended consequence of keeping children in care settings that remain unregulated and lacking access to nutritional supports. One sponsor put it this way:



*[T]he grandmother needs to provide services to her grandkids or the neighbor's kids, but because her son parks his travel trailer in her yard and he's a felon, her [home] doesn't qualify. She doesn't stop seeing those kids. It's just we stopped engaging in services, right, because they weren't under a [registered] entity.*

New Mexico has worked to address these challenges by offering a “food only” category for registered homes that are not seeking to accept families receiving child care assistance (see Table 1). While federal regulations require fingerprint background checks for all residents in child care homes that receive child care assistance payments, this is not a federal requirement for participation in CACFP. Per state regulations, a New Mexico provider can become registered as a “food only” provider if she passes a fingerprint background check and all other household members pass a simpler background check form focused on preventing child endangerment. Ensuring that this option is widely understood by sponsors and providers may help some providers overcome barriers in the registration process.

### ***Fear and Stigma***

Sponsors said prospective providers sometimes decide not to participate in CACFP because of concerns that enrolling in the program will bring unwanted government attention or scrutiny from the Children, Youth and Families Department (CYFD), which administered the food program until 2020 and also houses Child Protective Services. They stated that this concern takes multiple forms and is most pronounced for providers who are undocumented immigrants, or whose families have mixed immigration statuses. Although undocumented providers are eligible for the program, the required level of government involvement in their homes is too much for some. One sponsor described it this way:

*Although we allow and absolutely encourage folks who are undocumented to be on the food program, that's a scary process for them as well because there again, they have to have another agency, formerly CYFD, come out to their home, and then we go out. It's a ton of paperwork. They get really nervous about that, even though there's no tracking involved as far as who does have Social Security numbers and who doesn't and all that kind of stuff for the food program itself, but that's a very difficult thing.*

Concerns about government attention or stigma were not limited to undocumented or mixed-status families, however. One sponsor said some providers have general hesitancy about having state employees in their homes “looking down on them,” and multiple informants said providers were hesitant to have any dealings with CYFD. As the agency responsible for investigating allegations of child abuse, CYFD is associated primarily with that function in the minds of many New Mexicans. As of July 1, 2020, management of CACFP moved under the authority of the New Mexico Early Childhood Education and Care Department (ECECD). Policymakers hope one benefit of housing early childhood education services in their own department will be to decouple them from fears about child abuse reporting and allegations. At the time of sponsor interviews, however, the transition of CACFP from CYFD to ECECD was just a few months old.

One sponsor described the stigma concerns this way: “Before when you saw a CYFD vehicle in your driveway, it was always about abuse. People started getting self-conscious about having the state vehicle parked in their driveway, you know, neighbors talk. It’s still a big issue for our providers.” CACFP participation also requires unannounced visits by sponsors, which some sponsors said creates anxiety for providers and may discourage participation. One sponsor said this requirement can be especially intrusive for providers who mainly care for their own grandchildren, and who may wish to take them on outings without having to notify their sponsor. Providers interviewed for this study did not raise the issue as often as sponsors did, suggesting that enrolled providers have become accustomed to the unannounced visits. However, the visits may deter potential providers who decide not to enroll or quit the program shortly after enrollment.

### ***Language and Literacy***

Several sponsors said language and literacy limitations can pose barriers for providers who would like to enroll in CACFP. Several said that low general literacy (in any language) makes it difficult for some providers to read and complete required paperwork. One sponsor, who spoke to this issue more than others, said most of the paperwork needed for CACFP is available in Spanish, but some regulations that govern home-based providers exist only in English. In addition, this sponsor said the lack of paperwork in languages other than Spanish or English may prevent home providers that speak other languages from participating in the program:

*For example, there’s a large—not large, but there’s a population of Asian people in our community or in our state that, oftentimes, the grandparents take care of the grandchildren. Years ago, we had a large percentage of the Asian population on the food program, but we never did have information in their languages.*

Providers agreed that more supports in Spanish are needed, and noted variation among sponsors’ capacity to offer them. Some said they relied on other providers or on English-speaking friends and family for help. One provider said, “My daughter helped me, she helped fill it out since I don’t understand English.”

