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Bessie Tartt Wilson Initiative for Children

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Glossary

**Center-Based Early Education and Care Program**

A facility operated on a regular basis (whether known as a preschool, child care center, child development center, Head Start program, or nursery school) that serves young children, is licensed by the Department of Early Education and Care, and does not take place in a home environment.

**Child and Adult Care Food Program (CACFP)**

A federal United States Department of Agriculture (USDA) program that is administered at the state level (by the Department of Elementary and Secondary Education in Massachusetts). CACFP provides reimbursement to child and adult care institutions and family-based or center-based programs for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children and the health and wellness of older adults and chronically impaired disabled persons. Also referred to as the “Program” in this report.

**Family Child Care Program**

Care licensed by the Department of Early Education and Care and provided in a private residence on a regular basis during part or all of the day for no more than ten children. Family child care providers are entrepreneurs who have created an early education and care program out of their home and are often the sole educator and administrator.

**Providers**

Referred to in this report as any individual working in any capacity in an early education and care setting. Includes early educators, program directors, family child care providers, administrators, and nutritional coordinators.

**Sponsoring Organization**

An intermediary organization that handles the administrative paperwork necessary to participate in the Child and Adult Care Food Program on behalf of early education and care programs.
Acknowledgements

The Bessie Tartt Wilson Initiative for Children (BTWIC) would like to thank its Eating to Learn Advisory Group for its commitment to improving the Child and Adult Care Food Program for the benefit of young children. Members include: Jean Bianchi-Sharkey (Clarendon Early Education Services), Dianne Bruce (Edward Street Child Services), Marty Campolito (Bay State Child Care Food Program), Sonia Carter (ABCD Head Start), Nancy Casten (Yours for Children), Heather Catledge (Massachusetts Department of Public Health), Kathy Cunningham, Stephanie Ettinger de Cuba (Children’s HealthWatch), Eve Gilmore (Edward Street Child Services), Geri Henchy (Food Research and Action Center), Justine Kahn (Project Bread), Alicia McCabe (Cooking Matters/ Share Our Strength), Elisa Rodrigues (Boston Public Health Commission), Janet Rose (Nurtury), Julie Schaeffer (Massachusetts Department of Public Health), and Carla Webster (Yours for Children).

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Additionally, BTWIC is grateful for additional donations from other organizations and individuals who share our interest in supporting accessible, high-quality early education for children in Massachusetts.
Executive Summary

Early education and care providers in Massachusetts educate and nurture over 200,000 young children each day. They facilitate learning through quality curricula and they help equip children with the social-emotional skills they need to excel in grade school and beyond. These programs are also crucial sources of nutrition because many children receive the majority of their daily meals and snacks while in care. More than one-fourth of public school children in Massachusetts are overweight or obese by the time they reach 1st grade, so early learning settings can play an important role in preventing childhood obesity.

The Child and Adult Care Food Program (CACFP) is a child nutrition program designed to help providers serve healthy meals and snacks to children in their care. It is a federal entitlement program overseen by the United States Department of Agriculture (USDA) and implemented in Massachusetts by the Department of Elementary and Secondary Education. The CACFP brings approximately $50 million in federal funds to Massachusetts, more than the School Breakfast and Summer Food Program combined. CACFP reimburses providers for the food that they serve and delivers training, technical assistance and oversight to early childhood programs. Yet many providers are not participating in this essential support service. Beginning in 2012, the Bessie Tartt Wilson Initiative for Children (BTWIC), a non-profit research and policy organization in Massachusetts, undertook a comprehensive research effort called “Eating to Learn” with the goal of increasing young children’s access to healthy meals and snacks at early learning settings. It set out to assess 1) levels of participation in CACFP in Massachusetts; and 2) barriers to participation.

CACFP Participation in Massachusetts

An estimated 77% of family child care programs and 24% of center-based early education programs are participating in CACFP in Massachusetts. An analysis by town showed as many as 242 center-based programs in Gateway Cities—cities characterized by median household incomes and levels of education below the state average—that could potentially be eligible for CACFP but are not currently participating. These centers may represent as many as 5,000 children. This analysis suggests that participation rates could be greatly improved, thus providing many more young children with the nutritional benefits offered by CACFP.

Provider Experiences with CACFP and Recommendations

In order to understand barriers to CACFP participation in communities across the state, BTWIC engaged nearly 800 early education and care providers in a grassroots research effort that included a statewide survey, four focus groups, and six regional forums. Findings centered around three main themes:

- The paperwork burden and bureaucracy inherent in CACFP discourage participation
- The low level of CACFP reimbursement often outweighs the benefit of participating
- State-level implementation could be improved through increased collaboration and innovation
Informed by this grassroots research effort, BTWIC provides the following recommendations:

**State-Level Recommendations:**

1) **Move Beyond Compliance to Focus on the Ultimate Goal of Healthy Children**
   - The Department of Elementary and Secondary Education (DESE) should work with providers and the USDA to streamline CACFP paperwork
   - DESE should work with the USDA to identify innovative solutions to burdensome regulations that inhibit participation and place an undue burden on providers

2) **Proactively Work to Increase Participation**
   - DESE should systematically collect and analyze city-level data on CACFP participation across the state, in collaboration with the Department of Early Education and Care (EEC)
   - DESE and EEC should collaborate to conduct regular outreach to programs in the state who are not currently participating in CACFP, particularly in underserved communities, in order to increase participation in CACFP
   - DESE should maintain the participation of programs already enrolled in CACFP by providing continuous education and support
   - DESE should create a state-wide protocol for “unaffiliated” centers to be able to participate in CACFP via a third-party sponsor
   - DESE should advocate at the state and national levels for additional financial support for CACFP in order to increase reimbursement rates

3) **Communicate Between Agencies**
   - DESE and EEC should meet at least once a year to discuss CACFP participation
   - EEC should further specify the nutritional guidelines outlined in its licensing regulations
   - In consultation with providers, EEC should consider including participation in CACFP as a standard in the Quality Rating and Improvement System (QRIS).
   - Sponsoring organizations across the state should regularly convene in order to communicate policy recommendations to DESE and coordinate training efforts

