



FEEDING MICHIGAN'S FUTURE

State Agencies and Organizations Share Their Insights
on the Child and Adult Care Food Program

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This brief presents major findings on the structure, implementation, and impact of the Child and Adult Care Food Program (CACFP). The purpose of the interviews was to identify opportunities to increase CACFP participation in Michigan. The findings were generated from nine interviews with representatives from CACFP national research and advocacy groups, Michigan state agencies, and Michigan CACFP sponsoring organizations. Each interview explored participants' knowledge of and experience with CACFP, including their perspectives around such topics as program access and retention, benefits and challenges, sponsor and state agency roles, and opportunities for improvement.

With support from the Michigan Health Endowment Fund, The Early Childhood Investment Corporation (ECIC) has partnered with Public Policy Associates (PPA) and 1837 Partners on a project to increase CACFP participation in Michigan. PPA, an independent policy research and program evaluation firm, has been conducting the research activities for this project.

About CACFP

The CACFP supports families' food security and nutrition by reimbursing child care providers for preparing and serving healthy food to young children, primarily from low-income households. Established and funded by federal law and administrative rule

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through the U.S. Department of Agriculture, each state exercises its authority to implement the CACFP through voluntarily participating providers.

CACFP reimburses participating providers according to a two-tiered rate structure. The higher level of reimbursement depends on income eligibility determined at the family, community, or provider’s own personal level.

CACFP ADMINISTERING ORGANIZATION

The Michigan Department of Education (MDE), Office of Child Nutrition, administers the CACFP in Michigan. The MDE both supports CACFP participation and ensures that the rules are followed with integrity. An interviewee summarized the Michigan state agency’s approach to its dual role in implementing CACFP:

“ ... I feel like they [MDE’s CACFP Administrators] are advocates for the sponsors and for the providers and trying to help them. But also, ... they need to safeguard the public's investment in [CACFP] ..., and ensure that it is efficient, effective, and everyone's following the rules. And there are a lot of them. But I also like that about them because they just don't mess around in terms of integrity.”

This reflects the activities of an “extremely customer-service oriented,” state agency with a “core strength” of providing high-quality resources and training. These have included:

- Supplying program marketing and publicity materials
- Improving the speed and efficiency of the provider payment system
- Undertaking work on non-English language program access
- Making information directly accessible to all kinds of providers

CACFP SPONSOR ORGANIZATIONS

Home-based child care providers must enroll and participate in the CACFP through a “sponsor,” a state-approved organization that provides support and oversight. Three nonprofit sponsors serve Michigan providers. Center-based providers are not required, but can choose to participate through a sponsor. Centers instead may participate directly with the MDE.

Interviewees shed light on the roles and responsibilities of CACFP sponsor organizations. Sponsor organizations like the three operating Michigan and state agencies like the Office of Nutrition Services in MDE play distinct yet related roles. Together these organizations aim to enhance CACFP benefits and reduce program costs for participating providers, thereby growing the downstream well-being of families.

In serving their providers, sponsors differ in how they balance two roles standing in tension with each other. First, sponsors monitor and enforce provider compliance with program requirements. At the same time, sponsors work with providers to help them, and by extension their families, maximize the benefits of program participation. One interviewee explained that



"... a good sponsor manages that balance great. [Providers] have to be in compliance. [Sponsors] have to teach and ... disallow meals sometimes because [providers are] not following the meal pattern, or they didn't do their forms correctly, or whatever. But it's a balance in trying to help them improve so that they reduce their disallowed meals, and they're getting the maximum reimbursement they can while still training them and teaching them the program."

Interviewees described how sponsors enacted their program enforcement and support roles with providers through activities like these:

- Engaging in outreach to providers and assistance with the program application and onboarding
- Providing professional development and training to providers about food portions and ingredients, nutrition and child development, and meal patterns, menus, and other program requirements
- Disseminating nutrition and program promotional and educational materials and activities to providers and for providers to give to their families
- Giving technical assistance (including technology itself) to mitigate providers' burden of paperwork while facilitating their recordkeeping and reporting to ensure compliance and receive payments
- Monitoring and auditing provider records, including approving, disallowing, and submitting reimbursement claims, plus assisting providers to remediate deficiencies in program compliance where possible
- Implementing a compliance department with resources, for example, to conduct random provider compliance checks
- Conducting home and center site visits, including required unannounced visits

Sponsors were most effective, particularly with home-based providers, when they personalized assistance and built enduring relationships.

