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Child Care Providers Share Their Experiences with
the Child and Adult Care Food Program

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This brief presents major findings on the experiences of child care providers with the Child and Adult Care Food Program (CACFP). The findings were generated from six roundtable discussions with 49 child care providers. The roundtables were organized by provider type and included centers, family home, group home, out-of-school-time (OST), and license-exempt relative-care¹ providers. Each session explored the participants' CACFP experiences on topics such as program participation, access, retention, benefits, challenges, and suggestions for improvement.

Background

ABOUT THE CACFP

The Child and Adult Care Food Program (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. The CACFP is a federal program of the U.S. Department of Agriculture and is operated by the Michigan Department of Education.

¹ Only license-exempt relative-care providers participated in the roundtables. Unrelated license-exempt providers are not eligible to participate in the CACFP in Michigan because of a conflict between a federal CACFP rule and a state licensing rule.

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CACFP reimburses participating providers according to a two-tiered rate structure. Because the higher level of reimbursement is intended to incentivize food service as part of child care for low-income families, this Tier 1 rate depends on income eligibility determined at the family, community, or provider’s own personal level. In addition, to qualify for reimbursement at either tier, each meal claimed must comply with program nutritional and recordkeeping requirements.

Participating providers receive program support such as online/computer technology, technical assistance, and training/professional learning, including materials and information relevant to provider and parental learning. These supports are intended to ensure providers are able to learn and comply with program rules concerning the nutritional value of reimbursable foods and beverages, as well as allowable meal patterns and menus, and limits on the number and timing of meals and snacks served per child during a given period under care. Such requirements in turn entail participant recordkeeping and reporting obligations.

Home-based child care providers must enroll and participate in the CACFP through a “sponsor,” a state-approved organization that provides program support and oversight. Center-based providers are not required to participate through a sponsor, although they may choose to do so. Centers instead may participate directly with the state CACFP agency, which in Michigan is the Department of Education (MDE).

ABOUT THE STUDY

The Early Childhood Investment Corporation (ECIC) is partnering with Public Policy Associates (PPA), 1837 Partners, and the Michigan After School Partnership on a project aiming to explore and increase CACFP participation to the benefit of Michigan child care providers and families alike. PPA, an independent policy research and program evaluation firm, has been conducting the research activities for this project, including the roundtable sessions that are the focus of this report.

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Summary

The following are the major findings that emerged from roundtable discussions with child care providers on their experience with the CACFP:

CACFP Impacts on Providers

- The reimbursements helped child care providers serve nutritious foods to children in their care.
- The reimbursements constituted a substantial contribution to the financial sustainability of providers' businesses.
- Participation enhanced child care value for families through the provision of healthy food and of nutrition education and information.
- Participation contributed to providers' pride and commitment, as it strengthened the role of nutritious food in children's care.

CACFP Impacts on Child and Families

- Participation improved the nutrition and knowledge of families and children.
- Meals helped families by reducing household expenses and time spent planning and preparing meals.

Getting Started With CACFP

- Providers achieved CACFP access through state and sponsor outreach efforts and enrollment assistance.
- CACFP reimbursements were a key reason providers enrolled, but they were not the sole program attraction.

CACFP Program Requirements and Compliance

- One overriding challenge to participation for license-exempt providers was unannounced home visits.
- Low reimbursement rates, as well as requirements governing the amount of and the eligibility for reimbursement, imposed significant burdens on provider participation.
- Providers experienced conflicts between rigid requirements on the reimbursable number, timing, and location for consumption of meals and snacks and the realities of child care provision and children's eating patterns.
- Providers experienced a substantial burden in completing paperwork across required recordkeeping and reporting.
- Participating providers experienced challenges meeting meal pattern requirements

Sponsor and Agency Roles and Relationships

- Provider-sponsor relationships were strong and productive; in particular, home-based providers valued personal and professional relationships with sponsor staff.



- Providers valued sponsors for their education, technical assistance, and other services together with how sponsor staff anticipated and responded to provider needs.
- Centers that work directly with the MDE rather than using a sponsor, reported effective working relationships with state agency staff, despite staff changes or differences in compliance activities.



Findings

IMPACT ON CHILD CARE PROVIDER BUSINESSES

The reimbursements helped child care businesses provide developmentally appropriate, high-quality nutritious food.

The CACFP reimbursements provided to the roundtable participants helped them provide healthier food options for the children in their care. Without this financial assistance, providers indicated that maintaining a balanced and nutritious menu would have been significantly more challenging, especially given the escalating cost of groceries. Therefore, the program's support ensured that participants could uphold their commitment to providing wholesome meals, even when faced with budget constraints. This allowed providers to prioritize the nutritional wellbeing of the children, fostering the development of healthy eating habits. As one licensed group home provider noted:

"I like that I can afford to buy the healthier foods and stuff for [the kids]. If I didn't have the food program, I would still do it to the best of my ability, but I don't know if I could [buy food] as balanced, especially with prices nowadays."

The reimbursements proved a significant factor in the financial sustainability of providers' businesses.

