Nutritional Aspects of Meals Offered by Former CACFP Providers

One mandate of the Family Child Care Homes Legislative Changes Study was to examine nutritional aspects of the meals offered by providers who left the CACFP close to the time that tiering was implemented, but who continued to operate a child care business. It was hypothesized that some providers, particularly those who would be classified as Tier 2, might drop out of the CACFP because of reimbursement tiering. But it was not known whether providers operating these homes might offer fewer or less nutritious meals and snacks to children in their care without the economic and educational benefits of CACFP participation. The analyses presented in Appendix F provide some information bearing on the issue, but several caveats are important to consider in interpreting the results.

First, the sample size for this analysis was unexpectedly small. This resulted from the rarity of continuing to provide child care by those who left the CACFP, the difficulty of finding those who left, and the unwillingness to participate in the study by many of those who were found. In another report in this series by Hamilton and colleagues (E-FAN-02-002), it is estimated that about 5,500 providers nationwide who left the CACFP during 1997 were still in the child care business and not participating in the CACFP at the time of our 1999 study. Even though there was no evidence of response bias, the small size of the sample and the low response rate pose more than the usual amount of uncertainty as to the generalizability of the findings.

Second, although some of the providers who left the CACFP would have been classified as Tier 2, a substantial proportion meet the income and area poverty criteria for Tier 1 status. It is possible that any differences found between the former provider and 1999 Tier 2 samples reflect differences in characteristics of the provider groups rather than differences that relate to receiving CACFP meal reimbursements. (The sample was too small to further limit it to "Tier 2-like" providers.) Analysis of the operations survey reported in Zotov et al. (E-FAN-02-004) indicates that, at the time of the survey, the former CACFP providers tended to serve smaller numbers of children, to operate for fewer hours per day and days per week, and to offer fewer meals than the active CACFP providers. The former providers were also less likely to depend on child care as their primary source of income.

In addition, screening data suggest that some providers who left the CACFP while continuing to operate their child care business took this action in response to the lower Tier 2 reimbursement rates. But many providers who dropped out of the program in 1997-98—and perhaps a majority of them—were not responding to tiering (Hamilton, et al., E-FAN-02-002). Therefore, the findings of this analysis should not be interpreted as indicative of an effect of reimbursement tiering.

Despite the sample limitations, the analyses in Appendix F offer a valuable picture of the meals and snacks offered by former CACFP providers and their nutrient composition. The majority of former providers offered lunch and an afternoon snack. Most also offered breakfast, but fewer former providers offered this meal than current Tier 2 providers do. Former providers offered snacks somewhat less often during the week than current Tier 2 providers. This might reflect adjustments to the absence of CACFP reimbursements, but it is equally plausible that the providers who serve fewer meals are the most likely to leave the CACFP.
Most meals and snacks offered by former CACFP providers complied with CACFP meal-pattern requirements and offered substantial variety over a week, even though former providers no longer face CACFP requirements. This may reflect a continuing effect of the CACFP training and monitoring that providers received while still participating in the program. Compliance rates were somewhat lower for fruits and vegetables at breakfast and lunch, although a large proportion of former providers did offer fruits and vegetables in snacks. The former providers offered meat or meat alternates at breakfast more frequently than current Tier 2 providers. In general, these patterns seem to reflect the preferences of individual providers and children rather than any systematic cutting back on food costs to compensate for the loss of meal reimbursements.

The data suggest that while former CACFP providers offered somewhat different foods than Tier 2 providers, the nutritional quality of the meals is very similar. Analyses are based on a comparison of the foods in menus offered by the two groups of providers, but do not reflect any difference in portion sizes. No independent observations were made of portion sizes in meals offered by former CACFP providers, so food quantities were computed assuming they would be the same as in comparable Tier 2 homes.

Meals and snacks offered by former CACFP providers in 1999 largely met the RDA benchmarks and NRC recommendations used for this study, the exceptions being food energy and iron (lunches only). Few of the meals and snacks offered, however, were consistent with the Dietary Guidelines recommendations for saturated fat.

Based on recorded menus and comparisons with current Tier 2 providers, we cannot conclude that this group of former CACFP providers is offering nutritionally inferior meals or snacks. There is room for improvement in the meals provided in both Tier 2 and former CACFP homes, especially in the level of saturated fat. But there is no indication that tiering per se led to a decline in the nutrient content of meals offered to children in the care of providers who left the CACFP.