"... [Sponsors] don't just go in and monitor [providers'] homes and that's it, and they leave. They provide technical assistance ... They talk to them about how they can better communicate with the children. They're in their homes [multiple times a year], so they're establishing these really important relationships, so that they're not feeling isolated and alone."

Interviewees agreed that the state also benefits from strong sponsors. Although Michigan has only three sponsors, "we have three really good ones. We have three very solvent ones. We have three that have been in the business a very long time and they know their stuff." MDE for its part has endeavored to convene and engage sponsors (and providers) by:

- Implementing a collaborative process with sponsors to resolve issues of CACFP interpretation and application - regarding, for example, deficiency remediation
- Participating in federal-level efforts to streamline required paperwork
- Regularly conducting sponsor program update meetings and training
- Facilitating periodic home-based provider/sponsor meetings



Still, according to interviewees, sponsors suffered from inadequate compensation for their essential work with home-based providers. Although they receive an administrative fee for each provider they enroll in the CACFP, the rate declines the more providers a sponsor recruits above a certain threshold.

CACFP Strengths

“... CACFP’s strength is ... providing reimbursement for a healthy meal pattern. ... [I]t’s really important to children, ultimately, in terms of their good nutrition, and it’s important to the economic stability of child care because the money is going to child care to support those efforts as far as the food costs and labor is concerned.”

Reimbursement payments may be CACFP’s primary incentive, but provider participation also brings significant organizational and personal benefits.

Interviewees overall identified regular, predictable program payments as the foundational benefit of CACFP enrollment and retention across child care providers of all types including license-exempt providers. While CACFP business benefits might begin with meal reimbursement payments, they do not end there. Other benefits, according to interviewees, include:

- Ongoing education in child nutrition and healthy development benefit providers and staff and can be passed on to families.
- Serving nourishing food and drink and, in the process, teaching children and parents about nutrition and health increases the quality and value of the provider’s child care so providers improve their reputation and gain a competitive advantage.

“[CACFP participation] not only infuses money into [providers’] budgets, but it infuses support, training, and networking, and all of those periphery things that actually have a direct impact on the quality [of care].”

Both direct nutritional benefits for children and follow-on benefits for families flow from provider participation in CACFP.

The benefits providers obtain from CACFP participation lead, in turn, to a range of benefits for children and families. CACFP participating providers benefit enrolled children and their families in the following ways:

- Children are guaranteed properly proportioned, age-appropriate, and nutritious food and beverages.
- Families can spend less on food even as their children’s nutrition improves. CACFP can help families leverage the value of participation in other programs such as WIC and SNAP, since they will not have to expend those benefits to provide children’s meals.¹
- It helps engender healthy eating habits, which “last a lifetime,” according to an interviewee, by teaching children through educational experience, modeling, and instruction.

¹ According to interviewees, along with CACFP information, providers typically make available information on other food programs available to their families.



- Children and providers pass on their learning and habits to their families.

"I know from conversations with child care providers that sometimes ... the most nutritious meals they [children] get are in [CACFP-participating] child care, and unfortunately sometimes when they go home, they're going home to a food-insecure home. "

CACFP Barriers

CACFP providers face participation challenges and barriers from initial access to sustained program retention.

Interviewees overviewed common challenges to the CACFP as implemented across the nation (e.g., not specific to Michigan.) These challenges constrained program benefits and/or increased program costs for providers. While most of these challenges are linked to federal policy, states have leeway in how they implement the program within federal rules. These implementation decisions can ease or intensify barriers to participation.

Inadequate promotion. Interviewees perceived that many providers seemed unaware of their eligibility to participate in and benefit from the CACFP. Interviewees recognized that providers may be exposed to limited CACFP information and noted that program misinformation and misconceptions circulated among providers as well. However, interviewees felt that CACFP promotion was infrequently prioritized, and relevant information was easily lost.

