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Serving Children Healthy Food During the COVID-19 Pandemic: Qualitative Interviews with Child and Adult Care Food Program-Participating Child Care Providers

Report to Iowa Department of Education, Team Nutrition
Winter 2020-2021

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FUNDING STATEMENT

This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

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INTRODUCTION

The early child care system has endured unprecedented challenges and suffered devastating losses during the COVID-19 pandemic. Closings, stay-at-home ordinances, capacity limitations, and increased unemployment over the course of the pandemic have all adversely affected child care providers in the state of Iowa and nationwide.¹

Meanwhile, food insecurity has increased in the state of Iowa, as the pandemic has severely impacted employment for many Iowans.^{2,3} The Child and Adult Care Food Program (CACFP) is a federally funded program that reimburses child care providers for nutritious meals and snacks served by child care centers and homes.⁴ CACFP is one way to ease the burden of household food insecurity in Iowa.

The purpose of this qualitative study was to understand how the pandemic has impacted meal service for CACFP-participating child care providers. Our aim was to identify facilitators and challenges to following CACFP practices amidst the COVID-19 pandemic. We evaluated how providers purchased, prepared, and served food to their children, and we offer recommendations for how to best support these critical providers.

METHODS

We developed an interview guide to understand how the COVID-19 pandemic has impacted how CACFP-participating child care providers purchase, prepare, and serve food. A contact from the Iowa Department of Education recruited eligible providers via email to ask for their participation in this project. Our team then contacted interested providers to schedule an interview. Four researchers conducted interviews over the phone with 18 providers. All interviews were audio recorded and later transcribed by a third party service. Our team developed a codebook to qualitatively analyze the interview data using a deductive approach. After discussing agreements and discrepancies in two collectively coded transcripts, the same four researchers individually coded the remaining transcripts.

RESULTS

Among the 18 providers whose data were analyzed, 12 operated child care homes, and the remaining 6 represented child care centers. Overall, providers maintained many of the meal-related practices they observed prior to the COVID-19 pandemic, with three major exceptions: providers increased their

use of curbside pick-up and delivery services when grocery shopping, they limited children’s participation in food preparation, and most providers discontinued family-style meal service.

Since the pandemic began, most respondents said they experienced reduced enrollment. For many, a sudden decrease in enrollment was seen at the start of the pandemic, but it slowly regained over time. Thirteen providers said they elected to temporarily close either at the onset of the pandemic or if an internal COVID-19 case required closure. Overall, many providers had been financially impacted by the decreased number of children who attended their child care center or home.

“I lost all of my income, as all the parents were sent home from work. So then I went from a full, six kid daycare to a zero kid daycare. And then after a week or so, two of the kids came back because she was a teacher and so she couldn't work from home with her children. So then I only had two kids, out of six.” (Home 1)

As shown in Table 1, most of the child care centers and homes experienced no change in number of staff, however, staff at some child care centers experienced a reduction in hours: *“There's three of us that have had our hours cut just because we're not getting the money that we need to be open.” (Center 2)* Providers who did report a decrease in their number of staff said it was out of precaution for staff members who had underlying health conditions or who were immunocompromised. A few providers hired additional help for cleaning and sanitation purposes.

Table 1. Changes in descriptors of child care centers and homes (n=18)

	N
Type	
Child care home	12
Child care center	6
Number of children	
Decreased	12
No change	6
Number of staff	
Decreased	6
No change	12
Days/hours of operation	
Decreased	4
No change	14

“But there's been a lot of extra things that I'm implementing behind the scenes to make sure that things are staying healthy and safe. Because I can't possibly keep up with it at all. I've also had to hire people to come and help me sanitize everything because there's just not enough hours in the day to do the level of cleaning that needs to happen.”
(Home 2)

The days and hours of operation of child care centers and homes did not significantly change during the pandemic. Some providers reduced their hours slightly to allow for enhanced cleaning and sanitization efforts at the end of each day. Drop off and pick-up times were altered as well to help limit the number of parents arriving at once.

