



[Home Grown](#) is a national initiative focused on improving the quality of and access to home-based child care. Home Grown works on behalf of sixteen national philanthropic organizations to catalyze innovation, build awareness and shift policies impacting both licensed family child care providers and license-exempt family, friend and neighbor caregivers.

[CACFP Roundtable](#) is a non-profit that centers its work around fostering a community of leaders and improving policy for the Child and Adult Care Food Program (CACFP) in order to build equitable access to nutritious meals in care settings.

Child care providers are a unique intersection of the scope and communities that the White House Conference on Hunger, Nutrition, and Health is seeking to address. Home-based child care providers care for more than 12 million children under the age of 13, including 6.4 million children ages 0-5 ([NSECE 2019](#)). A significant portion of these children are experiencing hunger: 23% of families with young children experienced hunger in February 2022. Among lower-income families, that number climbs to 45% experiencing hunger. The providers caring for these children also experience hunger at alarming rates with one in three child care providers reported experiencing hunger themselves ([Stanford University, 2022](#)).

The Child and Adult Care Food Program (CACFP), authorized by the Child Nutrition Act, is one possible vehicle to ensure both children in care and the providers themselves do not go hungry<sup>1</sup>. The CACFP *partially* reimburses child care providers for two meals and one snack fed to children per day. There are federal rules and guidance, and states can, and oftentimes do, add their own requirements to the federal rules and guidance. Policy and practice changes are needed to the CACFP to ensure equity, accessibility, and full potential of ensuring children are fed nutritious meals without placing burden on the child care providers, who make and serve the meals and may be experiencing hunger themselves.

Home Grown convened a diverse group of home-based child care providers to inform the following recommendations to the White House Conference on Hunger, Nutrition, and Health. Participating providers include both Home Grown's Provider Advisors, who inform Home Grown's strategies and priorities, and providers in Home Grown's Leading from Home initiative, who are actively leading, engaging, and supporting providers in their communities.

The recommendations are focused on **Pillar 1: improve food access and affordability**. Home-based child care providers shared ideas for the federal and state government roles, including ways to decrease experiences of hunger for family child care providers and the children and families in their care. These range from adequately investing in child care to increasing equitable access to federal programs to specifically improving CACFP policies; all with a participant-centered DEI focus.

Following the recommendations, you will find some data on the state of the field that we hope is helpful, as well as background on CACFP. Thank you for the opportunity to share the experiences of the home-based child care community.

Sincerely,  
Natalie Renew, Executive Director of Home Grown  
Elyse Homel Vitale, Executive Director of CACFP Roundtable

---

<sup>1</sup> Understand more about CACFP's impact on access to healthy meals:  
<https://www.ccfproundtable.org/research-review>



## Question 1: How has hunger or diet-related disease impacted you, your family, or your community?

Six key themes emerged from Home-Based Child Care providers:

1. **Food costs are increasing and families cannot afford to pay more, so the child care providers bear this cost.** Providers share that they pay for the increased cost of food to provide meals for the children in their care. But the consequence is there is less money for the provider and her own family.

“As a parent and program owner, I have had to go to the food bank, for myself and for my business.”

“Home-based child care businesses like mine are carrying the weight of increased prices; families can't pay more and child care and food subsidies won't pay more so now the cost is mine.”

2. **Families are relying on their child care provider to provide the majority of children's food in a day.** Children may spend more than 12 hours a day with their home-based child care provider and receive breakfast, lunch, and snacks while in their care.

“Last year about half of the children (twelve kids from 1 years old to 10 years) in my program arrived without having had breakfast. Now every single child arrives needing breakfast.”

“We serve subsidized families, infants through school age, and work 14-16 hours per day. Children spend the majority of their days with us.”

“Families come to me in tears saying they weren't able to eat dinner last night.”

“I'm hearing from providers that kids are really hungry right now.”

3. **Providers are not adequately compensated for the number and quality of meals they provide to children.**

“We always serve healthy and nutritious meals [but] it's hard to provide meals with prices increasing. If we have 12-14 kids, it needs to be noticed how many meals we're serving.”

