Leveraging the Child & Adult Care Food Program

Promoting Healthier Eating Standards for Out-of-School Time in New York

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Introduction

Children and youth spend up to 15 hours per week in afterschool and other out-of-school time (OST) activities when school is in session, or as many as 40 hours per week during the summer or other extended school breaks. Implementation of nutrition and physical activity standards and programming in OST settings is a natural complement to school wellness and early learning wellness initiatives. While the evidence for the effectiveness of physical activity and nutrition guidelines in OST programs is still growing, multiple studies have found that OST programs can make modest improvements in unhealthy weight gain in children and youth.\(^1\) A focus on OST environments must be part of a comprehensive strategy to prevent childhood obesity.\(^2\) To support healthier out-of-school-time settings, the YMCA of the USA, together with the National Institute on Out-of-School Time and the University of Massachusetts/Boston formed the Healthy Out-of-School-Time Coalition and developed a national set of healthy eating and physical activity (HEPA) standards tailored specifically for OST providers.\(^3\)

Many child care and OST programs participate in the federal Child and Adult Care Food Program (CACFP), but many do not. CACFP offers opportunities to promote access to healthier food, especially for kids from food insecure homes. This publication explains how some states are leveraging CACFP to support and increase availability of healthy meals and snacks in child care and OST settings, and discusses ideas and key considerations for exploring this strategy in New York.
What is the Child and Adult Care Food Program?

The Child and Adult Care Food Program (CACFP) is a federally funded U.S. Department of Agriculture (USDA) program designed to improve the diets of children and others in care settings. Since 1968, CACFP has helped to support child care providers by reimbursing them for snacks and meals provided to low-income children and other clients. In 1994, Congress extended CACFP reimbursement to a few afterschool programs providing snacks in areas of high rates of violence or substance abuse. In 2010, the Healthy Hunger-Free Kids Act expanded CACFP’s reach by authorizing reimbursements for meals and snacks provided by afterschool programs who serve at-risk youth in all 50 states.

CACFP is directly administered at the state level, usually through each state’s department of health or education. The administering state agency is responsible for monitoring the program, including ensuring CACFP participants follow the program’s nutritional requirements. In New York, the state’s Department of Health administers this program. It monitors CACFP participants through site visits and by reviewing recordkeeping practices and documentation. The state’s webpage has additional information: [https://www.health.ny.gov/prevention/nutrition/cacfp/](https://www.health.ny.gov/prevention/nutrition/cacfp/)

Child care providers who participate in CACFP typically are eligible for reimbursements for up to three eating occasions — either two meals and a snack, or two snacks and a meal — so long as those meals and snacks meet the program’s requirements. The amount of reimbursement varies, depending on the income of the provider, the children's family income, and/or the number of children eligible for free or reduced priced meals in the school district where the provider is located. Providers must submit income eligibility applications, which are used to establish the reimbursement rate.

OST Options for CACFP Participation

Afterschool or OST programs can participate in CACFP as either an “Outside-School-Hours Care Center” or as an “At-Risk Afterschool Care Center.” These centers may be public or private nonprofit institutions or facilities (except child care homes), that are licensed or approved to provide organized nonresidential child care services to children during hours outside of school. Federal law does not require these centers to be licensed unless licensure is required by state or local law. However, unlicensed programs must comply with applicable state or local health and safety laws.

Nonprofit Outside-School-Hours Care Centers are all eligible to participate in CACFP. For-profit Outside-School-Hours Care Centers are eligible to participate if 25% or more of the youth enrolled in the program are eligible for free or reduced-price meals as verified by income eligibility forms.

“At-Risk Afterschool Care Centers” are public or private nonprofit organizations that provide nonresidential child care to children after school through approved afterschool care programs located in public school attendance areas where at least 50% of the student population is eligible for free and reduced price meals. The New York State Health Department compiles a list of school districts that meet the at-risk standard, updated every March. Emergency shelters that run afterschool programs with educational or other enrichment activities for homeless children and youth are eligible for at-risk reimbursements no matter where they are located.
At-Risk Afterschool Care Centers can get reimbursed for one snack and supper at the highest reimbursement rate (the “free” rate) during the school year. In addition to being located in an eligible public school attendance area, an afterschool program or center must:

- Be operated by a public agency, nonprofit organization, or a for-profit organizations that meets certain requirements;
- Provide care for kids and teens up to age 18 (including those who turn 19 during the school year) who are enrolled in school, after school or on the weekends, holidays, or during school vacations on a regular basis during the school year;
- Provide organized activities in a supervised environment; and
- Include education or enrichment activities.

