A Statewide Analysis of the Child and Adult Care Food Program and Family Child Care Providers in Oregon

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Executive Summary:

“Good child care providers are teachers, and nutrition is one of the most important subjects.”
---CACFP Child Care Provider

The Program:

The Child and Adult Care Food Program (CACFP) is a federally funded child nutrition program which seeks to increase children’s access to nutritionally rich foods by offering a monthly reimbursement to child care providers and centers who serve meals that meet USDA nutritional guidelines. In Oregon the program is administered by the Oregon Department of Education. Given the crucial role early childhood nutrition plays in the cognitive growth and development of a child, the program is vital to ensuring that all children have the opportunity to grow strong and live healthy, productive lives.

The Issue:

Recent data has revealed that in the state of Oregon the number of Family Child Care Providers participating in the Child and Adult Care Food Program has decreased by 50% over the past twelve years. A trend that is reflective of nationwide enrollment declines.

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The following study was initiated to assess the strengths and limitations of the Child and Adult Care Food Program for family child care providers in Oregon and explore possible strategies for increasing statewide program participation rates.

The Findings:

Data collected through a series of surveys and in-depth interviews administered to family child care providers and CACFP program sponsors suggests the following program strengths and limitations:

Family child care providers participating in CACFP are overwhelmingly satisfied with the Child and Adult Care Food Program.

- 96.8% of respondents said CACFP is a valuable part of their child care
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- 97.36% of respondents would recommend the program to another child care provider
• CACFP participants identified three key program strengths:
  o **Nutrition**: Providers participating in CACFP feel they are better able to serve children nutritious meals, and believe the program gives them access to valuable nutrition education materials.
  o **Reimbursement**: The program helps cover the rising cost of serving healthy foods, and keeps child care rates affordable for parents.
  o **Sponsors**: Child care providers feel sponsors play an essential role in CACFP by offering technical program support, personal guidance and access to outside resources, such as workshops or newsletters.

• Program limitations identified by CACFP participants and non-participants:
  o **Paperwork**: Many providers feel current paperwork requirements are cumbersome and difficult to comply with given the hectic nature of child care schedules.
  o **Unannounced visits**: The visits create stress for providers and can make it difficult to establish strong relationships with sponsors.
  o **Reimbursement Rates**: Current rates do not reflect the cost of living.
  o **Program Organization**: Providers feel program rules and regulations are not always clearly explained or easy to follow.
  o **Program Misconceptions**: Many providers have misconceptions regarding program requirements and who qualifies to participate in the program.

• Program limitations faced by CACFP Sponsors:
  o **100%** of sponsors identified *administrative budget concerns*, indicating there were not enough funds to comfortably administer program regulations.
  o **75%** of sponsors were concerned with *declining customer satisfaction and enrollment rates*. 
63% of sponsors identified difficulties maintaining strong sponsor-provider relationships while simultaneously implementing program regulations.

The Strategies:

Based on these findings, a series of recommendations are presented highlighting strategies for increasing Oregon’s Child and Adult Care Food Program enrollment rates. A brief overview of these strategies is presented below:

Strategies for Improving Enrollment Rates:
1. Invest in CACFP Sponsor Organizations
   - Ensure that sponsors have access to the funds and resources necessary to properly administer program regulations while maintaining strong sponsor-provider relationships.
2. Evaluate current Federal regulations
   - Evaluate current Federal CACFP regulations regarding paperwork, unannounced visits, and reimbursement rates to ensure rules are being properly implemented and are reinforcing rather than undermining the program.
3. Assess Program organization
   - Assess the clarity and effectiveness of the current CACFP organizational structure at the sponsor level.
4. Conduct outreach and look towards the future
   - Increase emphasis on active recruitment of new providers as well as improving the statewide image and perceptions of CACFP.

The Conclusion:

The Child and Adult Care Food Program has created a statewide network of child care providers and sponsor organizations that has been shown to effectively improve child care quality. With minimal investments into the administrative infrastructure of CACFP, the state of Oregon can harness this network and employ it as an effective medium through which to increase statewide childhood nutrition and improve future child development outcomes.

“We can’t control what they are being fed the rest of the day, but we know that while they are in our care we can give the children a healthy start.”
---CACFP Child Care Provider
1. INTRODUCTION

Overview of the Child and Adult Care Food Program:
The Child and Adult Care Food Program (CACFP) is a federally funded child nutrition program administered by the USDA which aims to provide nutritious meals to children in the child care setting. Given the crucial role early childhood nutrition plays in the cognitive growth and development of children, CACFP seeks to increase access to healthy foods by offering monthly reimbursements to childcare providers and centers who serve meals which meet USDA nutritional guidelines. In the state of Oregon, the number of Family Child Care Providers participating in the Child and Adult Care Food Program has decreased by 50% in the past twelve years. This study will assess the strengths and limitations of the Child and Adult Care Food Program in Oregon and explore possible strategies for increasing statewide program enrollment rates—thus ensuring access to quality early childhood nutrition in the state of Oregon.

A Brief History of Family Child Care Homes and CACFP

1968: P.L. 90-302 established the Special Food Service Program for Children (SFSPFC)
1975: Separation of the Child Care Food Program and Summer Food Service Program
   • Family Child Care Homes are included in the program
   • Licensing requirements are instituted
1978: CCFP is made permanent
1979-1981: Dramatic increases in program participation of day care homes (64,700 to 778,000 children enrolled)
1981: Omnibus Budget Reconciliation Act of 1981—dramatic cuts are made to the program (enrollment continues to grow by 1997 1.5 million children are being served)
   • Reduced reimbursement rates
   • Limited reimbursement to 2 meals and 1 snack per child/day in family day care homes
   • Lowered eligibility to age 12
1989: Program became renamed the Child and ADULT Care Food Program and started to provide meals in adult day care settings
1996: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996—made changes to the food program designed to target the recipients of program benefits
   • Implementation of the 2-Tier system of reimbursement
2000-2004: Integrity regulations introduced to CACFP

Introduction to the relationship between child care and early childhood nutrition:
Early childhood nutrition plays a fundamental role in the cognitive growth and development of a child. Over the years, studies have continued to reveal that children who consume a variety of key nutrients during their first years of development not only perform better in school but become healthier more productive adults. Beyond supporting the development of cognitive skills, the early establishment of healthy eating patterns plays an important role in combating childhood obesity and promoting a balanced lifestyle.
As a federally subsidized child nutrition program, the Child and Adult Care Food Program (CACFP) has played a critical role in providing young children the wholesome foods essential for proper growth and development. By offering child care providers a reimbursement for serving nutritionally rich meals, the program seeks to make child care centers and family child care homes a primary source through which young children have access to quality nutrition.

The Child and Adult Care Food Program has been especially significant for Family Child Care Homes. A study done by the US General Accounting Offices reported, “Because of its unique combination of resources, training, and oversight, experts believe the food program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide.” By electing to enroll in CACFP, Family Child Care Providers are held accountable to set nutrition standards and are encouraged to use nutrition education as a means of enhancing the early development of healthy eating habits. Consequently, participation in CACFP has become a measure of quality among family child care homes.

**Family child care home:** A provider caring for one or more unrelated children in a home other than the child’s home.

What does this mean for Oregon?

In Oregon, 75% of children (about 20,000) spend a portion of their day in a child care setting. Roughly 60% or 12,500 of those children are receiving care in a family child care home. While programs like CACFP were established as a safeguard to ensure that all children have access to adequate nutrition and quality child care, enrollment trends over the past ten years indicate the program is not reaching all those who need it. In the current economic climate families are struggling to get by. The rising cost of living coupled with high statewide unemployment rates have made it difficult for many parents to provide even basic necessities for their children. Recent data reveals that food insecurity is on the rise in Oregon, and accordingly children and parents have become increasingly reliant upon meals provided in the child care setting. With fewer family child care providers participating in CACFP, there is little assurance that children in need will receive meals that provide the nutrients necessary for healthy development.
For these reasons, it is with great urgency that Oregon must seek to address and eliminate the current barriers to participation in the Child and Adult Care Food Program. With minimal investments into the pre-established infrastructure of this valuable program, the state can greatly increase children’s access to quality nutrition statewide.

