



Child Care and Feeding Young Children during the Pandemic

Exploring the Role of the Child and Adult Care Feeding Program

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Many young children depend on the food they receive in child care settings, and specifically food funded by the Child and Adult Food Nutrition Program (CACFP), to meet their daily nutritional needs. Yet many children lost access to these meals when the COVID-19 pandemic caused many child care programs to at least temporarily close. Now, months into the pandemic, a quick scan of existing data and interviews with experts reveals the following:

- Though data are limited, there does not appear to have been a comprehensive approach ensuring that young children who normally would have had access to CACFP meals would be fed if their child care programs closed.
- Experts agree that there are significant gaps in the extent to which these children have likely accessed meals. Families facing the greatest challenges are thought to have been least likely to access food for their young children, potentially contributing to the higher rates of food insecurity documented in recent months (Karpman, Gonzalez, and Kenney 2020).
- The causes of these gaps are multifaceted, including challenges related to staffing, cash flow, food supply chains, ability to change food preparation approaches, infrastructure barriers, and delivery approaches.
- Various CACFP and nutrition-related policy strategies to prioritize feeding young children during crises could help ensure that children's nutritional needs are met in the coming months of pandemic-related uncertainty, as well as support efforts to build more resilient systems for the future. Suggested strategies include prioritizing the nutritional needs of young children in planning immediate actions for the current pandemic and building a more resilient system;

assessing gaps and improving coordination among stakeholders; supporting child care and early education programs' and schools' capacity to feed young children; ensuring delivery approaches reach families facing extra challenges; improving data for identifying families and tracking support; extending the non-congregate feeding waiver for the summer feeding programs and redefining school closures; and considering other options that support parents directly.

This brief highlights findings from interviews with experts (listed in the acknowledgments) and a quick scan of existing data and documents. After describing the pandemic's impact on the child care and early education system, we explore what is known about the responses during the pandemic to feeding young children who had been in CACFP but whose child care programs closed, the gaps in services and who was affected, and the challenges schools and providers have faced in attempting to meet children's nutritional needs during the crisis.¹ Finally, as states struggle to reopen, we highlight policy implications and suggestions for the future, including prioritizing the unique needs of young children in the emergency response, improving coordination, and rethinking delivery options to better meet the needs of young children and their families.

Background

The CACFP supports quality nutrition in child care and early education programs, feeding millions of young children daily in child care centers and family care homes, as well as afterschool programs, across the country (box 1). Yet with the COVID-19 pandemic shuttering or reducing enrollment for child care programs and providers across the country, as is discussed below, little information is available on whether the children enrolled in those programs are having their nutritional needs met. This concern is critical given both the large body of research showing the importance of adequate nutrition for healthy child development and the negative impact of inadequate nutrition (Gundersen and Ziliak 2014), as well as growing evidence that families with children are facing increased levels of food insecurity because of the pandemic (Dunn et al. 2020).²

Exploring the role of CACFP during the pandemic requires first understanding the impact the pandemic has had on the child care and early childhood education sectors. As states reopen, child care and early education providers across the United States are responding to evolving needs and new requirements, rendering the child care field both dynamic and uncertain. Each state has had a unique response to the COVID-19 pandemic, complicating the already challenging task of tracking and compiling comprehensive data on the decentralized system of child care across the country.

As the pandemic spread nationwide in March, every state except Arkansas, Iowa, Nebraska, North Dakota, and South Dakota issued a "stay at home" or "shelter in place" order, creating a space to designate and define essential businesses and workers.³ The states not issuing these orders, along with six others, imposed no regulations on child care except for safety guidelines.⁴ Twenty-one other states responded by labeling child care an essential service, allowing providers to continue serving children of nonessential workers.⁵ Eighteen states allowed essential workers to access child care while closing the

service to all others.⁶ Rhode Island alone closed all child care for both essential and nonessential workers. As states reopen, rollbacks of these laws and requirements, and imposition of new requirements for health and safety, are occurring on varying schedules.

As an additional complication, parental demand for child care and provider and staff willingness to stay open have also been challenged by the virus. As a result, even programs not mandated to close by their state faced significant losses of enrollment and income or had to close.

Although representative data are not available on program closures for all states, individual state data suggest significant numbers of providers closed. The share of programs reporting closure during the pandemic was 58 percent in Florida (as of June 18),⁷ 37 percent in New York (as of May 27), and 48 percent in Maine (as of May 18),⁸ with several states reporting higher closure rates among center-based programs than family child care homes.⁹ During a nonrepresentative survey of providers across the country conducted by the National Association for the Education of Young Children in mid-May, a significant number of providers reported concerns and uncertainty about being able to reopen if the closure lasted more than two weeks given the need to continue compensating staff and paying for fixed costs such as rent.¹⁰

Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the federal government invested \$3.5 billion in child care nationwide. States could use the money as they see fit within their chosen time frame to assist with child care, and states have varied significantly in their approaches. Additional legislative efforts to increase funding for child care have not yet been successful.

In sum, the pandemic created significant hardships and uncertainties for the child care and early education sector, and the path forward is unclear. Fundamental questions face the field, such as what kinds of care will parents want and be able to afford, what will providers do with the costly new demands of reduced group sizes and intensive health and safety protections, and will the supply of care be able to meet these changing demands?¹¹

BOX 1

Understanding the CACFP Overall and during the Pandemic

What is the CACFP? The Child and Adult Care Food Program (CACFP) is a child nutrition program operated by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA).

