POLICY REPORT

Supporting Healthy Nutrition in Early Education & Care Settings

PERSPECTIVES OF CHILD CARE PROVIDERS AND ADMINISTRATORS IN MASSACHUSETTS

AUGUST
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CHILDREN'S HealthWatch

EXECUTIVE SUMMARY

Early childhood is a sensitive period of development marked by rapid brain and body growth. Children whose basic needs are met, including access to enough nutritious foods for healthy growth and development, have the best chance of reaching their full potential. Additionally, eating habits and preferences formed early in life can influence dietary palates and lifelong health outcomes, including risk of chronic disease.

Many young children spend a significant amount of time in early childhood education and care settings, which provides families with the support they need to help children establish and practice healthy eating habits. By exposing children to a variety of nutritious foods, early education and care providers contribute to giving children the best possible start in life while often also helping to offset families' food costs.

Despite the established benefits of an adequate diet, support for early education and care providers to teach young children about healthy eating habits and provide healthy, age-appropriate foods is limited. Findings from this mixed-methods study indicate that, despite good intentions, the current child care system falls short of meeting the nutritional needs of young children while also failing to provide parents and early education and care providers with the financial resources and coordinated support needed to promote healthy development. Strengthening nutrition provided in early education and care settings will require **greater coordination across state agencies, sustained investment, and funding formulas and reimbursement rates that reflect the true cost of providing high-quality, nutrition.**

A NOTE ON TERMS USED

We use "child care" when describing the Early Education and Care sector and "providers" when describing early childhood professionals throughout this report. While we use abbreviated terms, we recognize and affirm the important role of early childhood educators. The role of an early childhood educator includes teaching children early academic and lifelong socioemotional skills that are foundational for future success in the classroom, on the job, and as a member of society. **Therefore, access to high-quality early education underpins our entire economy.**

A SOLID FOUNDATION

Early Childhood Sets the Foundation for Health & Well-Being

High-quality, nurturing, affordable, and accessible early education and care (henceforth, child care) is essential to the health and well-being of young children, their families and community, and the broader economy.[1–3]

For families, child care enables caregivers to attend school or work and earn income, which lead to increased household income and improved economic stability in the medium and long-term.[4–6] Both are linked to improved health outcomes for children and their families.[7,8] However, limited availability and high costs of care make access challenging and financially burdensome, if not out of reach, for many families across the United States.[9–11]

Many babies and toddlers spend most of their daily hours in child care settings.[12] **Given that 80% of brain development occurs within the first three years of life, the early care and education sector plays a foundational role in supporting healthy growth and development.**[13,14] Nutrition in child care settings is particularly important, as the food children eat in their earliest years shapes healthy brain development, future health outcomes, social interaction skills, and lifelong eating habits and preferences.[14,15] Participating in high quality, accessible child care—whether provided by a family child care provider or a child care center, such as Head Start—sets children up for long-term success by providing consistent access to nutritious food and opportunities to build healthy eating habits.[16–18] **Despite strong evidence that healthy nutrition during early childhood is critical for children's growth, development, and lifelong health, many child care providers continue to face financial and structural barriers to providing nutritious meals to young children.**[19,20]

Recognizing the importance of good nutrition for optimal child health and development, the Child and Adult Care Food Program (CACFP) is a core federal nutrition entitlement program that reimburses family child care homes, child care centers, and emergency shelters serving nutritious meals and snacks to offset the cost of feeding children in their care. Each year, CACFP helps provide 4.7 million children with the healthy meals and snacks they need for healthy growth and development.[21–23] Although state quality standards recognize healthy nutrition as a core component of high-quality early education and encourage participation in CACFP, few child care providers (~36.5% nationally) utilize the program.[24,25]