**Food Insecurity:** Food insecurity refers to the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources. x

**Tiering:** Tiering was implemented in 1996 as part of the PRWORA legislation in an attempt to cut spending and target program benefits to those who “need it most.” Until then, all providers had been reimbursed at the same rate for the meals they served. The legislation called for the creation of two levels of reimbursement, Tier 1 and Tier 2. Family child care providers who live in areas designated “low-income” or have an income below 185% of the poverty line are eligible for reimbursement at the higher, Tier 1 rate. Providers who do not meet the low-income criteria are designated Tier 2 and receive a lower level of reimbursement or are reimbursed a combination of Tier 1 and Tier 2 rates based on a means test. xvi

II. STUDY

This study is an assessment of the Child and Adult Care Food Program specifically as it relates to the experiences of family child care providers in the state of Oregon. Like most states throughout the country, the number of family childcare providers participating in CACFP has decreased drastically since the introduction of Tiering in the late 1990’s and implementation of Federal integrity regulations in the early 2000s. In 1997 Oregon had approximately 5,753 Family Child Care Homes participating in CACFP but as of 2008, that number had dwindled to around 2,500. xi

*Research Question:*
How do we modify the Child and Adult Care Food Program in the State of Oregon so as to increase family child care provider enrollment rates?

The following report will endeavor to capture the opinions and perspectives of key players in the Child and Adult Care Food Program so as to acquire a comprehensive understanding of the program. Careful attention will be paid to three specific questions:

1. Who is satisfied with the program and what are they satisfied with?
2. Who is not satisfied with the program and what are they dissatisfied with?
3. What are the experiences and opinions of CACFP sponsors and how do they relate to overall enrollment trends?

**Sponsors:** Local nonprofits that recruit, train, monitor and support family child care homes for the Child and Adult Care Food Program. x

Analysis of these questions will provide the basis for assessing the strengths and limitations of the current Child and Adult Care Food Program in Oregon. From this
assessment strategies will be proposed for decreasing barriers to participation in CACFP and increasing statewide enrollment rates.

Methodology

In order to accurately assess the performance of the Child and Adult Care Food Program in Oregon it was necessary to evaluate the program from the administrative level—CACFP sponsors—as well as the participant level—family child care providers. Given the time constraints inherent to the project, this study was not meant to be a scientific analysis of the CACFP among family child care homes in the state of Oregon. More accurately, this is a preliminary study aimed at capturing the wide variety of perspectives and attitudes that family child care providers and program administrators hold towards CACFP. That being said, every effort was made to reach as many program sponsors and participants as possible, so as to have a sample that accurately reflected the views of the CACFP family child care community as a whole.

Participants:

CACFP Sponsor Organizations:
There are eleven CACFP family child care home sponsors in the state of Oregon. Each sponsor was contacted by phone and e-mail to set up an in-depth interview to discuss their experiences with CACFP. Of the eleven sponsors who were contacted 8 in-depth interviews were collected.

The in-depth interviews were composed of 20 standard questions that encouraged sponsors to discuss their experiences working with CACFP. Interviews were conducted over the phone and generally lasted an hour in length. Each response was documented with written notes.

Family Child Care Providers:
All child care providers who were actively participating in the Child and Adult Care Food Program were eligible for participation in a statewide survey. The provider survey was made available in Spanish and English and was composed of thirteen questions: multiple choices, yes/no and free responses. The last question on the survey asked providers if they were interested in participating in an in-depth interview. The survey was reviewed multiple times by the Oregon Dept of Education and various child care advocates throughout the state. All questions aimed to assess the experience of family child care providers participating in CACFP.

After the survey had been drafted and reviewed it was sent to the CACFP sponsor organizations throughout the state. The sponsors then sent the surveys to providers with their monthly reimbursement check. In this manner, all providers actively participating and receiving a reimbursement check were eligible to participate in the survey. Each provider was asked to return the survey with the paperwork they submit to their sponsor at the beginning of each month. The surveys were then forwarded from the local sponsors and the data was compiled into a database for analysis.
The survey was mailed to approximately 2,500 providers and 720 responses were collected. The response rate was 29%.

Of the 720 surveys returned by CACFP enrolled providers, 173 respondents (24%) were willing to participate in an in-depth interview to further discuss the food program. Out of the 173 surveys, a sampling of 15 providers was chosen. The providers were chosen to represent a range of counties statewide, as well as rural and urban providers and Spanish and English speakers. The in-depth interviews were eleven questions in length and generally took between 20-40 minutes to complete. Four of the interviews were conducted in person and the other 11 were phone interviews. All interviews were documented with written notes.

The last data component of this study was a survey of providers NOT participating in CACFP. These providers were taken from the Oregon Child Care Division’s list of providers who qualified to participate in CACFP but were not enrolled. The survey was five questions in length, available in both Spanish and English, and was sent out via e-mail to providers with an e-mail account. Best estimates suggest that around 550 providers received the survey (it was hard to get an exact count of the providers who received the survey because many of the e-mail addresses were no longer valid.) Approximately 109 providers responded to the e-mail survey—nearly a 20% return rate.

All in-depth interviews were entered into Microsoft office and coded. The surveys were entered into a database to compile and analyze the results. The following section will explore the data collected and trends identified.

III. DATA ANALYSIS:

The data analysis portion of this report will be broken into three sections:

- Part 1: Analysis of CACFP program strengths
- Part 2: Analysis of CACFP program limitations
- Part 3: Analysis of the experiences of CACFP Sponsors
A Brief Glimpse into the Child Care Provider Experience Pictures in this section

Provider County: Multnomah  Reimbursement Level: Tier 1
Years as a child care provider: 4  Children in Care: 4-6

Why is the Food Program a valuable part of your day care?
“The cost of food and housing has gone way up, and parents like knowing that their kids are being fed healthy meals while they are at my house.”

Is the food program important for the children you care for?
“Yes, when the kids are here I know they are getting proper nutrition and many of them aren’t getting that at home.”

What are some of the things you struggle with as a provider?
“Paperwork, it is all about paperwork. I participate in a lot of different programs so there is a lot of paperwork that has to be done, and between caring for kids 12 hours a day, cleaning up, and managing a family there is not a lot of time to get it all done.”

What are some recommendations you would give to improve the food program?
“Increase the reimbursement level to match the increased cost of living, and improve the paperwork.”

What is the most important part of the food program?
“Accountability. It holds providers accountable for serving nutritious foods to the kids. If no one is ‘watching’, you can get away with serving what is easier rather than what is best for the kids.”

Provider County: Clackamas  Reimbursement Level: Tier 1
Years as a child Care Provider: 5  Children in Care: More than 9

Why did you decide to become a Family Child Care Provider?
“I had worked in pre-schools and child cares many years and when I got pregnant with my second child, rather than spend half my salary on child care, I decided to open up my own.”

Is the food program a valuable part of your day care?
“Yes, it helps a lot; I would have to raise my prices considerably if I wasn’t getting reimbursed for some of the food.”

What are some of the things you struggle with as a provider?
“I struggle with the fact that there are different monitors all the time—that is a high turnover rate.”

What are some recommendations you would give to improve the food program?
“I would like to see the pay days be more consistent…It’s hard to budget when you don’t know when the paycheck is coming.”
**Provider County:** Multnomah  
**Years as a Child Care Provider:** 16  
**Level of Reimbursement:** Tier 1  
**Children in Care:** 4-6

*Is the Food Program a valuable part of your day care?*
“Yes, it gives children a good start that will help them grow in a healthy way. We can’t control what they are being fed the rest of the day but we know that while they are in our care we can give the children a healthy start.”

*Is the food program important to parents?*
“Extremely, I’ve had parents in the past that literally didn’t have food at home and they knew they needed to pick their kids up after snack so they would be full.”