Onboarding barriers included completion of substantial but often redundant paperwork and compliance with CACFP-specific rules. For example, as one interviewee shared: "They're doing it because they want to take care of children, and these VCA [Viability, Capability, and Accountability] measures are extreme and impede access for sure."

Low payment rates with complex claim requirements. One interviewee spoke for all, flatly stating that "... anyone you ask ... will say the reimbursement rates need to be higher across the board." Even though interviewees pointed out that CACFP was intended as a partial subsidy program, reimbursement rates have increasingly fallen in value compared to food and related costs, and the universally criticized tiered rate structure "exceedingly complicated the operations of the program." Other limits on reimbursement payments discouraged participation; for example, the number of reimbursable meals and snacks per child in a day and the difference by provider type in the inflation statistic used to adjust rates. Interviewees overall shared the view that, to many, particularly licensed family home and license-exempt providers, CACFP participation was not a worthwhile investment of their time and effort.

Rigid program rules and mandated paperwork. Providers have found it challenging to comply with fixed, highly detailed CACFP nutritional-content, meal-pattern, and food-service requirements. Then to show compliance, providers are further charged with what they have seen as onerous recordkeeping, reporting, and similar paperwork, for example, to record point-of-service data. Program rules, which treat all home-based



providers alike, have imposed unusual burdens on license-exempt providers (e.g., required but unannounced home visits) because, as one interviewee pointed out, the regulations “don’t fit the model of how they give care.”

Limited support agency availability and capacity. Interviewees identified great variation in how, and how much, states have supported the CACFP for their sponsors and providers. Beyond differences in state agency funding and staffing, interviewees noted that the place of a state CACFP agency in the government structure (e.g., whether in the department of agriculture, education, or health and human services) and mission focus (e.g., sponsor and provider compliance, fiscal responsibility, or support) has affected program uptake and retention. States have further differed in the number of sponsors and the nature and degree of sponsor engagement with providers. According to interviewees, sponsors can be discouraged from working to raise provider participation and have faced financial challenges due to the way program payments are determined.

Michigan Policy Environment

Some Michigan license-exempt providers may participate in the CACFP, but state requirements may be a barrier to widespread uptake.

Michigan is among a small number of states that permit license-exempt providers—often more generally referred to as “family, friend, and neighbor” (FFN) providers—to participate in the CACFP. However, in Michigan, only those license-exempt providers caring for certain types of relatives (e.g., grandchildren) are eligible because the care, including meals and snacks, must be provided in the providers’ homes. Michigan licensing only allows FFN providers to care for children that are related in the provider’s home.² Furthermore, as in the great majority of states, applicants for license-exempt status in Michigan must qualify as a participating provider in the Child Development and Care (CDC) Scholarship Program (formerly known as the child care subsidy or assistance program).

Several interviewees saw the CDC provider-participation requirement as itself a significant barrier to CACFP participation by FFN providers across the country. The requirement raises the cost of CACFP access relative to the total reimbursements an FFN provider can receive given limitations on the number of children they can care for. According to these interviewees, the initial and recurring administrative cost combined with additional burdens FFN providers may anticipate (e.g., paperwork and home visits) may deter provider participation from the very beginning. Interviewees identified California and Louisiana as the only two states known to be open to FFN participation in CACFP without the barrier of CDC program participation.

The impacts of Michigan’s Pre-K for All policy on CACFP are unclear.

Michigan’s free Pre-K could bring substantial change in Michigan’s child care delivery system. One result from these programs, if successful, would be that more children should consistently receive nutritious meals

² State of Michigan, License Exempt Providers, Department of Lifelong Education, Advancement, and Potential, accessed September 2, 2025, <https://www.michigan.gov/mikidsmatter/providers/license-exempt>



and snacks while parents save time and expense. For example, with PreK for All, child care programs may be able to bring more children into care who will benefit from CACFP or other healthy school meal programs, such as the national school lunch or breakfast programs. Some interviewees did express concern about potential effects in the larger child care market that could in turn affect CACFP participation. Interviewees suggested, for example, that:

- Free Pre-K and meals could draw more families primarily to higher-capacity school-based centers. Although schools have flexibility to implement CACFP or other school meal programs, they may opt for other school meal programs as more familiar (though there may be a misalignment of nutrition and meal-service standards).
- More generally, interviewees believed that free Pre-K was certain to draw older children away from home-based providers, including those that participate in the CACFP. Over time this may reduce home-based provider capacity or even threaten their business viability.

