

A Safety Net Unraveling: Feeding Young Children During COVID-19

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The emergence of COVID-19 in the United States led most states to close or severely limit the capacity of their early child-care and education (ECE) programs. This loss affected millions of young children, including many of the 4.6 million low-income children who are provided free meals and snacks by their ECE programs through support from the federal Child and Adult Care Food Program (CACFP).

Although Congress swiftly authorized waivers that would allow CACFP-participating ECE programs to continue distributing food to children, early evidence suggests that most ECE programs did not have the capacity to do so, leaving a fragmented system of federal, state, and local food programs to fill the gaps created by this loss.

Critical steps are needed to repair our nation's fragile ECE system, including greater investment in CACFP, to ensure the nutrition, health, and development of young children during the COVID-19 pandemic and beyond. (*Am J Public Health.* 2021;111:116–120. <https://doi.org/10.2105/AJPH.2020.305980>)

As COVID-19 took hold across the United States, most states ordered early child-care and education (ECE) programs closed or severely limited their enrollment.¹ This loss affected millions of families.² ECE allows parents to participate in the workforce³ and supports children's academic readiness and social and emotional development.⁴ However, an additional and often forgotten role of ECE is that many child-care centers and family child-care homes provide healthy meals and snacks to children for free or at a reduced cost to families. The federal Child and Adult Care Food Program (CACFP) is the primary source of funds for this food.⁵

In 2019, CACFP reimbursed more than 150 000 centers and homes for meals and snacks fed to approximately 4.6 million children.⁶ Notably, because CACFP eligibility is determined at the ECE site level instead of the child level, CACFP serves both low-income children and

other nutritionally vulnerable children whose household incomes are too high to qualify them for other forms of federal food assistance.

CACFP clearly benefits young children. CACFP-participating ECE programs provide healthier meals and snacks than those served by nonparticipating programs^{7–9} and in children's own homes.¹⁰ CACFP meals and snacks also save families money and reduce food insecurity.¹¹ CACFP reimburses child-care providers in the contiguous United States up to \$6.36 per child per day in food costs,¹² allowing families to use the money that would have been spent on these meals and snacks on other essential expenses. The loss of CACFP-supported meals, compounded by loss of income during COVID-19, is likely devastating for many families.

Recognizing the potential for harm resulting from the loss of ECE-provided meals, the Families First Coronavirus Response Act,¹³ signed into law on

March 18, 2020, authorized the US Department of Agriculture to offer several waivers for CACFP implementation that will continue through the 2020–2021 school year. These waivers enable CACFP-participating programs to distribute meals directly to families through “grab and go” programs and provide flexibility in monitoring compliance and claiming reimbursements.

This rapid action allowed some ECE programs to continue providing food to children who had reduced their attendance or stopped attending. However, many ECE programs were already closed or had limited operational capacity by the time the waivers were provided. Nationwide, there was a dramatic drop in meals served once shelter-in-place orders spread across the country, with 35% fewer CACFP-reimbursed meals served in child-care centers and family child-care homes in April 2020 than in April 2019.¹⁴

For example, in Illinois, only approximately 60% of homes and 15% of

centers continued to provide CACFP-reimbursable food to children during the state-mandated shelter-in-place order. In Connecticut, approximately 80% of CACFP-participating centers closed in spring 2020, and only a small fraction of those that closed (15%) continued to provide CACFP-reimbursable food. Finally, in Rhode Island, all ECE programs were ordered closed and only two centers continued to provide CACFP-reimbursable meals. Nationwide reimbursement data and state-specific examples such as these can provide some insight into the extent of the loss of the CACFP benefit. However, because there is a lack of consistent infrastructure across states to monitor program or child enrollment in CACFP, the full impact of the loss of CACFP-sponsored food on children and families may never be known.

ECE programs' limited ability to feed young children during COVID-19 is a result of a cascade of vulnerabilities in our nation's ECE system. First, most ECE programs are privately funded and operate on razor-thin margins. COVID-19 led to not only ECE closures or dramatically reduced enrollment limits but also unprecedented unemployment among parents and fear of sending children to group child care even if available. The resulting loss of tuition for ECE programs meant that many programs had to lay off employees,¹⁵ leaving little or no staff to assist with food distribution.

