

How CACFP-Participating Home Child Care Providers Purchase, Prepare, and Serve Healthy Foods: A Qualitative Study

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INTRODUCTION

The Child and Adult Care Food Program (CACFP) is a federal program that reimburses child care providers for nutritious meals and snacks served by child care centers and home daycares. CACFP nutrition standards are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and input from stakeholders.

Providers are paid meal reimbursements for meals that meet CACFP meal requirements. In order to qualify for reimbursement, providers must submit food production records and invoices to a CACFP contact showing the meals follow CACFP nutrition standards. Meal and snack reimbursement rates depend on provider location, according to current school or census information, and income. To participate in CACFP, providers must have a Department of Human Services registration or be a current Child Care Assistance home provider.

The purpose of this qualitative study was to understand how CACFP-participating home child care providers purchase, prepare, and serve foods. We also sought to identify facilitators and challenges to practices around incorporating healthy, CACFP creditable foods.

METHODS

We developed an interview guide to understand how home child care providers who participate in CACFP purchase, prepare, and serve foods, especially foods that are healthy and CACFP creditable. Contact information for providers who had previously participated in a nutrition intervention was provided to our team by a Team Nutrition contact at the Iowa Department of Education. Our team reached out to providers via email to ask for their participation in this project. Phone interviews were conducted with 22 child care providers. Interviews were audio recorded and transcribed. We developed a codebook, and after meeting to discuss agreement and discrepancies in our first coded interviews, two members of the evaluation team coded the remaining interviews.

DESCRIPTIONS OF DAYCARES

Phone interviews were conducted with 22 home child care providers in Iowa, each one a CACFP

participant. Providers served between five and 17 children, but most providers served 10 or fewer children. The majority of providers served both infants (as young as 3 months old) and older children (up to 12 years old).

Most providers were the sole providers of care in their home daycares, though a few had co-providers or assistants. The number of years each provider had been in business varied from one year to 30 years. More than half of participants had participated in CACFP for over five years (see Table 1). All providers had recently participated in Healthy Habits Start Early, a nutrition-based intervention program for home childcare providers and daycare centers that supported healthy eating practices and environments.

FOOD PROCUREMENT

The most common grocery shopping locations were Hy-Vee, Walmart, Aldi, and Fareway (Hy-Vee and Fareway are Midwest-region grocery chains). Some providers also regularly shopped at warehouse club stores, such as Costco and Sam's Club (see Table 2). Most shopped for groceries at least once per week, and sometimes more often to supplement their bigger shopping days. Almost all providers shopped in stores by themselves. A few had food delivered or used store pickup on occasion.

"Every once in a great while when I am in a hurry or not feeling well, I have used a grocery delivery service, like from Hy-Vee... But I have found that the produce that they choose for me is not as carefully picked as I would choose it. So it doesn't always last as well or it might not be as fresh or that kind of thing. So I greatly prefer to do it myself." [HHSE_7_02_HT]

Providers also indicated that they occasionally shopped at farmers markets, and some providers had home gardens or lived on (or had easy access to) a family farm, all of which provided alternative sources of fresh produce and healthy foods.

A wide variety of reasons determined where providers shopped for food, including cost, availability of high quality produce, availability of specific items, and location.

"I guess Fareway and Hy-Vee is probably where we get most of our meat products, because we feel like it's a better quality meat from those two places. It just kind of depends on how far we want to drive, and what's on sale, and what makes it worth it." [HHSE_6_18_HRB]

"I typically use three main stores and a lot because of the items they carry. I use Aldi because of the prices. I typically do a lot of fruits with Aldi. I do a lot of meats with Walmart because their meats are pretty reasonable... I go to Cash Saver because they have a lot of deals. I can get a lot of cereals that the children eat." [HHSE_6_13_HRB]

Most providers thought that, overall, healthy food was affordable and available in the locations where they shopped, but some effort was necessary to achieve variety.

"Fareway here in town doesn't have the hugest variety. So when I go to a bigger town I try to stretch our horizons and see what I can find that's different. So it can be a challenge, but I'm not going to say it's impossible. It's just you have to know what you're looking for." [HHSE_7.9.19_EB_B]

Table 1. Home daycare characteristics (n=20)

	N (%)
Number of children	
<5 children	1 (5)
5-10 children	17 (85)
>10 children	2 (10)
Age ranges of children	
≤3 years	4(20)
>3 years	1 (5)
Both age ranges	13 (65)
No answer	2 (10)
Number of additional staff	
None	15 (75)
1	3 (15)
2	2 (10)
Years in operation	
<5 years	5 (25)
5-10 years	4 (20)
>10 years	11 (55)
Years in CACFP	
<5 years	6 (30)
5-10 years	3 (15)
>10 years	9 (45)
No answer	2 (10)

Table 2. Food buying

Most-frequented food buying locations*	N(%)
Fareway	8
Hy-Vee	7
Walmart	4
Aldi	4
Costco/Sam's Club	4

*Percentages do not sum to a total within the given category because responses could be coded into multiple categories

DECIDING WHAT FOOD TO PURCHASE

A number of factors motivated which foods providers purchased, including what their children enjoy, what is on sale or in season, what is on the CACFP menu, and choosing “whole” foods.