*What are some recommendations you would give to improve the food program?*
“A parental education piece would be great because it would help the parents be more involved in their child’s nutrition.”

*Do you feel like the training you had when you first enrolled in the food program prepared you for participation?*
“Especially at the beginning, until you have been in there doing it for a while, I think you should have more time to adjust. More training and have some check-ins or areas to ask questions. A mentoring program would be nice until you get used to the program.”

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**Provider County:** Douglas  
**Years as a Child Care Provider:** 11  
**Level of Reimbursement:** Tier 1  
**Children in Care:** 7-9

*Why did you join the food program?*
“I assumed it would be a huge mess to have the children all bring in their own types of food.”

*Is the food program a valuable part of your day care?*
“Yes, I am able to offer a variety of food and better kinds of food. I always have fresh fruit and fresh veggies...I don’t think I would have as much variety if I weren’t on the food program.”

*What are some things you struggle with as a provider?*
“It is a lot of paperwork to fill out, and it would be nice if you could use pencil.”

*What is the most important part of the food program?*
“That they have food guidelines and requirements and it keeps people accountable to feeding kids nutritious foods.”

*How is your relationship with your sponsor?*
“I enjoy them coming, but I wish it was scheduled so I could plan a time to sort of sit down with them. It’s hard because monitors are busy and they rush it [visits], it would be nice to have a visit that was planned.”
PART 1: CACFP PROGRAM STRENGTHS

Providers Enrolled in CACFP:
Demographics of the CACFP Provider Survey

A brief analysis of the demographic information gathered from survey respondents resulted in the following observations:

- Providers from all but three counties in the state of Oregon were represented in the survey responses.
- The majority of respondents came from western Oregon primarily centered in areas of high population concentration—Multnomah, Lane, Jackson and Marion Counties.
- 65% of providers had in their care between 4 and 9 children daily.
- 70% of providers identified themselves as Tier 1 and 11.5% of respondents identified themselves as Tier 2. (This is on par with the statewide average of Tier 2 providers 11.7%. See chart)
- 12.5% of respondents were Spanish speakers v. 87.5% English speakers.
- The highest portion of responses came from those providers who had been in the program either between 1 and 5 years or providers who had been in the program more than 10 years.

Question: Who is satisfied with the program and what are they satisfied with?

To assess satisfaction with the Child and Adult Care Food Program, all CACFP provider survey responses were compiled into a database and examined for trends. Three questions specifically, gauged the attitude of providers towards the food program. The responses to these questions were used to make a base assessment of participant satisfaction. The questions were as follows:
1. Is the Food Program a valuable part of your day care?
   a. **96.8%** of respondents said **YES**

2. Have you ever considered leaving the food program?
   a. Only **19.86%** said **YES**

3. Would you recommend the food program to another provider?
   a. **97.36%** of providers said **YES**

As revealed in the quantitative analysis, the overwhelming majority of survey respondents are satisfied with the Child and Adult Care Food Program. 96.8% of participants believe it is valuable to their day care and 97.4% would recommend it to another provider. These results are encouraging but moreover, they demonstrate the importance of the program for numerous family child care providers. For a more in-depth evaluation of participant satisfaction and to better understand the strengths of the Child and Adult Care Food Program, qualitative data was collected, coded and analyzed.

There were two primary sources of qualitative data: 1) free response questions that were part of the initial statewide survey 2) in-depth interview questions.

- **Survey question:**
  *What things do you like most about the food program?*

- **Interview question:**
  *In your opinion what is the most important part of the food program?*

Respondents identified various points of satisfaction within the food program and these responses were compiled into three broader themes: (see chart 4)

A. Nutrition  
B. Reimbursement  
C. Sponsor Support
A. Nutrition:

Nearly 40% of survey respondents valued the nutrition component of CACFP. This data suggests that child care providers enrolled in the Child and Adult Care Food Program recognize and appreciate the crucial role CACFP plays in promoting early childhood nutrition. As one respondent put it, “The program allows us to do more than the basics; it allows us to give the kids the food groups necessary for healthy living.” There were three main categories of nutritional benefits identified by child care providers: 1) nutrition education 2) better nutrition for children 3) nutritional accountability.

- **Nutrition Education:**

  “I like that the program teaches people to eat more nutritionally, so many kids eat too much junk food.”

  “The food program has taught me to use a variety of foods and helpful hints on how to get the kids to eat them.”

  “I always thought that more was better, but now I know that is not always true. It’s about quality not quantity.”

Many providers enrolled in CACFP value the educational nutrition information they can access through the program. Whether it is techniques for getting children to eat vegetables or learning to portion foods, CACFP offers relevant nutrition information for providers of all experience levels. The materials child care providers receive through the program better prepares them to serve meals that will give children a broad range of necessary nutrients.

- **Better nutrition for children:**

  “We can’t control what they are being fed the rest of the day, but we know that while they are in our care we can give the children a healthy start.”

  “It helps me to ensure parents that their children are eating healthy meals.”

Providing children with meals that are nutritionally appropriate for their age and stage of development is the foundation of the Child and Adult Care Food Program. As discussed earlier, there are many children in Oregon suffering from food insecurity and nutrient deprivation. CACFP helps providers recognize their role in promoting healthy childhood development and furthermore gives providers confidence in their ability to meet the nutritional needs of children.

- **Nutritional Accountability:**
“I think it is helpful for me to maintain a consistent level of quality meals for the children, if I didn’t have the guidelines I might not be as aware as to what I was serving…it helps keep me accountable.”

The nutritional accountability component of CACFP ensures that providers serve healthy meals even when it is neither the most convenient nor affordable option. Many providers like being held accountable to these nutritional standards and recognize that CACFP improves not only meal quality, but the quality of care provided as a whole.

B. Reimbursement:

Roughly a third of survey respondents identified the reimbursement as an element of the food program they most valued. Child care providers offer a broad range of explanations as to why the reimbursement is so important to family child care homes. The responses can be classified into three main categories: 1) Helps cover food costs, 2) Keeps child care rates low, 3) Allows providers to serve a greater variety of foods.

- Helps providers cover rising food costs:
  
  “I would need to feed the kids anyway and this helps with the rising food costs. I don’t have to pass that back on to the parents who are already struggling.”

  The majority of providers who valued the CACFP reimbursement cited rising food costs as a primary reason. According to surveys and interviews, most providers are in agreement that times are tough economically. While the reimbursement can’t cover all food costs, it makes it possible for providers to continue serving healthy meals to children despite increasing financial constraints. This in turn helps ease the burden put on families who are also struggling in the current economic situation.

- Keeps child care rates low:
  
  “It [reimbursement] helps a lot with part of the food expense, I would otherwise have to raise my rates and lose families.”

  “I would have to raise my prices considerably if I wasn’t getting reimbursed for some of the food.”

  From a business perspective, providers who participate in CACFP are better suited to compete in the child care market than those providers who do not. The reimbursement allows family child care homes to maintain affordable rates for parents without sacrificing healthy meals for the children. This is advantageous not only for parents and children but providers as well. Low child care rates improve customer satisfaction and consequently increase provider job security in times of economic turmoil.

- Allows providers to serve greater variety of foods:
“I am able to serve a greater variety of foods and I have nutrition and cooking resources available whenever I need them!”

“The reimbursement helps me afford healthier meals for children in care!”

The reimbursement allows many providers to worry less about the cost of food items and more about nutrition. Over the past several years, the price of nutritious foods such as fruits, vegetables and lean proteins has been on the rise. With the assistance of the CACFP reimbursement, providers are able to serve healthy foods without straining their operating budget. As a result, children receive meals that have the required nutrient content rather than meals that are the least expensive to prepare.

C. Sponsor Support:

Approximately 35% of surveyed providers mentioned their program sponsor as a component of CACFP they most valued. Sponsors are on the front lines of the Child and Adult Care Food Program and their ability to foster a relationship with providers while simultaneously administering regulations is vital to the program’s success. Providers offered two main explanations for the significance of the sponsor: 1) the sponsor staff as a mentor/teacher, 2) the sponsor as a resource for better understanding the food program.