At-Risk Afterschool Care Centers can serve meals to children that are not enrolled in their programs. For example, if an At-Risk Afterschool Care Center is located in a community center that has unsupervised open-gym basketball, the youth using the open gym can be served meals.

The advantage of participating in CACFP as an Outside-School-Hours Care Center is that breakfast in addition to snack and supper are eligible for reimbursement. A disadvantage is that the program must collect income eligibility information and reimbursement amounts will vary depending on this information. As explained above, a key benefit of participating as an At-Risk Afterschool Care Center is that providers do not need to submit income eligibility information to receive the highest reimbursement rate for afterschool snacks and suppers served, which is $.84 and $3.07 respectively, for the 2015–2016 year.

CACFP currently does not provide at-risk meal reimbursements during summer breaks, except for programs located in the attendance area of a school that operates year-round. For programs not located in year-round school district, participation in the USDA’s Summer Food Service Program may be a good option.

According to New York Department of Health data for federal fiscal year ending 2014, an average of 1,879 “day care centers” claimed at-risk reimbursements, and there was an average daily attendance of at-risk kids of 143,450 for the year. The Department also reported that the average daily attendance for home and center CACFP providers combined was 341,200. It is unclear whether the at-risk daily attendance rate is included in this combined daily attendance rate, or represents additional daily attendance rates. Either way, the average at-risk daily attendance rate represents a significant number relative to the combined CACFP daily attendance rate.
OST Programs that Participate in CACFP Can Help Reduce Food Insecurity

Increasing CACFP participation by OST providers can promote healthy eating by providing additional nutritional calories to promote healthy growth and development for children and youth. A key impetus for the expansion of CACFP to afterschool programs, in particular the expansion of eligibility for participation as an At-Risk Afterschool Care Center from the 13 pilot states to all 50 states in 2010, was to address childhood hunger. Children from low-income households can receive federally-funded breakfast and lunch meals through the National School Meal Programs but they may not have access to any additional food for the rest of the day. Because schools, and their nutrition programs, close after the school day ends, afterschool programs can be leveraged to serve suppers to low-income children that might otherwise go hungry. In fact, USDA estimates, “that 35% of the suppers served in at-risk afterschool care centers are served to children who would not have received CACFP meals in the absence of the at-risk program.”20 One study found that on days that youth participated in an at-risk afterschool meals program, they eat more fruits, vegetables, and milk, and had a higher intake of calcium, vitamin A, and folate compared to days when they did not participate.21

Several states — including New York — have leveraged CACFP standards to improve the quality and availability of meals and snacks provided to children and youth both in early care and education (ECE) programs and out-of-school-time (OST) programs. As explained below, New York is ahead of the curve in this area in many respects; yet, there are ways that New York could do more.

How Are ECE and OST Programs Regulated in New York?

The way that ECE and OST programs are regulated in New York provides important additional context for thinking about ways to leverage CACFP nutrition standards. Please note that New York City licenses centers within its boundaries, and so a different set of standards applies to centers in New York City. The New York City regulations are beyond the scope of this report.22

New York’s Child Care Laws

According to Child Care Aware of America, in 2014 there were over 18,000 licensed child care providers in the state, with slots for over 450,000 children.23 The New York Office of Children and Family Services licenses and registers child care providers, except for centers in New York City. According to 2013 data from that office, there were about 11,304 providers licensed by the state and another 10,557 providers registered with the state.24 A recent news report stated that 2,300 centers are licensed by New York City.25 Based on these reports, there is an estimated total of just over 24,000 licensed or registered providers in the state. The categories of regulated providers include: “child day care center,” “small day care center,” “school-age child care,” “group family day care home,” and “family day care home.”26 Group family child care providers and centers that care for seven or more children must be licensed; family homes and centers caring for three to six children, and school-aged
care programs, must be registered; other providers may choose to register. Of the 10,557 registered providers, about 2,788 were reported to be school-age care providers.