LEARNING FROM THE FIELD: CHILD CARE PROVIDERS AND ADMINISTRATORS

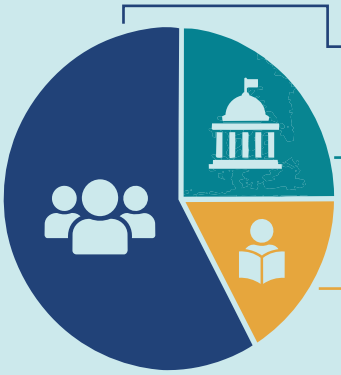
Despite the importance of healthy nutrition in early childhood and the outsized role child care providers play in educating our youngest learners and supporting family health, policymakers may not know what providers want and need to feed children healthy meals, nor state agencies' perspectives on current challenges and opportunities. This mixed-methods study explored the perspectives of child care providers and state agency partners on their respective roles in shaping children's nutrition — through, for example, serving healthy foods, promoting healthy eating habits in early care settings, and providing state oversight and support. In addition, this study examined providers' understanding of what quality nutrition looks like for young children, how they manage food costs within the context of rising unaffordability, and unique challenges the sector faces. Lastly, researchers investigated how participation in child care influences young children's dietary intake* and eating habits — and assessed differences by child care setting.

To improve nutrition in child care settings, lessons from this study indicate the need to reshape policy to better reflect the day-to-day realities of providers. There is an ongoing, growing, and urgent need for financial support, technical assistance, and better coordination among state and federal actors to clarify nutrition goals and guidelines and make participation in programs like CACFP more feasible.

RESEARCH METHODS

QUALITATIVE DATA

A total of **26 professionals** involved in child care who live and work in Greater Boston, Central Massachusetts, Western Massachusetts, and Washington, DC participated:



16 child care providers or health professionals

6 state employees whose work touches child care

4 early childhood education & care advocates and policy experts

Preliminary results were shared with participants for **anonymous feedback** (known as "member checking") as well as with **policy content experts**.

Collectively, this review helped to **refine key themes and policy recommendations**.

Qualitative data came from interviews and focus groups conducted in Spanish and English over a video conferencing platform.

QUANTITATIVE DATA

Quantitative data came from Children's HealthWatch survey data of **caregivers of children under age 4** (n=1,404) accessing pediatric emergency departments or primary care clinics in four cities across the US.

1,404 caregivers surveyed
who care for children under the age of 4

4 cities
Boston, Little Rock, Minneapolis, & Philadelphia

2 languages
Surveys conducted in English and Spanish

Researchers examined **dietary intake*** comparing children who **stayed at home** with their caregiver (did not attend child care settings) versus those who attended **center-based or family child care** for 20 hours or more. Additionally, researchers examined dietary intake of children who attended a child care setting that likely participated in **CACFP** compared to settings that did not participate.

RESULTS & POLICY RECOMMENDATIONS

Reflections from the Field

The following themes, quantitative analyses, and policy recommendations are grounded in the results of this study and reflect the experiences, priorities, and needs identified by 26 diverse child care professionals working in the field and analysis of Children's HealthWatch data. Each integrated section below presents study results and relevant policy recommendations.

1. Child care providers are severely financially constrained by the cost of food

In a sector with razor thin profit margins[26], food costs make up a significant portion of child care providers' monthly budget.

> *"I mean, we spend over $400,000 a year on food, and it's only partially reimbursed. If we could save that money and invest in salaries, we would have higher quality teachers because we'd have teachers who really want to be here and they'd stay longer." — Large Center Provider*

Compared to K-12 education, the child care field does not have the dedicated school nutrition staff, resources, and scaled purchasing power that public school districts do, meaning many providers have to navigate the costs and logistics of buying and serving food to young children on their own[27].

To address some of these challenges, family child care networks help providers pool resources, creating economies of scale. However, these networks alone cannot address the full scope of need to make food costs less financially burdensome for providers. Massachusetts Commonwealth Cares for Children (C3) grants began during the COVID-19 pandemic to stabilize the early education and care sector.[28] With leadership from the governor and state legislators, C3 grants have become a part of the annual state budget, providing non-competitive monthly support to child care providers for operational and workforce costs. Yet, even with these crucial supports, providers and state employees repeatedly reported that food costs are a significant portion of child care providers' budgets.

*Understanding Dietary Intake

"Dietary Intake" is understood as the total daily consumption of calories, macronutrients (carbohydrates, proteins, and fats), vitamins, and minerals derived from foods and beverages. This measure provides a key indicator of an individual diet's nutritional quality. In this study, dietary intake was assessed using the following four measures:

Minimum Dietary Diversity
Proportion of children who consumed foods from 5 or more food groups during the previous day (Breast milk; Grains, roots, and tubers; Legumes and nuts; Dairy products; Meats, seafood/ fish & poultry; Eggs; Vitamin-A rich fruits and vegetables; Other fruits and vegetables).