Who does it serve? In fiscal year 2018, CACFP provided 2 billion meals and snacks to 4.5 million children daily.^a Of those meals, roughly 80 percent were served to children who qualified for free and reduced-price meals.

What kinds of programs participate? To participate in CACFP, a program must be (a) a licensed or approved child care provider or (b) a public or nonprofit private school that provides organized child care programs for school-age children during off-school hours. Thus, eligible programs include family child care, child care centers, Head Start programs, state prekindergarten programs, recreation centers, and after-school programs. In a few states, the state child care subsidy agency allows smaller home-

based settings that are legally exempt from licensing to participate in CACFP. For-profit child care centers serving 25 percent or more children from families with low incomes are also eligible, as are emergency or homeless shelters.

How does it work? Participating programs are required to provide meals and snacks according to nutrition standards set by USDA. Programs must purchase the food and prepare the meals and then are reimbursed by CACFP. The reimbursement rates^b vary based on the type of meal (lunches have a higher reimbursement rate than snacks) and type of institution.

What happened during the pandemic? As authorized by the Families First Coronavirus Response Act, FNS released a set of key waivers that allowed states to take the following actions:

- set up non-congregate feeding, meaning programs could make meals for children without having to feed them on-site;
- be flexible with meal service times to allow for the distribution of multiple meals at once;
- allow parents and guardians to pick up non-congregate child meals without the child present;
- modify meal patterns when foods aren't available because of the pandemic;
- provide flexibility around onsite monitoring requirements for participating organizations; and
- allow CACFP At-Risk Afterschool programs to waive the requirement to provide educational or enrichment activities along with snacks or meals.

States had varied responses to these waivers, though most elected to use all the waivers.^c The USDA announced in June that it will extend all waivers through the 2020–21 school year in hopes that states will incorporate the flexibilities in their reopening plans.^d

There is, however, an important exception. As is described more below, schools could choose to feed younger children under the rules of the National School Lunch Program's Summer Food Service Program (SFSP) or the Seamless Summer Option (SSO), which go into effect when schools face unanticipated closures. Schools (and public and private nonprofits)^e following the SFSP rules during the pandemic could use the non-congregate feeding waiver to feed all children younger than 18 in a family, even if they did not attend the school. However, at the point of publication, the USDA has made a distinction between an unanticipated school closure and a school schedule in which children do not attend school each day. The USDA has determined that schools cannot operate the SFSP or SSO during school closures that are part of a planned school schedule. The USDA also did not extend the non-congregate feeding waiver for the SFSP or SSO.^f As such, schools will not be able to use the summer feeding programs to feed younger children during times the school is closed or relying on remote learning after August.

Ending the non-congregate feeding waiver for summer feeding programs would significantly alter how young children are fed in future shutdowns, as the SFSP and SSO are the primary ways their needs have been met. In addition, though not the focus of this brief, the distinction between unanticipated and planned school closures and the omission of extending the congregate waiver for the SFSP and SSO will create challenges moving forward for providers and schools who wish to meet the nutritional needs of school-age children who have to engage in remote learning to meet social distancing requirements.

^a"Child and Adult Care Food Program (CACFP)," FRAC (Food Research & Action Center), accessed July 1, 2020, <https://frac.org/programs/child-adult-care-food-program>.

^b"Reimbursement Rates and Income Guidelines for the Federal Child Nutrition Programs," FRAC Resource Library, updated June 30, 2020, <https://frac.org/research/resource-library/reimbursement-rates-and-income-guidelines-for-the-federal-child-nutrition-programs>.

^c"Summary of USDA's Nationwide Child Nutrition Waivers in Response to COVID-19," FRAC, June 10, 2020, <https://frac.org/wp-content/uploads/nationwide-waivers.pdf>.

^d“USDA Provides Flexibilities to Ensure All Kids Receive Meals This Fall,” USDA press release 0308.20, June 25, 2020, <https://www.usda.gov/media/press-releases/2020/06/25/usda-provides-flexibilities-ensure-kids-receive-meals-fall>.

^e Local government agencies and private nonprofit organizations in addition to schools can operate the SFSP including during anticipated school closures. In some communities, these groups operated the SFSP and were an important source of meals to families with young children.

^f“Nationwide Waiver to Allow Non-congregate Feeding in the Child Nutrition Programs—EXTENSION #2,” letter from the US Department of Agriculture to all regional and state directors of Child Nutrition Programs, June 25, 2020, <https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID-19NoncongregateNationwideWaiverSY-20-21s.pdf>.

Findings

Two key themes emerged from the literature scan and interviews. First, it appears there isn't a comprehensive or single way young children are being fed while child care programs are closed, and there are significant gaps in services overall, with more vulnerable and harder-to-reach families less likely to access food programs targeting young children. Second, several variables influence whether, where, and how young children may have received food during the pandemic. Factors that appear to make it harder (or easier) for programs to feed young children include staffing, cash flow, food supply chains, ability to change food preparation approaches, barriers related to infrastructure, and delivery approaches.

No Comprehensive or Single Approach to Feeding Young Children Out of Child Care, with Potential Gaps in Service

Our review finds there has not been a comprehensive or single approach to ensure that young children previously served by the CACFP program in child care settings have been fed during the pandemic. Instead, the ways young children have received meals during the pandemic seem to result from several factors including how states and localities responded to flexibility provided through the federal child nutrition waivers, the extent to which child care and early education programs closed down in different states, the extent to which these programs had access to ongoing funding to help them continue feeding children, and whether and how K-12 schools became involved in feeding younger children.

