

Priorities to Improve and Strengthen Child Nutrition Programs

As millions of children and families recover from the health, educational, and economic impact of the pandemic, there has never been a more important time to make significant investments in the child nutrition programs. The upcoming Child Nutrition Reauthorization process and economic recovery legislation present the opportunity for Congress to make much-needed improvements to the child nutrition programs to reduce childhood hunger, decrease childhood overweight and obesity, improve child nutrition and wellness, enhance child development and school readiness, and support academic achievement.

The Food Research & Action Center (FRAC) urges Congress to enact legislation that supports and strengthens program access and participation by underserved children and communities; ensures nutrition quality; and simplifies program administration and operation. The pandemic has highlighted the importance of the federal child nutrition programs, and a number of policy improvements that were made during COVID-19 should be implemented permanently by Congress. Legislation should also maintain and build upon the critical gains made in the last child nutrition reauthorization. In order to achieve these goals, FRAC asks Congress to make the following improvements to the child nutrition programs.

School Meals Priorities

The School Breakfast Program and National School Lunch Program provide funding to school districts to serve nutritious breakfasts, lunches, and afterschool snacks. As currently structured, the programs miss too many children whose families are struggling. Nearly 30 million children were certified for free or reduced-price school meals prior to the pandemic; yet, just under 22 million — 1 in 4 — participated in school lunch on an average day in the 2019–2020 school year before schools closed, and just over 13 million — less than half — participated in

school breakfast. Access to school meals will be critical as students recover from the educational and health impacts of the pandemic and as schools work to overcome the learning disruption created by the pandemic-driven school closures.

The most important step that Congress can take to support health and education is to allow all schools to offer school meals to all children at no charge.

This increases participation so that more children can experience the benefits that are linked to school meals: improved academic achievement, test scores, health, mental health, attendance, and behavior. It supports participation among children whose families are struggling, but do not meet the current eligibility threshold for free school meals — approximately \$29,000 or less annually for a family of three. It eliminates unpaid school meal debt and reduces administrative work for schools so that schools can focus on providing the most healthy and appealing school meals possible. Schools have been able to provide meals to all children at no charge from spring 2020 through school year 2021–2022, and this should be maintained beyond the pandemic.

Invest in the Community Eligibility Provision to increase the number of high-poverty schools that can participate.

Through community eligibility, more than 1 in 3 schools that operate school meals have been able to offer breakfast and lunch at no charge to all students. The success of community eligibility in reducing red tape and administrative costs, improving economies of scale, increasing participation in school meals, which is linked to improved academic achievement and health, and eliminating school meals debt has highlighted the value of offering meals at no charge to all students.

Schools, groups of schools, and school districts with about two-thirds of their student body eligible for free or reduced-price school meals are eligible to implement community eligibility. The reimbursement is based on counting a subset of low-income children within the school: those

who are certified to receive free school meals without an application (such as children whose household participates in SNAP or who are homeless). The school's percentage of this subset of students eligible for free school meals, called the Identified Student Percentage (ISP), must be at least 40 percent, and the ISP is multiplied by 1.6 to determine the percentage of meals reimbursed at the free rate, and the rest are reimbursed at the significantly lower paid rate.

By increasing the multiplier from 1.6 to 2.5, and lowering the ISP threshold from 40 percent to 25 percent (which would translate into about 50 percent of the students being eligible for free or reduced-price school meals), more high-poverty schools would be able to offer free meals to all students through community eligibility.

Build upon the success of community eligibility by piloting it statewide. Allowing a handful of states to develop different statewide approaches to implementing community eligibility would enable children in those states to benefit from fully participating in school meals, and schools to benefit from the maximum amounts of administrative and financial savings. An evaluation of this approach would provide important data to guide future investments in school meals.

Increase the number of low-income children who are directly certified to receive free school meals without an application. For example, expanding Medicaid "direct certification" to all states, and allowing children receiving Supplemental Security Income benefits, children living in households that are receiving guardianship or adoption assistance or LIHEAP, and children who are placed in kinship or informal care (an important alternative for placing children in foster care) to qualify automatically for free school meals. This will ensure that the low-income children who need school meals most will be able to access them. It also will reduce administrative work for school districts and improve program integrity within the school nutrition programs by relying on verified eligibility for other programs and reducing the number of school meals applications that schools must collect and process.

Allow children up to 185 percent of the poverty line to receive free school meals. Under the current structure of the school nutrition programs, children are certified to receive free school meals if their families' household income is 130 percent of the poverty line. This limits many struggling families' access to school meals, creates stigma

in participating in school meals, and contributes to school meal debt. By increasing the threshold to 185 percent, more children who need free school meals will be able to participate, more families who are struggling to make ends meet will be able to count on a healthy breakfast and lunch for their children on school days, and schools will struggle with less school lunch debt.