- The Sponsor as a Mentor and Teacher:

  “I love my sponsor visits. She is friendly and informative and the kids love to see her and hear the stories.”

  “I like best the visits of my supervisor, the information she leaves me, and the help and support she gives me.”

A provider’s satisfaction with the food program is relative to the relationship established with the sponsor. Successful sponsors are more than rule enforcers; rather they are mentors, teachers, and friends. Providers were enthusiastic to share stories of sponsors who helped them through hard times, taught them tricks for dealing with misbehaving children and gave them ideas for new snack recipes. This close one-on-one relationship blends the lines of personal and professional, and creates a program where providers feel respected and valued.

- Sponsors help providers better understand the program:

  “My sponsor is a great lady and makes the food program seem a little easier.”

  “I like being able to communicate with your worker [sponsor] when there is a problem.”

  “I like best: the ability to call and ask for information or clarification without being intimidated.”
Sponsors play a crucial role in alleviating the stress and confusion that often accompanies CACFP regulations. Providers who use their sponsors as a resource and reference point for concerns that arise while participating in CACFP are more likely to remain in compliance with program regulations. Additionally, these providers have greater self-assurance in their ability to navigate the system. Strong sponsor-provider relationships create a vital CACFP support network for participants and form the base of a successful, resilient program.

Discussion of CACFP Strengths:

Quantitative and qualitative data suggests that CACFP is a valuable resource for family child care providers. The program has been well-received by those enrolled and has increased provider access to:

- Better nutrition for children
- Educational resources
- A Sponsor support network

As indicated by the program strengths, providers believe participation in CACFP allows them to offer better services to the families and children they care for. Although survey respondents showed high levels of satisfaction with the Child Care Food Program, Oregon’s enrollment rates over the past twelve years indicate that not all providers who have participated in CACFP are satisfied with the program. Identifying areas of dissatisfaction within the Child and Adult Care Food program is fundamental to developing viable solutions for increasing enrollment rates.

PART 2: CACFP PROGRAM LIMITATIONS

Question: Who is not satisfied with the program and what are they dissatisfied with?

The implementation of the two-Tier system of reimbursement in 1996 triggered dramatic changes in CACFP enrollment. Thousands of child care providers reconsidered program participation as reimbursement rates dropped and program regulations increased. It is clear why providers initially began leaving the program, but the question remains, why do providers continually elect not to participate in CACFP?

Two sets of data were used to assess the provider dissatisfactions with the Child and Adult Care Food Program:

I. The survey of family child care home providers participating in CACFP
II. The survey of providers who were eligible for participation in CACFP but were not enrolled.

I. CACFP enrolled Family Child Care Providers

The primary question used to assess program dissatisfactions among child care providers currently participating in the Child and Adult Care Food Program was:
• Have you considered leaving the food program?
  ○ Nearly 20% of survey respondents indicated they had considered leaving the food program.

In this study, it was assumed that frustrations experienced by providers who had considered leaving the food program would provide insight as to why other providers had elected to quit the program. By holding constant the variable “considered leaving food program,” it was possible to explore the ways in which provider satisfaction levels differed between those who had considered leaving the food program and those who had not. A side by side comparison was done to evaluate the responses of each group. The seven major points of variation between the two groups of providers are presented below:

**Key Findings:** *The differences between providers who had considered leaving the food program and those who had not*

A. **Reimbursement:** Providers who had considered leaving the food program were **twice as likely** to express dissatisfaction with the level of reimbursement (44.8% v. 21.7%)

```
<table>
<thead>
<tr>
<th>% of Providers who were dissatisfied with the level of reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of providers</td>
</tr>
<tr>
<td>50.00%</td>
</tr>
<tr>
<td>45.00%</td>
</tr>
<tr>
<td>40.00%</td>
</tr>
<tr>
<td>35.00%</td>
</tr>
<tr>
<td>30.00%</td>
</tr>
<tr>
<td>25.00%</td>
</tr>
<tr>
<td>20.00%</td>
</tr>
<tr>
<td>15.00%</td>
</tr>
<tr>
<td>10.00%</td>
</tr>
<tr>
<td>5.00%</td>
</tr>
<tr>
<td>0.00%</td>
</tr>
</tbody>
</table>
```

**Reimbursement Rates July 1, 2008- June 30, 2009**

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>1.17</td>
<td>.43</td>
</tr>
<tr>
<td>Snacks</td>
<td>.65</td>
<td>.18</td>
</tr>
<tr>
<td>Lunch/Supper</td>
<td>2.18</td>
<td>1.31</td>
</tr>
</tbody>
</table>

“Food is a high expense in my child care business and rates of reimbursement are unrealistically low if I really want to feed the children well.”

Nearly half of all respondents who had considered leaving CACFP were dissatisfied with the rate of reimbursement. Enrollment trends observed since the implementation of Tiering would predict such a response, yet there is an interesting twist; it was not strictly Tier 2 providers who expressed reimbursement dissatisfaction. Though Tier 2 providers were overrepresented among those who were dissatisfied with the reimbursement (*35% of those who considered leaving and were dissatisfied*).
with the reimbursement, but only 13% of total respondents); many Tier 1 providers also considered leaving the program and expressed similar dissatisfaction with reimbursements. This data points to a trend that transcends the divisions of Tiering. Satisfaction with the reimbursement is not directly proportionate to the dollar amount a provider is receiving; rather, it is relative to the combination of program benefits and program costs. Accordingly, CACFP providers who feel supported by their sponsors and find the program regulations easy to follow may appreciate the reimbursement regardless of whether they receive Tier 1 or Tier 2.

B. Program Resources: Among providers who considered leaving the food program only 53% were receiving “additional support” from their sponsor, in contrast to 71% of providers who never considered leaving the food program.

As discussed in the prior section, oftentimes the reimbursement alone is not enough to satisfy CACFP participants. Data collected from the survey indicates that providers who had access to additional forms of support were less likely to consider leaving the food program. ‘Additional support’ in the Child and Adult Care Food Program includes resources such as nutrition classes, newsletters, workshops, or provider meetings. Offering benefits, aside from the reimbursement, to providers enrolled in CACFP can serve as an incentive to continue participating in the program despite less than ideal monetary compensation. Moreover these forms of additional support can facilitate the development of support networks among providers within the program, creating a common space to share successes and frustrations as well as offer encouragement.

Comment [L1]: Recommend title change for the chart because it is hard to figure out the bars. Maybe change it to “Is there too much paperwork involved in the food program?”

---

**Chart 12**

**Do you receive additional support from the food program**

<table>
<thead>
<tr>
<th></th>
<th>Providers who considered leaving the food program</th>
<th>Providers who did NOT consider leaving the food program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
<td>46.85%</td>
<td>71.40%</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td>53.15%</td>
<td>28.60%</td>
</tr>
</tbody>
</table>

**Chart 13**

**There is too much paperwork involved in the food program**

<table>
<thead>
<tr>
<th></th>
<th>Providers who considered leaving the food program</th>
<th>Providers who did NOT consider leaving the food program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disagree</strong></td>
<td>51.95%</td>
<td>77.47%</td>
</tr>
<tr>
<td><strong>Agree</strong></td>
<td>48.05%</td>
<td>22.53%</td>
</tr>
</tbody>
</table>
C. **Paperwork:** Providers who have considered leaving the food program are twice as likely (48.9% v. 22.5%) to believe there is too much paperwork involved in the food program.

“For some people it is hard to understand because they are just looking at the menu and the attendance sheet...I don’t’ really have a lot of time to focus on what I’m doing because I always have kids around, I have limited time to jot stuff down and I have had things spill on it, and kids trample it...if I switch to the lower level [reimbursement] then I won’t do it anymore.”

Paperwork is a necessary component of the Child and Adult Care Food Program; however, many Family Child Care Providers find themselves struggling to keep up with program requirements. These providers feel current paperwork requirements are cumbersome and difficult to comply with given the hectic nature of child care schedules. The quantitative data suggests that providers who feel more confident in their ability to complete paperwork requirements are generally more satisfied with the program as a whole.