Although it is difficult to quantify, a common thread across our expert interviews suggests there have been gaps in whether young children participating in CACFP have been able to access food during the pandemic, and that families facing extra challenges are the least likely to get meals. Our experts agreed that families who face challenges accessing meals typically have one or more of the following characteristics: have infants or toddlers; have extremely low incomes; are immigrants or children of immigrants; live in rural areas and/or face transportation issues; and have children/parents with compromised health. This is, of course, of particular concern as some of these groups of children are already more vulnerable to food insecurity, and their families may have been likely to have experienced job or income loss because of the pandemic.

The experts we talked with described three ways that young children in CACFP may have been able to access meals during the pandemic, though the data on the extent to which any of these occurred is relatively scarce.¹² Each strategy is described briefly below.

SCHOOLS' FEEDING EFFORTS AND POTENTIAL GAPS

Our review suggests that one primary way young children are likely to receive meals during the pandemic is through efforts of local K–12 schools that have provided meals in alternative formats—usually through “grab and go” or by delivery. Schools that exercised the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) were able to feed all children, including children younger than school-age, from the start. Schools that used these summer options, and in areas that accepted waivers (see box 1), were able to allow parents and guardians to pick up meals for *all* children in their family, including young children who might have been receiving CACFP meals before the pandemic but whose child care programs had closed, as well as a broader group of young children who weren't previously served by CACFP or schools. It appears that schools with previous experience implementing the summer options were more likely to choose this option at the outset of school closures. Even though data are not available, some of our experts believed this mechanism was a primary way young children were accessing meals during the pandemic.

Importantly, schools that only implemented the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) at the start of the pandemic were unable to apply for reimbursements for meals served to children who were not enrolled in school—that is, most children younger than 5. It's unclear how many schools operating these child nutrition programs may have served unenrolled children or their parents, though news reports suggest that many schools have prioritized feeding families over reimbursement, a choice that may have dire financial consequences down the road.¹³ A recent brief by Urban Institute colleagues provides more in-depth information on how K–12 school districts are responding to the pandemic and addressing child nutrition (Schwabish et al. 2020).

Although experts were often positive about school systems' efforts to feed children during the pandemic, they were not confident these efforts are necessarily meeting the nutritional needs of younger children:

- **Relatively few children are being served overall by these approaches, compared with the expected population of school-age children.** Though there are limited data, experts described how the efforts to feed children through pickup or dropoff sites were often serving fewer children than they would have if schools had been open. A recent survey¹⁴ by the School Nutrition Association of 1,894 school districts nationwide found that 80 percent of districts reported they are serving fewer meals since school closures, with 59 percent of those districts seeing the number of meals served drop by 50 percent or more. This suggests there may not be a significant number of additional CACFP children getting meals through this approach.
- **Outreach challenges exist for families with very young children.** Where the school system expanded its feeding efforts to serve all children younger than 18, the ability to reach families with young children may be contingent on whether older children in the family are enrolled in

the school system. Depending on the level and method of communication, families with young children only (i.e., no siblings in the school system) may not be on any lists, understand that school-related meals are available for their children as well, and/or feel comfortable going to the school site.

- **Outreach and safety concerns exist for families with immigrant status or language barriers.** Potential gaps in service also exist for families who have immigrant family members; research suggests that the public charge rule^{15, 16} and anti-immigrant enforcement efforts are making it hard for families with immigrants to seek help (Bernstein, McTarnaghan, and Gonzalez 2020). Moreover, while school meals and the CACFP are not part of the public charge rule, evidence suggests a chilling effect, which is when eligible immigrant families—including those who would not be subject to the rule—avoid enrolling in public benefit programs for fear of immigration consequences, even when those programs are not part of the rule (Bernstein, Gonzalez et al. 2020). Families whose primary language is not English may also experience barriers if community outreach messages don't meet their language needs.
- **Common approaches for providing meals may be challenging.** Family participation may also be contingent on how meals are provided. Grab-and-go sites that require families with young children to arrive at a specific location and time each day or at a set time during the week may be harder for some families who face transportation barriers, have health or disability challenges in their household, or have many young children or children with special needs. School feeding sites that deliver food directly to families could help address some of these concerns, though it's unclear how often this happens and whether families who are not part of the school system and only have younger children would be included in this mode of delivery.
- **Nutritional content is inappropriate for younger children.** Experts suggested that the food provided at school sites is appropriately based on the nutritional requirements of school-age children but seems unlikely to be based on the nutritional needs of younger children, especially infants and toddlers. Pivoting to adjusting food purchases and training staff on these different nutritional needs, all without knowing the extent of the demand for food for this age group, seems unlikely even under less challenging circumstances.

CHILD CARE AND EARLY EDUCATION PROGRAMS' FEEDING EFFORTS AND POTENTIAL GAPS

The second and third approaches both involve relying on child care and early education providers to continue using CACFP supports to feed the children who would have been in their care. The question of whether providers can do this is complex because of the wide variation in operating status across providers during the pandemic described earlier.