Food Procurement

Nearly all home providers reported still getting food weekly from chain grocery stores such as Aldi, HyVee, Fairway, and Walmart. Child care centers reported using food distributors and school districts as major sources of food, however, they also purchased supplemental food at grocery stores. Many providers began using curbside pick-up or delivery options at the onset of the pandemic. A few providers mentioned shopping at smaller, local grocery stores. Providers also sourced local foods directly from farmers and through community supported agriculture, farmers markets, and meat lockers. Finally, food banks were a source of food for some providers who were eligible to receive free food.

Interviewer: “So can you just tell me a bit about how has your food purchasing changed since the pandemic began?”

Respondent: “I don't do a lot of in-person shopping. It's mainly online shopping now. And having them deliver to the house or going and picking it up in the evenings.” (Home 8)

Interviewer: “Yeah. And then anything that is making buying healthy food easier right now?”

Respondent: “Probably the food bank, because we're able to get fresh oranges and plums and apples from them, so we always have that. And it's actually free. Their produce is free, so that has been a blessing.” (Center 2)

Challenges

Providers described shortages of certain foods in grocery stores, especially at the onset of the pandemic, which decreased food variety and required menu modifications. One provider said, *“One weekend we actually had to load the car up with coolers and I had to go to seven different grocery*

stores just to get what we needed for that week of child care” (Home 11). Food items that were challenging to find included meat (specifically ground beef), milk, frozen fruits and vegetables, canned vegetables, bread, and baby food. Additionally, providers reported difficulties trying to find cleaning supplies for their daycare services: *“It’s not so much the food that I’ve had problems getting—no, no, but it’s cleaning supplies. That’s been a nightmare. Absolute mess.”* (Home 5)

Limitations on the number of food items that could be purchased challenged providers as well. *“Another thing that really stinks is the limit on certain canned goods,”* one provider said. *“If I have 12 kids in my care, I need at least three cans of fruit per meal. And there’s a minimum of four cans per shopping visit that you can get.”* (Home 8) This led to providers making more shopping trips and contacting multiple distributors, requiring more time and effort spent on food procurement.

Interviewer: “Since the COVID-19 pandemic, what has been your biggest challenge to buying healthy food for the children?”

Respondent: “Probably finding the food and not having to run to six different stores where I used to be able to go to one or two. So the time of finding the foods.” (Home 5)

Interviewer: “In the past few months, were there foods that you have not been able to get to because the store was out of stock, and if so, what foods were hardest to find?”

Respondent: “Yes. Large quantities of food. So if we needed milk, there was a limit on purchasing milk from our vendors, so we had to go to multiple vendors for milk. We do a lot of fresh produce, so let’s say we wanted to buy pineapples, sometimes we have to go to two vendors to get the amount of pineapple we would need instead of one.” (Center 1)

Finally, as one respondent put it, *“just trying to save money”* (Center 2) was a challenge for providers faced with increased food costs and lower incomes. Providers also noted a higher cost of using curbside or delivery services for groceries. Often, providers would acquire food from stores that offered these online services out of concern for their safety, even if that meant spending more on food they normally would find at other food outlets.

“It’s just the cost has went up... because it’s been kind of difficult when prices of the groceries go up, but my families can’t afford to keep paying more in child care because they’re struggling also. So it’s just trying to watch the papers for sales and coming up with new ideas to meet the requirements, but costing less to make.” (Center 4)

"I'm probably spending more money because I usually shop at Aldi's for my fresh fruits and vegetables, and now I'm just getting them at Walmart with all my other groceries that I need. So I'm paying a higher price for my fresh fruits and vegetables, which I usually buy at a discount supermarket, because they don't match prices and they don't do all that. So that part I pay more money for—the fresh things that I would get at a different store because the different store doesn't have curbside." (Home 1)

Facilitators

A few providers said that they were able to depend on local food systems to supply a variety of fresh foods for their children, especially over the summer. Sourcing local foods was especially beneficial when stores had a limited supply of produce due to the pandemic.

