

# Child Care & Early Education RESEARCH CONNECTIONS

<http://www.researchconnections.org>

## Supporting Nutrition in Early Care and Education Settings: The Child and Adult Care Food Program (CACFP)

Child care centers, Head Start programs, and family child care providers serving young children – as well as after school programs and homeless shelters that reach older children, adults, and families – are supported in providing healthy meals and snacks by reimbursements through the [Child and Adult Care Food Program \(CACFP\)](#). Administered by the Food and Nutrition Service of the U. S. Department of Health and Human Services, CACFP provides guidelines to ensure that the food served is nutritious and promotes healthy development, as well as requiring compliance with local health and safety standards. This program – along with several other child nutrition programs – last authorized under the Healthy, Hunger-Free Kids Act of 2010 is currently undergoing review by the Congress, a process that occurs every five years.

Since 1969, when the CACFP program began, more than 50 billion meals have been served to children in child care homes and centers, Head Start programs, and after school programs; in 2015 alone this [number](#) was almost 2 billion. [More than 3.3 million children](#) in these settings across the nation are provided annually with meals and snacks. However, [substantial proportions](#) of young children do not receive meals through CACFP, since this is dependent on their child care providers' eligibility and participation rates.

One of the major intended benefits of CACFP for children is increased access to high quality nutritious foods during their time in child care and early education settings, with the goal of decreasing both underweight and obesity, and encouraging the development of healthy eating habits. In 2011 an Institute of Medicine [report](#) recommended aligning CACFP with updated



standards. In 2015 the USDA issued a [Proposed Rule](#) to update CACFP meal patterns to expand the variety of fruits and vegetables offered, serve more whole grains, and use less sugar and fat.

This **Topic of Interest** includes recently published resources from the *Research Connections* collection on child care provider participation in the CACFP program and on the effects of CACFP participation on the nutrition of young children.

### **Provider Participation and Barriers to Participation**

Periodically the Food Research and Action Center (FRAC), using data from the USDA, analyzes trends in the participation of providers in CACFP. The most recent [report](#) was issued in 2012.

There have been several recent studies examining factors related to eligible providers' decisions about participation in CACFP and challenges in meeting CACFP requirements.

- [The Child and Adult Care Food Program in Massachusetts](#)
- [Program participation and policy perceptions among child care center directors in Chicago West and North side ZIP codes](#)
- [Head Start and child care providers' motivators, barriers and facilitators to practicing family-style meal service](#)
- [A statewide analysis of the Child and Adult Care Food Program and family child care providers in Oregon](#)

### **CACFP Effects on Child Nutrition**

Three types of research have been conducted on the effect of CACFP on children's nutrition – descriptive analyses of the meals served in CACFP participating child care settings, particularly of the extent to which they comply with program standards; comparisons of the nutritional content of meals served to children in child care settings that did and did not participate in CACFP; and estimates of the contribution of CACFP meals to children's overall nutritional intake.

Descriptive studies of meals served in child care settings participating in CACFP and studies that compared the meals served in CACFP and non-CACFP child care settings are generally conducted at the local or state level. Recent descriptive studies include:

- [Environmental scan of nutrition practices in child development centers in the District of Columbia and opportunities to promote wellness](#)
- [Comparing current practice to recommendations for the Child and Adult Care Food Program](#)

- [Evaluation of nutrition and physical activity policies and practices in child care centers within rural communities](#)

Recent research comparing nutrition practices between CACFP and non-CACFP settings include:

- [It's 12 o'clock...what are our preschoolers eating for lunch?: An assessment of nutrition and the nutrition environment in licensed child care in Los Angeles County](#)
- [An assessment of nutrition practices and attitudes in family child-care homes: Implications for policy implementation](#)
- [Participation in the Child and Adult Care Food Program is associated with more nutritious foods and beverages in child care](#)
- [Dietary intake and health outcomes among young children attending 2 urban day-care centers](#)
- [Child care provider adherence to infant and toddler feeding recommendations: Findings from the Baby Nutrition and Physical Activity Self-Assessment for Child Care \(Baby NAP SACC\) study](#)

Using nationally representative data from the Early Childhood Longitudinal Study-Birth Cohort, several studies have assessed the contribution of CACFP to children's overall nutrition. These studies include:

- [The Child and Adult Care Food Program: Who is served and what are their nutritional outcomes?](#)
- [The Child and Adult Care Food Program and food insecurity](#)
- [The Child and Adult Care Food Program and the nutrition of preschoolers.](#)

### **Additional Resources**

Explore resources in the *Research Connections* collection related to this topic, including [updated search results](#) using CACFP as the search term and all resources classified under the topic of [Nutrition, Programs and Guidelines](#).

*Prepared by: Samuel A. Stephens*

*Last updated: February 2016*

*Research Connections* is a partnership between the National Center for Children in Poverty at the Mailman School of Public Health, Columbia University, and the Interuniversity Consortium for Political and Social Research at the Institute for Social Research, the University of Michigan, supported by a grant from the Office of Planning, Research and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services. Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.