D. **Unannounced Visits:** Providers who considered leaving CACFP were more than twice as likely (30.8% v. 13.5%) to agree that there are too many unannounced visits in the food program.

Unannounced visits were introduced to CACFP at the Federal level as a way of improving integrity within the program. It was concluded that if providers were required to pass impromptu home inspections, fraud within the program would decrease. While the system of unannounced visits does maintain certain levels of program integrity it has also proven to be stressful for many providers. As noted in the comments above, oftentimes it is not that providers dislike sponsor
visits, rather that visits can be disruptive to the child care environment and can generate feelings of distrust between providers and sponsor.

E. Program Organization: Providers who considered leaving CACFP were twice as likely to believe program rules concerning allowable foods and meal times were complicated and confusing (37.1% v. 18.9%). Moreover, 28.7% believed the program was not ‘well-organized and easy to use,’ in contrast with only 4.3% of providers who did not consider leaving CACFP.

“Not all parents work 9-5 and we should be able to adapt to or make concessions for their schedules.”

“I don’t understand why some foods are okay but others are not.”

“It takes a long time to get the reimbursement, its not that people are doing things wrong, but I think a month later is too slow. They should have more staff to make the program more efficient.”

Evidence presented from the quantitative data would suggest that participant satisfaction is closely linked with the provider’s understanding and perceptions of the program. The statistical information previously presented indicates that providers who have considered leaving the food program are less satisfied with paperwork, reimbursements, and unannounced visits and have less access to resources. Interestingly enough there are similar trends among providers who consider the CACFP disorganized or complicated (see graph below). Though it is difficult to draw definitive conclusions from this data it is evident that there is a correlation between program satisfaction and perceptions of the programs regulations and organization.

F. Sponsor: Child care providers who considered leaving CACFP are nearly 3 times as likely to have expressed dissatisfaction with their program sponsor (11.8% v. 4.1%).

“When I call to ask my sponsor a question she doesn’t return my call until days later.”
Local CACFP sponsors play a vital role in maintaining the customer satisfaction of the food program. While providers may feel that CACFP regulations and rules are beyond their control, the support of a sponsor can make the program more manageable and nutrition standards easier to attain. Because the sponsor-provider relationship is so important to provider satisfaction, it is logical that providers who feel less supported by their sponsor are more likely to have considered leaving the food program.

Discussion of Providers who considered leaving CACFP:

Providers who had considered leaving the food program had significantly higher rates of dissatisfaction with CACFP than those who had never considered leaving. The various areas of dissatisfaction identified—paperwork, unannounced visits, program organization, reimbursements, and access to resources—point to distinct weaknesses within the programs rules. These weaknesses could be reflective either of issues inherent to specific program regulations or issues with the implementation of the program regulations.

To further assess dissatisfactions with CACFP, a sampling was taken of providers who were not enrolled in the food program. The responses collected from this subset of child care providers’ offered valuable insight into the experiences of providers who had left the food program, as well as those who had never enrolled.

II. Family Child Care Providers NOT Participating in CACFP

The survey distributed to providers NOT enrolled in CACFP was used to gauge the opinions of the program among those eligible for participation. The survey respondents varied from child care providers who had previously participated in CACFP to providers had never heard of the program. As a result, the data collected provides a broad spectrum of experiences and viewpoints.

Results from the survey revealed:

- 96.3% of respondents were familiar with or had heard of the food program
- 49.5% had previously participated in CACFP
- 50.5% had never participated in CACFP

The population of providers surveyed cannot be taken to represent all child care providers statewide; however, it does serve to provide a broader basis through which to understand the Child and Adult Care Food Program.

The following sections will break the survey respondents into two sub-groups for analysis:

- Group A: Providers who previously participated in CACFP but left the program
- Group B: Providers who are eligible for participation but have never participated in CACFP

Group A: Providers who previously participated in CACFP but left the program
Providers who had previously participated in CACFP were asked to identify the reason or multiple reasons they had chosen to STOP participating in the program. Here are the results:

### Chart 8

<table>
<thead>
<tr>
<th>Providers Reasons for leaving CACFP</th>
<th>number of providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t like the government interfering with your business</td>
<td>4.7%</td>
</tr>
<tr>
<td>Stopped doing child care</td>
<td>9.3%</td>
</tr>
<tr>
<td>Felt it wasn’t worth it because you only care for a few children</td>
<td>11.6%</td>
</tr>
<tr>
<td>Didn’t like the way your sponsor treated you</td>
<td>11.6%</td>
</tr>
<tr>
<td>Didn’t like having to follow strict meal guidelines</td>
<td>25.6%</td>
</tr>
<tr>
<td>Didn’t like the unannounced check-ins and monitoring</td>
<td>32.6%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>32.6%</td>
</tr>
<tr>
<td>Reimbursement was too low</td>
<td>44.2%</td>
</tr>
<tr>
<td>Too much paperwork</td>
<td>60.5%</td>
</tr>
</tbody>
</table>

Three key areas of dissatisfaction arose:

1. Too much paperwork—**60.5%**
2. The reimbursement was too low—44.2%
3. Didn’t like unannounced check-ins and monitoring—32.6%

Three other reasons identified were:

1. The Provider didn’t like how they were treated by their sponsor
2. The Provider felt it wasn’t worth it to stay in the food program because they only cared for a few children
3. The Provider didn’t like following strict meal guidelines

There is a strong correlation between the dissatisfactions experienced by those providers who had considered leaving the food program, and those providers who actually **quit** the program. The key intersections are in the **paperwork**, **reimbursement**, and **unannounced visits**. Providers who left the food program also voiced concerns similar to those cited by providers who had **considered** leaving the food program.

“I didn’t think it was worth my time. I had to keep very strict records, but when I would send my records in they would get misplaced. After it happened 3 times I chose to quit the program.”—sponsor organization

“Meal planning, shopping and preparation was too time consuming and too much food went into the garbage.”—cost benefit analysis
“I was a participant in the Food Program for 10 years. I stopped because I was tired of the constant changes being made to how I was supposed to fill out the menus.”—program organization

So what distinguishes providers who considered leaving the food program from those who decided to remain in the food program?

As discussed previously, CACFP satisfaction or dissatisfaction is a result of the complex interaction between program benefits (whether they are nutrition, sponsor, or reimbursement related) and program costs (such as paperwork, unannounced visits, regulations, Tiering…etc). Though there are many factors at play, the root issues identified within CACFP suggest that providers who left the program found it difficult to maintain their family child care home while successfully complying with food program regulations. By identifying the parts of CACFP that providers struggle with—such as paperwork, unannounced visits, and reimbursement rates—efforts can be made to address and remedy the issues. For example, though only congress can increase the federal reimbursement rate a provider receives, it is possible to offer the provider the support, easy-to-use forms, and assistance necessary to make the program worthwhile even if the reimbursement IS small.

Keeping providers from leaving the food program is one half of the equation, and the other half is enrolling new providers. The following section will discuss the survey responses of providers who have never participated in CACFP.

**Group B: Providers who are eligible for participation but have never participated in CACFP:**

Providers who had NEVER participated in the food program were asked to identify the reason or reasons for which they had chosen not to enroll in CACFP. Given that 96.3% of survey respondents had heard of the program, the information acquired from this question presented valuable data concerning people who knowingly choose not to enroll in CACFP. Presented below are the providers’ responses:

![Chart 9: Provider reasons for not enrolling in CACFP](image-url)
As illustrated in the graph above, the answer most commonly selected among providers was ‘other.’ Responses varied greatly within the ‘other’ category, but taken as a whole they illustrated some of the common perceptions and misconception regarding the CACFP. Here are a few examples:

- **Misconceptions regarding who qualifies:**
  “I thought my daycare made too much money.” OR “I thought it was only for low-income kids.”

- **Issues with the meal guidelines:**
  “I have kids that want to eat Peanut Butter and Jelly’s everyday and their parents are fine with it.” OR “I don’t believe milk is good for kids on a daily basis and I don’t want to serve it.”