"I buy all my beef and pork from a distributor or from a farmer... We've been doing that for last 10 years. But if that wasn't something that I did prior, I would have had a very hard time finding food for my family, and I'd have a really hard time finding the right food for the daycare kids. So we would have been eating the macaroni and cheeses and the canned tuna and the cheap hot dogs." (Home 1)

Interviewer: "And what makes buying healthy food easier right now?"

Respondent: "I would say just the local farmers and just the local produce that's for sale in our grocery stores that they're able to offer. They're bringing in a lot more local, so it seems more fresh, and a lot more donations from local farmers." (Center 3)

A few providers encouraged forging a relationship with local grocery stores to make procurement easier: *"Don't be afraid to reach out to local food service providers, whether it's a farmer's market, whether it is your local grocery store. I found that they want to help you." (Home 11)*

"I called and talked with... our local health foods manager, and I just explained to her the scenario. She had seen several orders. I've been a customer for a long time for Aisles Online delivery, and I just explained to her, 'This is what I'm needing. You guys have always done great for me. Can we partner? Is there a way that I can get all this through you? You guys can benefit from having my sole everything I'm paying, you benefit from that, and then I benefit from getting everything in one place.' And she's just been a great resource to be like, 'You need it, I can get it. We'll have it available.'" (Home 11)

Although curbside and delivery options presented challenges, providers said that they appreciated the online ordering options. With curbside pick-up and delivery services providers

did not have to risk time inside grocery stores, and as one provider added, *“To have that extra hour each week... [made] life way easier.”* (Home 2)

Preparation

Most providers reported no change in preparation methods since the start of the pandemic. Of those who did make changes, a few had increased sanitation efforts during preparation and become *“more conscientious about hand washing and surface cleaning.”* (Home 4) Others, when faced with food shortages or price increases, substituted canned or frozen foods for fresh produce in their menus.

Interviewer: “Has the pandemic changed which foods you decide to prepare for your children?”

Respondent: “Yeah, we don't use a lot of... really, a lot of fresh produce anymore. I'm using mainly frozen or canned.”

Interviewer: “And why would you say you're using some more frozen or canned?”

Respondent: “Because the fresh produce has skyrocketed in price.” (Home 8)

Prior to the pandemic, almost all providers invited children to assist in food preparation. However, many providers stopped doing so due to concerns about the spread of COVID-19: *“But now I don't [let kids help prepare food] because I don't want them breathing all over it.”* (Home 1) A few providers still had children help with food preparation but followed stricter sanitation guidelines, which is discussed further in a later section.

Challenges

Time posed as a major challenge for many providers when preparing meals. *“I prefer to... cook food from scratch as much as I can,”* said one provider, *“but because of my cut hours, like I lost three hours a day. I'm not really able to prep much for the next day, so I've had to go with more like hot dogs and lunch meat and those things that I'm having trouble getting hold of.”* (Center 2)

A few providers said that food shortages required them to modify their menus on-the-spot. Limited supplies of sanitation and hygiene products needed to prepare foods according to updated guidelines troubled providers as well.

“ I do my whole meal plan with this idea that everything's going to be in stock and I'll be able to obtain everything. And so I kind of get everything ready, I do all the legwork and then I just put all my hopes and dreams on everything being available in the store. So if, let's say, the stuff comes on a Monday or it comes on a Wednesday and I already have my meal plan for the next week, and something's out of stock, or they don't have something, then I have to go back to square one and restart that all over again.” (Home 11)

“The [hand sanitizer], the gloves were difficult to get for a while. We've been masking since March. All staff wear masks throughout the course of the day. Making sure that we have all those. It's those kinds of supplies, the sanitary wipes, those kinds of things that make those divisions in the prep available through each step that has to be followed.” (Center 5)

Facilitators

A few providers offered ways to facilitate children's participation in food preparation while still following strict sanitation guidelines. This mainly involved preparing ingredients that would later be cooked, or having children prepare individual portions, like *“pulling grapes off a stem.” (Home 5)*

“Well, it's the start of the fall, so we've got soup on... and that's one of those ways too that they're able to help over a little bit now again is putting ingredients into the pot, because it cooks after they touch it.” (Home 2)

“Although like today we made eggs, so then we had to crack the eggs. The kids cracked the eggs, they stirred the eggs, and then they put in cheese and sausage and made little muffin caps.” (Home 12)

One child care center provider that partnered with their nearby school district recommended *“taking advantage if the school district is willing to share” (Center 5)* as another way to ease food preparation.