“I guess I just know what the kids like and then otherwise, whatever’s in season. If there’s a good price on certain produce or meats or whatever, I just go based off that.”
[HHSE_6_12_HRB]

Every once in a while, however, some providers said that they like to purchase less traditional foods for the children to try.

“So when I’m shopping I’m like, ‘Oh, what can I do with that is out of normal for them?’ And that’s what I look for. One of their favorite things that I serve is tofu nuggets. They can’t get enough tofu.” [HHSE_7.9.19_EB_B]

When asked which food group is a priority for them, many providers said they prioritize all of the food groups.

“I don’t know that I prioritize one over another. All of those groups need to be in the meal.”
[HHSE_6_14_2019_A1_YK]

In general, providers said their budget was sufficient to purchase what the children need and want to eat. While many providers were able to estimate the amount of money they spent on grocery shopping, they often said they do not have a strict budget.

“I just know what I’ll spend every two weeks. I’ll spend probably a good \$300 every two weeks when I big shop. It just seems to work out that way, right around that. It’s so natural to me now, I don’t write it down. I know what I have to spend and I know what I have on hand.” [HHSE_7_01_YK]

When asked which foods give the best value for their money, providers most often said meat, fruits and vegetables, and grains.

PURCHASING HEALTHY FOODS

When asked, “How do you determine if a food is healthy or not?” providers had a range of definitions and ways to determine which foods are healthy, including choosing foods that are “whole,” reading labels to find foods that are low in sugar or high in certain vitamins, using “common sense,” and going by CACFP menus and recommendations. “If it’s not healthy, it’s not credited,” said one provider.

“I guess I’ve just been around the block, you know? And the Food Program—Cheryl has helped me a lot and my classes have helped me. Things I thought in the past were a lot better for them I have learned, I’ve just learned they’re not. Cereal, for instance, I didn’t think sweetened cereal was the worst thing in the world, and it pretty much is

the worst thing in the world.

[HHSE_7_01_YK]

"Then I also look to see how many things are in there that are easy to pronounce and I know what they are." [6_14_A3_YK]

Challenges

We should note that a number of providers said they do not experience any challenges when purchasing healthy foods. For some providers, cost was identified as a challenge.

"Sometimes, it's really expensive, that I think that I have to juggle and give up something that the kids might like, to make it so it's better for them." [HHSE_6_17_YK]

For others, the challenge was ensuring that foods purchased aligned with the CACFP menu, for example, fulfilling its whole grain requirements.

"Whole grain is kind of a hard thing, because not all places serve or sell whole grain noodles, and you can't really find whole grain crackers a lot." [HHSE_6_21_A2_HT]

Providers also said it can be difficult to find a variety of healthy foods.

"Finding a variety of things to keep the kids interested in the food. So it's not like, 'Do we have to have bananas again?' 'Yes, sorry. That's all the grocery store had this week.' Not that I've ever gotten quite to that, but just trying to find a variety and to keep the kids interested in the food." [HHSE_7.9.19_EB_B]

Facilitators

A few providers said that a personal interest in their own healthy eating has made it easier to buy healthy foods for their home daycare.

Interviewer: "What makes buying healthy food easier?"

Provider: "That I've started to eat it, so I pay more attention to when, like, I buy groceries for myself." [HHSE_6_21_A2_HT]

"...we've never really been junk food people. So I don't have any issues or it's not hard for me to skip over the donuts and the chips and the junk food because that's not something I buy for my family anyway... It's easy for me to buy healthy because we just don't buy junk food." [HHSE_6_11_2019_EB]

Providers also said buying healthy food is easier when there is good access to it, when it is available in bulk, when it is pre-chopped, and when it is on sale. Finally, a few providers said becoming more familiar with the CACFP program made buying healthy food easier.