Our review suggests there were two groups of providers who were likely to keep feeding children:

- **Child care and early education programs that did not close** are presumably continuing to feed those children in attendance, as they did before the pandemic.
- At least some **child care and early education programs that closed but remain funded** are also reportedly continuing to feed children, either through pickup or dropoff services similar to

those approaches used in K–12 schools. These include publicly funded programs such as Head Start and state prekindergarten programs, as well as programs receiving significant funds from philanthropy or other sources. Because these programs do not rely as heavily on parent fees and their funding continued despite being closed, they were able to continue paying staff and purchasing food and supplies. In Head Start’s case, programs that closed were directed to continue feeding children. Although we do not know how many programs fall into the “closed but funded” category overall, data from the FNS suggest that Head Start programs make up roughly 8 percent of all of the child care programs participating in CACFP.

A third group of programs—those **child care and early education programs that closed and did not have access to ongoing funding or support**—are unlikely to have been feeding children during the pandemic, though there may be some exceptions. This is in large part because these providers are heavily reliant on payments from parents, which decreased significantly because of families staying home. Although good estimates are not available, a nonrepresentative survey suggested that a significant proportion of these providers are facing serious financial challenges themselves.¹⁷

Experts suggest there are gaps in services offered by the subset of child care and early education programs feeding children during the pandemic.

- **Open programs have lower attendance.** CACFP child care and early education programs that remain open are still serving children who attend, and presumably these children have experienced little disruption in the food they receive via CACFP. However, many open programs face lower attendance rates, likely because of several factors including fear of COVID-19 transmission, reductions in allowed group sizes, and a change in parental employment status that makes child care no longer affordable or necessary. Of these factors, children who unenrolled because of parental job loss are most concerning, as the loss of income suggests that access to food at home may be even scarcer for these children.
- **“Closed-but-funded” programs can adapt better.** Closed-but-funded programs still feeding children are more likely to have resources, infrastructure, and funding to continue paying staff. These programs can more likely take on the additional demands and address the challenges of feeding young children amidst program closures. For example, Head Start staff in Washington State reported many of their families require additional efforts and resources (e.g., busing food to rural areas, home visits, language translation of communications around food, regular phone calls) to be served. Though home visits were put on hold for many families in communities where the spread of COVID-19 was a concern, staff cited that Head Start’s strong family engagement component and the ability to leverage the existing infrastructure of home visits was crucial to reaching some of the most vulnerable families, and yet, even then, some families remained unreachable. Still, especially vulnerable children may be most likely served through this mechanism, as these programs appear to have the most focus on outreach and family engagement and prioritize families with lower incomes.

Obviously, the largest gap in the child care and early education system's ability to feed children participating in CACFP had to do with the many programs that closed and were unable to pay or support staff or serve their families.

Factors Affecting the Ability of Schools and Child Care and Early Education Programs to Reach Young Children

A range of factors affect the extent to which schools and child care and early education programs have been able to meet the nutritional needs of young children during the pandemic, whether open or closed. Below we outline the most frequently noted factors that have affected programs' ability to provide meals to children who had previously participated in CACFP.

STAFF

Staffing problems present a significant and consistent challenge for school sites and ECE programs that continue to feed children. Both schools and programs must continue to pay staff and, in many cases, ask their staff to take on responsibilities outside of their regular job requirements, such as dropping off food to children's homes and learning new food preparation techniques. Having access to healthy staff willing to work in a pandemic is necessary to ensure that food is continually purchased and prepared, paperwork is completed, and family engagement and delivery or grab-and-go options are carried out. Moreover, access to specialty staff such as bus drivers is also necessary for programs that deliver food. Additionally, having the resources available to keep staff safe and healthy, such as securing enough personal protective equipment (PPE) or offering overtime or hazard pay, is a barrier for many providers. In addition, of course, the lack of paid staff presents a major reason why closed programs without funds have been unable to continue feeding children.

CASH FLOW TO PURCHASE FOOD

The CACFP relies on a reimbursement model, requiring child care and early education providers to purchase the food and then be reimbursed. The very nature of reimbursement requires providers to rely on existing funds to purchase and prepare food—funds that providers who are reliant on private paying parents are unlikely to have amid closures and steep declines in enrollment. The reimbursement structure of CACFP does not cover all the additional expenditures that incurred in shifting to a different model, such as PPE or increased staff pay, forcing many providers to either foot the bill or rely on funding from outside organizations. Moreover, the additional costs of shifting food preparation practices and distribution models are not covered by CACFP funds or other funding sources such as the Child Care Development Block Grant, the Temporary Assistance for Needy Families program, or any of the emergency federal funds for the pandemic.

As such, programs like Head Start, which have ongoing public funding during the pandemic, are better equipped to continue using CACFP funding to serve children than those programs heavily reliant on family contributions. However, even K–12 schools, which appear to have the largest capacity and infrastructure to serve children, are facing dwindling revenue¹⁸ and supplies, with recent estimates from the Urban School Food Alliance suggesting the 12 largest school districts in the country will have

spent up to \$19 million by June 30 to meet the demands of their pandemic meals operations,¹⁹ thus cutting significantly into their future funding at a time when school funding is likely to be cut.

FOOD SUPPLY CHAINS

Problems with the food supply chain (the sequence involved in the production and distribution of foods) have plagued schools and other programs since the beginning of the pandemic, with many shelf-stable items disappearing or available in limited quantities. Schools districts and closed-but-funded programs with preexisting vending contracts appear better off than smaller programs that must do their own purchasing, but they still have to overhaul the types of foods they contract to receive to prepare meals appropriate for grab-and-go settings.