For many roundtable participants CACFP payments substantially contributed to financial viability. Reimbursements often covered a significant portion of providers' grocery expenses and alleviated pressure on their overall operational budgets. The consistent nature of the financial support provided a reliable income stream, which was particularly beneficial for providers with fluctuating personal incomes or those operating in areas with high-poverty rates. One OST provider shared:

"We see a tremendous influx of kids that attend our programs, and a lot of it is because we have such a high poverty rate here in our area ... [I]t is a benefit to our organization to be able to provide this [food] service and be financially reimbursed for some of the service that we're providing so we can continue and sustain it."



The CACFP enhanced child care programs' value and appeal to families by providing low or no-cost high-quality food and by improving provider and staff knowledge of child nutrition and development.

For some child care providers, CACFP program participation served as a distinct attraction to families because they provided nutritious meals. The emphasis on offering healthy, balanced foods – often featuring fresh produce – was a strong selling point for some providers, particularly in communities where families faced economic challenges. The commitment to quality nutrition even helped some programs reach full enrollment, as parents actively sought environments where their children would be well-fed and cared for. One center director shared,

"We're [in a] middle-class area and both the parents need to work. That's one of the things they're looking for is that their child is educated well and fed well and in a really good, safe,... and healthy environment. So, they are actually looking for something like that. Our capacity is at max because we're getting that type of a draw as a result of the fact that we are participating in that [food] program..."

The CACFP further enhanced the value and appeal of providers' programs by improving staff and provider knowledge and skills in child nutrition and development. Staff gained a greater understanding of healthy eating, which challenged prior assumptions about food choices. Training opportunities, including professional certifications, empowered staff with essential food safety practices and a deeper appreciation for child nutrition. Also, providers and staff learned practical skills, such as interpreting food labels and utilizing seasonal produce to offer fresh and affordable options. One licensed-exempt provider shared, "I've learned to look at labels a lot more when I shop now. Like things that I used to maybe assume were healthy, I've learned aren't as healthy as they should be."

This elevated expertise allowed staff to engage children in meaningful conversations about food, fostering healthier habits and educating parents on appropriate portion sizes and balanced diets. The overall increase in nutritional literacy contributed to the environment provided by more informed and capable care givers, which resonated positively with families.

Child care providers' role in the healthy development and wellness of children and families was rewarding and strengthened provider pride and commitment.

Providers expressed satisfaction when children enjoyed the nutritious meals offered and sometimes requested recipes to share with their families. This positive feedback from both children and parents – highlighting how well kids ate in child care compared to at home – served as a powerful affirmation of providers' efforts. One licensed group home provider shared, "I'll have a lot of parents say, 'My kids don't eat goulash at home. They always say, we want [my recipes]. Get her recipes.' And so that makes me feel really good...."



Witnessing children enthusiastically consume healthy foods, even those they might typically avoid, reinforced the providers' belief in the food program's effectiveness. Additionally, the ability to offer comprehensive care, including high quality food, instilled a sense of purpose and dedication for some providers. This contribution to the well-being of the community and the healthy development of young individuals was personally rewarding, strengthening their commitment to their work. One OST provider shared,

"[Families] get so much more [programming], but the food is what helps bring the people in. And it helps that development of all these young people as well."

IMPACT ON CHILDREN AND FAMILIES

Providers' participation in CACFP directly contributed to children and families' nutrition, as it improved their food and nutrition knowledge, variety, and selection.

The roundtable participants used CACFP benefits not only to support children's nutrition but also their nutrition knowledge, broadening and improving their food choices. Children actively learned about different food groups and the specific vitamins and benefits associated with various ingredients. They engaged in discussions about healthy eating, sometimes identifying and debating nutritious choices among themselves. This exposure encouraged children to learn about and try a wider variety of foods. Furthermore, the program fostered independent eating skills, as the children learned more about appropriate portion sizes, served themselves, and managed their dishes, leading to more informed and healthier food selections both within the child care setting and at home. A center director shared:

"[The program] also teaches a lot of [the kids] their independent skills on passing food and how to sit at a table and communicate and whatnot with their peers. How to take direction, how to try new things, how to clear their plate, just the simple things like that. We have... children [who] are one and two that are serving themselves items and taking care of their dirty dishes and taking off their bibs and all things like that. So teaching just the minor skills of how to pour their milk, how to handle a fork, how to set a table, is hugely beneficial for a lot of these families...."

Roundtable participants' involvement in the food program also directly contributed to families' nutrition and knowledge. The program served as an educational resource, providing parents with information on balanced food options, healthy portioning, and the importance of consuming different foods. As children embraced new foods at the child care facilities, child care providers reported that some parents were inspired to incorporate similar healthy options into their home meals, expanding the overall family's palates. Also, providers were open to sharing with parents practical cooking tips and recipes, further assisting families in preparing nutritious dishes. One licensed family home provider shared:



"[The kids will] try different things here and then the parents come the next day and say, 'Oh, they liked what you made for lunch yesterday. What did you put in your sloppy joes?' ... And they like to know how I make things so they can make it at home ... So, I think part of it is just the experience too besides just the foods. But the parents love it because they're trying new things."