Beyond document translation, there is variation in language capacity among sponsor organizations. Some sponsors said their organizations have capacity to provide services in Spanish, while others said they were limited in this regard. One sponsor said their organization serves “a lot of Spanish-speaking” providers, but is limited in its capacity to provide training in fluent Spanish: “I do only English-speaking trainings. That’s a barrier as far as getting them trained, but I do speak Spanish, so I can get through to a lot of them. Not fluent, not perfect, but I can get through to them.”

### ***Required Trainings***

Trainings about nutrition and program guidelines are required for CACFP participants. Providers described challenges getting to in-person trainings, sometimes on their only day off from caring for children. These challenges were most pronounced for rural providers, such as one who said:

*Living in a rural area, it's hard to get the person to come check your fire extinguisher, for us to get our CPR and training classes. Any training that we need to get is the hard part here, because like I said, we're so rural that we have to travel either to Silver City, Deming, Las Cruces. Over the years, I've gone and done classes in Silver. I've gone and done classes in Las Cruces. The training is not there for us as much because we have to go and travel for it. That's the hard part, keeping these programs, because a lot of people don't have cars and just don't have the money to keep traveling.*

Online trainings introduced during COVID-19 were helpful for some providers, but presented their own challenges for providers with limited internet connectivity and comfort with technology. Providers and sponsors also said the content of these trainings could be improved. One sponsor said longtime providers are trained in the same basics every year, with limited opportunities for the training to become more advanced over time. This sponsor said they did an evaluation survey at a recent annual training event, and providers said they wanted more hands-on training including opportunities to learn and prepare new recipes.

### ***Menu Preparation and Documentation***

Providers said menu preparation and documentation have steep learning curves and spoke frequently about the time it took to become proficient in the process. If providers serve meals that don't meet CACFP standards or if they make mistakes in documentation, they cannot be reimbursed. One provider said, "I didn't write in the information in the right place and that went on for a while, and they weren't paying for those foods because they didn't qualify. That was my experience but little by little I am understanding it better." Multiple providers also said they do not receive explanations for denied reimbursements, which makes it harder to promptly address the specific issues that result in nonpayment.

Some providers described a disconnect between what they learned in required trainings about the nutritional guidelines and what foods are actually reimbursed. This was often at the specific level of which brands of foods qualify, resulting in difficulties in menu creation. As one provider said:

*It's not very clear what can be considered and what should not be included ... One day they say something qualifies, and the following month, when you fill in the forms, it doesn't qualify anymore. There is confusion in the exchange of information.*

Providers also must submit detailed documentation of what foods they served, which in New Mexico is done by hand on a paper form that providers said does not exist as a fillable PDF. Some providers said they then must drive their menus to their sponsors' offices to drop off physical copies. Participants discussed the extensive time costs of writing out their menus repeatedly by hand, and sometimes physical hand pain. Providers said the spaces on the form for writing are small, cramping their handwriting and adding to the burden of the task. One provider said, "My hand aches from writing the menus two or three times. It's the same thing over and over, and it's horrible." Another said, "I got arthritis, and sometimes my hands are like, they get crippled. I can't write a lot. They expect us to keep writing everything we feed them."

### ***Meeting Children's Needs and Preferences***

Providers described challenges meeting CACFP's requirements while also serving children enough food and serving them food they will eat. For providers who offer non-traditional care hours with children coming and going at different times, it was challenging to meet CACFP requirements that children sit down and eat together at specified times. Some providers care for individual children for more than eight hours a day and said they need an additional meal or snack beyond the breakfast, lunch, and single snack that CACFP covers. In some cases, they provide that food as an out-of-pocket expense. One said:

*The child spends the whole day here! We are not just going to give them those foods [CACFP is] covering. The children need another snack or dinner because they spend their whole day here. That's why I feel they don't reimburse the money that is really spent on the food. We spend more money on the children's meals.*

Providers also described challenges with food waste when children refuse foods that meet CACFP requirements. Specifically, providers talked often about milk that is wasted when children refuse to drink it. One provider said, "I feed bad because I know that at least one gallon of milk gets thrown out. After all, you can't make them drink it. You can offer it to them, but you can't force the child to drink it."