"Just getting used to what I can and cannot purchase because I get used to okay this brand works here and this is here and I want these veggies and these fruits and this, you just get used to what works and you stick with it." [HHSE_7.9.19_EB_B]

PREPARATION OF HEALTHY FOODS Child participation

There were many factors that determined if children were involved in meal preparation. If children were deemed too young, or if the daycare served a wide range of ages, children were less likely to be involved in meal preparation.

Some providers made simple opportunities for child involvement with tasks such as setting the table, pouring milk, and cleaning fruits and vegetables.

"So, I would say about half the time the kids help prepare the foods. So if we're having apples, for example, somebody's job will be to get them out of the refrigerator, or somebody's job would be to wash them. Somebody who's job will be to take the bowl after I've cut it and put it on the table. If we're doing sweet potatoes... the kids get

to help peel those...Everybody gets to come help prepare it. So, I try to let them be as much of a part in preparing it as possible."

[6_14_A3_YK]

Other providers encouraged children to prepare their own meals and snacks.

"Certain days. One day, I have a make-your-own chef salad, so I'll cut up everything, put everything on bowls or plates, and they'll come around, take their plate, make their own chef salad, one at a time, then they'll sit down...Sometimes they make their own snacks. Like if we have trail mix, I let them measure it out... And if we have like a peanut butter sandwich, I have child-safe knives, and they can put their own peanut butter on..." [HHSE_7.9.19_EB_A]

Providers said that participation from the children often meant the children would be more likely to eat the meals they helped plan or prepare.

"I have found that if they have more involvement in the kitchen, then they are willing to try new things." [HHSE_6_17_YK]

"...I'm like, 'Okay, here's our five days of breakfast that I have already bought for the week. Which one do you guys want to do?' And they talk about it, and then like today, they wanted bagels and grapes." [HHSE_6_17_YK]

Preparation methods

The majority of childcare providers did some sort of preparation ahead of time either on weekends, the night before meal service, or in the mornings.

"Well, I try to get as much prep done either the night before or the morning before the kids get there. So if I can make something and get it in the Crock-Pot so it's just warming, and then we're ready to roll. Other than that, it's just like heating up vegetables and getting the fruit cut up..."

[HHSE_6.12.2019_B_EB]

Many of the providers used similar or the same equipment for meals at their daycares as they used with their own families. Very few providers indicated buying equipment specifically for their daycares. If they did, they often replaced old pots or pans or purchased additional child place settings or trendy equipment, such as an air fryer.

Providers used a variety of cooking methods. Some providers prepared foods ahead of time and then added them to a crock pot or stove to reheat. Others baked, grilled, steamed, and microwaved their menu items. Many supplemented meals with chopped raw fruits and vegetables.

"I don't cook a lot. If I do anything, I'll warm something in the microwave, if we have like a tortilla with cheese or something like that. Or quinoa or grains. You always have to cook those. But I usually cook those ahead of time without the kids, and then we'll just kind of rewarm that."

[HHSE_6_14_2019_A1_YK]

"We bought an air fryer that helps with cooking potatoes a lot faster. Other than that, I just use my oven to bake my meat and all that." [HHSE_6_12_HRB]

Influences

Overall, many providers mentioned children's preferences as the major influence to which foods are prepared.

"Well, first and foremost, it's will they eat it? Because I'm not going spend all that time making something if they're not going to eat it. But I do like to try new things...I always make sure that the new thing is paired with two other things that are tried and true and we know we love them. So you know, that way if they're eating the new thing... And I don't just give up after the first time, I usually try it three or four times

before I scrap something new.” [HHSE_7_02_HT]

Others said menus depended on if there was an outing or fieldtrip, a special activity, or a food-related lesson.

“If we have an outing, then the factor that would influence would be ease of preparation. If the intent of the day is to provide nutritional education, then it’s going to be something that’s more complicated, because I want them to all have an opportunity to prepare something.” [6_14_A3_YK]

Cost, time, and level of preparation also influenced foods prepared.

“Usually, preparation, I try and do three different meals that are a little bit more complex, then I do two easier meals, so I balance it out on the week.” [HHSE_6_12_HRB]

Challenges

Children’s attitudes were hurdles for many providers in deciding which foods to prepare.

“You know, sometimes [the children] might have, you know, they might be really tired and really hungry and so having to make it faster. So there are some days when if we’re having a particularly angry day, I might swap menus around or just make peanut butter and jelly so I can get lunch on the table quicker.” [HHSE_7_02_HT]

“I have a really picky child that is here, and he’s actually my nephew, and he’s very picky, he doesn’t really like to have any food. So it kind of depends on how I prepare the food, if I prepared it—grilled carrots, he’ll eat them, but you give him raw carrots, he won’t.”