**Community-Level Recommendations:**

Early education programs and providers, along with community organizations and local public agencies, should work collectively to:

1) Organize purchasing networks to gain access to bulk discounts and quality fruit and vegetables, as well as connect with each other to share best practices and resources

2) Bolster the role of early education programs as important hubs for information on healthy eating

3) Educate parents on the importance of the Child and Adult Care Food Program and on healthy eating so that they play an active role

**Conclusion:**

The Child and Adult Care Food Program is a federal entitlement program that helps early education and care providers serve healthy meals and snacks to young children through reimbursement, technical assistance, and monitoring. Massachusetts has not devoted adequate attention to ensuring that eligible programs are accessing CACFP. As a result, the state is essentially forgoing federal money. The purpose of CACFP is to ensure that young children are provided nutritious food. Massachusetts must keep this goal at the forefront.
1. Introduction

From the first days of life through the toddler and preschool years, young children grow at a rapid pace that is not found in any other stage of human development. Young children need nurturing environments and adequate nutrition in order to support this rapid growth and to learn, form relationships, and sustain the energy to walk, run, and play. Pediatricians know this and parents know this, but it is often a challenge to provide children with the healthy meals and snacks that they need to thrive.

Good nutrition during the early years:¹

- Develops the brain
- Develops the body
- Sets healthy eating patterns for lifelong health
- Helps prevent obesity
- Improves learning and school readiness

Many factors influence a child’s access to nutritious foods, such as the affordability and availability of fresh foods, the capacity of working parents to shop for and cook healthy meals, the prevalence of high-calorie and high-fat fast food, and the targeted marketing of sugary and unhealthy foods to children. The combination of these factors contributes to obesity and other long-term health challenges that affect young children. In Massachusetts, 1 in every 6 children lacks consistent access to nutritious food.² More than one-fourth (28%) of public school students are already overweight or obese by the time they reach 1st grade.³

Early childhood education programs play an important role in addressing these challenges, as they serve a significant portion of the food young children consume each school day. These preschool programs, child care centers, Head Start programs, and family (home-based) child care programs nurture and educate children so that they are better prepared to enter kindergarten. Approximately 220,000 children are enrolled in early childhood education and out-of-school programs in Massachusetts, many of them spending over 8 hours per day in care.⁴ These programs are crucial sources of nutrition because many children receive the majority of their daily meals and snacks while in care.

The Bessie Tartt Wilson Initiative for Children (BTWIC) is a research, policy development, and community engagement organization that works collaboratively with the early education and care community and other partners to improve the quality of early education and care in Massachusetts. Beginning in 2012, BTWIC undertook a comprehensive research effort called “Eating to Learn” with the goal of increasing young children’s access to healthy meals and snacks through early learning settings. It set out to assess 1) levels of participation in the Child and Adult Care Food Program (CACFP) in Massachusetts; and 2) barriers to participation. The research questions it sought to address were:

1. How is the Child and Adult Care Food Program operating “on the ground,” in both family child care and center-based early education and care settings in Massachusetts?

2. What are the gaps in participation?

3. How could the program be improved so that more young children have access to nutritious meals and snacks?

This effort is the first time an independent non-profit policy research organization has focused on CACFP in the state from the perspective of early education and care providers. The voice of this workforce is not often heard. In Massachusetts, 96% of providers are female.⁵ Wages have remained
Eating to Learn: Increasing Participation in the Child and Adult Care Food Program

stagnant over the past twenty years, barely keeping up with inflation, and many educators rely on public assistance to feed their own families. The median salary for center-based teaching staff in Massachusetts is between $22,501 and $25,000. BTWIC felt it was crucial to solicit recommendations for improving CACFP directly from providers themselves—individuals on whom CACFP relies in order to reach young children—in order to identify barriers to participation.

2. The Child and Adult Care Food Program (CACFP)

The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursement for healthy meals and snacks served to children and adults in care settings. It is an entitlement program, meaning that individuals who qualify have a right to participate, regardless of the amount of government funding necessary.

Programs eligible for participation include non-residential child or adult care institutions such as early education and care programs, family child care, adult care centers, Head Start, recreation centers, and after school programs (See Figure 1). For its initiative, BTWIC focused primarily on the early education and child care settings that serve young children, birth to age five. Studies suggest that children in CACFP receive meals that are nutritionally superior to those served to children in child care settings without CACFP. Children in participating institutions have higher intake of key nutrients and fewer servings of fats and sweets than children in non-participating care.

![Figure 1. CACFP Eligibility by Type of Care Setting](source)

CACFP is a program of the United States Department of Agriculture (USDA), a federal agency. It is one of the Child Nutrition Programs, along with the National School Lunch Program, the School Breakfast Program, and the Summer Food Service Program. A considerable amount of attention has been...
paid to the School Lunch Program in particular, as numerous anti-hunger advocates, medical associations, and parents have fought for better nutritional guidelines and oversight. In 2012, updated nutritional guidelines were phased into school districts across the country – guidelines that align with the latest nutritional science, for example limiting fat and sodium content and requiring school districts to serve more fresh fruits and vegetables.11

In contrast, CACFP has largely been overlooked. Whereas the nutritional guidelines for all other programs impacting the health of young children have been updated in the last decade, CACFP has not been substantially updated since its inception in 1968. In 2010, The Institute of Medicine released a report providing recommendations on how to better align CACFP requirements with the latest research.12 In January 2015, the USDA released a proposed rule to update CACFP nutritional guidelines at the federal level. A public comment period ended in May 2015 and the new guidelines are expected to be implemented within the next two years, but change has been slow. Proposed guideline changes include incorporating more fruits and vegetables, more whole grains, and healthier beverage choices into the meals and snacks served by participating programs.13