Direct the U.S. Department of Agriculture (USDA) to set federal policy for school meals debt that protects students. This policy should ensure that children are not embarrassed or stigmatized when their family owes school lunch money; that school districts direct communications about school meals debt to parents or guardians, not children; and that the school districts take steps to certify students eligible for free or reduced-price school meals if their families start to accrue school meals debt.

Allow school districts to retroactively claim and receive reimbursements for school meals served to low-income students who are certified for free or reduced-price school meals later in the school year, starting with the first day of the school year. This would help the school district overcome unpaid school meals fees accrued by families eligible for free or reduced-price school meals, as well as address the debt that the low-income student accrued prior to being certified for subsidized school meals.

Provide commodities for the School Breakfast Program. The 2019 Fiscal Year Agriculture Appropriations bill provided \$20 million to support breakfast commodities. The reauthorization should build on that investment to support the healthfulness and financial viability of the School Breakfast Program even further.

Create a new project to increase charter school participation in the child nutrition programs, including school meals, afterschool meals, and summer food. Many charter schools serve large numbers of low-income children but do not participate in the child nutrition programs, leaving parents to fill a nutritional void that is rarely a problem when their children attend traditional public schools (particularly public schools serving large numbers of low-income students). The project could create a special task force that includes USDA, the U.S. Department of Education, and national education and school nutrition program experts to develop a plan for increasing the participation of charter schools in the child nutrition programs.

Protect the nutrition standards for school meals and other food sold in school. Healthy school meals are especially important for low-income children who are vulnerable to obesity and poor nutrition because of risk factors associated with poverty, including stretched family resources, limited access to healthy and affordable foods, fewer opportunities for physical activity, high levels of stress, greater exposure to obesity-related marketing, and limited access to health care. Given all of these challenges, healthy school meals, limiting unhealthy “competitive foods” in schools, and ensuring a healthy school mealtime environment play an important role in improving the health of low-income children. Research shows that the new nutrition standards (prior to the most recent rollbacks by USDA) have had a positive impact on the school nutrition environment, as well as student food selection and consumption, especially for fruits and vegetables.

Out-of-School Time Priorities

The Summer and Afterschool Nutrition Programs help to ensure that children are not hungry during the long summer vacation or after school. In normal times, the healthy meals and snacks that these programs provide help to draw children into educational and enrichment activities that keep children safe and learning while their parents are working. Summer and afterschool meals combined with programming will play a critical role in overcoming the educational impact of the pandemic. In normal times, too many children miss out on both programs. Only 2.8 million children received a summer lunch on an average day in July 2019 — that’s only 1 in 7 of the low-income children participating in school lunch during the school year. Afterschool suppers served only 1.4 million children on an average day in October 2019.

Improve the area eligibility test to allow summer and afterschool meal sites to participate if 40 percent of the children in the area are eligible for free or reduced-price meals. Currently, a summer meal site qualifies for federal funding if 50 percent or more of children in the area, as defined by school or census data, qualify for free or reduced-price school meals. This threshold keeps many communities with significant numbers of low-income children, but not a high enough concentration of poverty, from participating. This is particularly true in rural areas. In addition, the 50 percent test is inconsistent with the rules for federally

funded summer and afterschool meals programs, such as the 21st Century Community Learning Centers programs and Title I, whose funding occurs when 40 percent or more of children in the area qualify for free or reduced-price school meals. These important education programs, which will be even more critical as schools and communities work to overcome the educational impact of the pandemic, should all be able to provide summer and afterschool meals.

Allow schools, local government agencies, and private nonprofit organizations to feed children year-round seamlessly through the federal nutrition programs.

Currently, Summer Food Service Program sponsors and schools must apply to and operate the Child and Adult Care Food Program (CACFP) in order to provide children — often the same children — suppers after school during the school year. This creates duplicative paperwork and confusing administrative rules that discourage participation. Sponsors should be able to feed children year-round through the Summer Food Service Program, and schools should be able to provide meals after school, on weekends, and during school holidays through the National School Lunch Program.

Build upon the success of the Pandemic and Summer Electronic Benefit Transfer (EBT) programs by providing EBT benefits to children who are eligible for free or reduced-price school meals when schools are closed.