[HHSE_6_14_HRB]

One provider specifically mentioned children’s distaste for whole grain products to be a challenge.

“A lot of the kids don’t eat the whole grain bagels and the whole grain tortillas. A kid that used to eat bagels now for me doesn’t even want them at all, so when we serve it for breakfast, they get a little grouchy by lunchtime because they didn’t eat breakfast. That’s pretty much it, just the change of taste and texture.”

Additional challenges mentioned by providers included preparation time and ensuring variety.

“Sometimes it’s easy to get stuck in a rut and serve the same things everyday. We have to serve fish once a week. We’re going to have tuna noodle hotdish every week. ...Sometimes it’s hard not to fall in that rut just to keep things new and exciting and a big variety. That seems to be the biggest challenge for me.” [HHSE_7.9.19_EB_B]

“Strawberries—we like to cut them up, so it just takes a little extra time. When we do broccoli and cauliflower, it just takes extra time because you have to cut it off the head of it and stuff.”

[HHSE_6_21_A2_HT]

Facilitators

When asked, “What makes preparing healthy food easier?” many respondents indicated preparing food ahead of time made a big difference in the trajectory of their days and weeks.

“I guess, just having it all ready, all ready to go... You know, the beginning of the week, I try to make sure I have most of the fruits and veggies prepped, as far as cut and cleaned and ready to go and everything.” [HHSE_6_18_HRB]

Sometimes, getting the children involved made preparing food easier as well.

“But when everybody’s expected to help every time it gets to the point where it’s fast

and easy, because everybody knows they have a job to do and they do it, and things get done. And because they're all participating, they're engaged, and so they're not having behavior problems, because they have something that they're responsible for. They're not just sitting at the table, making rude voices or picking on their friend, because they're engaged in the process." [6_14_A3_YK]

Other providers said that many years working in child care settings made food preparation feel like "common sense" to them. A few providers said their own healthy eating habits or a passion for cooking helped them know how to prepare healthy foods for their children.

"I love to cook, and it's not a challenge for me. I've talked to some providers, and they dislike it a lot. But I've been cooking for years, and it just comes all together. I love making things from scratch." [HHSE_7.9.19_EB_A]

FOOD SERVICE

All daycares served breakfast, lunch, and an afternoon snack, and a few offered a morning snack and/or dinner as well. Mealtime participation depended on the age of the children; if children were bottle feeding, they were less likely to be included in meal time. Some caretakers ate with their children, but this depended on if they were tending to younger children or other duties during meal times.

"I try to eat with them when possible, but if we're eating a meal that requires me to be helping the one-year-old, then I eat after them, but we all sit together." [6_14_A3_YK]

Type of Meal Service

We asked child care providers if they served their meals pre-plated or family-style. Less than half of childcare providers regularly served meals family style, which is considered a best practice by CACFP. Reasons why meals were not served family-style included fear of germs or lack of cleanliness, age range of children, and portion control.

"I personally don't do a lot of family style. I suppose that could be something that I could improve on or add. But I mean mine are all fairly little, I mean for the most part my ages are more zero to three... So it's still pretty hard for them that age to be—if I did family style."

[HHSE_6_11_2019_EB]

Some providers, however, offered certain dishes or snacks as family-style.

"Say we're having mac n' cheese, I'll put the mac n' cheese on their plates and then the side. Today we had fruit and jello. We had mac n' cheese, fruit and jello, and peas. I served the jello too but then I tried to have one of the sides do family-style. They eat it better, you know? ...I kind of combine the two." [HHSE_7_01_YK]

Menu and Satisfaction

Go-to menu items included spaghetti, tacos, pizza, and macaroni and cheese. Children especially enjoyed eating pasta, according to multiple providers.

"Spaghetti is a huge hit. Just spaghetti with just meat sauce over it. Every kid I think loves noodles." [HHSE_6_28_2019_EB]

"...they really like grilled vegetables, it's easier for them to eat it, so peppers and onions and mushrooms and zucchini. If I grill it or put it in a pasta, they really enjoy them."

[HHSE_6_14_HRB]

Tacos and pizza proved to be menu items that were enjoyed by children and worked well for self-serve or family-style eating.

"You can do a variety of things with tacos. Sometimes in the summer, and even in the winter, I just throw chicken breasts in the crock pot, with the taco seasoning and salsa. Super easy meal. They kids love it, they obviously get tomato... they could add black

olives, lettuce, tomato, avocados, sour cream, more salsa.” [HHSE_6.14.2019_EB]

“So they pretty much like pizza. That’s one go-to meal, because I can just slice it up and then we can do family style.” [HHSE_6_14_2019_A2_YK]

One provider said butternut squash macaroni and cheese was the most popular item on her menu.