A “child day care center” is defined as “a program or facility which is not a residence in which child day care is provided on a regular basis to more than six children for more than three hours per day per child for compensation or otherwise.” A “school-age child care program” is defined as “a program or facility which is not a residence in which child day care is provided to an enrolled group of seven or more children under 13 years of age during the school year before and/or after the period such children are ordinarily in school or during school lunch periods.”

What are the existing nutrition standards for child care and out-of-school time programs in New York?

New York’s licensing laws were recently updated, and important new nutrition standards were added, effective June 1, 2015. For all licensed or registered providers, the only beverages that may be served are fluid milk, 100% juice, and water. In addition, the licensing laws for family home and small center providers require that meals be “nutritious” and that snacks be “sufficient and nutritious,” but unfortunately the law does not define what “nutritious” means. The state also requires that licensed large centers and registered school-age child care programs that provide meals or snacks “must be in compliance with the USDA Child and Adult Food Program (CACFP) meal patterns.” The impact of these new requirements will not be known until more time passes. They represent great progress, but their impact on OST programs may be limited by the fact that many OST programs are not required to register.

Summer Camps

Summer camps are required to obtain a permit from the state health commissioner; however facilities that are licensed as childcare providers do not need to obtain summer camp permits. Summer camp programs are subject to some regulations pertaining to health and safety, including some related to food and nutrition. The majority is related to food safety, and nutrition is only mentioned vaguely. Section 7-2.19 (b) of the permit regulations states: “When food is provided by the camp, it shall be of sufficient quantity and quality for the nutritional needs of each child.”
What OST programs are covered by or exempt from the licensing laws?

While many OST programs that serve children ages 12 and under would be covered as school-age child care programs, there are several types of programs that are exempted from state licensing or registration requirements. In general, providers caring only for school-age children over the age of 13 years old are not required to be licensed or registered, though they “must meet all regulatory standards in regard to such children just as if the children were under 13 years of age,” and the children must be enrolled in school.\(^\text{34}\)

Other exemptions include

- Day camps and summer camps, (see box regarding summer camps).\(^\text{35}\)
- An after-school program operated for the purpose of religious education, sports, lessons, or recreation.\(^\text{36}\)
- Day treatment facilities licensed under the Office of Mental Health or the Office of Mental Retardation and Developmental Disabilities.\(^\text{37}\)
- A kindergarten, pre-kindergarten, or nursery school for children three years of age or older, or after-school program for children operated by a public school district or by a private school or academy which is providing elementary or secondary education or both.\(^\text{38}\)

New York Already Leverages CACFP

New York leverages CACFP in important ways by incorporating CACFP requirements for large centers and school-age care programs, and by having additional nutritional standards for CACFP participants.

What are the CACFP’s nutritional requirements?

To be eligible for CACFP reimbursement, the meals and snacks provided must meet the meal pattern minimum requirements found in CACFP regulations.\(^\text{39}\) The current federal regulations require that breakfast include milk, a vegetable or fruit, and a bread or grain product made with whole-grain or enriched flour/meal. Lunch and supper must contain milk, two servings of fruit and/or vegetables, bread or grain product made with whole-grain or enriched flour/meal, and lean protein. Snacks must contain at least two out of four possible components: milk, meat or meat alternative, fruit or vegetable, and a whole-grain or enriched bread or grain product. For more information on the requirements, please see: [http://www.fns.usda.gov/cacfp/meals-and-snacks](http://www.fns.usda.gov/cacfp/meals-and-snacks). As explained below, there is a proposed rule pending to update these requirements.

States may add requirements as long as the additional requirements are consistent with the federal requirements and do not deny access to the program to eligible institutions, subject to approval by the applicable Food and Nutrition Service regional office.\(^\text{40}\) States may not disallow meals that are otherwise reimbursable based solely on the violation of an additional state requirement, but may require providers to take corrective actions.\(^\text{41}\)
New York’s Additional CACFP Requirements

CACFP participation rates in New York have increased significantly since 1997, especially for center providers. According to data from fiscal year 2014, about 15,124 New York child care center and home providers (not including Head Start centers) (9,650 “day care providers,” 5,474 “day care” and “child care” center providers) and 218 Outside School Hours Centers participated in CACFP. If there are 24,000 licensed and registered providers in the state, then only about 36% of New York’s licensed or registered providers are not participating in CACFP. Further, the Outside School Hours Centers would appear to constitute less than 10% of the 2,788 registered school-age care programs (based on 2013 numbers). Given that registered school-age programs are now required to follow the CACFP meal pattern requirements as June 1, 2015, this percentage seems likely to increase.