Each state has a lead agency that implements the program. In Massachusetts, it is the Department of Elementary and Secondary Education (DESE) (See Figure 2). The USDA provides federal funding for CACFP reimbursements for providers and also sets general guidelines, but each state has significant power to oversee CACFP according to its unique needs.14 For example, Massachusetts does not allow providers to be reimbursed for serving grapes to children under the age of three because they are a choking hazard.15 Grapes are a creditable food at the national level, however, and USDA handbooks suggest as a best practice that they be cut into a developmentally-appropriate size.16

In 2005, Massachusetts became the first state in the nation to create a distinct Department of Early Education and Care (EEC) to oversee the licensing and quality of early education and care and out-of-school time programs. However, when EEC was created, CACFP remained with DESE. This poses a challenge in terms of coordinating outreach and communication with early education and care programs, since EEC is the lead agency for licensing and all other early education and care functions whereas DESE only interfaces with providers in relation to a single program - CACFP.

CACFP is administered under two categories: center-based programs and family child care programs. Sponsoring organizations are intermediary organizations that assist family child care providers in managing the paperwork and administrative tasks required for CACFP participation (See Figure 2). These sponsoring organizations include agencies such as Bay State Child Care Food Program and Yours for Children, as well as large early education and care programs such as the Boys and Girls Clubs which can act as sponsors for various sites affiliated with their organization. DESE has not traditionally allowed independently operating center-based programs to participate in CACFP via these intermediary sponsoring organizations, although it is allowable under CACFP federal regulations.21 DESE has, instead, required independent centers to contract directly with the Department.

Early education and care programs enrolled in CACFP provide meals and snacks to eligible children according to nutritional standards set by the USDA. They are reimbursed based on the type of meal (lunches have a higher reimbursement rate than snacks), the type of setting, and the income level of the child’s family. All settings use means-tested reimbursement systems that provide higher levels of reimbursement for children from families with low-income. All family child care programs are eligible to participate in CACFP but not all center-based programs are. Non-profit centers are eligible, but

Fast Facts: CACFP
» Serves 70,000 individuals in Massachusetts daily17
» Serves over 3.3 million children throughout the country18
» Reimburses programs as little as $.07 per snack or as much as $2.98 per meal served19
» Brings approximately $50 million in federal funds to Massachusetts, more than the School Breakfast and Summer Food Program combined20
for-profit centers must show that at least 25% of the children they serve are from families with low-income.\textsuperscript{22} In addition to reimbursement, programs are connected to training opportunities and receive monitoring visits in order to ensure that they are complying with the standards outlined by CACFP.

Although CACFP’s primary goal is facilitating healthy meals and snacks for young children, a secondary outcome is financial support to early education and care programs. Most programs operate on tight margins, especially if they care for children living in families with low income who are served by the child care subsidy system. The child care subsidy reimbursement to providers does not cover the true cost of care. For example, the market rate for a one-year old child in a center in Boston is $19,584 per year. However, programs in Boston caring for a one-year old with a subsidy are reimbursed $14,172 by the state, leaving a shortage of approximately $5,400 per child per year.\textsuperscript{23} This underpayment forces many centers and family child care homes to cut costs in everything from food to staffing. CACFP reimbursement helps financially and enables providers to offer higher quality meals and snacks than they could otherwise.
3. CACFP Participation in Massachusetts

Children and providers only reap the benefits of CACFP when providers participate in the program. In order to assess levels of participation across the state, BTWIC obtained participation data from DESE in July 2014. This data was compared to an August 2014 list of all early education and care programs licensed by the EEC. BTWIC analyzed records from both departments under two categories—family child care and center-based care (See Appendix 1 for the full methodology).

An estimated 77% of family child care programs are participating in CACFP in Massachusetts. Just one-fourth (24%) of center-based programs in Massachusetts are participating. It is important to note that while all family child care programs are eligible to participate in CACFP, not all centers are eligible to participate. All non-profit centers are eligible. Eligibility of for-profit centers is based on the income levels of the families served.

An analysis of the 2014 data by Gateway Cities in Massachusetts shows that 242 center-based early education and care programs in these cities are potentially eligible for CACFP but are not participating (See Table 1). Gateway Cities are designated by the Massachusetts state legislature as cities characterized by median household incomes and levels of education below the state average. They are urban, post-industrial cities with changing demographics and untapped potential. These 242 centers represent 9% of all early education and care centers throughout the state. Assuming each center has at least 20 children, they may represent almost 5,000 children who may be eligible for meals and snacks under CACFP but who are not currently in participating programs. While the exact number of non-participating but eligible centers is not known, this analysis suggests that participation rates could be greatly improved, thus providing many more young children with the nutritional benefits offered by CACFP.

### CACFP Participation Rates in MA

Calculated by BTWIC

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Child Care Programs</td>
<td>77%</td>
</tr>
<tr>
<td>Center-Based Programs</td>
<td>24%</td>
</tr>
</tbody>
</table>

**Source:** BTWIC analysis of CACFP utilization data from the Department of Elementary and Secondary Education and the Department of Early Education and Care, 2014.
Table 1: Center-Based Programs in Gateway Cities Potentially Eligible for CACFP But Not Participating

<table>
<thead>
<tr>
<th>Town</th>
<th>Number of Programs Participating in CACFP</th>
<th>Number of Licensed Programs</th>
<th>Number of Programs Potentially Eligible for CACFP but not Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attleboro</td>
<td>2</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Barnstable</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Brockton</td>
<td>7</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Chelsea</td>
<td>6</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Chicopee</td>
<td>11</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Everett</td>
<td>2</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Fall River</td>
<td>21</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>Fitchburg</td>
<td>5</td>
<td>8</td>
<td>3</td>
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<td>Haverhill</td>
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<td>13</td>
<td>7</td>
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<tr>
<td>Holyoke</td>
<td>14</td>
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<td>6</td>
</tr>
<tr>
<td>Lawrence</td>
<td>17</td>
<td>22</td>
<td>5</td>
</tr>
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<td>Leominster</td>
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<td>6</td>
</tr>
<tr>
<td>Lowell</td>
<td>9</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Lynn</td>
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<td>Malden</td>
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<td>Methuen</td>
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<td>New Bedford</td>
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<tr>
<td>Peabody</td>
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<td>19</td>
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<td>Pittsfield</td>
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</tr>
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<td>Taunton</td>
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<td>Worcester</td>
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</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>250</strong></td>
<td><strong>492</strong></td>
<td><strong>242</strong></td>
</tr>
</tbody>
</table>

