

Meals and Snacks Served in Family Day Care Homes

One way that Tier 2 providers might respond to the lower meal reimbursement rates would be to offer fewer meals and snacks, thereby reducing their operating costs. The providers would of course not be reimbursed for meals they did not serve. But because CACFP will reimburse only two meals and one snack (or one meal and two snacks) per child per day, a provider might not serve a particular meal or snack that would not be reimbursed. Moreover, if the CACFP reimbursement would not cover the provider's full cost, omitting even a reimbursed meal would yield a net financial gain.

The analysis reported below finds relatively little evidence of such adjustments. The overall profile of meal service shows no reductions from 1995 to 1999. Nonetheless, a small but statistically significant fraction of Tier 2 providers said that they stopped providing morning snacks between 1997 and 1999, suggesting that some providers did adjust to the lower rates in this way.

Meals Served

Over 90 percent of CACFP family child care homes reported in 1999 that they served breakfast, lunch, and afternoon snack, as shown in Exhibit 6. More than half the providers served morning snack, and smaller proportions served supper and evening snack (40 percent and 17 percent, respectively).

The 1999 meal service pattern was found to be almost identical to the 1995 pattern for the daytime meals (breakfast, lunch, and morning and afternoon snack).¹⁷ However, supper and evening snack show some increase over time. Significantly more of the 1999 providers reported serving evening snack. A larger proportion in 1999 also reported serving suppers, although this difference is not statistically significant. The larger proportions of evening meals may reflect the longer average hours of operation reported in 1999.

Similar proportions of Tier 1 and Tier 2 providers in 1999 reported serving breakfast, lunch, and morning and afternoon snack. Slightly more Tier 2 than Tier 1 providers report serving each of these meals, and the differences are statistically significant for breakfast and lunch ($p < 0.10$). Supper and evening snack are much more likely to be served in Tier 1 homes, which is consistent with the larger proportion of Tier 1 homes that are open for more than 12 hours.

¹⁷ The 1995 figures in Exhibit 6 differ from those reported in Glantz, *et al.* (1997). Certain cases with ambiguous responses, treated as "not served" in the earlier analysis, were treated as "missing" in the present analysis to make the logic of the 1995 and 1999 questions as comparable as possible. Differences in question structure mean that, even with this recoding, we cannot be sure that the items are fully comparable.

**Exhibit 6
Meals and Snacks Served in the CACFP Homes in 1995 and 1999**

Meals/Snacks	1995	1999	Difference 1999-95	1999		Difference Tier 2- Tier 1
	All	All		Tier 1	Tier 2	
Breakfast	90.8%	92.8%	2.0%	91.1%	96.1%	5.0%*
Morning snack	56.4	58.2	1.8	58.0	58.6	0.6
Lunch	98.1	97.6	-0.5	96.9	99.0	2.1*
Afternoon snack	96.6	96.0	-0.6	95.8	96.6	0.8
Supper	31.7	40.3	8.6	49.9	20.5	-29.4***
Evening snack	9.3	16.8	7.5**	21.2	7.6	-13.6***
Unweighted sample	469-482	1,163-1,169		571-575	592-594	

Significance levels:

* = < .10

** = < .05

*** = < .01

The 1995-99 comparison offers no support for the hypothesis that providers would respond to the lower Tier 2 reimbursement rates by reducing the number of meals they offer. If CACFP providers had responded in this manner, there would presumably be a lower proportion of providers serving one or more of the meal types after tiering was implemented. In fact, the proportion of providers serving each meal type held steady or increased from 1995 to 1999. The difference between Tier 1 and Tier 2 meal service patterns therefore appears to reflect pre-existing differences in the markets they serve rather than a cutback in meal service by Tier 2 providers.

Self-Reported Changes in Meal Service

The vast majority of providers reported offering the same meals in 1999 that they served in January of 1997, 6 months before tiering took effect.¹⁸ For each meal and snack, over 85 percent of providers made no change—either they served the meal in both 1997 and 1999 or they did not serve it in either year. Small percentages of providers began and stopped serving each meal and snack. With the exception of the morning snack, however, the net change is very small for both Tier 1 and Tier 2 providers (Exhibit 7).

¹⁸ Providers who were not operating in January 1997, about 7 percent of the sample, are excluded from this analysis. Excluding these providers does not materially change the pattern of meal service by tier in 1999.

Exhibit 7
Percent of Providers Reporting Changes in Meals and Snacks Served, 1997-99

	Tier 1			Tier 2			All Providers		
	Start	Stop	Net Change	Start	Stop	Net Change	Start	Stop	Net Change
Breakfast	2.7	3.7	-1.0	2.7	1.5	1.1	2.7	3.0	-0.3
Morning snack	2.4	5.2	-2.8	1.9	11.3*	-9.4*	2.2	7.2	-5.0
Lunch	1.9	0.5	1.4	0.2**	0.6	-0.4**	1.4	0.5	0.9
Afternoon snack	1.4	1.5	-0.1	0.9	0.8	0.1	1.2	1.3	-0.1
Supper	5.2	8.3	-3.1	3.9	7.7	-3.8	4.7	8.1	-3.4
Evening snack	3.4	3.7	-0.3	1.7	3.2	-1.5	2.8	3.5	-0.7
Un-weighted sample	543			550			1,093		

Significance of difference between tiers:

* = < .10

** = < .05

*** = < .01

About 7 percent of providers report stopping morning snack service between 1997 and 1999, while only 2 percent introduced this snack. This pattern was significantly stronger for Tier 2 than Tier 1 providers ($p < 0.10$), with a net reduction of 9 percentage points in the proportion of Tier 2 providers serving the morning snack.

The reported cutback in morning snacks might reflect a response to tiering, since the pattern was more evident for Tier 2 than Tier 1. Providers who either introduced or ceased one or more meals or snacks were asked a set of questions about possible reasons, including changes in the number of children in care, operating hours, the number of children bringing meals or snacks from home, and cost. Among the relatively small fraction reporting any cessation, about two-thirds of Tier 2 providers cited higher costs, while less than one-third of Tier 1 providers noted this reason. (The questions did not specifically ask about lower meal reimbursements as a reason for changing the meals and snacks offered. The question on "cost of providing meals/snacks" is the only one specifically referring to financial issues, and so would be the most likely to capture providers' concern about the difference between the reimbursement level and the cost of the food.) Tier 1 providers more frequently cited operational factors such as having fewer children in care or operating for fewer hours. However, because just 17.0 percent of Tier 1 providers and 19.8 percent of Tier 2 providers reported ceasing to serve one or more meals, the numbers of respondents citing particular reasons are quite small and differences by tier are not statistically significant.

The data also show a statistically significant but very small difference between Tier 1 and Tier 2 providers with regard to lunch. Tier 2 providers reported a small net reduction (to 99 percent) in the

proportion serving lunch, while Tier 1 providers reported a small net increase (to 97 percent). The proportion serving lunch is so close to 100 percent in both groups that these small differences have little substantive importance.

Despite the self-reported reduction in service of morning snacks by providers from 1997 to 1999, the overall proportion of providers offering morning snacks was essentially the same in 1999 as in 1995.¹⁹ Thus, any tiering adjustment did not lead to a major difference in the profile of meals served.

¹⁹ Moreover, a separate analysis of meals served during a sample week found that Tier 2 providers were no less likely to serve morning snack than similar providers in 1995. (Crepinsek *et al.*, *E-FAN-02-006*)