MDE can act to shape and guide the policy environment in which the CACFP is implemented.

Interviewees described how state agencies can act within their CACFP implementation authority, together with state child care policy, to:

- Permit (or not) CACFP participation by license-exempt or similarly unlicensed FFN providers, as well as to set eligibility requirements for those providers
- Interpret and apply federal rules that determine in part the content and extent of certain records and reports required of CACFP-participating providers
- Supplement federal CACFP funding (reimbursements and administrative fees) with state funding
- Accept waivers of federal CACFP requirements and make state-level requests to extend waivers
- Administer the CACFP VCA requirements, and modify how frequently providers re-apply for CACFP participation
- Integrate CACFP participation into other state child care policies and programs, such as state licensing and Quality Recognition Information System requirements and universal Pre-K
- Determine, regulate, and coordinate CACFP sponsors, their territories, and activities
- Provide sponsors with information and resources, including state funding

In another area of state responsibility, MDE has exercised its administrative discretion to:

- Support the rule against grain-based desserts by focusing on and devoting resources to training and enforcement
- Reduce provider paperwork by declining to require production records or standardized recipes, unlike other states
- Push for federal waivers and their extension, for example, with respect to remote monitoring during the COVID-19 pandemic.



Interviewees also noted that state agencies can participate at the federal level in advocacy and other collective action with other states and interest groups.

Opportunities for Improvement

Interviewees offered a number of suggestions for positive program changes and improvements from their respective perspectives at the state and local levels, which are organized by the following overlapping categories.

Identify Changes to Program Requirements and Practices

- Ease requirements for FFN providers to become license-exempt providers as in California or Louisiana; for an example pertinent to Michigan, consider de-linking license-exempt provider eligibility for CACFP from participation in the CDC program, a change Colorado has under study
- Modify or eliminate unannounced or “pop-up” home visits, perhaps as part of rule changes tailored to license-exempt providers and the nature of their child care work and context
- Implement greater use of virtual monitoring and virtual site visits
- Recognize and seek high-leverage federal waivers where possible
- Lengthen the time providers have between CACFP renewal applications and/or re-tiering determinations
- Reduce the administrative burden of VCA interpretations and practices
- Identify areas for recordkeeping and paperwork reduction as in past efforts
- Review and revise practices around provider remediation of paperwork or other deficiencies
- Possible transition of sponsors to exclusive service areas or territories as other states have done
- Mandate CACFP participation for certain types of providers such in New Mexico for FFN providers
- Permit alternative data to school free and reduced-price lunch data that may be used for community income eligibility for Tier 1 reimbursements, and simplify the for-profit provider reporting process

Provide Additional Funding, Resources, and Supports for Sponsors and Providers

- Supplement CACFP reimbursement rates with state funding as in California and the District of Columbia, or as in Vermont where the state ensures that all providers are reimbursed at Tier-1 level and reimburse for additional meals and snacks, particularly when licensing regulations require it.
- Incentivize provider outreach, recruitment, and retention by sponsors, possibly through grants as in Oregon
- Institute advance and/or flat administrative rate payments for sponsors regardless of number of providers served
- Expand and improve the creation, dissemination, and use of both visual and non-English-language CACFP materials for providers
- Ensure timely implementation of available technological improvements and practices
- Activate provider networks for CACFP navigation support
- Incentivize CACFP providers to procure food locally



- Train sponsor monitors for cultural responsiveness and language proficiency and include culturally responsive meals within CACFP-compliant menus and meal patterns