Sources: BTWIC analysis of 1) Massachusetts Department of Elementary and Secondary Education, List of center-based care programs in CACFP as of July 1, 2014. Does not include adult day health programs served by CACFP, includes all other categories such as child care, Head Start, afterschool/at risk, and outside school hours facilities; 2) Department of Early Education and Care, List of licensed center-based programs as of August 20, 2014; 3) Massachusetts Executive Office of Housing and Human Development, Gateway Cities and Program Information. Accessible via: http://www.mass.gov/hed/community/planning/gateway-cities-and-program-information.html
4. BTWIC Research Findings: Early Education and Care Provider Experiences with CACFP

In order to ascertain barriers to CACFP participation as experienced by providers of early education and care, BTWIC conducted one state-wide survey (2012-2013), four focus groups (2012), and six regional forums (2013-2015), engaging a total of 791 individuals.

BTWIC also convened an Advisory Group of individuals from a variety of programs and perspectives to help guide its grassroots research. BTWIC is thankful to the “Eating to Learn” Advisory Group, consisting of individuals in public health, community nutrition, early education, and advocacy, which met seven times during the course of the project to provide input on BTWIC’s approach and to facilitate connections with providers on the ground.

Survey and Boston Focus Groups

Methodology

Statewide Survey

BTWIC conducted a statewide survey of licensed early education and care programs in the fall of 2012. The survey was sent to a random sample of both center-based programs and family child care programs. A total of 264 center-based programs completed the survey, for a response rate of 35%. 170 family child care providers responded, yielding a response rate of 14%. Respondents were asked to submit open-ended comments at the end of the survey. The survey asked about the number of meals and snacks served, the program’s participation in CACFP, and challenges faced.

Boston Focus Groups

In the summer of 2012, the Bessie Tartt Wilson Initiative for Children held four focus groups with family child care providers to have in-depth discussions about providing healthy meals and snacks for the young children in their care. The goal was to understand how family child care providers plan and serve food, and to ask about the challenges they face utilizing CACFP. Three groups were conducted in English and one was conducted in Spanish. A total of 35 family child care providers participated in the sessions. All were family child care providers living in Greater Boston and were either participating in CACFP or familiar with CACFP.
Findings

CACFP Participation

One-fourth (25%) of center-based programs responding to the survey reported that they were participating in the Child and Adult Care Food Program. Of the programs that were not participating, 39% said it was because they were unaware of CACFP or did not know how to enroll.

Over three-fourths (82%) of family child care providers responding to the survey reported that they were participating in the Child and Adult Care Food Program. Of those that were not participating, 38% said it was because of the amount of paperwork required to participate.

Meals and Snacks Served

Programs were asked about the number of meals and snacks served to the children in their care. More than half (62%) of responding center-based programs reported that they do not serve any meals (breakfast, lunch or dinner). One-half of these programs reported that most or all parents bring in meals for the children instead, and the remaining programs operate too few hours a day or cited other reasons. Many programs serve a morning and/or afternoon snack but simply do not serve breakfast, lunch or dinner. As one program explained, “We provide morning and afternoon snacks. Parents provide the child’s lunch.” Only 58% centers said that they have full kitchens on-site.

One-third of the center-based programs serving at least one meal are not participating in CACFP because they either are not aware of CACFP or are not eligible. Ninety-four percent of the centers that provide one or more meals also provide at least one snack.

In contrast, almost all (91%) the family child care providers reported that they serve at least one meal per day for children in their care. Only 9% of providers said that most or all the parents send at least one meal for their child from home every day. Two-thirds of providers (68%) reported that they often provide homemade meals for the children.

Most of the family child care providers who participated in the focus groups described how healthy food is a part of the quality care they strive to provide. Although sometimes they serve meals that are quick to prepare, many cook from scratch. One provider said, “I like the feeling of cooking meals for the kids at home.” Some wake up early to cook or stay up late. They find great pride in introducing healthy food to children. A provider noted, “One parent said, Thanks to you, my two year old loves salads!”

Figure 3. Number of meals provided by center-based survey respondents

- One meal a day, 13%
- Two or more meals a day, 25%
- No meals served, 62%
Challenges with Cost

When asked to identify the biggest challenge to providing healthy food to the children they serve, close to half (48%) of the center-based programs responding to the survey identified the high cost of healthy food as the biggest challenge. As one center-based respondent commented, “We do serve snack two times a day in each classroom. We try our best to have healthy choices but sometimes it is too expensive. It seems that we have lots of fruit and veggies and cheese etc. at times and at others we have lots of Goldfish because that is what is on sale or has been donated to our program. We run on a lot of donations.”

Family child care providers also identified cost as the biggest challenge to providing healthy food to the children they serve, as reported by 36% of the family child care survey respondents. One provider commented, “I put my own money toward whatever I need for food for my kids. Everything is so so high in price.” A challenge frequently reported was the failure of CACFP reimbursement rates to keep up with rising costs for food. One respondent explained, “Food costs have risen significantly, however, reimbursement rates are not rising.” Another individual said, “We know that the cost of living is increasing every day and we want the money we receive to match that increase.” In addition, the CACFP reimbursement rate is the same across the nation regardless of location. Since the cost of living in Massachusetts is among the highest in the country, providers are not receiving as much value as those in other states.