In 2009, New York implemented a set of additional required and recommended nutrition standards for CACFP providers, called the “Healthy Child Meal Pattern.” New York’s CACFP required standards limit juice to only once per day; do not allow the serving of flavored milk to children ages 1–5 years old; and limit sweetened grain products to breakfast or snacks, and not more than twice per week. The additional standards reportedly took cost considerations into account in order to retain providers, and required minimal training. New York’s CACFP guidelines also include recommended practices, including that fruits and vegetables should be fresh, frozen, or canned and prepared with no added sugar, salt or fat; only whole-grain products should be served; flavored milk should not be served to school-age children; and other similar recommendations. A Health Department policy memo lists the state’s additional CACFP requirements and recommended practices.

Proposed changes to federal CACFP nutritional standards

Many of the federal CACFP nutrition guidelines are more than two decades old, and lack standards that could require whole grains, a variety of fruits and vegetables, and foods that are low in saturated fat, added sugar, and sodium. In January 2015, the USDA released a proposed rule for meal pattern revisions to implement section 221 of the Healthy, Hunger-Free Kids Act of 2010 (Pub. L. 111-296). This proposed rule sets higher nutrition standards for CACFP. The comment period for the proposed rule ended in May 2015; a final rule has not yet been released.

- To read the proposed rule, please visit https://federalregister.gov/a/2015-00446.
- For more information on how the proposed rule could change existing standards, please visit the Food Research and Action Center’s (FRAC) website http://frac.org/federal-foodnutrition-programs/child-and-adult-care-program/.

Once adopted, any proposed changes to the minimum CACFP standards will apply to all providers who participate in the CACFP program, as well as to licensed centers and registered school age care providers because state law incorporates the CACFP standards for these providers.

Given that New York already has enhanced CACFP standards, many New York providers are likely meeting several of these standards already. Many of the proposed standards are the same, or less strict than, the current New York standards.
How can New York do more with CACFP to promote healthy eating in OST settings?

Although New York already leverages the CACFP standards to a large degree, examples from a few other states offer additional ideas for how the state could make further progress in this area.

CACFP standards could be further leveraged in New York by:

1. Ensuring that CACFP standards are consistently implemented and enforced.
2. Including the CACFP standards in the licensing/registration requirements for all providers.
3. Providing supplemental payments to CACFP participants.

Key preliminary considerations relevant to each type of approach are discussed below. Please note, many of the considerations may apply to more than one of the strategies discussed below.
1. Ensure that CACFP standards are being consistently implemented and enforced.

As explained above, New York’s licensing regulations already require large centers and school-age care providers to follow the CACFP meal patterns when they provide food, even if the provider does not participate in the program. However, researchers and advocates in other states have sometimes found that even where this kind of requirement exists, it is not always consistently implemented or enforced. For example, a Minnesota child care center regulation states: “[d]rinking water must be available to children throughout the hours of operation and offered at frequent intervals.” Yet, a recent survey of providers found that only 72% of child care centers reported that children can access drinking water freely at other times besides meal and snack times, indicating that 28% of centers were not following the regulation. Advocates are considering how to develop an educational campaign for providers to promote compliance with these and other existing Minnesota regulations that are HEPA related. This same survey (and a similar survey of Wisconsin providers) was also useful in identifying the HEPA practices or standards that providers are already achieving, or believed that they could easily achieve.

Knowing that the nutrition standards are new, it is unclear whether New York will face the same kinds of challenges. A recent Child Care Aware assessment ranked New York second in the U.S. (after the Department of Defense) for both program standards and oversight, indicating that New York has both stronger standards and good oversight compared to every other state. It could be useful to explore to what extent these excellent efforts will include a focus on ensuring that existing nutritional requirements are being consistently enforced and that providers are aware of them, and whether these efforts could be strengthened. For example, one area of possible confusion is that the training materials for large centers and school-age child care programs developed by the Office of Children and Family Services and the Department of Health to aid compliance with the CACFP meal patterns do not reference the state’s additional CACFP requirements. For example, they do not expressly advise that juice should not be served more than once per day, nor do they limit serving of sweet grain products to no more than twice per week.