- **Parent’s role in providing food conflicts with the food program:**
  “My parents provide their own meals” OR “I charge parents for the food their children eat! I don’t think I can charge them and get reimbursed by you!”

Beyond the responses indicated in the ‘other’ category, principal reasons given for not participating in CACFP were as follows:

1. The perception that there would be **too much paperwork** involved (39.7%)
2. The respondent had been **told by another provider** that the **food program is very complicated** (34.5%)
3. Provider just wasn’t interested in participating (34.5%)

Other themes that arose were:
1. Provider thinks the reimbursement is too low (19%)
2. Provider doesn’t want the government interfering with their business (19%)

**Discussion of Non-CACFP Providers:**

Survey results indicated providers were aware of CACFP and nevertheless chose not to enroll. These decisions were frequently rooted in the perceptions or misconceptions providers had regarding the Child and Adult Care Food Program. These responses aligned closely with the complaints of providers who quit the food program. This data suggests that the experiences of child care providers who leave the food program drastically affect the opinions of those who choose not to join.

**PART 3: CACFP SPONSORS**

Responses of providers who were satisfied with CACFP as well as those who were dissatisfied indicated the local sponsor organization plays a critical role in the success of the program. Sponsors serve as a bridge between child care providers and the government; consequently, the opinions, experiences, and perspectives of the sponsors are vital to establishing a comprehensive understanding of CACFP.
Local level sponsors are under the authority of the Oregon Department of Education Child Nutrition Programs. The sponsorship network is relatively decentralized and though sponsors are held accountable to state and federal regulations, there is some level of flexibility in how they choose to implement the program. For instance, sponsors create their own recruitment materials and program booklets, forms, and they establish their own routines for home visits and inspections. They also create their staff positions and are responsible for hiring and supervising staff. A sponsor’s ability to keep enrollment rates steady is dependent upon their capacity to implement federal and state regulations while simultaneously satisfying the needs of providers.

Oregon has 11 sponsor organizations statewide. Just twelve years ago that number was nearly double (19 sponsors) but with declining enrollment rates and the implementation of stricter program guidelines—referred to as integrity regulations—many organizations were unable to continue sponsoring providers. The decrease of sponsor organizations has resulted in added stress among those who are left to manage regions previously served by other organizations.

To facilitate a deeper exploration into the experiences and struggles of CACFP family child care sponsors, in-depth interviews were conducted with eight sponsors throughout the state. Each sponsor was given the opportunity to discuss their experiences with the program, as well as suggestions they would give for improving the program. The data was then coded and trends were analyzed. For the purpose of this report focus will be given primarily to the following questions:

1. What changes have you observed in your years as a sponsor?
2. What are some of the issues you have faced as a sponsor?
3. In your opinion, what are some changes that would improve the food program?

**A brief note about the sponsors interviewed:**

The sponsors interviewed came from counties statewide and cumulatively represent 139 years of experience with the Child and Adult Care Food Program.

1. What **CHANGES** have you observed in your years as a sponsor? Reflections upon changes to the food program in the last 12 years

Sponsors identified **four** major changes that occurred within CACFP throughout their years with the program:

![Sponsor observed changes to CACFP](image)
Implementation of Integrity Regulations:

“The focus has been taken away from child nutrition and obesity prevention because we are so busy doing paperwork—all of us are trying to get back to focusing on nutrition.”

The introduction of integrity regulations was a change all CACFP sponsor experienced. Beginning in 2002, a series of administrative procedures went into effect with the intention of improving the integrity of the CACFP. While the new rules were well-intentioned and necessary, according to state sponsors they fell short of initial expectations due to a lack of administrative funds. Since their implementation sponsor have been bogged down in paperwork and overwhelmed with guidelines, struggling to support sponsors and concurrently enforce regulations. Some of the new rules have proved not only to be inefficient with time but costly as well. As one sponsor put it:

A Brief History:

Rapid growth of the Child and Adult Care Food Program lead to increasing difficulties maintaining program accountability. In 1999, the US General Accounting Office released a report (Operation Kiddie Care) based on nationwide audits that revealed CACFP was riddled with fraud and program abuse at all levels (state, sponsor and participants). In response to these findings and in an effort to eliminate fraud from within CACFP, measures were passed as part of the Agricultural Risk Protection Act of 2000 to strengthen the integrity of Child and Adult Care Food Program. The new integrity regulations brought about several key changes that affected how sponsors administered CACFP:

- Sponsors were held to new standards of performance
- Establishment of unannounced home-visits (2 of 3)
- Block Claiming was instituted (see below)
- 5-day reconciliations were instituted (see below)
- Household contacts required
- Tighter oversight of the program for sponsors and provider

The new regulations were implemented in 2002 and 2004 but little regard was given to the increased funding necessary to implement the new rules. They remain a central part of CACFP as it exists today.

Block Claiming: “A family child care provider is considered to have ‘block claimed’ if they have recorded or submitted a claim where for any 15 consecutive day period in a claiming month they claim the same number of meals (for instance, if they claim 5 morning snacks for 15 consecutive days). If a provider block claims, the sponsoring organization must ‘validate’ the claim during an unannounced visit.”

5 Day Reconciliation: “A sponsor must include as part of its 3 required monitoring visits per year to each child care facility a five-day reconciliation. That means they must examine the meal counts recorded by the facility for five consecutive days and for each day examined must use enrollment and/or attendance records to determine the number of children in care during each meal service and attempt to reconcile those numbers to the numbers of meals claimed.”

Implementation of Integrity Regulations:

“The focus has been taken away from child nutrition and obesity prevention because we are so busy doing paperwork—all of us are trying to get back to focusing on nutrition.”
“Focus has moved to integrity documentation—it has gone from a satisfying job to stressful.”

**Decrease in Provider Enrollment Leads to Increase in Budget Concerns**

Beyond integrity regulations sponsors have witnessed and experienced first hand the effects of Tiering. Provider enrollment numbers have dropped drastically leading not only to a decrease in the number of CACFP participants and sponsors statewide, but also added financial stress among remaining sponsor organizations. Sponsors are reimbursed proportional to the number of providers they have enrolled in their program. For smaller organizations this has been especially hard on yearly budgets. One sponsor explained it like this:

“Our budget has always been pretty tight because there aren’t backup funds—we are all affected by the decrease in providers.”

Because the budget is so closely tied to the number of providers enrolled in the program many sponsors are limited in the time and resources available to effectively execute their job. This can become a vicious cycle. Some sponsors spend all surplus time and resources recruiting new providers in an effort to keep enrollment numbers up, only to find other providers leaving the program because they feel neglected.

**Decline in Provider Satisfaction:**

Five of the eight sponsors reported a decline in provider satisfaction over the past twelve years. Sponsors explained that in recent years, provider satisfaction has been more difficult to maintain. Among providers who have participated in the program for more than ten years, dissatisfaction is particularly high. These providers remember the program before the integrity regulations and find the ever changing rules frustrating and inconvenient. This observation is supported by the quantitative data collected from the provider survey:

![Percent of providers who considered leaving the food program based on years of participation](chart10.png)
The graph illustrates escalating numbers of providers who considered leaving the program in correspondence with increasing years of participation in CACFP. The programs most loyal constituents have persevered and adapted to changes within the program despite frustrations and inconveniences; however, many others have been left with bitter sentiments.

2. What issues have you faced as a Sponsor?

Issues faced by sponsors are directly correlated with the changes that have happened within CACFP in the past 10 years. The top three issues identified by sponsors were:

1. Budgeting/Administrative Reimbursement
2. Retaining Providers
3. Regulatory: paperwork/unannounced visits, etc…

As indicated in the prior discussion, the consequences of Tiering and increased regulations were hard on program sponsors. Other concerns involved the high turnover rate of providers, and the financial stresses inherent to a tight administrative budget.

“It’s hard signing people up and spending the time and funds and not getting people to stick to the program.”