“Children are in care for 12 hours. We feed them more than two meals and snacks. We need to be able to claim and be reimbursed for everything we feed them.”

4. **Access to and the design of public funding (SNAP, CACFP) is a challenge.**

“I spoke with a woman who said she couldn't get the SNAP benefits. She mentioned how her children are overweight but healthy foods are so expensive. Of course, if there are cheaper options, we will buy what will last us the week.”



“CACFP reimburses for meals eaten and after the fact. It's hard to plan for food shopping and accounting because child absences, late arrivals or early departures are often unscheduled.”

“Food for providers is not covered by CACFP yet we can't afford food for ourselves.”

**5. Home-Based Child Care providers prepare home cooked meals because they care deeply about children's nutrition and community.**

“We are setting the foundation for healthy eating. Family style meals, serving sizes, listening to your body's signals of hunger, being involved in cooking.”

“I even pack food for my families and I also send meals for older siblings who have left my program.”

**6. Providers understand nutrition and its critical role in brain development and learning. But there is a high cost for high quality food.**

“Children need a nutrient rich diet to help them process the world around them. Children who don't get the nutrition they need have behavior issues and cognitive delays. To help children reach their full potential, we need to help families get access to fruit and vegetables, grains, and proteins.”

“My program is built on a foundation of good nutrition. Food is important for health, safety, stability and brain growth.”

“You can get a bag of potato chips much cheaper than a bag of potatoes. You can get juice cheaper than milk.”

“It's important to me to ensure I'm serving kids healthy, locally sourced and organic food as much as I can afford it. In the past two years, food prices have doubled.”

**Question 2: What specific actions should the U.S. Federal government, including the Executive Branch and Congress, take to achieve each pillar? What are the opportunities and barriers to achieving the actions? Actions should include specific policy and/or programmatic ideas and changes as well as funding needs.**

**and**

**Question 3: What specific actions should local, state, territory and Tribal governments; private companies; nonprofit and community groups; and others take to achieve each pillar?**

The home-based providers in the listening session shared these priority actions for federal and state government. They expressed urgency based on their day-to-day experiences and are concerned about waiting until 2030 to complete this work.

“Things are worse now: relief is gone, costs are higher and my compensation has not changed.”

1. **Federal *and* state government role: child care investments.** Provide robust and sustainable investments in families' access to child care and in the child care workforce. This includes equitable distribution of funds across setting types and compensating the home-based child care providers for their highly skilled work.

"Small business child care takes on all the risk for failure. We went from being essential in the beginning of the pandemic to nothing - expected to keep on going in our lack."

"Grants are needed for family child care, for purchases. Also recognize our need for access - in funded programs, in stores, in bulk purchasing. Notice how many meals we're serving."

"The cost of everything has gone up so high and it's hard for us providers to charge more to the parents as childcare is the 2nd largest bill for the parents to pay."

"We don't make minimum wages so we can't keep up."

"We also need to talk about provider wellness. We need time off to go to the doctor. We put children first in our care and often to our detriment."

2. **Federal government role: the Child and Adult Care Food Program**

- Eliminate the two-tier system for family child care
- Add a meal service to the program for reimbursement (for a total of 4 services)
- Ensure the provider's own children count if they are in the child care program
- Increase the payment rates for meals and snacks
- Ensure the Meal Pattern is flexible and culturally responsive, and ensure Sponsors are monitoring with cultural responsiveness
- Allow reimbursement for the provider's meal with the children.
- Consider methods to pre-pay or on-time pay for food costs
- Incentivize states to reduce paperwork and automate systems.

"I don't know what reimbursement will be until the end of the month. [There's] no way to plan ahead, can't anticipate. I still have to buy enough but if kids don't come or you have an absence, you lose reimbursement for that meal. Providers have to upfront the money, money is not there to go shopping for the food they are eating right now."

"Children are in care for 12 hours. We feed them more than 2 meals and snacks. We need to be able to claim and be reimbursed for everything we feed them."