CACFP Reimbursement

Several family child care providers noted that they rely on the timely processing of their reimbursements because they often work with tight margins. If for some reason a provider’s internet is not working or there is a problem with the way meals and snacks were entered into the system, their reimbursement can be delayed. This “throws off my entire budget and is very difficult to deal with,” said one provider. “It is difficult not having a definite date for receiving the food reimbursement,” said another, “since I don’t have another source of income and depend only on the voucher subsidies and reimbursements for food.”

Family child care providers in both the survey and focus groups noted that they serve additional meals and snacks without being reimbursed by CACFP. Some suggested that CACFP should reimburse providers for four meals or snacks if they serve four, in contrast to the current policy which is to reimburse for a maximum of three meals/snacks even if the provider is serving more. Some providers care for children for as many as 10 hours or more per day, and may therefore need to provide additional meals or snacks.

When focus group participants were asked how much CACFP reimbursement covers as a percentage
of their total costs, providers said anywhere between 25% and 75%. These providers would welcome special coupons, discounts, or bulk purchasing options. As one provider suggested, “There could be a discount club. For every 100 educators we get a discount. In reality most money spent is on fruits and vegetables. The cost of purchasing fruits and vegetables is high. The produce needs to be fresh.” Some were open to the idea of fresh fruit and vegetable distribution points closer to them, or being delivered healthy meals, but cost was still a concern.

**Paperwork and Meal Tracking**

Participation in CACFP requires a substantial amount of time and effort to complete paperwork and other administrative tasks. One provider noted, “I spend far more money on food for my program than I am reimbursed for. The amount of time it takes to participate in the food program far outweighs the benefits financially. I am considering quitting.” Similarly, “If there was less paperwork on the CACFP, I might think about getting it in my home daycare.” Others find that the positives outweigh the negatives, saying, “The money I receive from Food program, even it’s not enough, it helps a lot.”

Focus group participants discussed their challenges using online and paper systems to track meals served, which can require a significant amount of time and is not always easy for providers to manage. One provider noted that, “When you have infants it takes longer because you have to write the exact amount of formula” given. A Haitian provider described the difficulty she experiences marking down the type of rice that she serves because she has trouble finding the right fit with the categories provided. There are choices for Spanish rice, brown rice, white rice, but no option that more accurately describes the food she prepares, commenting on the need for CACFP to be flexible enough to accommodate food from different cultures.

**The Role of Parents**

Given the financial challenges of running an early education and care program and the food preferences and restrictions of some children, many center-based programs in particular decide to ask parents to provide meals or snacks. Overall, 44% of centers responding to the survey said that “most or all” parents send at least one meal for their child from home every day. Yet this arrangement can pose challenges, as one administrator commented. “Although we do not provide meals, we serve what the parents send in for their children. The amount of processed foods and junk foods is astounding and we are beginning to question whether there is any correlation between the behaviors we are seeing on a more regular basis and the quality of the food.” Another noted, “We are a new facility; have 17 voucher kids and they struggle to bring healthy food to the center. I wish we can [sic] help more.”

Many programs, however, have made it a policy to serve all meals and snacks in-house. One center-based program director notes, “None of the families are allowed to provide any food for their children while they are in our care.” Another says, “We have never allowed anything, but water, whole grains, fruits and vegetables and protein for foods. We have limited resources, but we feel that the physical health and development of young children supported by providing healthy food is a basic right.”

The family child care providers who participated in the focus groups also talked about the family differences they observe. One provider said the parent of one child brings organic food for the child every day. Others said that the children they serve may not be getting optimal nutrition at home. “You can tell when these children come back on Monday from the weekend. You can tell they’re hungry,” said one provider. “I have a child that says, Are you making me rice and beans? I ask the child, Did you eat at home? She responds, My mother gave me oatmeal and bread only.”

The diversity of provider-level approaches speaks to the patchwork of program types, financial situations, and program-level policies in the early education and care system throughout Massachusetts. CACFP is precisely designed to enable providers to serve healthy meals and snacks instead of relying on parents to do so, yet many programs find that they are unable or unwilling to participate.
Regional Forums

Methodology

From 2013 – 2015, BTWIC visited all five of the Massachusetts Department of Early Education and Care regions to speak with providers about CACFP (See Figure 5). Over 300 early education and care program directors, educators, administrators, and advocates attended the forums. The meetings had a dual purpose: 1) to solicit feedback from the early education community on ways to increase participation in CACFP; and 2) to increase awareness of CACFP among providers who knew little about the program.

Two large symposia were hosted in the fall of 2013 in Boston and Worcester, consisting of a large plenary session with a panel discussion, followed by breakout sessions and roundtable discussions. Forty-five individuals from 25 organizations participated as panelists, breakout session experts, or roundtable discussion facilitators. Speakers included Department of Early Education and Care Commissioner Tom Weber, Department of Elementary and Secondary Education Child and Adult Care Food Program Director Kathleen Millett, Boston Medical Center’s Dr. Deborah Frank, and Geri Henchy from the Food Research and Action Center in Washington, DC. In addition to learning more about CACFP and healthy eating for young children, participants in each breakout session were asked to provide recommendations for policy and practice.

BTWIC held four smaller regional forums in 2014-2015 to reach other regions of the state. The forums were held in West Barnstable (YMCA Cape Cod), Pittsfield (Berkshire Community College), New Bedford (Dennison Memorial Community Center), and Lawrence (Lawrence Senior Center). The format of the early evening meetings included a brief introductory session about CACFP followed by small group discussions based on familiarity with CACFP. Providers already participating in CACFP were asked to identify two recommendations on how the program could be improved. Individuals not familiar with CACFP were provided with more information and then asked to identify two recommendations on what would make it easier for them to participate in CACFP.
In the groups of providers who were familiar with CACFP, recommendations centered around three topics: paperwork burden, lack of flexibility, and lack of guidance from DESE.

