

## **Key Facts about the Child and Adult Care Food Program (CACFP) for Subsidized, Approved, License-Exempt Child Care Providers**

The Child and Adult Care Food Program (CACFP) is an incredibly important nutrition resource for low-income working families with children in subsidized child care. In Pennsylvania, only licensed child care centers and family day care homes are able to participate in CACFP, excluding over 38,000 low-income children in subsidized, approved, license-exempt child care (known as “Relative/Neighbor (R/N) Providers” in Pennsylvania). After registering with Child Care Information Services (CCIS) and undergoing background checks, Relative/Neighbor Providers are approved to receive child care subsidy payments from the Department of Public Welfare.

Extending CACFP eligibility to Relative/Neighbor Providers can improve the quality of child care by (1) improving the nutritional quality of meals served to children, (2) providing much needed resources to low-income providers, (3) connecting these providers to the child care community through training, classes, and in-home visits. CACFP is 100% federally funded, and comes with administrative funding for both states and program sponsors. Other states with large numbers of children in subsidized, license-exempt care, such as Illinois, have successfully expanded eligibility to these providers, offering them and the children in their care this critical nutrition benefit.

### **#1 – CACFP improves the nutritional quality of meals served in child care facilities**

A number of studies show that children enrolled in child care facilities that participate in CACFP receive nutritionally superior meals than children in non-participating child care facilities. Children receiving CACFP had significantly higher intakes of key nutrients (like protein, vitamins, and minerals), consumed more fruits and vegetables, and consumed fewer fats and sweets.<sup>1</sup> Through participation in CACFP, Relative/Neighbor Providers can provide half to two-thirds of children’s daily nutritional needs.

Proper nutrition through CACFP can play an essential role in young children’s cognitive, social, emotional, and physical health and development. According to a Children’s HealthWatch analysis of young children (ages 1-3), children with access to CACFP were less likely to be in fair or poor health, less likely to be hospitalized, and more likely to have a healthy weight and height for their age when compared to children whose meals were supplied from home.<sup>2</sup>

### **#2 – CACFP provides crucial financial resources for low-income child care providers**

Relative/Neighbor Providers care for some of the poorest children in Pennsylvania and receive the lowest child care subsidy level from the Department of Public Welfare. As the chart below demonstrates, a Relative/Neighbor Provider in Philadelphia receives between \$13 and \$15 per day per child for full-time care. Because most Relative/Neighbor Providers can only serve up to three children at a time, the maximum subsidy

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<sup>1</sup>Bruening, K. S., J. A. Gilbride, et al. (1999). "Dietary Intake and Health Outcomes among Young Children Attending 2 Urban Day-care Centers." *Journal of the American Dietetic Association* 99(12): 1529-1535.

<sup>2</sup> Gayman, A., S. Ettinger de Cuba, et al. (2010). Child Care Feeding Programs Support Young Children's Healthy Development. [http://www.childrenshealthwatch.org/upload/resource/cacfp\\_brief\\_jan10.pdf](http://www.childrenshealthwatch.org/upload/resource/cacfp_brief_jan10.pdf). C. s. HealthWatch. Boston, MA.

payment they can receive is \$45 per day, or \$11,250 per year (assuming 5 days per week, 50 weeks per year).<sup>3</sup> In other parts of the state, subsidy rates for Relative/Neighbor Providers may be even lower; for instance, providers in Somerset County receive only \$10 per day per child for full-time care.

Department of Public Welfare: Maximum Daily Child Care Payment									
		FULL-TIME CARE				PART-TIME CARE			
County	Type of Provider*	Infant	Toddler	Pre-School	School-Age	Infant	Toddler	Pre-School	School-Age
Philadelphia	CENTER	\$42	\$36-\$41	\$33	\$27	\$36	\$30-\$34	\$26	\$23
	GROUP	\$33.75	\$30-\$32	\$29	\$26	\$29.50	\$25.50-\$27	\$24	\$20
	FDCH	\$34	\$30-\$31	\$28.20	\$26	\$29	\$25-\$27	\$24.18	\$20
	R/N	\$15	\$14.35-\$15	\$13.31	\$15.65	\$11.75	\$11.75	\$11.10	\$11.75

\*FDCH = Licensed family day care home. R/N = Approved, licensed-exempt relative/neighbor provider.

CACFP can augment this child care subsidy payment and improve the quality of child care offered by Relative/Neighbor Providers. The chart below provides the current reimbursement rates for CACFP meals served in family child care homes. Areas where more than 50% of school-age children are eligible for free or reduced priced meals under the National School Lunch Program will received Tier I reimbursement. Providers can also qualify for Tier I rates based on their own income or Census data. In Pennsylvania, most family child care homes participating in CACFP qualify for Tier I rates.

Assuming Tier I rates, a Relative/Neighbor Provider caring for three children and serving breakfast, lunch, and a snack could receive an additional \$12.21 per day, or \$3,052 per year. This represents a 27% increase in government resources coming to the Relative/Neighbor Provider to support quality child care. If the Relative/Neighbor Provider serves lunch, dinner, and a snack, the reimbursement rises to \$15.30 per day, or \$3,825 per year.

Reimbursement Rates for CACFP (July 1, 2010 – June 30, 2011)			
Meals Served in Family Day Care Homes (Per Meal Rates)			
	Snacks	Lunch/Supper	Breakfast
Tier I	\$0.66	\$2.22	\$1.19
Tier II	\$0.18	\$1.34	\$0.44

### #3 – CACFP improves the quality of subsidized child care

In addition to providing reimbursement for food and meal preparation expenses, CACFP connects Relative/Neighbor Providers with ongoing training on the nutritional needs of children and onsite technical assistance to help providers meet strong nutritional requirements. It can also serve as a crucial link for providers and families to other programs and services available through the broader child care community. A study conducted by the Midwest Child Care Research Consortium found that participation in CACFP was

<sup>3</sup> DPW Cash Assistance Handbook, Chapter 183.1 on Child Care.

associated with quality care in both center-based care and family child care homes, regardless of the provider's education level. These researchers note that CACFP is "an important way to augment the quality of programs serving low-income children."<sup>4</sup> Similarly, the U.S. General Accounting Office cited the effectiveness of CACFP saying, "Because of its unique combination of resources, training, and oversight, experts believe the program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide."<sup>5</sup>

Allowing Relative/Neighbor Providers to participate in CACFP adds another line of communication from outside agencies, in this case sponsors, to offer support. Many Relative/Neighbor Providers are open to and will welcome guidance in meeting children's nutritional needs, thus also creating the potential for greater receptivity to additional quality improvement outreach.

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<sup>4</sup> Raikes, H. A., H. H. Raikes, et al. (2005). "Regulation, subsidy receipt and provider characteristics: What predicts quality in child care homes?" *Early Childhood Research Quarterly* **20**: 164-184.

<sup>5</sup> U.S. General Accounting Office (1994). *Child care: Promoting quality in family child care*. Washington, D.C.