Sweet Beverage Consumption
Proportion of children who consumed a sweet beverage during the previous day (e.g. Soda; 100% Fruit juice; Chocolate and other flavored milks; Tea or coffee with sugar).

Unhealthy Food Consumption
Proportion of children who consumed selected sentinel unhealthy foods during the previous day (e.g. Sweet, salty, or fried foods such as Candy; Chocolate; Ice cream; Cake; Pie; Donut; Cookies; Chips; Breakfast cereal, French fries; Instant noodles).

Fruit and Vegetable Consumption
Proportion of children who consumed fruits or vegetables during the previous day.

> *"We ask how programs spend their C3 funds and we've noticed in the "other — write in" category, food has become much more common than before" — State Administrator*

> *"Through the C3 survey we were able to get some insight that programs are using C3 to help with food costs. And through the listening sessions on CACFP, we certainly heard that the reimbursement isn't enough and they have to spend money on [food]. And when [reimbursement] was reduced for family child care, they were like, 'what am I going to do? I can't afford, you know, unless I increase costs [for] parents.'" — State Administrator*

Food price inflation steeply rose across the study period[29,30], exacerbating a pre-existing challenge: most providers want to be serving higher quality food, but their budgets do not stretch to allow it without increasing fees for parents.

> *"If they're in CACFP and they get some money to help with food, then maybe they don't have to increase fees for parents this year.* **If we want to be lowering child care costs, we have to be talking about how we're supporting programs of food***." — State Administrator*

POLICY RECOMMEDATION Continue to use state cost of care models to inform the child care subsidy rate.

Child care subsidies help make child care more affordable for families with low-incomes. Funded through a combination of state and federal funds, the subsidy amount, eligibility requirements, and application process varies greatly state-to-state.[31]

Historically, states used market rate surveys to calculate child care subsidy rates, or the rate at which a provider is reimbursed for providing care to a child who receives a child care subsidy. While useful, market rates reveal what families can afford to pay for child care, not necessarily what it costs to provide the services. Now, many states, including Massachusetts, use a cost of care model to inform subsidy rates, a more holistic approach that encompasses the actual expenses associated with caring for young children. Massachusetts used a cost of care approach in its most recent cost model update, completed in September 2024 and June 2025. Compared to 2022, this update found the most substantial price increases for child care providers in 2024 were in staff compensation, facilities, **and the per-child cost of food—estimated at a $1,000 increase per child annually, across regions.**[32] As a result, Massachusetts' child care subsidy rates are now at least 67% of the cost of care compared to 63% before the increases.[32]

Going forward, Massachusetts should continue to use a cost of care approach, including continuing to adjust for inflation, when determining the child care subsidy rate. This is especially important in the current economic landscape, where the price of food has increased 2.9% since early 2025.[33] This kind of modeling can provide evidence needed to increase subsidy rates in the future. In addition, this can help the Legislature understand where providers are experiencing the most financial crunch and develop policies to address these challenges. Similarly, ongoing cost of care updates can be used as a policy evaluation tool, should the Legislature choose to make such investments.

POLICY RECOMMEDATION Increase operational funding to match the real cost of providing food.

Expand sources of operational funding support for child care providers to encompass the true costs of providing high quality care to young children, including food.

JUGGLING THE HIGH COSTS OF HEALTHY FOOD

Child care providers manage an extraordinary range of responsibilities each day — from monitoring child safety, feeding and diapering children to teaching, curriculum planning, administration, documentation, licensing requirements, continuing education, and communication with families. Unlike larger K-12 school systems, many providers manage these responsibilities with limited administrative infrastructure and few specialized staff. **Food is a significant operational expense,** requiring providers to navigate purchasing, preparation, nutrition requirements, and rising costs alongside the many other demands of providing high-quality care.