Interviews illustrated that maintaining a successful sponsoring organization under the current system of regulations is a delicate balance between time, money, and ingenuity.

3. Sponsor Recommendations for improving CACFP

Family child care home sponsors had a wide variety of suggestions for improving CACFP, the most prominent one being the elimination of Tiering. Presented below are the top responses:

Aside from Tiering, sponsor suggestions ranged from eliminating block claims to improving the statewide sponsor network. Recognizing the experiences and struggles of program sponsors
creates a broader picture of family child care home participation in CACFP. In merging the sponsor perspective with that of the provider a more comprehensive critique can be made of the food program with the intent of improving statewide participation rates in Oregon.

SUMMARIZING THE DATA

Initial survey results revealed a startling contradiction within the Child and Adult Care Food Program:

*High levels of satisfaction from providers participating in CACFP YET decreasing program enrollment rates*

What can be determined from such findings and how is this data to be understood in relation to the ultimate goal of increasing enrollment rates?

Providers surveyed identified and discussed various benefits to participation in CACFP such as:

- Improved Nutrition
- Reimbursements
- Sponsor Support

There does not appear to be one component of the Child and Adult Care Food Program that is most valued by participants. However, despite the spectrum of opinions and perspectives presented, several underlying themes do seem to hold true for all child care providers:

1. Providers want a program that is well-organized and easy to use
2. Providers want to feel valued in the program
3. Providers want a program that improves their ability to provide quality nutrition and child care services

While Tiering initiated the downward enrollment trends in CACFP, current data suggests that issues surrounding program regulations are further propelling the trend today. Some of the limitations providers identified with CACFP were:

- Paperwork
- Unannounced visits
- Reimbursement rates
- Organizational structure

Many of these program criticisms are representative of a combination of issues surrounding the regulations and the implementation of the regulations as well.

When the cost of participation (program regulations) outweighs the benefits (reimbursements, support, resources) providers experience program dissatisfactions and begin to question the value of the program. In contrast, providers who most value the program find its benefits greatly
contribute to the success of their child care facility. Reconciling the strengths and limitations of CACFP is the key to creating a more stable system of support for child care providers and the children they care for. The following section will discuss strategies for accomplishing these objectives.

**IV. STRATEGIES:**

**Strategies for Improving CACFP in Oregon:**

Effective program reform involves returning to a balance between the program regulations and the benefits of participation in the Child and Adult Care Food Program. This will partially involve bringing the focus of CACFP back to the child care providers and the children they serve. This is not to say that rules should be eliminated; rather, the program must seek to maintain its regulations while refocusing the program on the providers and the CACFP components they most value—such as support, nutrition and education. There are four key ways through which to accomplish this goal:

1. Investing in sponsor organizations
2. Evaluation of current Federal regulations
3. Assessment of Program organization
4. Outreach and looking towards the future

It should be noted that these recommendations are meant to offer general guidance and ideas for bettering the Child and Adult Care Food Program in Oregon. They serve as possible ‘first steps’ and are by no means comprehensive or exclusive.

**Strategy #1: Investing in Sponsor Organizations:**

An important detail to be taken from this study is:

*To improve the Child and Adult Care Food Program we must foster the Sponsor-Provider relationship as a means of achieving the program’s fundamental objectives.*

In its ideal state the role of the sponsor should be to:

1. Provide timely, accurate meal reimbursements
2. Provide accountability
3. Educate
4. Offer guidance and support

Under current regulations sponsors are spending most of their energy enforcing program regulations; consequently little time remains to incorporate the other roles. Without investments into the administrative infrastructure of the program it will be impossible to make lasting improvements to the quality of CACFP. Presented below are possible strategies for reclaiming the role of the sponsor in the Child and Adult Care Food Program

A. *Increase administrative reimbursement:* The Child and Adult Care Program should increase the administrative funds to reflect the increased financial constraints placed on
sponsors in the last 12 years. An increase in administrative reimbursement would return
the focus to building sponsor-provider relationships, and promoting nutrition education
while still maintaining high standards of program integrity. Moreover, by easing the
financial burden, sponsors would be able to increase outreach without sacrificing quality
service.

B. Increase funds available for nutrition education: If the Child and Adult Care Food
Program intends to focus on nutrition, it is vital that greater funds are allotted for
nutrition education. Under the current budget there are no extra funds to invest in
nutrition education and as of late, administrators are lucky to squeeze it in. Alloting
additional funds specifically for nutrition education would create greater incentive for
new providers to join the program and would increase the satisfaction of those providers
who are already participating.

C. Increase Reimbursement to sponsors in rural areas: Rural regions are underserved by
child care sponsors due to the difficulty of maintaining child care providers in a wide
geographic area. Sponsors located in rural regions should receive higher reimbursements
to cover the added costs associated with administering the program, such as recruiting in
a highly dispersed population and conducting unannounced visits over a large area.

D. Expand the statewide sponsor network: The majority of sponsors interviewed felt that
increasing the communication among sponsoring agencies would improve the
functioning of CACFP in Oregon. Ways to do this would be:

   a. The creation of a state database of CACFP materials: This would establish an
      open space for sponsors to share successful administrative techniques or resources
      as well as solutions for problems or issues they have faced.
   b. Sponsor Conferences: Making open and honest communication a part of the
      statewide network is vital to having a successful program; only through sharing
      experiences—good and bad—can true progress be made. Part of this networking
      should be done through required monthly conference calls, and mandated yearly
      sponsor gatherings. Collaboration is the basis for lasting changes.

E. Allow Sponsors to use block claims on a case-by-case basis: Block Claims have turned
out to be costly and minimally effective at preventing program fraud. Rather, they have
created more work for administrators with minimal program improvements. This measure
is better suited as an optional assessment to be used in cases where there is suspicion on
the part of the sponsors. By making this requirement optional in the Federal regulations,
sponsors would save money and have more time to focus on the program goals.

Strategy #2: Evaluation of Program Regulations:

When specific dissatisfactions continually arise within a program it becomes important to
reevaluate the issues identified. Though CACFP has been successful in years past, current trends
indicate that the program regulations should be revisited and assessed.
Child care providers specifically identified 3 program regulations that seemed to cause difficulties within CACFP:

1. Paperwork
2. Reimbursements
3. Unannounced Visits

Dissatisfactions with regulations can be symptomatic of problems within program management, but it can also be indicative of rules that are not appropriate for the population being served. This section will address a few strategies for dealing with regulatory challenges.

- **Paperwork**: Child care providers identified paperwork as a barrier to participation in the CACFP, and sponsors argue that paperwork has become costly and energy consuming, taking away from the time and resources available for promoting nutrition education.

  - **Streamline the paperwork**: A careful study should be done of the current ODE and sponsor-developed paperwork, including an in-depth provider analysis of dissatisfaction within the current paperwork system. Comparisons of paperwork should be made with other states and among sponsoring organizations to find paperwork “best practices.” From these results, paperwork modifications should be made as found fitting and the state should consider standardizing paperwork “best practices”.

  - **Invest in Paperwork Alternatives**: Current technological advances have made it possible for providers to participate in CACFP without ever filling out written paperwork. Oregon should consider investing in the technology needed to get smaller sponsor organizations updated to the “paperless” status so as to eliminate the paperwork barriers for providers who prefer on-line claiming.

  - **More training and greater paperwork leniency within the first few months of enrollment**: Sponsors throughout Oregon agreed that the first year of enrollment is the hardest for child care providers. Consequently many providers quit the program within the first few months of enrolling. To reverse this trend, more time must be spent during the initial period after enrollment, training providers in the paperwork. Furthermore it is important that new providers be given a greater period of leniency in which they can learn the details of the program without being penalized. By offering a three month leniency period in which new providers have access to added sponsor support and time to familiarize themselves with the paperwork, and program as a whole, emphasis would be shifted from paperwork as a way to enforce rules, to paperwork as a way to ensure the program is running efficiently and effectively.