It is unclear why that information is not being conveyed in the state’s toolkit. One possibility is that the state’s licensing and regulation requirements are being interpreted to only require compliance with the federal requirements and not the state’s additional CACFP requirements. One possible reason for such an interpretation could be that regulators fear that if providers must comply with the additional state standards, they will simply choose not to serve food at all or may drop out of providing licensed or registered care. However, when the state’s additional requirements were put into place, New York CACFP officials reported that feedback from programs was positive and compliance was not a significant issue. Thus, applying the CACFP requirements consistently would not seem to pose a big barrier. Further, providers who are participating in CACFP may rely on this toolkit without realizing that it does not clearly follow New York’s Healthy Child Meal Pattern, adding to the confusion.

Because enforcement is a question of agency interpretation and capacity, the Office of Children and Family Services has discretion and authority to address this issue.
2. Clarify what is a “nutritious” meal or snack by incorporating the CACFP meal pattern requirements for all types of providers

If they serve food, small centers and family home providers are required to serve meals that are “nutritious” and snacks that are “sufficient and nutritious,” but these terms are not defined. This lack of clarity lends itself to confusion by providers about what is “nutritious,” and also could foster inconsistent enforcement because inspectors could apply different interpretations as well.

These terms could be defined to provide clear guidance to providers and inspectors. One evidence-based approach to defining them could be to extend the requirement of following the CACFP meal pattern to all licensed or registered providers. Given that all licensed or registered providers in New York now should be following CACFP standards with respect to beverages (because the law states that only fluid milk, 100% juice, and water may be served), and that about two-thirds of New York’s licensed or registered providers are already participating in CACFP, this may be a viable strategy. Adding the requirement that any meals served by these providers meet CACFP requirements, as is now required for large center and school-age care programs, could ensure that more children in New York are getting healthy meals each day. Several studies have shown that children enrolled in programs participating in CACFP receive nutritionally superior meals and snacks.

One key consideration with this approach is whether it will impact OST providers. It would be important to understand to what extent these smaller providers are providing OST care. Further, a potential undesirable consequence of this approach is that, if providers perceive it as too onerous, providers could choose not to serve food at all, or could choose to not participate in the licensure or registration process. This concern could be amplified by the uncertainty that providers may be feeling while waiting for the federal CACFP standards to be finalized. However, as noted above, New York’s additional standards already include many of the proposed changes, and New York’s experience in implementing these standards has been largely successful. Thus, it is difficult to predict whether this negative consequence would materialize.

Implementing this approach would likely require a formal rulemaking process. Given that these regulations were just recently updated, it seems unlikely that there will be much appetite to reopen these rules again very soon. Additionally, it could be useful to allow some time and experience to be accumulated to see whether enforcement difficulties arise and if so, determine the best way to address them.

3. Boosting participation in CACFP through additional assistance and/or supplemental reimbursements

Another way to leverage the CACFP and New York’s existing nutrition requirements would be to implement policies and practices to promote more participation by providers. New York is already doing relatively well in this area, with about two-thirds of all licensed or registered providers participating in CACFP. But CACFP enrollment numbers for OST providers have been much lower relative to the number of registered school-age care providers (2,788), if the number of Outside School Hours Centers (218) is any indication. This may change now that all registered school-age care
providers are required to follow the CACFP meal patterns if they serve food. Two more ways that New York could boost CACFP participation by OST providers are discussed below.

A. PROVIDE ADDITIONAL TECHNICAL ASSISTANCE AND RESOURCES TAILORED FOR OST PROVIDERS

New York could seek to promote participation in CACFP by providing additional technical assistance and resources aimed at OST providers specifically. Here again, New York already has made a lot of progress — as noted above, the state recently released a new toolkit aimed at helping school-age care providers (as well as large centers) understand how to meet the USDA’s CACFP meal pattern requirements. Because New York law now requires registered school-age care programs to follow CACFP meal patterns, these providers could present prime opportunities for recruitment into the CACFP program so they can receive reimbursements for the food they are providing, and possibly be encouraged to offer supper instead of — or in addition to — a snack. CACFP can be a valuable resource for OST programs that provide meals and snacks to children and youth. In addition to reimbursement for serving meals and snacks that meet the necessary nutrition standards, providers and sponsors also receive ongoing training, technical assistance, and support through CACFP. Participants may receive CACFP-approved education in areas related to safe food service, record keeping, nutrition, menu plans, and recipe ideas.