Second, the demographic makeup of our nation's child-care workforce, particularly individuals who own family child-care homes, substantially overlaps with populations at high risk for COVID-19. Child-care workers are more likely than the general population to be Black and of older age, and the prevalence of underlying chronic health conditions is

higher among these individuals.^{16,17} Some providers, therefore, closed or limited enrollment beyond state restrictions to protect their own health and the health of their employees.¹⁸

Third, CACFP reimbursements do not fully cover food costs,¹⁹ and unlike school food programs the reimbursements do not cover administrative expenses such as compliance paperwork, staff training, menu planning, food procurement, and meal preparation and disbursement. Without tuition revenue, many ECE programs simply do not have the financial or human resources to obtain food and distribute it to families, even with the promise of eventual reimbursement.

Federal, state, and local initiatives have filled some of the gaps in food access that resulted from scaling back ECE programs, but by no means completely. In many communities, families with young children are being directed to school district-operated food distribution programs. There are many advantages to relying on school districts to distribute food; for instance, unlike most ECE programs, school food service operations typically can purchase and safely distribute grab-and-go meals to large numbers of families. However, challenges with relying on school districts to feed young children also exist.

As an example, families with young children who are not yet in school may be unaware of such services or uncomfortable receiving food from schools. Recent estimates indicate that only between 11% and 36% of low-income school-aged children participated in school meal distribution programs during spring 2020²⁰; participation among families with younger children is likely even lower.

In addition, schools provide meals through the National School Lunch

Program (NSLP) and the School Breakfast Program (SBP). The nutritional requirements for these programs align with the needs of school-aged children, not infants and toddlers. CACFP reimburses providers for infant formula and infant and toddler food, whereas the NSLP and SBP do not offer reimbursement for distributing these more expensive items.

Finally, and perhaps most important, it is financially unsustainable for school districts to be the primary source of food for all children in their communities. School districts providing families food under the NSLP and SBP are not reimbursed for meals provided to young children. As COVID-19 spread, many districts transitioned to working under the Summer Food Service Program and the NSLP Seamless Summer Option, which do reimburse districts for meals for young children; however, the expense of providing families meals safely still far exceeds reimbursement rates. As a result, school districts that have worked to ensure that food is available and accessible for all who need it have amassed millions of dollars of debt.²¹

Outside of school food distribution, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which provides supplemental foods for pregnant women and children 5 years or younger who meet income eligibility requirements, can partially fill the gap left by the loss of CACFP-supported program closures or enrollment restrictions. However, WIC's monthly benefits are limited, valued at less than the replacement value of CACFP for children 1 year or older.²² In addition, families who participated in WIC before COVID-19 already account for the benefit in their food budgets. Families newly eligible may not be familiar with the program and, in

particular, may not realize that this federal food program does not assess immigration status. Finally, families served by CACFP may not be eligible for WIC benefits if their household income is above 185% of the federal poverty line or their children are older than 4 years.

In short, COVID-19 has caused an unraveling of the nation's ECE programs and access to CACFP-funded food, both of which are critical to young children's nutrition and families' economic stability. The effects of this unraveling will continue beyond the present, as states navigate reopening and continued high rates of COVID-19, and will be disproportionate among our nation's most vulnerable families who do not have the resources to compensate for these losses. To begin to repair the safety net and help families with young children avoid food insecurity, we recommend the steps outlined subsequently.

IMPROVE EMERGENCY FOOD ACCESS

Although many communities acted quickly to increase food access among families with young children, soaring food insecurity rates²³ suggest that these efforts may have been insufficient. Given the fragility of the ECE market system and the workforce, expecting ECE programs to be a significant source of food support for young low-income children during a pandemic is untenable. New, creative models are needed to ensure that families with young children who have lost access to CACFP have sufficient food now and as we move forward toward a "new normal" of unprecedented unemployment and limited ECE opportunities. These solutions must provide families with age-appropriate food of high nutritional quality for their children.