Improve Information and Communication Among Program Participants

- Increase CACFP promotion and marketing efforts targeting particular types of providers, such as license-exempt providers and out-of-school-time providers serving at-risk children
- Simplify and otherwise improve program and related website navigability for CACFP information and resources; promote greater provider use of Resource Centers to access CACFP information and resources
- Coordinate across state child care agencies such as licensing (Licensing and Regulatory Affairs, Child Care Licensing Bureau); ECIC; Michigan Department of Lifelong Education, Achievement, and Potential; and Great Start to Quality to increase the degree and visibility of CACFP outreach, recruitment, and promotion, including greater inclusion or embedding of CACFP information and resources in agency convenings, training, handbooks, informational materials, websites, etc.
- Focus on timely CACFP onboarding of providers in connection with the provider licensing process
- Continue and perhaps expand existing practices around state agency convenings of providers and sponsors
- Review and remove duplicative or redundant forms and required information for CACFP and provider licensing/license-exempt and other child care program applications
- Employ social media and provider networks to promote CACFP participation and assistance, as well as to counter misinformation and misconceptions about CACFP among providers

Conclusion

The interviews examined the related yet distinct perspectives of national CACFP experts, Michigan sponsors, and state agency officials. Within this diversity of experience and expertise, interview participants converged on several common points. First, because the CACFP is largely governed by long-standing, infrequently updated federal law and administrative rule, state stakeholders have their hands tied as to many key aspects of the program, starting with reimbursement levels provided by the federal government and tiering. Continued research and advocacy at the federal level is therefore essential.

Having acknowledged this reality, however, interviewees saw opportunities for expansion and improvement in provider participation and retention at the state level. Together interviewees suggested, second, that this depended on strong, mission-driven sponsors in a collaborative partnership with a dedicated, well-resourced state agency and leadership. As one interviewee argued, referring to sponsors generally:

“... [T]hey're hugely undervalued. They're an integral part of the design of CACFP and they are underfunded, overworked, and just generally disvalue[d] in the important role that they play. So, unless you were to completely redesign the system, sponsors need to be ... elevated and supported in their role of ensuring that this government program reaches the communities it's intended to serve.”



Finally, all interviewees would return to the overriding purpose for the CACFP, its real-world impact for children and families. As one interviewee expressed it:

"Millions of kids are served on this program every day. ... [I]t is a direct source of resources for ensuring that there are at least two meals and a snack served in these [child] care settings for the individuals in our communities who are most likely to otherwise not have that steady and stable access to meals. ... It's not just anti-hunger; it's [an] anti-hunger and nutrition security program."

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Interviewee List and Methods

To gather insights on how to increase provider participation and retention in the Child and Adult Care Food Program (CACFP), Public Policy Associates conducted nine one-hour virtual interviews with ten interviewees. The interviews took place in February and March 2025. Interviewees included representatives from CACFP sponsor organizations, state agencies, and national program or policy experts.

TABLE 1. INTERVIEW PARTICIPANTS

NAME	POSITION	ORGANIZATION	TYPE
Lynn Cavett	Supervisor, CACFP	Michigan Department of Education, Office of Nutrition Services	State Agency
Melanie Roloff	State Administrative Manager, Child Development and Care	MiLEAP	State Agency
Denise Meyer	Executive Director	Association for Child Development	CACFP Sponsor
Chana Edmond-Verley	CEO	Vibrant Futures	CACFP Sponsor
Donna Pomerson	Board Vice-President	National CACFP Forum/Learning Care Group	National Expert, Policy
Gina Adams	Senior Fellow	Urban Institute	National Expert, Policy
Alexia Thex	Vice President of Policy, Partnerships & Events	National CACFP Association	National Expert, Policy
Elyse Homel-Vitale	Executive Director	Child and Adult Care Food Program Roundtable	National Expert, Policy/regulatory advocacy
Samantha Kay-Daleiden Marshall	Director, Programs & Policy	Child and Adult Care Food Program Roundtable	National Expert, Policy/regulatory advocacy
Mary Beth Testa Salomone	Policy Consultant	Homegrown Child Care Funders	National Expert, Policy

Audio recordings of interviews were transcribed by a third-party service. PPA researchers cleaned the transcripts and conducted analysis in Dedoose using a combination of deductive coding (based on discussion-guide topics) and inductive coding (to capture emerging themes).