2. Guidance from the state on appropriate early childhood nutrition comes from multiple sources and is generally limited

State nutrition guidelines for child care providers are limited and come from many sources. Per Massachusetts Department of Early Education and Care licensing requirements, providers must follow nutrition guidelines from the US Department of Agriculture (USDA) and food safety standards provided by the Massachusetts Department of Public Health. Providers who participate in CACFP, which is administered by the Massachusetts Department of Elementary and Secondary Education, have additional program-specific meal patterns and nutrition standards.

> *"[Providers] are supposed to be following USDA childhood nutrition guidelines per EEC licensing regulations that govern all of our licensed programs in Massachusetts...**The extent to which they do that, I think, is probably pretty variable** depending on: is the provider making the food for children, are parents bringing in food and the provider supplementing?" — Policy Director*

Many providers expressed frustration about low-quality nutrition that was being served to children in their care — not due to lack of knowledge or interest but rather cost and minimally adequate nutrition guidelines. Further, meeting nutrition standards on paper does not necessarily mean children are consuming enough nutritious food in practice.[34]

> ***"I think the standards are very subpar in terms of the quality of the food that passes.** We participate in CACFP, so we get reimbursed, most of our children here qualify for full reimbursement [...] **The amount of sugar that can be allowed in a muffin that is served to a 2-year-old is mind boggling.** Like, you could pretty much give them a Snickers bar. Not the [muffins] we typically serve, but sometimes if [the vendor] run[s] out of the one we typically serve, they'll give some crappy little muffin that's like, has 22 grams of sugar in it. And that's like allowed." — Large Center Provider*

With limited nutritional guidance and strapped budgets, some providers detailed the ways in which they are forced to make tradeoffs to be more budget-conscious. Providers wrestle with tradeoffs between healthier, more culturally relevant food choices versus providing foods that fit within a stretched budget.

> *"There's been times where… we have two starches in the morning, we're having crackers and cereal, and then in the afternoon we're having Goldfish and pretzels. And it's like, yeah the kids like it, the kids are eating it, but they're being filled up on air and carbs. They're not getting the energy that they need. They're cranky before snack time even ends because they're not getting what they're supposed to be getting […] I understand fresh fruit is expensive, but you need to make that a priority." — Large Center Provider*

Aligning with the challenges providers and state administrators face in supporting high-quality nutrition in child care settings (e.g., food costs and limited nutrition guidance), quantitative findings further demonstrated that caregiver-reported dietary intake and eating habits among young children varied by setting (i.e., center- vs. family-based child care).

COMPARED WITH CHILDREN WHO ARE CARED FOR AT HOME:

Children in family child care were **61% *less* likely to consume unhealthy foods.**

Children in center-based care were **55% *more* likely to consume sweet beverages.**

POLICY RECOMMEDATION **Standardize nutrition guidelines for child care settings**

Establish a central state repository for strong, evidence-based nutrition guidelines for child care providers that meet the specific nutritional, developmental, and cultural needs of babies and toddlers. Given federal shifts in ensuring science-based guidance, states have an important role to play in guiding the child care field in applying the robust body of age-appropriate nutrition science to their essential everyday work with young children.

3. There is strong desire among providers and state partners for nutrition guidelines to be culturally inclusive, yet necessary training and reimbursement for child care providers to reach these goals are currently insufficient.

Food is central to human culture and tradition. In child care settings, sharing food across cultures is an important opportunity to introduce children to cultural diversity and traditions from a young age, as well as to serve foods to children that reflect their cultural backgrounds. For providers, making the types of dishes they feel most comfortable with allows meal time to foster cultural connection and discovery.

> *"I really like to share a lot about my culture and what we eat [...] So, what we do for example, we make Persian rice. I have the kids involved: we wash the rice, we add salt, we add oil, we add water. Then we put it in a pot, and then we leave it to get cooked. So by this way, involving the kids in the cooking for different holidays and different celebrations, we make food from different cultures."– Family child care provider*

However, nutritional guidelines historically have been based on a Western diet[35], which excludes ingredients and meal patterns that are standard across other cultures, such as curries and stews. For providers who are from a non-Western cultural background, following these nutritional guidelines can feel less straightforward or confusing.