### ***Low Reimbursement Rates***

Both sponsors and providers said CACFP payment rates are inadequate relative to the effort required to participate. Both groups reported that higher meal reimbursement rates are needed, noting that food prices have increased without an adequate corresponding rise in reimbursement rates.<sup>3</sup> Reimbursements are generally lower if the children served are higher income, though a federal waiver in place through June 2023 reimbursed all providers at the higher, Tier 1 rate. Providers and sponsors said reimbursement was not commensurate with the actual cost of food or the administrative burden required for participation.

Sponsors also described a need for higher payment rates for their services. One said CACFP could function more effectively if sponsor contract amounts were increased and could be used more flexibly, including for providers' upfront costs of becoming registered:

### **FEDERAL NUTRITION STANDARDS**

*CACFP dietary guidelines aim to improve the quality of children's diets while in care settings. Guidelines were updated in 2017 to align with the USDA's current nutritional standards, including changes that increased the amount of whole grains served in a day, increased the amount of fruits and vegetables at each meal and snack, reduced the amount of juice served in a day and eliminated it for infants, included new meat and protein alternatives, and eliminated fat fried foods.*

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<sup>3</sup>CACFP rates do increase based on inflation, and current rates reflect an 11.9 percent increase over the rates in effect during most provider interviews in this study.

*If you have a good, reasonable reimbursement for the services that you're providing, you can also use some of that money to help your provider maybe that needs a screen door or doesn't have a fire extinguisher in the kitchen and they don't have the money to buy it. Sponsors could set up a fund aside if they were reimbursed adequately, to be able to try to get more people involved in this program.*

### **Sponsor Relationships as Mediators**

Providers' relationships with their sponsors served as important mediators of their CACFP experience. Providers said nearly all barriers were lessened when they had a high-quality relationship with their sponsors, which most said they did. Conversely, poor relationships with sponsors, mainly a result of inadequate communication, affected providers' satisfaction with enrollment and participation. One provider said, "Whenever I had a question I would text the staff person and they wouldn't reply, that's something I don't like, I would like to have better communication with her. I have contacted several times and she doesn't get back to me." Communication between providers and sponsor staff depended in part on shared language fluency, with Spanish-speaking providers noting that it was harder to understand program requirements when sponsor staff spoke only English, and the experience was smoother for providers with Spanish-speaking sponsors.

## **What Helps Encourage CACFP Participation?**

### **Sponsor Supports**

Sponsors perceive that the supports they offer are helpful to providers. Most said the trainings and technical assistance they offer to providers are meaningful, and help them succeed. One sponsor said,

*Training is a biggie, because that's when they come in and they can ask questions and they can hear what other ladies are asking. Things that they didn't think of asking, and then they talk among each other. They can network. They can see how another person does things. How it works for them, the challenges they have. It's an open dialogue when it's in a training situation, and they do speak up.*

In addition to the formal training hours they offer to providers, sponsors said they provide ongoing, individual supports to providers that range from helping them fill out an unfamiliar form to tips on how to buy in-season produce. Over time, they build trusting relationships with the providers they support. One sponsor said they always provide a stamped envelope with any paperwork that needs to be returned, so providers can easily return the paperwork without a trip to the post office, even if they don't have stamps on hand. Although sponsors cannot use their CACFP-funded time to support programs in becoming registered, some organizations use funding from other sources to provide items like fire extinguishers, or to support providers in getting fingerprinted for a background check.

Importantly, providers also broadly described training and sponsor supports as helpful, especially when their sponsor spoke their language. Although rural providers sometimes struggled to get to trainings, they generally reported learning useful nutrition information in their trainings and feeling supported by their sponsors.