The support exemplified by this provider, as well as others, helped families understand the link between diet and health outcomes, guiding them toward healthy eating habits for the entire household.

By providing meals and snacks to children, child care providers helped reduce families' food expenses, as well as their cost of meal/snack planning and preparation time and effort.

By offering meals and snacks through the food program, providers helped ease financial burdens on families. Many providers found that offering meals was a strong incentive for new enrollments, as parents actively sought programs where they would not have the added expense of buying daily meals and snacks. Child care providers reported that this was particularly beneficial for families in lower-income areas, where every saving, such as on food costs, could make a substantial difference in their household budgets. The program ensured that children received nourishing meals without parents having to allocate their limited funds, as one OST provider shared:

"I think one of the benefits that I've seen, especially with my kids, is that it's low stakes for them to try something different. If they don't like it, it's not like mom has wasted dollars and cents to feed them ... And I find that kind of helps with a lot of our kids. I have some kids that don't eat. And so when they take a meal and they pick through it, if they eat a little bit, it's helpful for parents because they can kind of pick and choose what's working and what's not working and they don't lose out on the dollars that they desperately need to keep in their pocket."

Roundtable participants reported that by providing meals and snacks through the food program it also substantially reduced the time and effort families spent on meal planning and preparation. Parents appreciated not having to pack multiple meals and snacks each day, which was especially valuable during busy summer camps or for families with infants who required specialized foods. For instance, one licensed family home provider shared, "[My] parents like the fact that they don't have to bring infant food for their infants either. So that is something that the parents rave about when you're on the food program. They don't have to worry about their infants needing to be or bringing food for them at all because we provide that too."

Child care providers recognized that in today's fast-paced world, parents had less time for these daily tasks, making the on-site meals and snacks a significant convenience. This allowed families to dedicate more time



to other priorities, because they knew their children's nutritional needs were being met with less at-home effort.

GETTING STARTED WITH CACFP

Home-based providers initially became aware of CACFP through state or sponsor contacts. While the level of ease in enrollment varied, personalized assistance from sponsors helped ease the enrollment and onboarding process.

Many home-based child care providers that participated in the roundtable reported initially discovering the CACFP during the early stages of establishing their child care services, such as during their licensing orientation sessions where program information and enrollment documents were made available. Providers recounted receiving details about CACFP during these initial training and meetings, which introduced them to the different sponsors. One licensed family home-based provider shared, "I went through my orientation and then they had the paperwork there... I believe I contacted the food program at the time. They gave you information on each one that was available. And I just picked [a sponsor]. And I've been with the same one ever since."

Beyond orientations, state agencies and program sponsors actively recruited providers, distributing information through mail or engaging directly with individuals to assist with the enrollment process.

In contrast to many home-based providers, roundtable participants from child care centers (including OST providers) largely reported learning about the CACFP upon being hired or when assuming administrative responsibilities within their center. In these cases, the program was an established part of the organization's operations, requiring new administrators to familiarize themselves with its procedures and benefits as part of their duties. As one center director stated, "I kind of inherited the program when I took over as the executive director..."

Enrollment in the food program yielded varied experiences for roundtable participants, ranging from highly supportive to somewhat challenging. Many providers who received direct assistance from sponsors reported a very "seamless" or "smooth" onboarding process. Home-based providers particularly valued the personalized guidance, noting how sponsor representatives would visit their homes to help them complete the necessary paperwork and provide training. This direct, hands-on support made the program initiation feel simple and manageable, with one family-based provider explaining, "[The sponsor representative] came to my daycare and went through all of the paperwork with me on how to fill it all out.... They've always been very helpful... but the paperwork itself and getting started was very simple."

However, some participants also encountered difficulties during enrollment, primarily citing an overwhelming volume of information and extensive paperwork. Some found the sheer amount of documentation daunting at first, feeling a significant responsibility to manage it all, especially in larger organizations with numerous centers.



Providers expressed that even when support was generally available, the initial flood of details and documentation was a considerable learning curve. There was also a feeling that the information presented could have been better organized, with some materials feeling redundant or unnecessary.

For some providers, implementing a new digital platform to manage CACFP posed challenges. A licensed home-based provider shared the following about a technology change:

“And that [new] one, I'm still trying to learn.... I know how to do all the food stuff and all of that, but then when anytime it has anything to do with kid enrollment, parents, any of that paperwork stuff, I still don't get it. I still don't understand it. I think it's too complicated, but I'm learning.”

CACFP reimbursements significantly incentivized uptake, although child care providers identified several non-financial attractions, such as improved provider and family food and nutrition.

The prospect of receiving financial reimbursement for meals served emerged as the primary draw for many roundtable participants, particularly those operating as licensed-exempt providers (LEPs). Generally, all roundtable participants were strongly motivated by the opportunity to offset the expensive costs associated with purchasing groceries and preparing food for the children in their care. Being compensated for meals, especially those that they were already providing, was seen as a substantial benefit, offering a welcomed financial relief. One LEP said, “...the thought of getting some assistance with the cost of the meals and the food really was an attraction because I was spending quite a bit of money on food on feeding the children.”