> *"What I've come to understand since is that* ***it can be really tough if you are not making the types of meals that are provided as examples in some of the CACFP technical assistance or education materials,*** *to know how to count those meals, especially meals that are maybe outside the culture that that food program is providing." — State Administrator*

We heard from providers that wanting to make more culturally relevant foods, actually being able to serve them, and children eating the meals being served are distinct challenges. For child care centers that use outside vendors to bring in fresh foods each day, menu options may be constrained by what the vendor can or cannot prepare.

> *Interviewer: "Do you have cultural adjustments that you're making to the menu?"*
>
> *Large Center Provider: "Unfortunately, no, it's not geared towards that. We partner with [redacted] Public Schools for our meals for the kids. So [those are the] meals that they're providing."*

At the same time, palate preferences develop early on in childhood, and children are more likely to eat the foods they have been exposed to multiple times.[36] For providers feeling financially strapped, many may feel wary about offering unfamiliar, more expensive, or less preferred foods to children in their care to prevent food waste—thereby limiting dietary variety.[37] Providers must balance budget for food costs and their goals to provide healthy nutrition to the young children in their care.

> *"You can't necessarily offer something completely different at school and expect the child to be familiar with it and want to eat it. At [our center], we have a really socioeconomically diverse and racially and culturally diverse community, so we have families that are eating all different types of ways at home and parents with all different opinions about what should be eaten." — Large Center Provider*

> *"It's about having some humility too. Some kids, they've never eaten cheese and they're not going to eat cheese and they don't want to. And so how do we just make sure we're respecting the child in the process? [...] Going back to the education, like it's not about the plate, it's about the kid. And so we just have to ...read their cues" — Large Center Principal*

POLICY RECOMMEDATION **Ensure child care providers are able to provide culturally relevant foods**

This includes providing clear state guidance (webinars, technical assistance) on how to document meals based on non-Western meal patterns.

4. State policymakers are generally unaware that Massachusetts' universal school meals law does not extend to young children in child care settings.

After the nationwide shift to universal school meals during the COVID-19 pandemic, Massachusetts was among several states that made the policy permanent with dedicated state funding, lifting reporting and stigma burdens from K-12 schools and families.[38] With widespread attention to universal school meals, some state policymakers felt they had taken care of meals for all students, including those in child care. Yet, young children were not included in that expansion and are still in need of policy attention.

> *"Representative X and Councilor Y were doing a visit at [a large Boston-area center-based program]. And [the Director] brought up about like the funding that they have to spend for food and Rep X said, "But don't we have free school lunch and breakfast?" — Early Childhood Policy Advocate*

> *"Well, if universal school lunches and breakfast applied to early ed, which we had wanted it to be…it's funny, a lot of the legislators don't even know it doesn't include early ed, they make assumptions that includes all students and it doesn't." — Large Center Provider*

POLICY RECOMMEDATION **Educate policymakers about universal meals and the ongoing, unsolved needs for early education care nutrition supports and extend this program to young children.**

While support for universal school meals in K-12 is strong and continues to grow, this policy does not extend to child care settings. It is essential for policymakers to understand this gap in nutrition support for young children in child care. This is vital as families with infants and toddlers are more likely to experience food insecurity,[39] and healthy, adequate nutrition is paramount to on-track growth and positive health outcomes. Policymakers must develop legislation to extend universal meals to our youngest residents.

5. CACFP is a vital but flawed resource, with high administrative burden, insufficient reimbursement, and perceived intrusive oversight.

Research demonstrates CACFP's vitally important role in supporting early childhood nutrition and health.[23,40,41] For many children, the food eaten while at child care is a primary source of healthy nutrition, and for many providers, participating in CACFP is the way they can make providing healthy food financially feasible. In these ways, a robust, accessible CACFP program helps to support healthy growth and development for the youngest children.

However, previous literature and results from this study also indicate that providers sometimes find "the juice isn't worth the squeeze". Many find the program to be administratively burdensome to navigate — learning eligibility rules and reimbursement procedures, understanding CACFP meal pattern requirements, navigating CACFP requirements, staying updated as CACFP rules change — with insufficient reimbursement to cover food costs.[25,42,43]

> *"Full cost recovery and the particular structure of CACFP makes it really complicated because you don't have the options like you did with K-12 school meals to designate a whole district like "high needs". **You basically are bean counting child by child, how much can your parents afford?"** — Early Education Consultant*

At the same time, not participating in the program means providers are leaving federal dollars on the table that can help support healthy nutrition for young children. This is especially critical in today's era of rising costs of food, rent, and utilities — all straining providers' budgets.