## **Benefits of CACFP Participation**

### ***Monetary Benefit***

Despite the widespread sentiment that CACFP reimbursement is too low, providers said they appreciate the funds, which can help address gaps in their operational budgets. One provider said:

*Yes, it helps a lot. As a registered home, they don't pay us enough for child care [subsidies]. What we get is very little, so if I didn't have the assistance of the food program, I'd probably be out over 50 percent of what the state pays me for the children. My salary or my earnings would be very little. The food program helps a lot.*

### ***Nutrition Knowledge***

The nutrition and meal planning education gained from the trainings was cited by providers as an additional benefit because it gave them the tools to improve nutrition for themselves, their families, and their communities. Multiple providers described learning how to read and understand nutrition labels, and sharing that knowledge in settings outside their work as a caregiver. One provider said:

*I actually give the same nutritional facts to my friends, and coworkers, and other friends and family out there. I tell them like, this is what you can feed your kids, this is what's better, maybe you should try this. It's like learning for me, but I can also help others.*

### ***Serving the Community***

By providing nutritious meals and snacks to the children in their care, providers fill in nutrition gaps for families in their communities. One provider said serving children nutritious foods and educating them about the benefits of healthy eating and exercise could improve long-term chronic disease outcomes in her Tribal community:

*It's the education that, you know, that we, as Indians...we have a lot of diabetes and a lot of kids [with] juvenile diabetes. I don't want my grandkids to go through what we're going through with our health, so I want them to eat healthy, let them learn to eat healthy, so they won't have to go through what we're going through.*

## **Effects of COVID-19**

### ***Barriers Created by COVID-19 Restrictions***

The COVID-19 pandemic created new challenges to CACFP participation. Sponsors said providers struggled to purchase qualifying foods, especially early in the pandemic, due to supply chain delays and stores closing. Later in the pandemic and recovery, providers said

increased food prices posed additional challenges. In response to public health restrictions, some aspects of CACFP administration and training shifted to phone and online modes, which proved challenging to many providers who had limited digital literacy or lacked adequate internet connectivity.

### ***Innovations During COVID-19***

Some providers welcomed accommodations adopted during the pandemic, such as sponsors allowing them to take pictures of their menus and send them by text message. Sponsors and providers learned to deliver trainings and conduct unannounced visits over the phone and through text, which some providers said they would like to see continued. Additionally, CACFP loosened certain menu restrictions during the pandemic to address shortages of qualifying foods, which proved beneficial to providers.

## **Findings from Informal Providers Not Enrolled in CACFP**

Focus groups with informal providers who do not use CACFP were conducted to enhance understanding of why home-based providers choose not to enroll in the program. As non-users of the program, these providers are not able to describe the program's burdens and benefits, but are able to offer reasons they have not enrolled or considered enrolling.

### **Knowledge of the Program**

Most informal providers in our sample said they were not aware of CACFP. Of the seven focus groups, participants in six of them did not know about the food program. This is despite the fact that these informal providers were part of a place-based support community that had provided information about CACFP in the past. This suggests that learning and retaining basic facts about the program's existence and how to access it are important hurdles keeping these providers from the program.

### **Perceived Benefits of CACFP**

#### ***Benefits to Children and Families***

Participants in all seven focus groups perceived that there could be benefits to participating in the food program, mainly to children and their families. Participants in six of the seven focus groups said children would benefit from consuming nutritious or balanced meals. One participant said, "They would learn how to eat healthy and also to eat portions according to their age." A provider in another group said, "It's good for the children to start eating food that is good for them starting at a very young age, and not only food that could make them sick." Providers also said the program would help parents not worry about packing food for their children. One participant said, "The children would benefit from it but also the mothers because, for example, [child's name]'s mother, I think she does plan what she's going to give her every day and this way, she wouldn't have to do it."

### ***Learning about Nutrition***

Informal providers perceived that they would benefit from training about nutrition, menu planning, and age-appropriate strategies for helping children accept healthy foods. Participants in five focus groups expressed interest specifically in learning about nutrition. One provider said, “I would be interested, yes, because I could learn a lot about nutrition there and how to feed children.” Another described wanting to develop skills at encouraging children to try new foods: “I might be doing something wrong and that’s why the girls are not motivated to eat their vegetables. I would like it. It’s more help.” One provider described the potential benefit of having a planned menu, saying, “Personally, I think it’s very good to have the menus for the whole week. In this way, we can realize if there’s balance in their meals. Because sometimes we only say, ‘What’s in the fridge?’”

### **Concerns About CACFP**

Most informal providers in the sample had not heard about CACFP prior to participating in a focus group, and so did not have preconceived ideas or concerns about the program. After the program was briefly described to them, some expressed hesitancy about enrolling in such a program based on the information presented.

