

Healthy Food for Kids in Home-Based Child Care

A STUDY OF ACCESS IN NEW MEXICO TO THE CHILD AND ADULT CARE FOOD PROGRAM

BACKGROUND

One in five New Mexico children lack consistent access to enough food for a healthy and active life, and the prevalence is even higher in some rural counties.¹ 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 and the 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 centers and home-based settings. Because about 59 percent of children in the United States spend some time each week in a child care setting, supporting healthy food for children in care is a potentially powerful anti-hunger strategy.² This is especially true for home-based care providers, who are concentrated in rural areas and disproportionately serve Hispanic and Native American children in New Mexico.³ This study examined CACFP access and facilitators and barriers to participation for home-based child care providers in New Mexico through analysis of administrative data from September 2019, as well as interviews with home-based providers and with CACFP sponsors, who support and monitor providers' CACFP involvement.

By the Numbers

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

New Mexico Regulations

New Mexico requires most registered home child care providers to enroll in CACFP. 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 CACFP access for low-income children receiving child care subsidies.

KEY FINDINGS FROM STATE DATA: WHO ACCESSES CACFP?

- 64% of centers and 88% of home-based providers were enrolled in CACFP statewide.
- Overall, 86% of New Mexico families receiving child care subsidy use a CACFP-enrolled provider.
- 90% of children who used their child care subsidy in registered (license-exempt) homes were connected with a CACFP-enrolled provider.
- Compared to national rates last estimated in 2011,⁴ New Mexico has a higher proportion of low-income families receiving care from a CACFP-enrolled provider.
- Families using a child care subsidy with at least one child under 2 were more likely to be connected with a CACFP-enrolled provider.
- Families using a child care subsidy who live in higher income counties were less likely to be connected with a CACFP-enrolled provider. Federal rules make it easier for providers in low-income places to access CACFP. While this supports access in high-need communities, it may pose challenges for low-income children who live in higher income places.

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¹Feeding America: Hunger in New Mexico." <https://map.feedingamerica.org/county/2021/child/new-mexico>.

²"Digest of Education Statistics, 2019." National Center for Education Statistics. <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2021009>.

³Heinz, H., Breidenbach, A. "Child Care Assistance and Early Literacy: Preliminary Outcomes from the Pilot Years of FOCUS." <https://ccpi.unm.edu/publications>.

⁴Gordon, Rachel A., et al. "The child and adult care food program: Who is served and why?" *Social Service Review* 85.3 (2011): 359-400.

POLICY ACTIONS TO SUPPORT EXPANDED ACCESS TO CACFP IN NEW MEXICO

- New Mexico should maintain its policy that allows, and in many cases requires, registered (license-exempt) home-based providers to enroll in CACFP.
- Federal policies such as paying all home-based providers at the same reimbursement tier and increasing CACFP reimbursement rates can help extend access into mixed-income areas. A Child Nutrition Reauthorization (see box) could address some of these recommendations.

KEY INTERVIEW FINDINGS: WHAT HELPS AND HINDERS CACFP ACCESS?

- The costs of becoming a registered home (e.g., required fencing or repairs) can be barriers to CACFP enrollment.
- Providers are hesitant to allow state inspectors into their homes, especially in communities where many families have mixed immigration statuses.
- Planning and documenting menus that meet nutritional requirements were challenges for home-based providers.
- Support from sponsoring organizations helps overcome barriers. However, training and support is not always offered in providers' preferred languages or in the communities where they live.
- Some providers preferred COVID-era options that allowed them to submit reimbursement paperwork virtually, saving time and reducing travel.
- Children sometimes refuse CACFP-approved foods, resulting in food waste. Some providers pay out-of-pocket to serve children food they will eat.
- Buying qualifying foods in rural areas is expensive and food and travel costs often exceed the federal reimbursement.
- Current regulations reimburse two meals and one snack per day. Some providers reported paying out-of-pocket to provide additional food for children during extended care hours.

POLICY ACTIONS TO ADDRESS BARRIERS TO CACFP ACCESS

State

- Identify public or philanthropic funds to pay the upfront costs incurred by providers to register with ECECD (such as a fund for small home repairs).
- Fund sponsor organizations to approve registered homes and support them in meeting state requirements, to address state backlogs and reduce provider anxiety about government contact.
- Support sponsors in expanding options for menu paperwork submission to accommodate providers' technological capabilities and needs (e.g., a fillable PDF for submitting menus).

Federal

- Increase reimbursement rates for sponsors and providers to cover costs associated with rural locations, such as gas for travel and higher food prices.
- Expand reimbursement to include a third meal and second snack so providers can be reimbursed for food served during extended care hours.

Training

- Invest in provider training that is linguistically appropriate and offered in multiple formats to maximize access and convenience.
- Increase provider training and support to improve uptake of unfamiliar, nutritious foods among children in care.

Action in Congress

In June 2022 Congress approved the Keep Kids Fed Act, which increased CACFP reimbursement rates by 10 cents per meal or snack. The Act also extended some COVID-era waivers that make it easier for home-based care providers to demonstrate their CACFP eligibility and receive the highest tier of reimbursement rates. These flexibilities expired in June 2023.

Child Nutrition Reauthorization (CNR)

The CNR authorizes all federal school meal and child nutrition programs but has not been reauthorized since 2010. Congress has recently come close to reauthorization and advocacy groups are actively pushing for the review of CNR. Proposed changes to CACFP as part of CNR include increasing reimbursement rates to cover increasing of food costs and expanding reimbursement for an additional meal or snack.