> *Interviewer: With what you earn from the child care, are you able to afford the things in life that you need, like your own housing, your own health care?*
>
> *Family child care provider: "Very hard now. No. It was easier couple years ago, but for the last couple of years, I'm always short monthly... When I'm short, borrowing and then as soon as it's the first of the month, I get the [tuition]*

The Challenge of Tiered CACFP Reimbursement Rates

Unlike child care centers that have rates aligned with school meal categories of free and reduced price, CACFP reimbursement is tiered in family child care — with higher rates (Tier I) for providers in low-income areas or serving income-eligible children. This makes participation challenging for providers who fall under Tier II, as they are buying food from the same vendors and grocery stores as providers in Tier I, yet are reimbursed at much lower rates.

As of 2026, in Massachusetts, out of 3,023 licensed child care centers, only 810 (26.8%) participate in CACFP. Among 5,875 family child care providers in Massachusetts, only 314 are reimbursed at Tier II level, and 2,992 are reimbursed at Tier I.[21]

POLICY RECOMMEDATION **States can equalize CACFP reimbursement rates through a state-funded supplement** to ensure reimbursement rates at the same, highest amount for each meal and snack. Legislative leaders in California, Vermont, and DC have all passed policies to help lessen the financial gap between Tier I and Tier II reimbursement rates.[45] While long term federal solutions are necessary, Massachusetts should provide a state-funded CACFP supplement better support CACFP participation for small and family child care providers.

> *from the parents. So pay back my borrowings and then start on the credit card. Mentally, [it's] very stressful when it comes to the end of the month, you know that your money is going down and you have to pay two people [child care assistants] and you have mortgages."*

Providers' dedication to their children and families is laudable but sometimes comes at a personal cost.

> *"One of our family child care providers, in addition to feeding her children the breakfast, lunch, and snack that were required through the CACFP,* ***she was also giving them an extra snack in the afternoon, and then she was making dinner for their families and sending them out in tinfoil packages.*** *I always think of her when I think of early childhood nutrition, because [this extra work] is something I don't think anybody ever saw except for the families in her care. She had talked about coming from Colombia where her family was from and where her father was a teacher. And her dad would do the same thing for his students there, because if he didn't feed them, often they were not eating. [This provider] was somebody with a lot of need,* ***so there was no way this was being subsidized by anybody but her and her husband.*** *It was just a gift to the families, and that she saw that as a key part of providing high-quality child care." — State Administrator*

Balancing these tradeoffs is especially challenging for family child care providers, who must access the program through a CACFP sponsor, an organization that manages paperwork and reimbursements on the providers' behalf.[44] Without a CACFP sponsor, family child care providers cannot participate in the program. This system is hard for both the CACFP sponsors, and family child care providers, who must navigate an additional set of hoops to participate in the program.[41]

Despite the critical roles CACFP sponsors play, the rate sponsors are reimbursed for administrative costs is inadequate. Rather than being based on actual costs to carry out the roles of a sponsor (personnel, rent, travel, etc.), the USDA sets sponsor administrative rates based on the number of monthly menus submitted to the sponsor by each provider.[44] As number of meals provided can change drastically month to month if children are sick and stay home or move away, CACFP sponsors do not get predictable reimbursement for their services, despite a high workload.[44] This can lead to CACFP sponsors doing much of this work at a financial loss, and some ending their role as a sponsoring organization.

> *"I think on the family child care side* ***we have a real hard time getting sponsors because it's not cost effective****. Like a lot of sponsors are doing this at a negative in many ways [...] They have to go out to programs, they have to audit them, they're doing all the data recording. Unless you're doing a large number of family child care programs, it is not cost effective to be a sponsor." — State Administrator*

Despite CACFP's important role in supporting food security and dietary diversity with fresh fruits and vegetables for young children[40], **quantitative analyses underscored the tension between CACFP supporting healthy nutrition but also not providing sufficient reimbursement.**

CACFP PARTICIPATION

Using the previously published proxy measure for likely CACFP participation, compared to children attending child care settings not participating in CACFP, young children attending a child care setting participating in CACFP were:

Nearly **4x** more likely to have a **diverse diet**

Nearly **6x** more likely to consume **fruits and vegetables**.