Beyond the financial incentives, a significant draw for many providers was CACFP's strong emphasis on promoting healthy eating habits for children, especially benefiting those from low-income families. For some, particularly providers with little information on healthy eating, the program offered accessible and valuable education on proper nutrition. They looked forward to and appreciated gaining insights into balanced diets, appropriate portion sizes, and suitable foods for various age groups, from infants to teenagers. In addition to the appeal of reimbursements, a license exempt provider explained that:

“I also [enrolled] because there's a lot of tutorials and just information on healthy food and what you can provide for the different age groups of the children and how much you're serving of each one. Because I feel like even though I'm really good with the healthy balance, it was interesting to see how much a toddler would eat and how much an elementary school, a five-year-old between a 13-year-old [would] eat. So it was really helpful for me [because of] all the tutorials that you could join to learn different aspects of the program.”

Additionally, providers were also significantly drawn to the food program due to its financial and food security benefits for children and families, particularly those from low to middle-income households. Providers appreciated being able to alleviate some of the strain on parents by covering the costs of nutritious



meals. One licensed family provider shared, "...a lot of my parents... struggle [to] provide for their children and financially pay for child care. So, [enrolling in the food program] was one thing I could do for them to help ease their pockets and provide their children with healthy foods and food nutrition."

PROGRAM REQUIREMENTS AND COMPLIANCE

License-exempt providers identified one specific compliance activity as the most burdensome requirement of CACFP participation – the unannounced sponsor home visit.

LEPs found the unannounced sponsor home visits particularly challenging due to the unpredictable nature of their caregiving roles. Many of these providers cared for relatives, like grandchildren, on varied and often complex schedules. This made sudden outings to parks or running errands common occurrences. Yet, the prospect of an unannounced visit created a feeling of being "tied down" and unable to easily engage in activities with those in their care for fear of missing a visit or having a sponsor observe during an inopportune time. One LEP explained:

"So, in some days I have them [children] for lunch and some days I have them for dinner.... And so [sponsors] have to observe like a lunch and a dinner. And it's just like, I don't know which days I'm going to have them for dinner. [The parent's] schedule changes every week. I don't know which days I'm going to have them for lunch."

The program requirement that providers notify sponsors when away from home also presented challenges for some LEPs. Their daily routines often involved multiple short, sudden trips in and out of the house, making it burdensome and impractical to constantly text or inform their sponsor every time they left. Some LEPs felt this expectation blurred the lines between their more casual, familial caregiving setting and the more rigid structure of a child care center.

LEPs felt their unique role as relatives should differentiate them from other providers, allowing for more flexibility. The constant need to communicate their whereabouts created a fear of negative repercussions or misunderstandings with their sponsors. One provider explained, "I'm just thinking we should be different from a child care center, because we're relatives. So we may have the kids for a long time or whatever time. And when I don't have them and [the sponsor] decides to pop up because the schedule can be iffy, I feel bad... I don't want it to be any miscommunication."

The challenges associated with unannounced home visits ultimately led to two LEPs that participated in the roundtables to withdraw from the program. Both providers expressed that the constant need "to always be there and available" outweighed the benefits of the program, despite acknowledging its helpfulness.

Child care providers found reimbursement levels increasingly inadequate to offset the food costs, especially as prices continued to rise.

Child care providers raised significant concerns about the low reimbursement rates, especially given recent inflation. Several licensed family home providers, for instance, explained that their reimbursement amounts



did not cover the actual costs of groceries, especially for fresh produce, leading some to consider using more affordable, less preferred options like canned goods.

The inadequacy of the reimbursement rates, particularly those of the lower reimbursement Tier II, meant that even when offering multiple meals and snacks, provider could struggle to break even. For example, as one LEP explained:

“The reimbursement rate does not even come close to what you're spending on a meal especially when you're making a meal for four plus.... I usually do serve eggs for breakfast, but lately, it's like, ‘Oh, do I really want to serve eggs?’ It's so expensive to be making those. Because I did price breakdown between breakfast, lunch, and dinner and I haven't even come close to what the reimbursement is for breakfast, lunch, or dinner.”

The CACFP’s inflexible rules governing the reimbursable number, timing, and location for consumption of meals and snacks did not meet the realities of child care provision or children’s eating patterns.

Providers explained that the strict windows for serving meals and snacks were often impractical, as children’s hunger didn’t adhere to a precise schedule. There was also a frustration that only a limited number of meals were reimbursable, despite many providers serving additional snacks or meals to accommodate varying arrival times, longer operating hours, or children who simply ate more than others. As one licensed family home provider shared,

“I do love what we get reimbursed for, but I know I feed my kids way more than breakfast, lunch, and one snack. Normally, we probably have three or four snacks throughout the day.... So, it would be nice if sometimes you could get reimbursed a little bit more for things like that [differences in how much kids eat] or even like the school age kids because they eat way more than a two-year-old does.”