Serving

While children still ate together at mealtime, almost all providers had switched from family-style serving to using preset plates due to concerns of COVID-19 spread. Providers also said they were using more paper plates, paper cups, and disposable cutlery than before, *“which I'm not a fan of,” (Center 1)* said one provider.

“Yes. I know the kids enjoy taking their own food, and they miss [family-style], but they also don't know how to cover when they sneeze and cough, so taking every precaution that we can.” (Center 2)

Additionally, providers added extra safety precautions such as sanitizing eating surfaces more often and spacing children out at the table. One respondent described plexiglass dividers they used at their child care center to separate children during meal time, *“so each child is seated at the same table, but they have a plexiglass divider, and the teaching staff is setting the pre-plated meals down in front of the children.”* (Center 3)

Challenges

Depending on the number of children being served, some providers said it took longer to portion out each individual plate rather than letting children serve themselves family-style. *“Serving each and every child individually”* and *“just kind of keeping them calm until the plates are completed, so that everyone can then start eating at the same time”* (Center 5) was a challenge.

“We were doing pretty good with family-style. And now we've got to go to plating the food. And so it takes longer to—when we have 10 kids, it takes longer to get everybody their food just because plating it individually and you're like, ‘Would you like this? Would you like that?’ So it takes longer to do it. So some kids are done quicker than others and stuff. So that's been kind of a juggling act.” (Home 9)

Facilitators

While the change from serving family-style to preset plates was difficult for some providers, others found preset plates to require less effort during mealtime. Many providers preferred using preset plates and found that some children were eating foods they might not have selected for themselves otherwise.

“We usually serve family style and right now we're not. We're pre-plating the foods. And so we are able to put the fresh fruit and vegetables on the plate, and the children are eating it and finding that they're enjoying it more. So they're eating more off it than when they have the choice of whether or not they serve themselves the fresh fruits and vegetables.” (Center 3)

RECOMMENDATIONS

This study demonstrates that the child care providers we spoke to are not only willing to continue participating in CACFP despite challenges brought on by the pandemic, but they are thoughtfully improvising ways to enhance the program experience for the children they serve. Our primary

recommendation, therefore, is to continue listening to, collecting, and sharing the experiences and recommendations of child care providers as they navigate the COVID-19 pandemic.

Our analysis showed that many providers and their children have missed child involvement in meal preparation since the pandemic began. Resources about safely getting children involved in how foods are prepared and served are available from [Nebraska Extension](#) and the [Georgia Farm to School Alliance](#) and may be of interest in future communications with Iowa's CACFP-participating child care providers.^{5,6} Methods for safe child involvement in meal preparation should be further explored.

Many child care providers operate on “razor-thin margins,”⁷ and the COVID-19 pandemic has underscored this reality. Our interviews demonstrated that food costs are a major concern to child care providers, now more than ever. We recommend continuing to document and share these concerns in efforts to advocate for increased financial support and reimbursement rates for CACFP-participating providers. On a national level, this could involve voicing support for the Child Care is Essential Act and the Child Care for Working Families Act.

A few providers said that they depended on local food systems to feed their children healthy meals during food shortages brought on by the pandemic. We recommend continued involvement with local food producers and programs in order to build relationships with producers that can offer uninterrupted food access in times of supply disruption. The recently announced pilot program Local Food Makes Cents is an excellent step in this direction.⁸

CONCLUSION

The COVID-19 pandemic has deeply impacted the early child care system and heightened food insecurity in Iowa. CACFP is one way to ease the burden of food insecurity for Iowa families, but child care providers face difficulties to participation that have been exacerbated by the pandemic. In this study, we describe the experiences of CACFP-participating child care providers during the pandemic, and we offer guidance for how best to support these critical providers going forward.

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