> *"The record keeping associated with the CACFP is intense, and the reimbursement is not significant.* ***You do have to decide as a provider, is this worth it?*** *For me, it was worth it in terms of the nutrition education. That was something I felt like I needed to develop with my own self and my own understanding of early childhood, but it's a tough program." — State Administrator, former Family Child Care provider*

Oversight varies from one CACFP regulator to another, leading to variations in provider treatment. Some providers felt very supported and others experienced major challenges in supervisory interactions. Visits include checking to ensure each meal was correctly recorded for nutritional content as well as which children were served. In some interactions, inspectors seemed not to take into account the myriad responsibilities of a teacher and the demanding nature of caring for very young children.

> *"We had an audit one day and a little girl, you know, we're all about family style and the kids trying to pour their own milk and she poured milk everywhere. So, the teacher did not mark down her meal. She was cleaning up the milk everywhere and we were cited for that. I'm like, can you just not like give a little grace?" —Large Center Administrator*

State employees also discussed challenges with the program, recognizing its importance while also noting the focus on fraud from the federal government and how this translates into onerous requirements at the ground level.

> *"I've been asking other states, like 'anyone figure out CACFP?' and everyone tells me 'no'. No one has any good waivers that they've found. You know, it's just a really hard program to administer. I think a lot of that goes to stigma around family child care programs at the*

national level, and people worried about fraud and all of that. And so there's a lot of really burdensome reporting requirements." — State Administrator

"We're very concerned about accountability. We are very concerned in our federal nutrition programs that the right person is getting the right piece of fruit seated in the right chair at the right time of day. And so we've got to fill out a lot of forms to prove that I didn't give the wrong kid the piece of fruit. The right kid with the right food item in the right chair at the right time of day: that's behind our school lunch policy and our summer food programs, and it's true about CACFP. ***We've got to release that tight hold and find other ways to demonstrate our accountability*** *and let [the provider] feed the kid who arrived a little late and missed breakfast and then reimburse her for that."*
— CACFP Consultant

To complicate things further, in Massachusetts, multiple state departments and offices have roles in the early education and care field, all touching early childhood nutrition in some way, including the Department of Early Education and Care, the Executive Office of Education, the Department of Elementary and Secondary Education, and the Department of Public Health. Communication between these agencies can be limited, especially if other issues rise to the top of institutional priorities.

"Childhood nutrition is one of those things that people are very concerned about in a general way, but it tends not to be the sort of thing that — for example some of the health and safety issues that you hear about, those tend to take a little bit more center stage and have more urgency to them. So ***this is one of those things that I think it can be easier for us to let slip a little bit through the cracks****."*
— State Administrator

POLICY RECOMMEDATION **Dedicate state funds to support CACFP sponsors**

CACFP sponsors partner with family child care providers to manage reimbursements on the providers' behalf and to assure compliance with program rules. Without a sponsor, family child care providers are unable to participate in CACFP and may therefore also be unable to afford to serve healthy food to the young children in their care. At the national level, the USDA should develop a new methodology to more realistically determine sponsors' administrative rate. In the meantime, Massachusetts should dedicate state funds to support the work of CACFP sponsors, without whom family child care providers would experience greater financial burden to provide healthy meals and snacks to growing children.[45]

POLICY RECOMMEDATION **Review added state CACFP requirements**

Over time, many states have added extra rules and administrative processes for CACFP participation, over and above the federal requirements that now feel like the status quo.[45] In some states, this includes fingerprint background checks, home inspections, added CACFP monitoring visits, and unintegrated reporting platforms.[46] An increased understanding of state-added requirements is needed to document and monitor the impact these policies have on CACFP participation.