### ***Informal Nature of Their Work***

A substantial portion of informal providers’ hesitation was driven by their perceptions that the scale of their caregiving did not warrant enrollment in CACFP. For those who were caring for only one or two children or who viewed their caregiving as temporary, they perceived the program as something they might consider if they cared for more children at some future time. One participant said, “I don’t register for a program such as this one, or I don’t try to look for it because I don’t have more children. In the future, someday, when I have more children, I’ll try to find them.”

Most informal providers in the sample do not prepare food for the children in their care, but instead serve food that the children’s parents send. So, they are not currently incurring food costs that would be reimbursed by CACFP. Some of these providers said the feeding guidelines sounded strict and this might be a barrier to participation because they already face difficulties feeding children with strong preferences. Those who do prepare food said they try to be mindful about children’s nutrition needs, but they do not work off a prepared menu. They try to teach children about nutrition but they also feed them what they know they will eat.

### ***State Registration Requirements***

Some participants had previously considered becoming registered with the state, which would make them eligible for CACFP and potentially for child care subsidies. But they had been discouraged by state regulations or had determined that their living situation was not suitable to a more formal care business. Providers in three of the six focus groups expressed concerns about their living space meeting the requirements to register. One participant spoke about her experience taking care of children in an upstairs apartment and having issues with a neighbor complaining about the children running. Another said she chose to care for children primarily in the children’s homes after being told by the state that her home wouldn’t qualify. One said:



*At that time, when I started, I lived in a mobile home and they told me I had to have a living room for the children and a room for the children ... I didn't have all that space. I only had a living room to play with them and they told me, no, that I had to have a larger space to care for children.*

Fear of government interactions due to immigration status was also raised as a concern. One registered provider who was enrolled in CACFP expressed this sentiment on behalf of others in her network, saying “There are many other people who would like to register, but there are many reasons why they don't do it. For example, their migratory status, the existing fear within Latin American families.” One non-registered participant expressed this fear, saying:

*To be honest, I was afraid to send a lot of things out because we live here and I don't have Social Security and I was always a little bit afraid. I was afraid that if I don't do something right, when they come to supervise me, it will cause me problems.*

## **Recommendations for Improving CACFP Policies and Practices**

### **Federal Policymakers**

#### ***Increased Reimbursement Rates***

Study informants would benefit from increased payment rates for both providers and sponsoring organizations. Providers said they need higher reimbursements to cover rising food costs and the time they spend complying with program requirements. Sponsors, meanwhile, said their payment rates do not adequately cover the cost of supporting providers, especially in rural areas where sponsors may drive hundreds of miles round-trip to make an unannounced home visit.

#### ***Additional Reimbursed Meal and Snack***

Federal reimbursement for a third meal and a second snack each day would help home-based providers adequately feed the children in their care. Current regulations reimburse two meals and one snack per day of care, which does not account for the extended hours during which some study participants provide care. Supporting providers who offer care during non-traditional hours is essential given the critical need for such care in New Mexico.<sup>viii</sup> Providers reported paying out-of-pocket to serve a third meal and a second snack to children who are in their care during those feeding times.

#### ***Eligibility Criteria***

Federal officials could consider changes to CACFP eligibility requirements to allow programs to better reach low-income children living in higher income areas. Efforts to address economic segregation by race and ethnicity should include careful monitoring of potential unintended impacts on family access to the benefits of federal child nutrition programs. Although higher rates of access in low-income communities is consistent with program goals, it creates access barriers for low-income children who do not live in those areas.

## **State Policymakers**

### ***Upfront Costs and the Role of Sponsors***

State officials could consider dedicated state funding for sponsor organizations to approve homes for registered status and support them in meeting state requirements. This could address state backlogs in approving new registered homes and reduce provider anxiety about government contact. As a separate or related initiative, state officials could identify public or philanthropic funds to pay some upfront costs of becoming a registered home-based child care provider. In particular, the state could create a fund to support expenses like fire extinguishers and small home repairs required to become registered.