One approach to ensuring access to nutritious meals during ECE closures is to expand the Pandemic Electronic Benefits Transfer (P-EBT) program to consistently serve children 5 years or younger. Motivated by the rapid, nationwide closures of schools owing to COVID-19, the Families First Coronavirus Response Act¹³ authorized the disbursement of financial assistance via P-EBT to families whose children were no longer receiving free or reduced-price meals at school. A very limited number of children enrolled in ECE programs received P-EBT despite no longer receiving federal nutrition assistance through CACFP either because of state-specific implementation of the law or because their ECE program had been reimbursing their meals through the NSLP, not CACFP. However, early evidence suggests that the vast majority of young children did not receive this benefit. Future uses of P-EBT for the COVID-19 pandemic or other emergencies should make explicit that P-EBT will serve all children participating in federal nutrition assistance programs in school (NSLP or SBP) and ECE (CACFP) settings alike.

IMPROVE ACCESS TO THE PROGRAM

Despite the essential role that CACFP plays in feeding young children and the financial stability it provides to ECE programs and families, the program is underused. Barriers to ECE programs' participation in CACFP are well known. Programs report that the CACFP administrative requirements are too burdensome and reimbursements too low to warrant participation.²⁴ Administrative conveniences that exist for school meal programs, such as the community eligibility provision that eliminates the burden of collecting eligibility

applications from low-income families, do not apply to CACFP. Eligible programs may also not know about CACFP or their eligibility. For example, 52% of non-CACFP child-care centers in Connecticut are not aware of CACFP even though state licensing regulations require them to adhere to the program's nutrition standards.²⁵

As we rebuild our economy and food systems within the United States, funding for CACFP must be prioritized. Efforts are needed to support outreach and expansion grants, reduce administrative burdens, extend eligibility to unlicensed programs, and increase reimbursement rates to fill the gap between food preparation costs and reimbursements.

One potential positive outcome of COVID-19 is that new flexibilities in administering and implementing CACFP were tested through US Department of Agriculture waivers, such as reducing reporting requirements and increasing the use of technology for program monitoring. Research exploring how states, CACFP sponsors, and ECE programs have made use of the federal waivers, and the extent to which the waivers have eased administrative burdens while still ensuring program integrity, is necessary to inform modifications that could improve program uptake and implementation.

IMPROVE THE PROGRAM'S DATA SYSTEMS

Relative to most other federal food programs, data regarding CACFP are severely lacking, limiting the ability to easily monitor program participation, conduct needs assessments, and identify effects. Although aggregated state-level data (e.g., number of meals and snacks served) are disseminated to the US Department of Agriculture, no single

source has comprehensive data on CACFP providers nationwide, their characteristics, or the children they serve. Provider-level information is also not readily available in most states and data collection systems vary widely state to state, making it challenging to assess CACFP across states or nationally. Knowing to what extent CACFP is reaching vulnerable populations, including Black and Latinx families, immigrants, and families living in rural areas, is critical to distributing needed resources, ensuring families' food security, and advancing health equity, especially during emergencies such as COVID-19.

SUPPORT EARLY CHILD CARE AND EDUCATION

Any efforts to address food insecurity and improve nutrition among children through ECE settings must begin with ensuring that all children have access to high-quality ECE. Without significant investment, such as the \$50 billion in emergency funding for ECE programs proposed in the Child Care is Essential Act (HR 7027), our country's ECE infrastructure will be irrevocably weakened by COVID-19. Beyond this initial step, ongoing support for the ECE workforce is needed to increase pay and access to benefits for providers, who for too long have been essential workers providing one of our country's most important services for barely minimum wage.¹⁷ Child Care Aware of America, a national organization supporting the ECE field, suggests several policy levers that could improve the quality and stability of the ECE system long term. For example, expanding child-care tax credits would help address the financial burden of care for families, and income tax credits for providers could help address the shortage of ECE professionals by

incentivizing them to enter and remain in the ECE workforce.¹⁷

CONCLUSION

ECE in the United States is both fragmented and fragile. For too long, we have ignored the critical role of child-care programs in promoting the health and development of young children. COVID-19 and its devastating impact on the child-care infrastructure in the United States have brought our reluctance to prioritize young children into sharp relief. Taking steps to repair our previous underinvestment in these areas is essential during the nation's pandemic recovery and beyond. *AJPH*

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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