- **Reimbursements**: Providers feel that the current reimbursement does not properly reflect the time, energy and resources required for participation in the Child and Adult Care Food Program. Reimbursement has been one of the leading factors behind the enrollment decline of the past 12 years and requires attention at the state and federal level.
• **Eliminate Tiering:** The implementation of Tiering in the late 1990’s had a detrimental impact on enrollment rates in the Child and Adult Care Food Program. Data suggests that the elimination of Tiering would greatly expand CACFP enrollment. If the goal of the program is to reach as many children as possible in Oregon, there could be no more effective way to do this than through the elimination of Tiering.

• **Increase the per meal reimbursement rates to reflect the rising cost of living:** As is evident across Oregon, the current economic crisis has impacted the purchasing power of the consumer, and nowhere is this more apparent than in the capacity to purchase food. Providers have been hit hard by rising prices across grocery stores and markets. CACFP requires providers to serve a greater variety of healthy foods yet reimbursements have not kept up with the rising costs of nutritionally rich food such as fruits, vegetables and whole grains. A reimbursement increase would help the program continue in its goal of providing nutritious meals to all children, regardless of income. Additionally it would ease the burden and frustrations of current providers and serve as an incentive for new providers to enroll.

• **State Supplement:** The state of Oregon should consider supplementing the Tier 2 reimbursement to bring it up to the level of Tier 1.

• **If reimbursement does not increase, allow providers to claim two meals and two snacks:** Most providers have children in their care for eight hours a day. Within that time frame the average child will consume more than 2 meals and a snack. The current rules of CACFP do not properly reflect the eating habits of growing children and as a result, providers end up serving children a second snack that goes completely uncompensated. If the reimbursement rate will not be increased to reflect the current cost of living, it is essential that providers are reimbursed for the second snack they serve each afternoon. This reimbursement would alleviate part of the financial burden placed on many providers who are serving an extra meal each day.

• **Unannounced Visits:** Unannounced visits have been a burden on child care providers and program sponsors alike. Providers dislike unannounced visits because they are intrusive and disruptive to the daycare. Some sponsors on the other hand feel they spend a large amount of time and energy monitoring providers and consequently have less time to offer support. Nevertheless, unannounced visits have become the norm because administratively they are more cost and time efficient.

• **Visits should be a time for learning and training:** Providers appreciate a responsive and supportive sponsor. There is no better time to establish strong sponsor-provider relationships than during in-home visits. Rather than spending visits tediously checking records, this should be a time to train providers, offer them new information or materials and support them in their business. Providers who feel valued by their sponsor will be more successful and receptive to constructive critiques of their child care.
• **Encourage sponsors to employ visit averaging:** To foster stronger relationships among providers who remain loyal to the program CACFP, sponsors should employ visit averaging as is allowed in the Federal regulations. With visit averaging a provider is allowed to select criteria defining providers who will only have two visits per year as long as the total visits conducted at the end of the year average out to three visits per provider. For providers who have proven themselves responsible and honest throughout the years, fewer visits are necessary and can help create a more equalized partnership between sponsor and provider.

• **Encourage sponsors to conduct one ANNOUNCED visit:** Providers are required to have three visits per year but it is only required that two of the visits be unannounced. It is common practice by Oregon sponsors to have all three visits conducted on an unannounced basis. This method is often easier on the limited time and budgets of sponsors. However, providers repeatedly indicated a preference for announced visits and as such it is recommended that sponsors take the opportunity to perform one announced visit per year to create a time and space for personal interaction with providers.

• **Assess the affect of unannounced visits on sponsors of rural regions:** Sponsors who are responsible for monitoring providers dispersed over a wide region should have more flexibility when it comes to conducting unannounced visits. A variety of issues can present themselves in rural areas. Long distance drives, weather barriers, and time constraints all make it difficult to conduct a successful unannounced visit. An assessment should be done of the effect of current CACFP regulations on rural sponsors to ensure the program works effectively for all.

**Strategy #3 Assessment of Program Organization:**

Dissatisfactions with program organization were directly correlated to overall dissatisfaction with CACFP. Increasing administrative reimbursements would likely be necessary to effectively improve organizational structuring as well as the following changes:

1. **Standardized check date for providers**—Providers expressed frustrations with the reimbursement system. The date providers receive reimbursement checks is unpredictable and stressful for those relying on the income. Creating a standardized reimbursement date is possible and should be made a priority. Providers are held accountable for meeting deadlines and the program should be held equally accountable for meeting deadlines for providers.

2. **Direct Deposit:** All sponsors should implement ‘direct deposit’ for provider reimbursement checks.

3. **Creation of a standardized, ODE-produced handbook of CACFP Family Day Care Provider guidelines and regulations:** ODE should invest in the creation of a concise and user-friendly CACFP guidebook with suggested forms based on previously mentioned
“best practices.” The guidebook would serve as an easy-to-use reference for providers enrolled in the program. Under the current system sponsors create their own guidebooks. This is problematic because the resulting manuals are different, some more simplified while others are more complex, and they are not all regularly updated. Creating a CACFP tool that is accessible to all sponsors and providers would help simplify the program and create greater internal consistency within the program.

Strategy #4 Outreach, recruitment and looking towards the future:

Improving outreach strategies will be vital to increasing program participation rates. As noted earlier in the report, misconceptions and misinformation about CACFP keep many providers from even considering enrolling. Part of increasing participation will involve improving the program’s image and spreading positive information about CACFP.

A. **Improve and update outreach materials:** In Oregon, current CACFP outreach materials, such as brochures, videos, or handouts vary greatly from sponsor to sponsor. In some areas materials have been recently updated and are available in a wide variety of languages, while in other parts of the state, outreach is on hold because there are no materials available. Time should be spent developing a revised provider recruitment video, as well as updated brochures (available in all necessary languages), that will be made available to all sponsors throughout the state. Creating professional and informative outreach materials is an important part of establishing a positive image of CACFP among providers.

B. **Provide a special reimbursement given for signing up a new provider for the food program:** Under the current reimbursement system sponsors are not given additional funds for the time and resources required to enroll providers in CACFP. The enrollment process can be quite time consuming, involving an in-home visit to explain the program guidelines and paperwork requirements. Though it takes a substantial amount of resources (both time and energy) sponsors are not compensated accordingly for this additional effort. Increasing the reimbursement for signing up a new provider would relieve some of the administrative burden associated with recruitment, allowing sponsors to focus on providing thorough training to all new providers.

C. **Informational Campaign:** A state-level informational campaign should be used to spread positive information about CACFP and dispel some of the common misconceptions surrounding the program.

D. **Create a scholarship fund for providers who want to get onto the program but need financial assistance to get started:** To ensure that all providers have an equal opportunity to participate in CACFP, a scholarship fund should be created to assist new providers who are interested in joining the program, but need financial assistance getting started. The funds could be used to cover the costs associated with becoming a registered child care provider or the initial food costs incurred when one enrolls in CACFP.
E. **Further Research into the barriers to participation experienced by provider not participating in CACFP:** While this report began the discussion of barriers to participation in CACFP, more research must be done to identify and assess the experiences of providers not participating in CACFP. A compilation of the CACFP provider survey with a more widespread analysis of providers not participating in CACFP would provide valuable information as to strategies for further boosting enrollment.

V. **CONCLUSION**

The Child and Adult Care Food Program has created a statewide network of family child care providers and sponsor organizations that has been shown to effectively improve child care quality. With minimal investments into the administrative infrastructure of CACFP, the state of Oregon can harness this network and employ it as an effective medium through which to increase statewide childhood nutrition and improve future child development outcomes.

Since its inception in 1968, the Child and Adult Care Food Program has played an important role in ensuring that all children have equal access to wholesome and nutritionally sound meals. Its importance cannot be understated and as such it is vital that the program reaches as many child care providers and children as possible. This report has sought to explore the current state of CACFP in Oregon as well as introduce strategies to keep the program moving forward rather than back in the years to come. There is no investment with greater returns than investing in the healthy development of infants and children; for that reason, it is with great urgency we seek to address and eliminate the current barriers to family child care provider participation in the Child and Adult Care Food Program in Oregon.
References


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