Furthermore, the inability to claim meals consumed off-site, such as during a picnic at a park, or to allow children to take leftover or recently served food home, for example, when parents arrive for pick-up, further restricted providers’ flexibility and ability to maximize the program’s benefits for the children in their care.



Providers participating in the food program faced substantial administrative and paperwork burdens.

Compliance with CACFP paperwork mandates required providers to manage a wide array of data points related to food, attendance, and family income. A significant burden stemmed from attendance records, particularly for some OST centers, where inconsistent attendance and participation information made accurate tracking difficult. Additionally, providers found it tedious to maintain both general attendance and meal attendance. The sheer volume and complexity of required forms, including those for family income that parents found confusing or declined to fill out, added to provider frustration. One center director shared the following:

“The challenge is that there's just an incredible amount of paperwork... [and] keeping track of [it] and doing that well.... I would say our [initial onboarding assistance] supported a lot of the training on how to set it up and to do it as streamlined as possible. Without that [support], with somebody who is really more of a black and white, I think we would've really struggled to get it set up and really stay ahead of all of the different parts of the work.”

Specifically, larger centers and those managing multiple locations faced significant administrative burdens, as they needed centralized and standardized systems to ensure accuracy and consistency. Staffing shortages exacerbated the issues, as employees, particularly in centers with high child-to-staff ratios, struggled to manage point-of-service meal counting simultaneously with their other child care responsibilities. The rigorous nature of compliance checks and the necessity of having designated staff for meal counting across multiple meal services also added considerable operational complexity. While some centers utilized technological solutions to streamline attendance and meal tracking, the overall amount of required paperwork, coupled with turnover necessitating continuous cycles of training staff on detailed program processes, remained a daunting challenge.

Even as technology helped some providers, it introduced new complexities for others. Some roundtable participants expressed significant challenges with recordkeeping and reporting burdens due to the introduction of new or altered technology. These challenges were particularly difficult for providers who preferred hands-on training over digital instructions and when there was not adequate notice of the change.

Child care providers experienced a range of challenges meeting CACFP-required healthy foods and beverages.

Roundtable participants stated that they often faced significant hurdles in providing nutritious meals as required by the CACFP, primarily due to the quality of available food and the time to procure it. For example, some providers reported produce that spoiled quickly or was already damaged. One OST provider shared the following:



"... I'm really seeing [food spoiling] more and more in the most recent days. Bananas don't last. Apples come and they're -even if it's bagged- half of them are gone. Oranges turn quicker than I can want to imagine.

The amount of time required to procure food also presented as a challenge. For some providers, grocery shopping for their program was a time-consuming task, often taking up an entire weekend for purchasing, storing, and preparing meals. This time commitment took away from personal and family time, and providers were also not compensated for these hours.

For food providers in rural and underserved communities, the challenges of sourcing nutritious foods were compounded by limited access to a variety of stores and fresh options. These providers often had a small number of local grocery stores, which frequently carried a limited selection of items, making it difficult to offer different types of meals. Additionally, when specific dietary needs arose, or a wider range of higher-quality products was desired, providers had to travel significant distances – sometimes ranging from 45 minutes to two hours or more – to larger towns or cities.

This increased travel time and associated costs, in addition to higher prices at their local stores, made the consistent provision of varied and nutritious meals even more of a formidable task for some providers. One center director, located in a rural area, explained, "It takes [one of our centers] at least two hours to come to town where they have more options.... It's harder to do that. Then, the cost is much higher because they are in such a rural, small area. So, getting certain things sometimes is difficult."

Child care providers faced challenges meeting required meal patterns while accommodating children and family needs or preferences.

Roundtable participants frequently encountered difficulties in accommodating specific dietary needs and family food preferences; some of these challenges were compounded by conflicting meal pattern requirements for the CACFP. For instance, one provider often had to make multiple trips to ensure they had fresh ingredients for children with vegetarian or vegan diets. Other providers experienced challenges managing various allergies, such as dairy or nut allergies, which limited food choices and required careful meal planning. Additionally, providers faced a balancing act with milk alternatives; while some families requested specific types like lactate milk, almond milk, or goat milk, obtaining the necessary medical documentation (as required by CACFP in order to receive reimbursement) was problematic. For one center director, this led to family dissatisfaction, as they shared, "It's such a challenge to have them go to the doctor because it's just like a family preference and without that doctor documentation that there's a reason why they need this extra special milk, the families get a little irate sometimes because they just want to bring in what they want to bring in."

In another instance, a center director explained the particular difficulties of accommodating individualized needs for infants. Providing for infants proved challenging because of their limited food options and the complexities of managing different feeding methods. While the center supplied a base formula, many



mothers opted to breastfeed their infants on site, adding a layer of logistical difficulty for staff who had to record and document these instances of point-of-service, which was often missed. Additionally, transitioning infants from baby food to solid food at the one-year mark also presented difficulties, since some parents claimed that their “kid is not ready for regular food” and preferred they stay on baby food longer. Not only did this lead to time-consuming and complex tasks for the center, but it also led to issues with reimbursement since the child wasn’t recorded as eating regular food.