“...each kid, when it’s their birthday, gets to pick their favorite meal that we cook. And the number one is almost always butternut squash, mac and cheese.” [6_14_A3_YK]

Overall, providers believed their children were satisfied with their meals, with a few exceptions. In fact, some children noted their preference for daycare food over meals provided at home. Both children and their parents had given providers positive feedback in-person or through surveys. One provider said parents sometimes even “drop in” to share a meal with the daycare.

Challenges

When asked what makes serving food challenging, providers mentioned picky eaters, introducing new foods, as well as serving family-style, which came with its own challenges such as portion control and food waste.

“Finding something they like. It’s so funny because the six-week rotation, one six-week rotation, they’ll eat something. The next six-week, oh, they decided they didn’t like meatloaf. They’re real finicky sometimes.” [HHSE_7.9.19_EB_A]

“I guess the fact that they serve themselves, it means that there’s just that portion of learning where they might take more than they should, because they think they can eat it all. And food goes to waste, or somebody’s concerned about who gets the last scoop of peas, those kinds of things. So there’s just those challenges when you allow them to decide how much goes on their plate, to a certain extent.” [6_14_A3_YK]

Facilitators

When asked, “What makes serving healthier foods easier?” participants replied that, again, preparing foods ahead of time helps a lot.

“Having everything ready the night before. Make sure the meat’s thawed, the fruits and vegetables are on the table or in the fridge and they’re ready to go, washed, and all I have to do... just cut them and get them ready.” [HHSE_6.14.2019_EB]

Exposing children to new foods multiple times in different forms was offered as a way to make serving healthy foods to picky eaters easier.

“...when I started with my crew, one of the kids said he doesn’t eat peaches. So we tried peeling the skin off of it and cutting it into bite size pieces, and he discovered he loves peaches.”

[6_14_A3_YK]

Finally, the belief that serving healthy foods is the right thing to do strengthened providers’ resolve to serve healthy food, as well as the belief that healthy eating led to better behavior among their children.

“Because it’s a better choice. It makes me feel better, knowing that I’m giving them good food.

Good food to allow them to grow, to develop, and be the best that they can be.”

[HHSE_6_17_YK]

“I just know that when we’re eating healthier foods, whole foods, my crew is ... their behavior is better, they’re able to concentrate, they’re not as snack-y. And I just, overall we feel better when we’re eating healthy food.” [6_14_A3_YK]

RECOMMENDATIONS A simple, concise definition of healthy food

Providers did not have a unified answer to the question, “How do you determine if a food is healthy

or not?" Instead, they shared a range of answers, from scanning food labels to using "common sense." However, it was clear that having an interest in and a strong instinct for what makes foods healthy facilitated certain providers' healthy food practices.

While CACFP offers numerous examples and comprehensive guides to identifying creditable foods, we recommend creating a simple, concise definition for what makes food healthy to share across CACFP platforms with providers. This would unify providers' definition of healthy foods and may be especially useful for providers who are less interested in combing through literature on healthy food practices. This could also offer a common language for providers and CACFP staff to share between one another and during trainings.

Provider-to-provider tips

Although providers expressed challenges in carrying out CACFP's best practices, a number of providers said during their interviews that they had tips they would be willing to share with other providers. They also mentioned novel ideas throughout their interviews—ideas such as preparation tips, strategies for child involvement and serving family-style, as well as child-approved recipes—that they had improvised to better fit CACFP to their daycare's needs. We recommend encouraging providers to share these novel ideas and tips with one another, ensuring there is an easily accessible online space, such as a Facebook or email group, available through CACFP to do so.

Increased financial assistance

Cost was mentioned as a challenge by providers when discussing purchasing healthy foods. One provider said,

"I don't know if you pass any comments along... I wish the Food Program would be a little bit closer on their amounts of what they reimburse. I don't feel that providers get reimbursed as to what our food expense really is. I mean, we all know that groceries go up and up, but what we get reimbursed does not go up that much."
[HHSE_6_11_2019_EB]

To the extent that it is possible, we recommend advocating for increased financial assistance for providers, specifically through reimbursements for healthy, creditable foods.

CONCLUSION

The Child and Adult Care Food Program (CACFP) reimburses child care providers for nutritious meals and snacks at child care centers and home daycares. Phone interviews conducted with 22 home child care providers showed us how providers purchased, prepared, and served foods, with a particular emphasis on CACFP creditable foods. We summarized providers' answers, and based on those results, we offered recommendations to improve the CACFP program for home child care providers.