The limited reach of the Summer Nutrition Programs reinforces the need for an additional complementary approach to combat food insecurity, which goes up during the summer when school meals are not available to children who rely on them during the school year. Summer EBT provides low-income families with children a monthly benefit on a debit card to purchase food during the summer months. Evaluations of Summer EBT and initial research on Pandemic EBT shows that this approach helps minimize food insecurity. The program also should provide benefits to cover the meals that families lose during school breaks and unanticipated school closures.

Allow all summer meal sites to serve a third meal. Many summer meal sites provide child care to working parents and run all day, but most sites are only allowed federal funds for a maximum of two meals per day. This leaves children without enough nutrition to get through the day or forces sites to use program dollars for food.

Provide funding for summer transportation grants to fund innovative approaches and mobile meal trucks.

Transportation is one of the biggest barriers to participation in summer meals. These grants will increase low-income children's access to summer meals in rural and other underserved areas.

Early Childhood Preschool Priorities

CACFP provides funding to serve healthy meals and snacks in Head Start, child care centers, family child care homes, and afterschool programs. This program supports good nutrition, as well as high-quality and affordable child care, which helps children develop fully and enter and attend school ready to learn while their parents are at work. Unfortunately, under the current rules, CACFP meals and snacks are out of reach for millions of young children in child care.

Allow child care centers and homes the option of serving an additional meal (typically a snack or supper), as was previously allowed. National child care standards, based on the best nutrition and child development science, specify that young children need to eat small healthy meals and snacks on a regular basis throughout the day. Many children are in care for more than eight hours per day as their parents work long hours to make ends meet, with many commuting long distances to work, so they rely on child care providers to meet a majority of their nutrition needs. Previously, child care providers could receive funding for up to four meal services — most commonly two meals and two snacks. Congress eliminated one meal service to achieve budget savings. This penny-wise and pound-foolish step harms children's nutrition and health and weakens child care. We should restore CACFP support to the full complement of meals and snacks young children need and stop short-changing young children at a time when they and their families can least afford it.

Allow annual eligibility for proprietary (for-profit) child care centers. Many of these child care centers are small, independent "Mom and Pop" operations that provide much-needed child care and afterschool programs to low-income children in underserved areas. Proprietary child care centers are eligible to participate in CACFP if at least 25 percent of the children they serve are living in low-income households. Unfortunately, USDA requires these child care centers to

document institutional eligibility every month rather than the annual eligibility allowed for other centers and homes. This creates unnecessary and substantial paperwork and administrative burdens.

Streamline program requirements, reduce paperwork, and maximize technology to improve program access.

Improve CACFP's ability to reach low-income families and improve equity by streamlining program operations, increasing flexibility, maximizing technology and innovation to reduce parent paperwork, and allowing sponsors and providers to operate most effectively. This includes the following recommendations:

- modernize applications, eliminate normal days and hours on forms;
- allow the use of electronic data collection and virtual visit systems following all the required federal CACFP standards;
- allow direct certification in all states; and
- support sponsoring organizations' ability to mediate and fix problems through improvements to the serious deficiency process.

Make permanent the elimination of the area eligibility test to streamline access to healthy meals for young children in family child care homes. Currently, under the COVID-19 waiver, all family child care homes qualify for the highest reimbursement rate. This eliminates the usual area eligibility requirement that requires an area meet a 50 percent low-income threshold. This threshold is not an effective mechanism because it misses many providers serving low-income children. This is especially true in rural and suburban areas, which do not typically have the same pattern of concentrated poverty seen in urban areas. In addition, the area eligibility test completely bypasses providers and families struggling in high cost-of-living areas. Making the elimination of the area eligibility test permanent would bring more child care providers who serve low-income children into CACFP, and many more children in need would receive healthy CACFP meals and snacks.

Increase CACFP reimbursements. Cost is one of the most commonly cited barriers to providing the healthier foods required by CACFP. Increasing the availability and consumption of fruits and vegetables, whole grains, and lower-fat dairy products among young children in child

care is essential to improve development, promote health and prevent obesity at exactly the time — early childhood — when it can have the most long-term effects. This effort needs to be supported by adequate meal reimbursements.

Enhance program reimbursements to support CACFP

sponsoring organizations. Sponsors' administrative reimbursement rates should be brought to the level necessary to cover costs of administering the program. This could help mitigate the significant decline in the number of CACFP sponsors, which are the nonprofit community-based organizations that support the participation of family child care homes in CACFP.

Use the Consumer Price Index for Food Away from Home as the cost-of-living adjustment for family child care home CACFP reimbursement rates.

The Consumer Price Index for Food at Home, which is the cost-of-living adjustment used for CACFP homes, has not kept up with the cost of providing CACFP meals. The Consumer Price Index for Food Away from Home, which is the cost-of-living adjustment used for child care centers, has been a better indicator of the costs for homes and centers.