First, providers recommended that CACFP paperwork be streamlined in order to reduce the time and effort required. Many noted that they sometimes consider whether the administrative burden outweighs the benefits of participation. Larger centers with more staff capacity are able to manage the daily meal tracking, monthly reports, and yearly application forms better than smaller programs. Early education and care programs in Massachusetts already have multiple reporting responsibilities tied to the Quality Rating and Improvement System (QRIS), accreditation, quality grants, and other initiatives requiring administrative paperwork. CACFP’s additional burden is a significant consideration for programs when they are deciding whether or not to participate. Noted examples included the annual renewal paperwork as well as eligibility determination forms. In the case of eligibility determination, one director provided the example of how K-12 school lunch eligibility information is tied to other income-eligible programs such as the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) in order to streamline eligibility determination. There is potential for CACFP to be similarly linked to child care subsidy eligibility which might make it easier for both providers and families.

The second piece of feedback received during regional forums was the need to increase flexibility in both federal and state CACFP regulations. Some providers brought up the “point-of-service” provision in which children must be seated and offered a full meal in order for the provider to be reimbursed. The main concern with this provision was the food waste associated with setting an entire meal down and the child eating a small portion and leaving the rest of the meal untouched. Providers also said they were required to maintain strict mealtimes and that there was little flexibility around changing those times if needed. One family child care administrator spoke about the need for more flexibility around the challenges inherent in a family child care program, for example the requirement that food for the program be stored separately from household food, which can sometimes be difficult to maintain. The overall feedback from providers was that CACFP regulations and implementation focus on punitive measures as opposed to a supportive approach.

Third, BTWIC received several suggestions on how DESE could provide more CACFP guidance to early education and care programs and offer more leadership. One group suggested that DESE could provide ideas for fun, healthy meals as well as guidance on how to work with food vendors. Providers noted that there are several sources of information on menu planning and CACFP regulations (DESE’s website, USDA websites, sponsor organization websites) and that a single source for information would be useful. It was also suggested that DESE conduct regular outreach to early education and care

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**Regional Forum Outcomes**

322 Attendees from family child care, center-based care, and other settings

Over 25 recommendations put forth for improving the Child and Adult Care Food Program

86% of respondents said the forum they attended was “very worthwhile”

76% of respondents said that they will take “most of the information” from the forum back to their work.
programs to increase participation rates and to solicit questions and feedback from them on CACFP. One group urged the state to think creatively about applying innovative practices to CACFP, including facilitating bulk purchasing networks and working closely with EEC to encourage CACFP participation through its Quality Rating and Improvement System (QRIS).

For providers who were not familiar with CACFP, BTWIC provided general information on the program and encouraged them to contact DESE to find out more. They were asked, “What would make it easier for your program to participate in CACFP?” Providers noted that more visible and advertised information on CACFP would be helpful. One group suggested that DESE create an online checklist for eligibility on their website, so that providers could easily understand the eligibility guidelines and ascertain their ability to participate. Most groups noted that more assistance with figuring out the administrative pieces to CACFP participation would be welcomed. They also noted that if the subsidy rate were increased, it would create a greater incentive to enroll. One regional group suggested that CACFP have more of an in-kind food component or a grant-based component in order to eliminate some of the child-level tracking and reporting requirements but still achieve the goal of providing nutritious meals and snacks to children.

### Selected Regional Forum Recommendations

- Simplify bureaucracy and reduce paperwork
- Focus more on CACFP’s core mission and less on adherence to strict protocols
- Centralize information about healthy eating for young children into one online resource
- Conduct targeted outreach to providers across the state to increase participation and to solicit feedback
- Create a purchasing network for early education providers to gain access to bulk discounts
- Explore more synergies between the CACFP guidelines and the Department of Early Education and Care (EEC) licensing and quality requirements

### 5. Discussion and Recommendations

The Child and Adult Care Food Program (CACFP) is a federal entitlement program, meaning that eligible early education and care programs have a right to participate and the federal government must allocate sufficient resources to fund the Program. Massachusetts has not devoted adequate attention and effort to analyzing participation rates throughout the state or taken action to ensure that eligible programs are accessing CACFP. As a result, the state is essentially forgoing federal money.

The National School Lunch Program, which serves public school systems across the nation, has received much attention lately, given new nutritional guidelines and a host of advocates championing the program. CACFP, not as well known, is underutilized and undervalued. None of the Massachusetts anti-hunger agencies BTWIC spoke with during the course of its assessment had worked specifically to improve CACFP or increase participation and most members of the general public are not familiar with the program.

At the same time, the benefits of quality early childhood education are becoming more and more visible. Decades of research show that children who have access to supportive learning environments...
at a young age are more likely to succeed as adults. Part of high-quality early education and care is the availability of nutritious meals and snacks to feed rapidly developing brains and bodies. The National School Lunch Program is important for the same reason, but the science says that the Child and Adult Care Food Program is even more important because starting early makes the largest impact.

Massachusetts has the responsibility to ensure that more young children have access to nutritious meals and snacks in early education settings. Informed by grassroots research engaging early education and care providers from across the state, BTWIC provides the following recommendations:

### State-Level Recommendations

**1) Move Beyond Compliance to Focus on the Ultimate Goal of Healthy Children**

- The Department of Elementary and Secondary Education (DESE) should work with providers and the USDA to streamline CACFP paperwork. Many CACFP regulations are federally mandated, but Massachusetts has the power to add or reduce certain documentation with permission from the USDA.²⁹ BTWIC found that the administrative burden of participating in CACFP discourages early education and care programs from enrolling or maintaining participation. Contract renewal and meal tracking processes and paperwork were found to be particularly burdensome and are important areas for improvement.

- DESE should work with the USDA to identify innovative solutions to burdensome regulations that inhibit participation and place an undue burden on providers. BTWIC heard from providers that the overall focus of the state and federal CACFP monitoring structure is perceived to be on adherence to rigid rules and policies for compliance sake, not on what is in the best interest of children. Examples are the insistence on strict mealtimes for programs that may have children of different age ranges with different arrival times, or the procedure of placing a provider who has failed to comply with CACFP procedures on a National Disqualification List for seven years,³⁰ meaning that all the children cared for by the provider go unserved during the duration as well.