"Oftentimes when a provider's spouse's income is included (even if that income doesn't contribute to your business income or expenses such as housing, food costs, etc) in determining what tier your program is reimbursed at, you don't qualify because of being over income."

3. **State government role: the Child and Adult Care Food Program**

- Allow license-exempt family, friend, and neighbor providers to participate in the program. There are more than 5 million children ages 0-5 in family, friend, and neighbor care ([NSECE, 2019](#)). While some states allow license-exempt family, friend,

and neighbor providers to participate in CACFP, other states exclude these providers to the detriment of the millions of children in their care.

- Explore the approaches of the states that already allow family, friend, and neighbor participation to implement strategies that meaningfully support license-exempt family, friend and neighbor provider participation.
- Create incentives and financial resources for diverse CACFP sponsors to engage under-served home-based child care providers.

#### **4. Federal and state government role: food access for home-based child care providers and the families counting on them**

- Improve the SNAP benefits, adjusting the income limits so that more families qualify, and adjusting for the realities of household expenses, cost of living, and family size
- Create funded options to send meals home with families over the weekend
- Create funded options to deliver boxes of food/ingredients to home-based child care providers
- Create funded supports for paper goods and other supplies for cooking, mealtime and cleaning
- Allow home-based child care providers to participate in the school purchasing program and support this participation through smart logistics and funding to eliminate barriers for the child care community.
- Fund more supports for providers to support families with food access, cooking classes, access to a nutritionist, access to a pediatrician
- Connect providers to farm shares- particularly in areas considered food deserts- to support providers' efforts to offer high quality foods to children in care.

“I think if there is a program for providers who may not have their status defined, there should be a way to provide economic support. I think that maybe a program that can provide financial support to us would be great.”

“Make more funds available. A 10 cent raise on CACFP when food has gone up 50% isn't enough.”

“One thing that I would advocate for is adjusting the SNAP income limits to be more reflective of the current expenses to run a household. They only allow a certain percentage of your rent/mortgage actual expenses to count towards "deductions" in income, but the fact of the matter is that rent and food prices have skyrocketed across the nation and will not likely be going back to pre-covid prices. For providers already stretched thin, this means they have less food and more food expenses and are faced with telling their own children they can't have seconds of meals or any of that fresh fruit/veggies because they need to make sure there is enough for the child care program too.”

“There is a huge portion of our society who falls into this "just barely makes too much" income bracket that they no longer qualify for public assistance such as SNAP or the subsidized child care scholarship program and then find themselves suddenly floundering when they lose those incredibly necessary public assistance benefits.”



## Conclusion

As evidenced by their comments and recommendations, home-based child care providers work hard to ensure the children and families they care for do not go without food. This commitment often comes at providers' own expense. With rising costs and inadequate reimbursement, home-based child care providers sacrifice to provide nutritious, home cooked meals to the children in their care.

It does not have to be this way. With greater investment, our nation can ensure that children and the providers who care for them do not go hungry. One key vehicle, The Child and Adult Care Food Program, needs adequate investment in order to meet the need and make the impact of which it is capable. Consider, for example, the rates at which providers are paid. According to a study published by USDA in 2021 the average cost of a breakfast in early child care programs was \$5.00 ([USDA, SNACS Appendix E, 2021](#)). The highest reimbursement a family child care provider can receive for a breakfast is \$1.40 ([Federal Register, Vol. 86, No. 127, 2021](#)). The difference of this cost falls on the shoulders of providers that are already experiencing financial hardship. This was *prior* to the high inflation the nation is experiencing in 2022. According to USDA, the cost of food-at-home (grocery store or supermarket food purchases) increased 1.3% from March 2022 to April 2022 alone, and was 10.8% higher than April 2021. In 2022, food-at-home prices are predicted to increase again between 7% and 8%.

Home Grown and the CACFP Roundtable thank the Biden-Harris Administration for soliciting community input to inform the White House Conference on Hunger, Nutrition, and Health. We ask that you implement the changes recommended here to ensure that children and the dedicated child care providers who care for them do not go hungry.