In the 2011 final report CACFP At-Risk Afterschool Meals Best Practices, training, technical assistance, and other administrative responsibilities are listed as among the greatest barriers to CACFP participation by afterschool programs. By addressing these barriers, New York could increase participation. The New York State Department of Health could create more OST-specific resources to help assist in paperwork, address nutrition requirements, and answer common questions. One way to do this that builds off an existing framework is to expand its Eat Well Play Hard program for ECE providers (see box) to include an OST component. Additional opportunities to provide technical assistance and resources are addressed more in depth below.

**Eat Well Play Hard**

Since 2005 the New York State Department of Health has offered an obesity intervention program for ECE providers participating in CACFP called Eat Well Play Hard. The program uses SNAP-ed and state obesity funding to provide nutrition education in childcare settings in low income areas. Participating centers receive training, and dietitian coaches teach classes for the children and their parents. The objectives are to increase fruit and vegetable intake, encourage consumption of low fat or fat free milk, and increase physical activity. Program participants increased fruit and vegetable consumption at home and were more likely to consume low fat or fat free milk (see [http://www.fns.usda.gov/sites/default/files/SNAP-EdWave1EatWell_Voll_0.pdf](http://www.fns.usda.gov/sites/default/files/SNAP-EdWave1EatWell_Voll_0.pdf)). The New York Department of Health could continue to expand this program to school-age care programs and programs participating in CACFP’s at risk afterschool meals program to encourage more participation.
B. INCREASE REIMBURSEMENT AVAILABLE FOR PROVIDERS PARTICIPATING IN CACFP

New York could encourage additional participation in CACFP by increasing the reimbursement amount for participants through a supplementary state reimbursement. This supplementary reimbursement could take the form of additional money per meal, or by expanding reimbursements to cover three meals per day. This would require a state-level appropriation, which can prove to be fiscally and politically challenging. California and Washington D.C. have taken these kinds of approaches, and Minnesota has considered it recently.

California

In 1975, the state of California established a state reimbursement rate for meals served by eligible child care centers and day care homes, to supplement the federal CACFP reimbursement. Under this law, meals served by CACFP providers are eligible for an additional state reimbursement of $0.1674 per meal. Family home child care providers are eligible to receive state reimbursement for 75% of the breakfasts and lunches served to participating children and youth. Unfortunately, California's governor has line-item vetoed appropriations to fund this reimbursement every year since 2012.

Minnesota (proposed but not passed)

In Minnesota, a bill was proposed during the 2014-2015 session that would have established a state reimbursement. The proposed bill would have created an additional state reimbursement of ten cents for each qualifying lunch or supper. Additionally, the bill would have appropriated funding (1) for grants to family child care organizations for training and technical assistance on dietary guidelines, farm to child care, and parent engagement and (2) to the Minnesota Department of Education for technical support focusing on nutrition education for child care providers. The bill did not pass but may be introduced again. A copy of the proposed bill is available online: http://wdoc.house.leg.state.mn.us/leg/LS89/HF2098.0.pdf.

Washington D.C.

In November 2014, Washington D.C. passed the Healthy Tots Act of 2014, which establishes a supplemental local CACFP reimbursement of $0.10 for each eligible breakfast, lunch, and supper served by child care providers participating in CACFP. The law also provides an additional $0.05 per lunch and supper to eligible child development facilities that serve a locally grown, unprocessed food as part of the meal (excluding milk). This law also permits CACFP meal reimbursement for three meals — making Washington D.C. the only jurisdiction in the U.S. to provide CACFP reimbursement for each meal of the day (as opposed to two meals and a snack). The law also provides for annual $300 grants to family home providers that participate in CACFP “to help pay for costs associated with licensing, renewal, and other related expenses.” The Act appropriated $3.2 million in funding.
Final Considerations

New York is starting from an advanced place. It recently updated its licensing and registration requirements, including updated nutrition standards for school-age care providers and other providers as well. It already has additional CACFP nutrition standards, and relatively high rates of CACFP participation, although not for school-age care providers. Given this context, strategies that focus on implementing systems designed to boost CACFP participation by school-age care providers may make the most sense — such as asking the Department of Health and/or Office of Children and Family Services to expand their processes for offering technical assistance to OST programs, and seeking supplemental CACFP reimbursements using the Washington DC model (with additional payments and allowing for three meals, plus a snack).