These individualized needs and preferences also resulted in significant food waste for providers. For example, roundtable participants described how they struggled to find specific milk types, like 1% lactose-free milk, in their local areas, sometimes traveling long distances only to have children refuse to drink it. According to one roundtable participant, providers might serve milk to meet reimbursement requirements to children (e.g., older preschoolers), who the provider knew simply would not drink it, thereby forcing providers to discard it at the end of the meal. Throwing away good, albeit unconsumed, food frustrated many providers who disliked waste but felt compelled to meet program guidelines. As one LEP shared:

“I don't have an issue finding the milk. The child that's in my care will not drink [the milk]. But like the others have said, I still present it and it's just so much waste. I feel so bad about pouring out a half a gallon of 1% milk, but that's what I do in order to meet the guidelines.”

STATE AGENCY AND SPONSOR SUPPORT ROLES AND RELATIONSHIPS

Overall, roundtable providers enjoyed strong, productive relationships with sponsor field staff; home-based providers especially seem to see these not only as professional but personal relationships.

Roundtable participants consistently reported positive relationships with CACFP sponsor field staff. Many home-based providers described their assigned staff as highly knowledgeable and readily available to answer questions, even responding to inquiries outside typical work hours. Providers appreciated how they interacted kindly with the children in the provider’s care, sometimes even engaging in activities with them. For instance, one group home provider shared, “Our sponsor [staff person] has been great.... last time she was here, we were making pizza all together. So, the kids were sitting at the big table with us, and she came in and it was cute because she was kind of helping with the pizza.”

Providers also valued the personable nature of sponsor field staff, who took an interest in their lives and approached discussions with helpfulness rather than a demanding tone. This supportive and responsive approach made visits enjoyable and contributed significantly to the highly positive experiences providers reported. Another group home provider shared,



"I enjoy when [my sponsor staff member] comes. She always has lots of information. She's not somebody that pushes stuff down your throat. Or, if you're doing something, and she'll be like, 'You should try this.' She's very nice about it. And she doesn't make you feel like, 'Oh my gosh, here comes the food lady!' I don't have that. I'm like, 'Oh my gosh, [she's] here!'... And you enjoy them. And it's not, 'Oh my gosh, here we go' kind of a deal. So, she is doing her job [and as] far as I'm concerned, very well."

Child care providers valued sponsors for their educational services and materials and for their technical and program assistance.

The roundtable participants appreciated the services their CACFP sponsors provided, specifically educational content and materials. Materials were used by providers to help them plan activities for the children in their care and for operational purposes like tracking attendance or managing expenses. In particular, providers valued handouts containing nutrition guidance, which they often made visible to parents. One licensed family home provider shared, "I love working with a sponsor... The worksheets that she brings [have] tons of information in them. I usually hang them on my bulletin board for my parents to see, especially the ones that have good nutrition information for their kids."

Roundtable participants also praised sponsors for the comprehensive technical and program assistance they consistently offered. Roundtable participants found sponsors helpful and attentive, actively helping providers deal with administrative issues such as online form submission. Sponsors also ensured providers were kept informed about new program information and clarified any areas of confusion. One licensed group home provider shared the following:

"I like when [the sponsor staff person] comes... if there's anything that's new, she mentions it. Or, she always asks me if I have any questions on anything or whether I'm confused about anything or if I know what I'm basically needing to know.... She's always there to help. Always. And if she doesn't know, she'll tell me to call [the appropriate agency]. And I like that because sometimes I've had to do that too."

Additionally, sponsors supplied all necessary documents for distribution to parents, and they provided crucial reminders about daily tasks like menu planning and the possibility of unannounced compliance visits. The consistent and accessible support was instrumental in helping providers efficiently manage their participation in the CACFP.



Child care providers from centers and OST programs that work directly with MDE rather than a sponsor, reported supportive working relationships with and valuable assistance from state agency staff², although they reported that compliance activities sometimes varied by staff member.

Roundtable participants from centers and OST programs that operated CACFP without a sponsor, frequently expressed positive sentiments regarding their interactions with state CACFP staff. They often described receiving strong support and assistance from their assigned analyst/consultant, typically viewing their reviews as a valuable learning opportunity rather than a stressful inspection. These state agency representatives were consistently responsive to inquiries, providing timely answers and a multitude of helpful resources.

Many of the centers and OST programs that worked with state agency staff appreciated their encouraging and supportive approach, which helped them navigate challenges while also maintaining program compliance. One OST provider shared the following:

"I think my relationship, our relationships with our state representatives, has been amazing ... [state analyst] was my analyst for years. He's no longer but he was amazing. He was [a] great source of information and resources and that has been amazing. I really don't have a bad thing to say other than once you get past the whole, 'Oh my gosh, the state's here!' They really are here to help ... and encourage you and help you overcome any obstacles that are being presented while still keeping the integrity of the program."