For smaller programs without vending contracts, providers face many of the same supply chain challenges that everyone else in the country has faced—that is, empty aisles in the grocery store and, in some cases, the inability to purchase foods in bulk. Although the CACFP waivers allow for deviations from meal-pattern requirements, small and less-resourced programs, specifically those without vending contracts, face even greater difficulty sourcing shelf-stable food for meals. One expert noted the instance of a family child care provider visiting multiple grocery stores to purchase enough food to serve children, let alone food meeting the nutritional requirements of young children. In addition, the limits on quantities that can be purchased present challenges for these providers, as they have been unable to prove that they were serving other families.

ABILITY TO CHANGE FOOD PREPARATION AND DISTRIBUTION METHODS

Across all settings, the need for food safety measures has increased, but they are more difficult to comply with for small programs that may not have large kitchens or access to resources like PPE or trained staff. Moreover, the means through which food is distributed to children requires resources, with school sites and programs having to develop and implement procedures for safe pickup, as well as redistributing funds to leverage food-delivery options, such as buses and home visitors. Staff must be equipped with the skills and abilities necessary to pivot to preparing shelf-stable meals that last for multiple days, and resources must be available to adequately train and equip staff. Meals must be packaged safely and, according to recent USDA guidance²⁰ on providing multiple meals using CACFP funds, with instructions on serving and around how long foods can safely be stored before eating. Although these steps are demanding for all programs, they are likely more difficult for smaller programs with limited funding and resources.

BARRIERS RELATED TO INFRASTRUCTURE

Schools and programs that have existing infrastructure, such as food delivery sites, vending contracts, buses and drivers, and communication platforms can rely on these resources during the pandemic to help coordinate a response and keep parents up-to-date on the latest strategies for accessing meals for their children. Although school districts and closed-but-funded programs are likely to have at least some of this existing infrastructure still in operation because of their funding, disruptions caused by the pandemic (e.g., supply chain issues) may still make it more difficult to activate a coordinated response

among many systems. Child care programs funded primarily by parent fees are unlikely to have access to these infrastructure supports when closed.

DELIVERY APPROACHES

Different delivery approaches have benefits and challenges, highlighting the importance of finding the most appropriate approach(es) for different communities and families and addressing possible gaps in coverage and access to food.

- **Grab-and-go options** that allow parents to pick up multiple days' worth of food make it easier for families with young children than daily meal pickup, as this approach reduces how often they have to leave the house. Flexibility in pickup hours also decreases burden on families with young children who may have more restricted schedules (e.g., naps, feeding, etc.), and allowing parents to pick up food without their children present also provides important flexibility. However, experts suggested that options requiring families to physically go pick up meals can be difficult for parents with transportation or community safety concerns, who have caretaking responsibilities or are working, who are not familiar with the school, or who may be fearful of accepting public benefits because of their immigration status.
- **Identifying community hubs** may be a good alternative, as one expert noted that what's convenient for families with school-age children might not be convenient for families with young children. In the current response, schools are seen as the community center, but that may not always be the most convenient place for all families—especially in rural communities. As such, some communities have started expanding their pickup locations to include community centers and churches to improve accessibility for all families.
- **Delivering food to the family's home**, though potentially a more expensive option, also reduces burden for families with children of all ages and addresses transportation barriers that many vulnerable families face. Existing approaches that incorporate delivery include busing food on designated routes and having staff deliver food in bulk to rural or hard-to-reach families. However, a critical question concerns whether the entity delivering the food has access to lists of families with young children who need support. Although child care and early education programs would have such lists, as evidenced by the efforts of some Head Start programs to deliver meals to their families, it is not clear whether or how school districts that employ this strategy would be able to identify families with young children who are not part of the school system. Close coordination with child care and early education providers, and other entities who have contact with these families, would be essential.

CONNECTING WITH FAMILIES

As noted above, some of the most vulnerable families are also those more likely to be underserved. As a result, the ability to engage and reach these families is of critical importance. One expert noted there are numerous child care and early education providers who are typically aware of the families that will be hardest to reach with these efforts, yet few of these providers have the operating infrastructure and funding to serve them during the pandemic. The exception to this is those closed-but-funded providers

who have a strong family engagement and support component in their services and who prioritize serving families with the lowest incomes, such as Head Start and comprehensive early childhood models. At least some of these programs are making special efforts to target the most vulnerable families, conducting home meal deliveries to the most rural areas, regularly calling families, and emailing newsletters in an effort to keep families engaged. However, as mentioned earlier, Head Start programs make up a relatively small fraction of programs participating in the CACFP.

Conversely, school districts, which may have the capacity and resources to reach more children, may be less able to conduct outreach to families with young children who are not yet in the school system, may not have any relationship or trust with the most vulnerable families, and may be less equipped to meet the nutrition needs of young children. Still, school districts, which have the farthest reach, appear to be doing the most digital communication, using traditional mail, online posts, social media, and text messages to communicate with families (Schwabish et al. 2020).

Policy Implications

An initial scan of the landscape during the first months of COVID-19 program closures suggests there are numerous gaps in the extent to which families with young children participating in the CACFP can continue receiving meals during the pandemic. In many ways, these gaps are related to the differential financing of various sectors and the fragmentation of the early childhood education system. Even as many states reopen child care, COVID-19 outbreaks in provider settings²¹ are already occurring, and the probability that at least some programs will close again after reopening is likely. Further, some analysts have projected that the child care sector could lose 30 to 50 percent of the licensed child care capacity,²² creating significant gaps in access to CACFP. So what can policymakers, states, communities, and key stakeholders do to ensure children's nutritional needs are met during the coming months of uncertainty related to the current pandemic, as well as build a more resilient system moving forward? Some suggestions emerged from our conversations with experts.