Additional resources

- U.S. Department of Agriculture's website[^69] on the Child and Adult Care Food Program.
- The Food Research Action Center (FRAC) released a webinar[^70] discussing the proposed CACFP rule that will strengthen the existing CACFP nutrition standards.
- New York State Department of Health's CACFP webpage[^71]
- New York toolkit[^72] for school-age child care providers and large centers about implementing new meal pattern requirements.
- Share Our Strength No Kid Hungry Center for Best Practices webpage[^73] about Afterschool Snacks and Meals
Endnotes


3 The complete standards are described in Nat’l AfterSchool Ass’n, HEPA Standards, http://www.niosh.org/images/host/Healthy_Eating_and_Physical_Activity_Standards.pdf.


12 See 7 C.F.R. § 226.2 (2015) (definitions of “at-risk afterschool care center” and “eligible area”).

13 The lists for school districts in NYC and outside of NYC can be found here: https://www.health.ny.gov/prevention/nutrition/cacfp/centers.htm


15 During non-school days (i.e., weekends or vacation days), the “supper” meal can be served at any time of day approved by the state agency. At-Risk Afterschool Meals Handbook, supra note 6, at 10.


22 For more information about New York City’s regulations, see Public Health Law Ctr, Using Local Authority to Create Healthier Child Care Settings: New York City (Nov. 2013), http://www.publichealthlawcenter.org/sites/default/files/resources/New%20York%20Fact%20Sheet-%202014.pdf. The NYC regulations have been updated again since this publication was written.


29 N.Y. Comp. Codes R. & Regs. tit. 18 § 413.2 (b) (1) (2015).


31 See, e.g., N.Y. Comp. Codes R. & Regs. tit. 18 § 418-1.12(p) (centers); N.Y. Comp. Codes R. & Regs. tit. 18 § 414.12(p) (school age care); and N.Y. Comp. Codes R. & Regs. tit. 18 § 417.12(ad) (family home providers).

32 N.Y. Comp. Codes R. & Regs. tit. 18 § 416.12 (a) (group family homes); § 417.12 (a) (family homes); § 418-2.12(a) (small centers) (2015).


47 Nat’l Res. Ctr. for Health & Safety in Child Care & Early Educ., Achieving a State of Healthy Weight: 2012 Update (2013), http://nrckids.org/default/assets/file/products/ashw/ashw%202012%20final%20report%209-18-13%20reduced%20size.pdf. Updates to requirements were made in 2011 regarding service of milk (pasteurized skim or 1%) and availability of water throughout the day and upon request.


51 Minn. R. 9503.0145(2015).


55 http://frac.org/pdf/cacfp_case_study_new_york_state_policy_change.pdf

56 N.Y. Comp. Codes R. & Regs. tit. 18 § 416.12 (a) (group family homes); § 417.12 (a) (family homes); § 418-2.12(a) (small centers).

57 See, e.g., N.Y. Comp. Codes R. & Regs. tit. 18 § 418-1.12(p) (centers); N.Y. Comp. Codes R. & Regs. tit. 18 § 414.12(p) (school age care); and N.Y. Comp. Codes R. & Regs. tit. 18 § 417.12(ad) (family home providers).


Cal. Educ. Code § 49550 (a) (stating “Notwithstanding any other provision of law, each school district or county superintendent of schools maintaining any kindergarten or any of grades 1 to 12, inclusive, shall provide for each needy pupil one nutritionally adequate free or reduced-price meal during each school day, except for family day care homes that shall be reimbursed for 75 percent of the meals served.”)


https://www.health.ny.gov/prevention/nutrition/cacfp/

http://nydontraining.health.state.ny.us/nutrition_standards_toolkit_june2015/

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