### ***Communication and Delays***

Sponsors differed in the quality of their working relationships with the state, but several expressed a desire for more consistent, streamlined communication between state officials and sponsoring organizations. State officials could also fund additional state personnel to conduct timely home inspections. These inspections are necessary to approve a registered home, and improving this process would help new home-based providers move more quickly into the regulated sector so they can begin receiving reimbursement. Because sponsor reports of registered home approval backlogs are from 2020, it is possible this situation has changed. It may be valuable for state officials to regularly monitor the average wait time for a registered home awaiting inspection and approval.

### ***Outreach and Training for Informal Providers***

Clear, simple recruitment and awareness materials in English, Spanish, and other widely spoken languages are needed to better communicate the basics of CACFP to informal child care providers who are not currently registered with the state. The food reimbursement program could serve as an enticement for providers to register if it were better understood by this population. Additionally, the state could work to connect informal providers with nutrition training opportunities, such as the USDA's Expanded Food and Nutrition Education Program, even if they do not yet wish to enroll in CACFP. Such training could help improve the nutrition of the many New Mexico children cared for in informal family and friend care.

## **Sponsors**

### ***Technological Accommodations***

Sponsors could ease administrative burdens for providers by providing online submittal options for menu documentation, including distributing fillable PDF versions of forms that currently must be filled in by hand. Additionally, some states use specially designed computer software to support ease of CACFP menu reporting, including features such as validation checks that meals being submitted are eligible for reimbursement. In order to support both the providers asking for enhanced technology and those who prefer to submit menus by hand, these options could be phased in and optional.

### ***Trainings and Language***

Sponsors could better support providers by offering CACFP training and support that is linguistically appropriate and offered in multiple formats to maximize access and convenience for providers. Recruitment and retention of Spanish-speaking staff when possible would support successful implementation of this effort. Training content could also be modified to progress from basic to more advanced content to support meaningful professional development for seasoned providers. Additionally, providers would benefit from ongoing training that is detailed and explicit about the types and brands of food that qualify for reimbursement, as well as training in effective strategies for introducing children to a variety of new foods.

### ***Responsive Communication***

Sponsors could better support providers by providing timely and clear explanations for any meals or snacks that are denied for reimbursement. They could also conduct periodic surveys of their providers to assess their satisfaction with their sponsor's support and address any challenges. While most providers reported they had positive relationships with their sponsors, the small number who reported non-responsive sponsors said this made it harder for them to participate successfully.

## **Limitations**

The state administrative data used in the quantitative analysis is from 2019 and captures the landscape of home-based child care and CACFP prior to the COVID-19 pandemic. Additionally, the 2020 Census data that the study relied on for county-level characteristics is limited for the same reason. Though the results fill in knowledge gaps about CACFP reach in New Mexico, much has changed about the child care sector since 2020 and data prior to the pandemic may not represent current rates of child care availability and usage. Additionally, the analysis was limited to families receiving child care subsidy from the state. It does not help us understand CACFP access among low-income children who do not receive subsidies—an important population that may be particularly disconnected from state support systems. The interviews with CACFP sponsors were limited in number and may not represent the perceptions and experiences of all sponsors in the state. Finally, the sample of informal providers who do not use CACFP supports was limited to one community, and may not be generalizable to other parts of the state.

## RECOMMENDATIONS IN BRIEF

### **Federal Officials:**

- *Increase payment rates for sponsors, especially to cover costs associated with rural locations, such as gas for travel.*
- *Increase reimbursement rates for providers to more fully cover increased food prices and the labor required for CACFP participation.*
- *Add allowable reimbursement for an additional meal or snack so providers can feed children during extended care hours.*
- *Consider changes to federal CACFP eligibility requirements to allow providers to better reach low-income children living in higher income areas, such as through the elimination of tiered reimbursement.*

### **State Officials:**

- *Identify public or philanthropic funds to pay some upfront costs of becoming a registered home-based child care provider.*
- *Consider dedicated state funding for sponsor organizations to approve homes for registered status and support them in meeting state requirements.*
- *Assess whether communications between state officials and sponsoring organizations could be streamlined or clarified, especially when processes or regulations are changing.*
- *Regularly monitor wait times for inspection and approval of registered homes, and provide support for recruitment and retention of inspectors to reduce wait times.*
- *Create clear, simple communications materials about CACFP in multiple languages, aimed at informal care providers with limited knowledge of the program.*
- *Create or market opportunities for informal home-based providers to access nutrition trainings and information, even if they don't enroll in CACFP.*