PRIORITIZE THE NUTRITIONAL NEEDS OF YOUNG CHILDREN IN PLANNING IMMEDIATE ACTIONS FOR THE CURRENT PANDEMIC AND BUILDING A MORE RESILIENT SYSTEM

Getting nutritional resources to young children and vulnerable families during a crisis should be a priority, and any planning efforts around both the current ongoing pandemic and future planning should strongly focus on how to ensure these families' nutritional needs are met. As described in this brief, families with young children face unique challenges, and young children have unique nutritional needs. Further, each sector that has been playing a role in feeding young CACFP children during the pandemic—namely schools and child care and early education programs—has faced significant challenges in trying to support these families. As a result, any strategy to support feeding young children must build in clear recognition of these needs and challenges and take steps to address them.

ASSESS GAPS AND IMPROVE COORDINATION

The current response to serving young children is fragmented. Developing a coherent, coordinated approach to meeting young children's nutritional needs means understanding the gaps in services and

weaknesses of each sector, recognizing the diverse capabilities of different elements of the system, and leveraging them in a coordinated way to take a holistic approach. This means identifying and involving multiple stakeholders—such as those with access to resources like staff and existing infrastructure, those with expertise in adapting food programs during a pandemic to meet the needs of young children, and those with family engagement skills and knowledge of which families need more support in the community—and coordinating their individual skills to better serve all children.

Increased coordination at the federal and state levels is also necessary. One expert noted the USDA could be more specific and explicit in their guidance and outreach to child care providers, giving more direction for providers around the flexibilities and requirements. States might also consider reaching out to other partners supporting child care providers—such as child care resource and referral systems and the child care subsidy system, other nutrition programs such as WIC, and outside organizations such as United Way and Feeding America—to ensure that all are working together to help meet children’s nutritional needs.

SUPPORT CHILD CARE AND EARLY EDUCATION PROGRAMS’ CAPACITY TO FEED CHILDREN

One way to further support child care and early education providers and workers is to directly address some challenges they have faced in accessing food:

- At least half of all states have designated child care providers as “essential workers,”²³ making them eligible for any supports or services offered by the state, such as increased testing and improved access to PPE and other safety equipment. States might consider granting all child care providers a priority status that specifically allows them to access more food items at grocery stores that are limiting purchases and to source enough PPE to safely equip working staff.
- Taking steps to address cash flow problems facing programs that are closed and do not receive ongoing operating funds could improve their ability to provide meals. Following the lead of other disaster relief measures, one expert suggested capitalizing on other emergency response options, like engaging the Federal Emergency Management Agency (FEMA), to alleviate the challenges of CACFP reimbursement amid program closures. For example, CACFP could partner with FEMA to provide grants to centers, effectively removing the burden from providers to pay for food up front. The provider could then apply for reimbursement on FEMA’s behalf. However, this grant would need to include staff salary supports to pay staff labor involved in getting, preparing, and delivering the food.
- Finally, as noted above, some analysts have suggested significant losses in the licensed child care sector because of the pandemic. Experts suggest this, along with parental concerns about having their children in larger programs, is likely to result in more families using home-based child care settings including those legally exempt from child care licensing. However, these child care settings are seldom part of the CACFP system, which requires programs to be regulated. Should this shift occur, identifying ways to extend nutritional supports to children in a broader

array of child care settings could be explored to fill the likely loss of nutritional resources to young children.

SUPPORT SCHOOLS' CAPACITY TO FEED YOUNG CHILDREN

Although the current pandemic experience suggests that schools may have played an important role in feeding some young children, it also highlights numerous gaps in this approach. Also, expecting school systems to serve these families is a significant challenge given the immense burden they are already taking on in their efforts to ensure children's education, safety, and nutritional needs in the coming months of shifting school schedules. As a result, expecting them to take on the efforts that would strengthen their ability to serve families with young children seems unlikely to succeed unless accompanied by significant levels of funding and resources to support this effort, as well as concrete investments and supports to address the gaps identified earlier.

ENSURE DELIVERY APPROACHES REACH FAMILIES FACING EXTRA CHALLENGES

As noted above, each mechanism for getting food to families has strengths and weaknesses, with some families facing particular challenges in accessing food. Any effort to feed families with young children should consider the realities facing the families they are trying to reach. This may require a package of approaches, with grab-and-go options for families for whom that approach works and in-person delivery for families who face more difficulties going to pick up food. Another strategy would be to assess whether the distribution sites are accessible to the full range of families, including families with young children. One expert suggested establishing networks of distribution sites based on data on where families with young children are rather than where schools are located. These sites, akin to community hubs, may allow communities to better coordinate service delivery by capitalizing on current data to reach as many families as possible. Finally, new strategies to identify ways to reach families should be considered as well. For example, some districts are using a program called Emergency Meals to You, which is a home-delivered food box program. CACFP could consider supporting strategies such as these, if oriented toward families with young children, to help address gaps.

IMPROVE DATA FOR IDENTIFYING FAMILIES AND TRACKING SUPPORT

The lack of data on who is getting meals and on which children and families need support, where they are located, and how to best reach them presents a significant challenge to understanding the gaps. Although it is understandable that grab-and-go meal school providers cannot and should not spend a lot of time on paperwork, and that it was important that they not ask for family documentation, it does mean there is little information as to whether younger children received these meals. Similarly, the challenges facing closed-and-not-funded programs in sharing information on their families makes it harder to ensure that the families facing most challenges were able to get food. Taking steps to make sure that families can be identified and served, and that gaps are addressed, will be important to ensure that young children's nutritional needs are met as states reopen and face future closures.