Some centers and OST providers that worked directly with MDE reported that individual staff members applied regulations in different ways, occasionally causing confusion, as what one reviewer overlooked, another might scrutinize. Providers from centers and OST programs also encountered situations where adherence to rules led to corrective action plans for perceived minor infractions.

² Center-based providers may participate in CACFP through a sponsor or directly with the state agency responsible for CACFP administration, MDE.



Recommendations

The CACFP is largely governed by federal law and administrative rule. However, Michigan has some leeway in how they administer the program within the bounds of federal rules, and states may sometimes request a federal waiver of statutory or regulatory CACFP program requirements. Further, because CACFP's implementation relies on local providers' voluntary participation, these actors may affect policy change through their own decisions, practices, and processes.

Roundtable participants offered many suggestions for positive program changes from the provider perspective. Although these ranged from specific changes in particular rules to more significant changes in fundamental policies, they may be organized by the following overlapping categories.

Program Information and Requirements

- Modify or eliminate unannounced or “pop-up” home visits, perhaps as a set of requirement changes tailored to LEPs (and perhaps family home-based providers), and the nature of their child care work and context.
- Introduce more flexibility in required meal patterns and menus for children with allergies or low tolerances for some foods/beverages, especially milk; this might include allowing substitutes of similar nutritional value, even if procured, prepared, or served in different forms or as ingredients in other foods/beverages.
- Increase the number of reimbursable meals and snacks for children in care for longer periods of time per day; and relatedly, permit more flexibility in requirements for keeping track of which and when children in varying but overlapping periods of care may be served meals or snacks.
- Reimburse for the number of meals properly ordered and not only for the number claimed; similarly, eliminate the loss of reimbursement for an entire meal when only one food portion is not eligible.
- Align CACFP requirements with those of other school-based food and nutrition programs; perhaps allow waivers of program requirements when a provider is participating in multiple programs, including as applied to vendors and especially given local challenges obtaining certain required foods/beverages.
- Improve form and requirements for completion of annual, universal or “all-in-one” CACFP application.
- Provide more information to providers about program benefits and requirements so they may counter misperceptions of and promote access for peer providers.

Absolute and Tiered Reimbursement Levels

- Keep reimbursement levels in line with food cost increases.
- Eliminate the tiered reimbursement rates as food costs and nutritional requirements are the same for all children.
- Consider integrating families' WIC or other food program benefit with CACFP-participating provider costs, particularly for children in care for much of the day.



- As with GSRP for pre-school children, consider extending direct state funding to providers of infant-toddler child care currently participating in CACFP.

Provider Supports and Technology

- Allow more paperwork to be completed online (as opposed to by hand), including initial program enrollment and onboarding, use of remote technology for at least some monitoring and compliance activities.
- Introduce, and where now present, improve on a “universal,” standardized smart phone or other mobile app that could be used for all CACFP recordkeeping and reporting.
- Provide more mandated training online and via virtual platforms due to extended travel times necessary for in-person attendance.
- Increase and improve state-offered CACFP training, including tools and content; integrate through MiRegistry CACFP training and professional learning credit with other provider training/professional learning.
- Increase state CACFP staffing capacity to provide timely responses and individualized assistance, and to encourage new provider access and participation.
- Improve ease with which parents may complete income eligibility forms and help providers track individual parental status in the process of completion and reapplication.
- Provide more advance notice of and information on program changes from higher, especially federal, policymaking levels.
- Particularly if reimbursement rates are not increased, provide additional and improved information on how to prepare meals that satisfy program requirements within a reasonable provider budget.



Conclusions

Across roundtable sessions, two strong themes emerged when participants introduced themselves with a brief summary of their CACFP experience. First, overwhelmingly, providers expressed a positive experience with and support for the CACFP founded primarily on program reimbursements, educational benefits, and support for providers to help families. For example, one family home-based provider shared:

“And to sum up, it has helped me financially. It has helped the children stay on course with their nutrition.... And it has eased the parents’ mind about how well that their children are being taken care of here at my daycare.”

Second, while primarily benefitting from program participation, most providers at the same time acknowledged negative aspects of their program participation experience, largely stemming from what they saw as inflexible requirements and burdensome paperwork.³ Thus, in one OST provider’s pithy expression, “impactful and somewhat confusing.” More specifically, according to two other center providers:

“I think it’s a great program. I think it’s fabulous to be reimbursed. I think meals are important for children. I do think that a lot of the paperwork and monitoring responsibilities can be very overwhelming.”

“I have nothing but great things to say about it. ... [Y]es, the paperwork can be a little overwhelming sometimes.... Sometimes even getting the different requirements like sugar counts and everything like that for cereal and yogurts, that sometimes is hard at our local grocery stores. But I like everything to do with the CACFP.”

Toward the end of each session and consistent with their initial comments, providers indicated that, despite the same sorts of challenges, they continued participating in the CACFP because of the program’s distinctive benefits.⁴ For example, one group home-based provider identified her “main reasons” for program retention were “[t]he healthy foods I serve, the nutritional facts, and the money that offsets the costs for groceries....” A somewhat more detailed explanation came from a center provider:

³ Only one or two participants providers began a session with a negative first comment.