Make permanent the expansion allowing young adults 18 to 24 years old to participate in CACFP at homeless and youth-serving shelters.

Prior to the recently passed American Rescue Plan Act, youth serving shelters could not use CACFP because the program was limited to children under 18 years of age. By making permanent the CACFP age expansion implemented during COVID-19, youth-serving and family homeless shelters could continue to rely on CACFP to serve healthy meals and snacks. CACFP is an important resource to support the efforts of the committed, hard-pressed, and often faith-based organizations working to care for this vulnerable population.

Continue funding the USDA's Team Nutrition CACFP nutrition education and program efforts.

These funds will be crucial to supporting the continuation of USDA's important role in providing valuable and innovative materials, training, technical assistance, and support to State agencies and program operators — all of which are critical to the success of the new CACFP healthier meal pattern and nutrition standards. There is room for improvement in nutrition knowledge among child care providers, and CACFP training and materials are an important step in promoting healthy eating among preschool children.

WIC Priorities

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides low-income nutritionally at-risk pregnant women, postpartum mothers, infants, and children up to 5 years old with nutritious foods, nutrition education, breastfeeding support, and referrals to health care. Research shows that WIC improves participants' health and well-being, dietary intake, and birth and health outcomes; protects against obesity; and supports learning and development. WIC serves 6.2 million participants, which is only about half of those who are eligible. Congress can make crucial improvements to strengthen and expand the WIC program.

Make permanent the flexibilities that allow for remote enrollment, services and benefits issuance, and the facilitation of online ordering.

It is time to modernize and streamline the WIC program to enhance the WIC experience. It will be important to use the lessons learned from the success of the flexibilities that were offered through WIC waivers during COVID-19. Parents across the country are universally positive about being able to have WIC enrollment and services via phone, and remote benefit issuance. The successful waiver (dropping the requirement for in-person WIC clinic visits) has allowed participants to complete enrollment and education appointments from a convenient location over the phone. Far less common options for services have included video chats and telehealth systems. USDA should accelerate the progress made toward facilitating online ordering during COVID-19. Online ordering systems help WIC participants easily and conveniently choose the right nutritious WIC foods and avoid embarrassing mix-ups during the check-out process.

Fund comprehensive WIC outreach and coordination, including establishing a WIC community partners outreach program and an initiative to coordinate data in the health care and WIC sectors through technology.

- Establishing a WIC community partners outreach program, patterned off of the successful SNAP outreach program, would fund WIC state agencies to contract with non-WIC community partners to conduct WIC outreach. Effective outreach by community partners can broaden the reach and effectiveness of WIC, which can help overcome barriers to WIC participation, including widespread misconceptions about eligibility, concerns expressed

by immigrant families, and limited access to information about WIC benefits and how to apply. WIC outreach needs to serve an increasingly culturally and linguistically diverse population and the new generation of tech-savvy mothers.

- An initiative to coordinate data in the health care and WIC sectors through the use of technology will pay dividends. It is absolutely essential to streamline the current and often arduous options (fax or fillable PDFs) for health care providers to give a patient's health information to WIC. This will help families enroll and maintain participation in WIC by using the assessments (e.g., heights and weights) and blood tests (e.g., for anemia) already completed by their health care providers. In addition, data matching between Medicaid and WIC can be used as an outreach tool to successfully identify eligible but not participating families, and to streamline the income-eligibility process for parents.

Extend WIC certification periods to two years and enrollment for children until their sixth birthday.

Extending WIC certification to two years will support the health of mothers and children with much-needed WIC benefits, healthy food, nutrition counseling, and referrals to services. The mothers and children who are eligible for

the extension struggle with food insecurity and poverty — two conditions that make it difficult to maintain good health, nutrition, and overall well-being. The extension of certification periods and eligibility will help to retain families in WIC, which has been a challenge.

Update the WIC food package to be consistent with the 2020–2025 Dietary Guidelines for Americans, and maintain the scientific integrity of the WIC food package process. The WIC food packages were revised in 2007 to align the authorized foods with the latest nutrition science at the time. Research shows that the revised WIC food packages have favorable impacts on dietary intake, breastfeeding outcomes, and obesity rates. In addition, studies suggest an important role for the WIC food package in improving neighborhood food environments, which benefits low-income communities. The new food package revisions should be consistent with the new Dietary Guidelines and National Academy of Science recommendations, including increasing the value of the fruit and vegetable benefits and investing significantly in the children's package.

For more information, visit [FRAC.org](https://www.frac.org).