### **Sponsors:**

- *Offer CACFP training that is linguistically appropriate and offered in multiple formats to maximize access and convenience for providers.*
- *Recruit and retain staff who speak the languages spoken in the local provider community whenever possible.*
- *Use technology to improve the menu paperwork submission process, such as through specialized software, online submission options, or creating fillable PDF versions of required forms.*
- *Provide prompt explanations for any meals or snacks that are denied for reimbursement.*
- *Provide ongoing training on appropriate strategies for introducing children to new foods and creating CACFP-compliant menus that children will eat.*

## Conclusion

With high prevalence of childhood hunger in New Mexico, officials must continuously examine the reach and effectiveness of federal nutrition programs in the state. This study found some good news, some areas for improvement, and leaves some questions unanswered. A key finding of this study is that CACFP reach is high (86%) among New Mexico children receiving child care subsidies and higher still (90%) for the subset of those children who receive their care in home-based settings. Multiple factors likely contribute to this reach, including New Mexico's policy of requiring most home-based registered care providers to enroll in the program. Additionally, high levels of poverty across New Mexico mean most providers meet federal criteria for participation—often at the highest reimbursement rates.

The study also found that home-based care providers generally find CACFP helpful, but would benefit from additional supports in meeting administrative burdens and program requirements. Additional supports are particularly needed at the stage of initial signup and approval as a registered home, submitting documentation of menus, and understanding specific criteria used to deny or reimburse a meal. For the sample of informal providers in the study sample who had not enrolled in CACFP, increased information and awareness is needed about the basics of the program and how it works.

This study finds that New Mexico is relatively effective at supporting CACFP access for the children and providers who are connected to state systems. However, the study is unable to shed light on access for low-income children who do not receive subsidies, or to quantify the number of children receiving care from informal home-based providers who are not registered with the state. The interviews with informal care providers are limited in scope, but are an important first step toward better understanding the children and providers not yet supported by CACFP.

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<sup>i</sup>“Feeding America: Hunger in New Mexico,” Feeding America, <https://www.feedingamerica.org/hunger-in-america/new-mexico>.

<sup>ii</sup>“Digest of Education Statistics, 2019.” National Center for Education Statistics, <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2021009>.

<sup>iii</sup> Hailey Heinz and Andrew Breidenbach, “Child Care Assistance and Early Literacy: Preliminary Outcomes from the Pilot Years of FOCUS,” The University of New Mexico Cradle to Career Policy Institute, (2018), <https://ccpi.unm.edu/sites/default/files/publications/FINAL%20FOR%20LFC%20Child%20Care%20Outcomes%20Report.pdf>.

<sup>iv</sup> The Food Research and Action Center (FRAC), “Child & Adult Care Food Program: Participation Trends 2018,” <https://frac.org/wp-content/uploads/CACFP-participation-trends-2018.pdf>.

<sup>v</sup> Rachel A. Gordon et al., “The Child and Adult Care Food Program: Who is Served and Why?” *Social Service Review*, 85, no. 3 (2011): 359-400, <https://doi.org/10.1086/662607>.

<sup>vi</sup> Anders Larabee Sonderlund et al., “Racialized Economic Segregation and Health Outcomes: A Systematic Review of Studies That Use the Index of Concentration at the Extremes for Race, Income, and Their Interaction,” *PLOS ONE* 17, no. 1 (2022): e0262962, <https://doi.org/10.1371/journal.pone.0262962>.

<sup>vii</sup> Hailey Heinz, et al., “New Mexico Sponsors Identify Time and Money as Factors Affecting Home-based Provider Child and Adult Food Program Engagement,” *Journal of Nutrition Education and Behavior* 54, no. 10 (2022): 947-956, <https://doi.org/10.1016/j.jneb.2022.05.007>.

<sup>viii</sup> Hailey Heinz, et al., “Child Care Access, Needs, and Preferences of Diverse New Mexico Families in the Context of the COVID-19 Recovery,” The University of New Mexico Cradle to Career Policy Institute, (2023), <https://ccpi.unm.edu/sites/default/files/publications/Focus%20Group%20Findings%20Brief%20%28%29.pdf>.