**2) Proactively Work to Increase Participation**

- DESE should systematically collect and analyze city-level data on CACFP participation across the state, in collaboration with the Department of Early Education and Care (EEC). This data should be available to the public so that advocates, policy makers, and others can be aware of the gaps in need.

- DESE and EEC should collaborate to conduct regular outreach to programs in the state who are not currently participating in CACFP, particularly in underserved communities, in order to increase participation in CACFP as required by CACFP regulations.³¹ Information on CACFP in languages other than English should be developed and disseminated, as 26% of the early childhood workforce in Massachusetts speaks a language other than English.³² Outreach should also be made to family, friend, and neighbor informal caregivers, who are eligible in some cases if they care for a child with a child care subsidy.

- DESE should maintain the participation of programs already enrolled in CACFP by providing continuous education and support, providing announcements, guidance, reminders, and centralized resources. BTWIC received feedback from educators that they are often unaware when new guidance is released and that they are not always sure where to go for nutrition-related resources.
• **DESE should create a state-wide protocol for “unaffiliated” centers to be able to participate in CACFP via a third-party sponsor.** Although allowed under federal regulations, Massachusetts has not allowed center-based programs to participate in CACFP via a third-party sponsor unless they are legally affiliated to the sponsor. Because centers must contract directly with DESE, they are not able to benefit from the administrative assistance that sponsors provide. BTWIC spoke with center-based administrators who said that they would consider enrolling in CACFP only if they were able to participate via a third-party sponsor. Upon BTWIC’s urging, DESE agreed to pilot the sponsorship of unaffiliated centers in the spring of 2015. Many states already allow unaffiliated center sponsorship, including New York, Texas, Florida, and Ohio.

• **DESE should advocate at the state and national levels for additional financial support for CACFP in order to increase reimbursement rates.** Although reimbursement rates are set at the federal level, states have the authority to supplement the rates.

3) Communicate Between Agencies

• **DESE and EEC should meet at least once a year to discuss CACFP participation.** In 2014, BTWIC facilitated a meeting between DESE and EEC, the first time the two agencies had met to discuss CACFP. Because EEC oversees licensing for all early education and care programs (which includes basic food safety and nutrition standards), both agencies have a role to play in the provision of healthy meals and snacks to young children through early learning settings.

• **EEC should further specify the nutritional guidelines outlined in its licensing regulations,** which reference “USDA guidelines” but fail to identify which guidelines specifically. The USDA’s general Dietary Guidelines for Americans are updated every five years and are “intended for Americans ages 2 and older.” Licensing regulations impact all early education and care programs in the Commonwealth regardless of CACFP participation, therefore they have a broader potential for impact.

• **In consultation with providers, the EEC should consider including participation in CACFP as a standard in the Quality Rating and Improvement System (QRIS).** The Massachusetts QRIS is a framework that outlines best practices for high-quality early education and care programs on four levels of quality. Some providers feel that CACFP participation should be recognized as a component of quality programming.

• **Sponsoring organizations across the state should regularly convene in order to communicate policy suggestions to DESE and coordinate training efforts.** There are over 15 sponsoring organizations throughout Massachusetts, many of them with multiple areas of geographic overlap. Each organization has its own management structure and is responsible for developing its own training materials on CACFP. Because sponsors are experts in the administration and implementation of CACFP, they are important stakeholders in identifying solutions to streamline and improve the program.
Community-Level Recommendations

Early education programs and providers, along with community organizations and local public agencies, should work collectively to:

1) **Organize purchasing networks** to gain access to bulk discounts and quality fruit and vegetables, as well as connect with each other to share best practices and resources. Family child care programs and small centers in particular are at a disadvantage in terms of economies of scale and would benefit from building purchasing power collectively.

2) **Bolster the role of early education programs as important hubs for information on healthy eating.** This includes programs serving as:
   - Distribution sites for farm-to-table programs and fresh fruits and vegetables
   - Organizations eligible to access resources at food banks
   - Hubs of information connecting parents to the Women, Infants and Children (WIC) program and other food-related resources (i.e. Supplemental Nutrition Assistance Program, Summer Food Service Program)
   - Sites for engaging families in educational activities related to healthy eating, cooking, and physical activity

3) **Educate parents on the importance of the Child and Adult Care Food Program** and on healthy eating so that they play an active role.

6. Conclusion

The Child and Adult Care Food Program helps early education and care providers serve healthy meals and snacks to young children through reimbursement, technical assistance, and monitoring. Studies show that children in programs that are participating are more likely to be in better health than children in programs not participating, yet administrative, regulatory, and cost barriers serve as disincentives for programs to participate. There has not been a concerted effort to reach out to providers to identify solutions. The purpose of CACFP is to ensure that young children are provided nutritious meals and snacks. Massachusetts must keep this goal at the forefront.
References


8. For more information on the Child and Adult Care Food Program, visit the USDA Food and Nutrition Service’s website for CACFP, http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program


15. Massachusetts Department of Elementary and Secondary Education. Child and Adult Care Food Program Family Day Care Policies and Procedures. (no date)


19. United States Federal Register. Vol. 79, No. 136, July 16, 2014. CACFP Meal Rates effective July 1, 2014 – June 30, 2015. Rates are for the contiguous states (excludes Alaska and Hawaii) and vary according to program type and tier or income level of a child’s family.


24 Massachusetts General Laws. M.G.L. Ch.23A § 3A

25 242 centers out of 2,608 centers in the state equals 9.3%. Source for number of centers: Child Care Aware. 2014 Child Care in the State of: Massachusetts.

26 BTWIC analysis of CACFP utilization data from the Department of Elementary and Secondary Education (July 2014) and licensed early education and care program data from the Department of Early Education and Care (August 2014). Please note that these rates exclude adult day health settings. See Appendix 1 for more details.