⁴ Only two LEP participants indicated dropping their participation altogether.



“I think the main reason is for the children and the families, and they’ve benefited quite a bit from it. The aspects of healthy meals, and it is a draw financially, yes. But I think the main reason is for the children and the families, and we will definitely continue.”

Finally, all providers responding to the question would recommend CACFP to others for the same reason, some adding that the individualized support from sponsor staff contributed to their recommendation. While participant recommendations might refer to program challenges, in the end, as one LEP put it, “I would definitely recommend it because I feel like the pros outweigh the cons, definitely. It’s very beneficial to be on the program.”



Methods

To gather insights on how to increase provider participation and retention in the CACFP, PPA conducted six virtual roundtables with child care and out-of-school-time (OST) providers between May 13 and May 23, 2025. Roundtables covered CACFP awareness, access, benefits, and challenges. Each session lasted approximately 1.5 hours and was facilitated by a PPA researcher, with another staff members supporting logistics and note-taking. The roundtables were organized into the following groups:

- Family home-based providers
- Group home-base providers
- Child care center
- Out-of-school-time provider
- License-exempt relative-care provider

RECRUITMENT AND SAMPLING

PPA generated random samples of providers to invite to participate in the roundtables for all provider types except for license-exempt providers. The random samples were stratified by provider type and region. For the first round of invitations, 100 providers per provider type (25 in each of the 4 regions) were contacted via ECIC-branded Survey Monkey email invitations per roundtable. For centers, sampling was doubled. Two hundred centers were initially invited to participate in the roundtables with the intention to recruit for two distinct roundtables (those with and without sponsors). However, due to recruitment challenges, the research team ended up conducting two roundtables each with a mix of centers with and without sponsors. If the desired number of providers did not sign up for the roundtables, more stratified random samples were drawn and more providers invited to participate.

To recruit license-exempt relative care providers, an invitation was sent out to all LEP providers through the Office of Early Childhood Education, MiLEAP. For the OST provider roundtable, MASP helped to recruit within their networks when response to randomly sampled providers was low.

Providers were asked to register their interest in a Survey Monkey form. Statements about confidentiality and privacy were provided during registration, where consent was also given.

The research team aimed to invite sixteen participants per roundtable to allow for no-shows, with the goal of having 6-8 participants per session. When more than 16 participants registered their interest in participation, selections were made to maximize variation across regions and other key characteristics. Evening sessions were scheduled for family/group homes and license-exempt providers; daytime sessions were scheduled for centers and OST providers.

Selected participants received a Zoom calendar invite and follow-up reminders. Providers not selected were informed and placed on a waitlist. Each selected participant who completed the session received a \$100 electronic gift card.



The sessions were recorded. Audio recordings 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).

PARTICIPANT CHARACTERISTICS

The following tables show participating provider characteristics. Provider types are mutually exclusive in the following tables. Only providers that participated in the out-of-school time (OST) roundtable are counted as OST providers, even though participants in the other roundtables may also provide care during out-of-school time. Similarly, participants in the OST roundtable were not counted in the other categories, even though they may also provide child care as a family or group home or center. These “cross-over” characteristics were not formally tracked or reported on in this study.

TABLE 1. CHILD CARE PROVIDER PARTICIPATION BY TYPE OF PROVIDER

ROUNDTABLE	NUMBER
Family home	12
Group home	9
Child care center	12
License-exempt relative-care provider	7
Out-of-school-time provider	9*
Total	49

*1 of the 9 participants only participated by chat and did not stay for the entirety of the roundtable.

TABLE 2. NUMBER OF CENTER ROUNDTABLE PARTICIPANTS BY CACFP SPONSOR USE

CHARACTERISTIC	TOTAL
Use a sponsor	3
Don't use a sponsor	9

*This table does not include OST providers, family home, group home, or LEP providers. Family and group home providers and LEPs are required to use a sponsor.

TABLE 3. NUMBER OF PARTICIPANTS BY REGION

REGION	NUMBER
Southeast	9
U.P. and North	13
East	7
West	13
Unknown (LEP providers)	7
Total	49



TABLE 4. NUMBER OF PARTICIPANTS BY RACE AND ETHNICITY

RACE AND ETHNICITY	NUMBER
White	34
Black/African American	9
Hispanic/Latino	1
Asian	1
Biracial or Multiracial	1
Prefer to not answer	3

TABLE 5. NUMBER OF PROVIDERS THAT CARE FOR CHILDREN WITH THE FOLLOWING CHARACTERISTICS

CHARACTERISTIC	TOTAL
Special needs/ disabilities	24
Speak a language other than English at home	15
Participate in the CDC scholarship program	20
None of the above	15

This information is self-reported and may not capture the full number of providers that care for children with these characteristics.

Time participating in the CACFP program:

- Range: 1 to 40 years
- Mean: 15.16 years
- Median: 10 years