EXTEND THE NON-CONGREGATE FEEDING WAIVER FOR THE SFSP AND SSO AND REDEFINE SCHOOL CLOSURES

The current nationwide waiver allowing non-congregate feeding requires that all meals served under the waiver may not be claimed under the SFSP or SSO, effectively barring schools from using this option to feed young children. Moreover, the USDA has made a distinction between unanticipated and planned school closures, such that only meals served during unanticipated school closures may be claimed under the SFSP or SSO during the 2020–21 school year. Planned full or partial school closures are not currently considered unanticipated school closures. As schools develop their distance-learning plans²⁴ for the fall, many seemingly plan to implement partial closures during some of the school week to allow for cleaning and accommodate staggered schedules. And many schools will have students engaged in remote learning for significant portions of time, meaning that children will not be on site to access meals. For schools that implement these planned periods of remote learning or partial closures in the fall, the opportunities to feed young children using the SFSP and SSO are eliminated. The USDA should consider redefining what constitutes a school closure during the pandemic to allow the SFSP and SSO to operate during anticipated closures and when children are off-site, and equally important, extend the non-congregate feeding waiver for the SFSP and SSO to expand the program's reach for young children as well as school-age children who depend on subsidized meals but are in remote learning settings.

CONSIDER OPTIONS THAT SUPPORT PARENTS DIRECTLY

Many experts noted that the CACFP isn't structured to respond flexibly to a pandemic. The reimbursement process, the lengthy process of enrolling children, the fact that many providers are reliant on parent fees for operating revenue, and reliance on a waiver-based system that results in significant variation across states make CACFP a less-than-ideal vehicle for feeding young children in this kind of crisis. Other options that provide funding directly to parents, especially in the face of a pandemic, may be better suited for ensuring young children receive proper nutrition amid child care closures.

These methods include considering what can be learned from the new Pandemic-EBT program—which currently enables states to enact emergency standards of eligibility for children who have lost access to free- or reduced-price meals because their schools closed for at least five consecutive days in response to the COVID-19 pandemic—to see whether and how it could be applied to support meals for young children in the CACFP system. The Pandemic-EBT program also provides funds directly to families to allow them to get their own groceries, ensuring the varied nutritional needs of children of different ages are met. One expert noted this option may have more favor with policymakers if aligned with USDA child pattern meal guidelines, similar to the guidelines of WIC.

Conclusion

Limited data are available on the extent to which children who had been in child care programs and receiving CACFP were able to continue accessing food during the pandemic when programs closed. A quick assessment, however, suggests there are significant gaps in the extent to which these young

children’s nutritional needs were met during this time. Further, experts were in consensus that families facing the greatest challenges were the least likely to be fed, potentially contributing to the higher incidence of food insecurity during the pandemic. Ensuring that young children’s nutritional needs are met requires taking steps to make their needs a priority and implementing concrete policy changes that directly address the current system’s limitations that the pandemic has revealed. Failure to make these children a priority will further contribute to the potentially deleterious impacts of the pandemic on the healthy development of young children across the country. On the other hand, taking steps to address these systemic weaknesses has the potential to build a more resilient system of nutritional supports that will not fail young children and their families in future crises.

Notes

- ¹ Other federal nutrition programs are designed to support the nutritional needs of young children, most notably the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). We focus on CACFP in this brief, but policymakers and communities would benefit from understanding the roles that WIC and other federal programs may have played in meeting the nutritional needs of young children during the pandemic.
- ² Lauren Bauer, “The COVID-19 Crisis Has Already Left Too Many Children Hungry in America,” Brookings Institution, May 6, 2020, <https://www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america/>.
- ³ Not all states used this space to address child care. Certain states, including Utah and Wyoming, issued orders by county.
- ⁴ Arkansas, Georgia, Iowa, Minnesota, Mississippi, Nebraska, Nevada, North Dakota, Oklahoma, South Dakota, and Virginia.
- ⁵ Arizona, Colorado, Connecticut, the District of Columbia, Florida, Idaho, Indiana, Kansas, Louisiana, Maine, Missouri, Montana, New Hampshire, New Mexico, New York (New York City closed except for essential workers), North Carolina, South Carolina, Tennessee, Utah (by county), Washington, and Wisconsin.
- ⁶ Alabama, Alaska, California, Delaware, Hawaii, Illinois, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, Ohio, Oregon, Pennsylvania (reopening by county), Texas, Vermont, West Virginia, and Wyoming.
- ⁷ “States’ Response to COVID19 and Child Care Part 7,” Child Care Aware of America Emergency Child Care and Technical Assistance Center, June 18, 2020, <https://info.childcareaware.org/hubfs/State%20Response%20to%20COVID-%2019%20and%20Child%20Care%20Part%207.pdf?hsCtaTracking=16e42e44-7da3-4ccf-8546-6ea9ad4aa6c7%7Cf93c30ce-6e68-4672-86a1-9e37bfe07d35>.
- ⁸ “State Child Care Administrator Forum COVID-19: What Worked, What Didn’t, What’s Next?,” Bipartisan Policy Center, May 28, 2020, <https://bipartisanpolicy.org/wp-content/uploads/2020/06/State-Child-Care-Administrator-Forum-COVID-19-What-Worked-What-Didnt%E2%80%99t-What%E2%80%99s-Next-Autosaved-4-compressed.pdf>.
- ⁹ Linda Smith and Suzann Morris, “As Economies Reopen, State Administrators Note a Shift to Family Child Care,” Bipartisan Policy Center, June 2, 2020, <https://bipartisanpolicy.org/blog/as-economies-reopen-state-administrators-note-a-shift-to-family-child-care/>.
- ¹⁰ “A State-by-State Look at Child Care in Crisis: Understanding Early Effects of the Coronavirus Pandemic,” National Association for the Education of Young Children, March 27, 2020, https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/state_by_state_child_care_crisis_coronavirus_surveydata.pdf.