27 Comment translated from Spanish.

28 Comment translated from Spanish.


31 Code of Federal Regulations. 7 C.F.R. § 226.6 (a) (2011) which reads, “Each State agency must provide sufficient consultative, technical, and managerial personnel to: (1) Administer the Program; (2) Provide sufficient training and technical assistance to institutions; (3) Monitor Program performance; (4) Facilitate expansion of the Program in low-income and rural areas; and (5) Ensure effective operation of the Program by participating institutions.”


34 Department of Early Education and Care. 606 CMR 7.12(1). STANDARDS FOR THE LICENSURE OR APPROVAL OF FAMILY CHILD CARE; SMALL GROUP AND SCHOOL AGE AND LARGE GROUP AND SCHOOL AGE CHILD CARE PROGRAMS. Nutrition and Food Service: “The licensee must design and implement a nutrition program that meets the U.S.D.A. guidelines for the nutritional and dietary needs and feeding requirements of each child.”


APPENDIX 1

CACFP Participation Rate Methodology

In order to assess levels of CACFP participation across the state, BTWIC compared data from the Department of Elementary and Secondary Education (DESE) on programs participating in CACFP to data from the Department of Early Education and Care (EEC) on all licensed early education and care programs.

BTWIC received data directly from DESE in July 2014. A list of EEC-licensed early education and care programs was obtained by downloading the information in August 2014 from EEC’s periodically updated online listing of licensed programs. BTWIC analyzed records from both departments under two categories—family child care and center-based care.

Family Child Care

Data from DESE included 4,508 family (home-based) child care programs participating in CACFP. As of August 2014, 5,837 programs were licensed by EEC. Dividing the number of programs participating by the total number of programs yields an estimated 77% participation rate.

This basic approach to calculating a participation rate has several limitations. Family child care program names were not individually cross referenced and matched between the two departments to account for duplicates or closed programs. When looking at city-level utilization numbers, BTWIC found several instances in which the number of programs participating in CACFP according to DESE exceeded the total number of programs licensed by EEC in that particular location. A significant number of family child care programs close from year to year and the discrepancy in data speaks to the need for more continuous data cleaning and the need for better communication between both departments.

Center-Based Care

To determine the participation rate for center-based programs in Massachusetts, BTWIC cross referenced both data sets on a center-by-center basis. There were 1024 on DESE’s list of early education and care and out-of-school time centers participating in CACFP, which consisted of:

- 579 participating in CACFP as verified by EEC’s list of licensed programs (consisting of approximately 70% early education programs, 30% after-school/out-of-school time programs)
- 9 homeless shelters serving children (not under the purview of EEC licensing)
- 176 public school sites, all afterschool programs (considered license-exempt by EEC)
- 76 duplicate site names (listed as two or three entries by DESE but by EEC once)
- 184 others not listed by EEC (could be “licensed exempt” or closed)

To calculate a participation rate, 579 center-based programs in CACFP out of a total of 2,372 center-based early education and care programs licensed by EEC yields a 24% participation rate.

APPENDIX 2

Statewide Survey Methodology

BTWIC conducted a state-wide survey of early education and out-of-school time programs in 2012. The center-based survey was an online survey in English administered through surveymonkey.com. The family child care survey was a paper survey, mailed in both English and Spanish.

BTWIC used the online database maintained by the Department of Early Education and Care (EEC) to obtain a list of licensed programs. Out of the approximately 2,688 center-based programs in Massachusetts in August 2012, BTWIC randomly selected 1,001 programs, stratified by EEC region. BTWIC then identified email addresses of directors or administrators, through research on program websites or through EEC’s searchable database, for 878 out of the 1,001 centers. Emails were sent to these 878 centers with a link to the online survey and an assurance that participation was optional and that answers were completely anonymous. Only one person from each center was asked to fill out the survey, to avoid duplication, and directors or administrators with knowledge of meal and snack preparation were asked to respond. Over 100 emails bounced back and were not replaced, bringing the list of reachable centers to 764. Two reminder emails were sent to all centers between October and December 2012, asking them to fill out the survey if they had not already. A total of 264 programs completed the survey online, for a response rate of 35%.

A similar methodology was followed to survey family child care providers. BTWIC took EEC’s list of 6,722 family child care providers as of August 2012 and randomly selected 1,200 providers, stratifying by EEC region. BTWIC then mailed a copy of the survey in both English and Spanish to the providers, along with a prepaid business reply envelope for easy return. BTWIC did not complete any follow-up in the form of calling providers to remind them of the survey, due to staff capacity and language limitations. A total of 170 family child care providers mailed back a completed survey, for a response rate of 14%. 30 surveys in Spanish were returned and 140 surveys in English were returned.

No compensation or incentive was offered to center-based programs for completing the survey. Family child care providers who completed the survey were offered a chance to enter a raffle for a $75 Stop and Shop gift card.

Survey Respondents

Over half (60%) of the center-based respondents were individuals from non-profit early education programs, including Head Start. Three-quarters of respondents were directors or managers at the sites and one-quarter identified themselves as nutrition coordinators or other administrators.

The 264 centers who responded to the survey reported that they serve a total of 19,168 children collectively. Twenty percent of these children were of infant/toddler age, 49% percent were of preschool age, and 31% were of school age, which is consistent with the estimated breakdown of capacity statewide.

The 170 family child care providers who responded to the survey reported to serve a total of 1,281 children throughout the state. Just under half were reported to be infants and toddlers (47%) and half were preschool and school-age children (46%), with 7% of the children’s age not reported.

**Limitations**

There are some important limitations to this methodology. BTWIC considers the results from the center-based survey to be representative of centers across Massachusetts, however the low response rate from family child care providers means that the data are not necessarily representative of family child care providers throughout the state. Survey responses were also self-reported by directors, administrators, and providers in these various programs and are therefore subjective in nature.