While this information is needed at the national level, Massachusetts should conduct a thorough review, with authentic stakeholder engagement, to 1) Identify added state requirements beyond federal requirements and 2) Ensure each added state requirement actually helps to achieve the program's mission — without unnecessarily hindering provider participation.[46]

POLICY RECOMMEDATION **Create a state or regional early childhood education and care nutrition technical assistance collaborative network**

While several national CACFP advocacy and technical assistance organizations exist, state-level technical assistance tailored to both center-based and family child care providers who are and are not participating in CACFP as well as CACFP sponsoring organizations is needed. The creation of a state or regional collaborative network would help child care providers and CACFP sponsors 1) ensure they utilize the most current and accurate evidence related to early childhood nutrition needs, 2) learn from each other and state partners about creative and helpful state-based solutions that are setting-specific, and 3) collectively respond to challenges as they arise, with an eye to supporting more providers in joining CACFP and preventing CACFP sponsors from dropping participation in the program.

POLICY RECOMMEDATION **Establish an interagency body to coordinate all state actors who are involved in early education and care**

Coordination between state departments, especially on the topic of nutrition in child care, is limited and often driven by perceived "urgent" issues, with less immediate needs getting sidelined. Establishing an interagency body that is devoted solely to early education and care issues, including nutrition, would help improve coordination between state partners.

WHAT WE LEARNED & LOOKING AHEAD

Results from this study indicate child care providers in Massachusetts are struggling to provide children healthy foods that adequately meet their nutritional, developmental, and cultural needs. While nutrition training and reimbursement is available through CACFP, providers need more technical assistance to navigate the administrative burdens associated with this program, as well as stronger, evidence-based nutrition guidelines that allow for cultural flexibilities from state and federal agencies to inform the composition of meals and snacks they provide, whether with support from CACFP or not. This challenge has become more urgent in the last year, with twin pressures from a lack of science-based leadership at the USDA[47,48] and dramatically rising costs of food due to tariffs, inflation, and more recently, global conflict.[29,30]

Ensuring healthy nutrition as an integral part of high-quality child care means addressing the high cost of care, including the cost of providing healthy nutrition. The average annual cost of child care in Massachusetts in 2026 is roughly $27,000 for an infant and $24,500 for a toddler in center-based care.[49] While expensive for families, the fees are often not enough to allow child care providers to stay financially afloat.[26] Fair wages and availability of healthy foods may suffer while providers try to keep their high quality and accessible child care settings open. This escalating affordability crisis has only become more dire over the last year, with providers across the country reporting increased costs across nearly every budget line item — insurance, utilities, facility maintenance, salaries and benefits — threatening the stability and supply of high-quality child care.[50]

At the time of writing, the US Department of Health and Human Services has issued a proposed rule that would deregulate Head Start and decrease from 15% to 5% the amount spent on administrative costs, including needed operating expenses.[51] Should this rule become law, Head Start centers' budgets will only become further constrained.

> *"A childcare provider is never going to let a child be hungry. She will bring out food from her own pantry that she was planning to enjoy herself later, or what she was planning to feed her own family later. We count on that, much like we much like we count on women in general to fix everything. We're counting on her generosity. But that's ridiculous and we need to be compensating her labor and also supporting the cost of food" — CACFP consultant*

This rule would also change the USDA childhood nutrition guidelines to align with the Dietary Guidelines for Americans 2025-2030[52], which nutrition experts widely agree are overwhelmingly not evidence-based.[53]

The research team heard over and over in interviews and focus groups about the high levels of dedication as well as provider burnout. The highly trained professionals, mostly women[54], who make up this field juggle countless roles and responsibilities — everything from teaching, planning lessons, providing meals, cleaning up after young children, resolving conflict, changing diapers, communicating with parents, administering first aid and basic medical care, logging details of the child's day, to submitting administrative paperwork. The extent to which they do this work is fueled by goodwill, instead of being compensated or funded properly. Many of Massachusetts' child care providers are overextended, and we, as parents, neighbors, businesses, and elected officials rely on their generosity. Ultimately, child care affects all of society, not only those with a baby or toddler. Without sufficient public investment, families and child care providers are left to absorb costs that neither can sustainably bear alone. A vision for a strong and healthy future must include investing in ourselves through investing in child care, including healthy nutrition.

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