- ¹¹ John Fensterwald, “California Child Care Providers Struggle to Stay in Business, EdSource, May 11, 2020, <https://edsources.org/2020/california-child-care-providers-struggle-to-stay-in-business/631297>; Valerie Strauss, “America’s Fragile Child-Care System Reported at Risk of Collapse in COVID-19 Crisis,” *Washington Post*, May 27, 2020, <https://www.washingtonpost.com/education/2020/05/27/americas-fragile-child-care-system-reported-risk-collapse-covid-19-crisis/>.
- ¹² Minimal data are currently available on the extent to which schools or child care and early education providers are involved in feeding young children during the pandemic. At school sites, our brief scan of the available information suggests that schools making their meals available to all children younger than 18 are not tracking the ages of the children the meals are going to. In open child care and early education programs still feeding children—whether the programs are still open or are closed but funded—CACFP reporting is likely still continuing, though recent data (i.e., data since the pandemic began) is unavailable.
- ¹³ Erica L. Green and Lola Fadulu, “Schools Transform into ‘Relief’ Kitchens, but Federal Aid Fails to Keep Up,” *New York Times*, April 19, 2020, <https://www.nytimes.com/2020/04/19/us/politics/coronavirus-school-meals-relief.html>.
- ¹⁴ SNA Survey Finds Schools Committed to Emergency Feeding During COVID-19 Closures,” School Nutrition Association, March 17, 2020, <https://schoolnutrition.org/news-publications/press-releases/2020/sna-survey-finds-schools-committed-to-emergency-feeding-during-covid-19-closures/>.
- ¹⁵ The public charge rule, issued by the Department of Homeland Security in 2019, makes it easier for immigration officials to deny applications for permanent residency (green cards) or temporary visas to immigrants they deem “more likely than not” to become a public charge. The final rule defines a public charge as “an alien who receives one or more public benefits for more than 12 months, in total, within any 36-month period.”
- ¹⁶ “Public Charge Fact Sheet,” US Citizenship and Immigration Services, updated May 25, 2020, <https://www.uscis.gov/news/public-charge-fact-sheet>.
- ¹⁷ “A State-by-State Look at Child Care in Crisis: Understanding Early Effects of the Coronavirus Pandemic,” National Association for the Education of Young Children, March 27, 2020, https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/state_by_state_child_care_crisis_coronavirus_surveydata.pdf.
- ¹⁸ Rebecca Klein, “School Lunch Programs Are Rapidly Going Broke,” *HuffPost*, April 20, 2020, https://www.huffpost.com/entry/school-lunch-programs-coronavirus-debt_n_5e9a0fc4c5b635d25d6c635a?guccounter=1&guce_referrer=aHR0cHM6Ly90LmNvL0d4SEhEdXdtY1Y_YW1wPTE&guce_referrer_sig=AQAAAGwo99wGNLymwSIQDOni1iC3DRcCldyJlkZ7e8K0IUgl0cg9kmXQp.
- ¹⁹ Green and Fadulu, “Schools Transform into ‘Relief’ Kitchens, but Federal Aid Fails to Keep Up.”
- ²⁰ “Child and Adult Care Food Program: Providing Multiple Meals at a Time During the Coronavirus Pandemic,” USDA, updated June 10, 2020, <https://www.fns.usda.gov/tn/providing-multiple-cacfp-meals-during-coronavirus>.
- ²¹ Reese Oxner, “More Than 300 Children in Texas Day Cares Have Caught COVID-19, and the Numbers Are Rising,” *Texas Tribune*, July 1, 2020, <https://www.texastribune.org/2020/07/01/texas-day-care-coronavirus-cases-rising/>.
- ²² Steven Jessen-Howard and Simon Workman, “Coronavirus Pandemic Could Lead to Permanent Loss of Nearly 4.5 Million Child Care Slots,” Center for American Progress, April 24, 2020, <https://www.americanprogress.org/issues/early-childhood/news/2020/04/24/483817/coronavirus-pandemic-lead-permanent-loss-nearly-4-5-million-child-care-slots/>.
- ²³ “COVID-19: Essential Workers in the States,” National Conference of State Legislatures, accessed July 1, 2020, <https://www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx>.
- ²⁴ Anya Kamenetz, “9 Ways Schools Will Look Different When (And If) They Reopen,” NPR, April 24, 2020, <https://www.npr.org/2020/04/24/842528906/what-it-might-look-like-to-safely-reopen-schools>; for a tracker of reopening plans by state, see “Johns Hopkins University eSchool+ Initiative Analysis of School Reopening Plans,” Johns Hopkins University, updated July 15, 2020, <https://equityschoolplus.jhu.edu/reopening-policy-tracker/>.

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