

Statement for the Record  
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*“Food for Thought: Examining Federal Nutrition Programs for Young Children and Infants”*

By

Teresa Turner, MS, RD, LDN, SNS, FAND  
Nutritionist, Child and Youth Services, US Army  
President, Maryland Academy of Nutrition and Dietetics

Chair Bonamici, Ranking Member Fulcher, committee members and my fellow distinguished panelists:  
I am honored to have the opportunity to speak before you today.

My name is Teresa Turner and I am the Nutritionist for U. S. Army Child and Youth Services at Fort Meade. I am also the current president of the Maryland Academy of Nutrition and Dietetics, an affiliate of the Academy of Nutrition and Dietetics, the world’s largest organization of food and nutrition professionals, whom I am representing today. The Academy represents more than 112,000 registered dietitian nutritionists; nutrition and dietetics technicians, registered; and advanced-degree nutritionists, and is committed to strengthening and eliminating barriers to federal nutrition programs, including the Child and Adult Care Food Program.

As a registered dietitian, I believe that providing access to well-balanced, nutritious, safe and appealing meals and establishing healthy eating habits at an early age is critical to address our country’s current

nutrition security crisis. My fellow Academy members and I are particularly concerned about longstanding and ongoing racial and ethnic disparities, including those evidenced in and heightened by the COVID-19 pandemic and how they have impacted communities of color. We believe that Congress has a great opportunity through the upcoming Child Nutrition Reauthorization to strengthen critical nutrition programs, like CACFP, to address some of the root causes of these disparities.

As a proud civilian employee of the U.S. Army I believe that strong federal nutrition programs are an investment in our country's health and military preparedness. Today, I will share my experiences operating CACFP and discuss recommendations to improve the program by:

1. Allowing child care centers and homes the option of serving an additional meal
2. Streamlining program requirements, reducing paperwork and maximizing technology to improve program access
3. Providing adequate reimbursement and funding to cover the operating costs of providing healthy foods, especially in light of increased costs and supply chain challenges due to the pandemic

I run the meal programs for six child and youth centers on the Fort Meade military base in Anne Arundel County, Maryland. In this role, during normal operations, I monitor roughly 300 employees and facilitate providing breakfast, lunch and afternoon snack to approximately 1,000 children each day, ranging in age from six weeks to 18 years. Army CYS services over 200,000 children at installations worldwide. I take immense pride in providing meals that are cooked from scratch and meet the high nutrition standards set forth by the CACFP. I know my fellow Army peers can feel good about leaving their children at our centers to be well fed and taken care of as they set out to serve our country.

Like all child care facilities across the country, mine took a significant financial hit due to the COVID-19 pandemic. We were serving about 1,000 children a day and saw that number decrease to a mere 300

due to physical limitations to meet social distance guidelines. As you can imagine, we do not charge our parents for food and the only way our program brings in revenue is by spaces filled and reimbursements from food served. The food program's revenue fell significantly but labor and other fixed costs remained the same. I was appreciative of the funding from Congress that provided some relief for child care centers that lost money because of declining participation in CACFP. Another significant challenge that we face today are supply chain disruptions and increases in food and transportation expenses. These additional costs have added even more of a financial burden onto my program – an issue my peers across Maryland and the country are also experiencing.

As much as the pandemic hit my bottom line, it also impacted the financial security of families everywhere. **This is one of the reasons the Academy of Nutrition and Dietetics recommends that it is time to reinstate an additional meal or snack into CACFP, aligning with national child care standards, based on the best nutrition and child development sciences, which specify young children need to eat small healthy meals and snacks throughout the day.** This helps support families to meet the nutritional needs of their children as they navigate an economic reality where two parent working households, long commutes and overpacked schedules are the norm. My centers are typically open for a full day of care and for children who are there eight hours or longer it is too long to go without having the recommended full complement of meals and snacks. If programs were able to provide breakfast, lunch, dinner, and a snack, it would take stress off the parents and ensure that their children ate a healthy meal at a reasonable time. Not to mention that families, especially with young children, could benefit from the cost savings of offering another meal as many people recover financially from the pandemic.

Additionally, there is broad consensus that many child care homes and centers across the country are not participating in CACFP due to systemic barriers including inadequate benefits and burdensome paperwork. **The Academy of Nutrition and Dietetics recommends streamlining program**

**requirements, reducing paperwork, and maximizing technology to improve program access.**

Specifically, the outdated requirement for parents to specify the normal hours and days of care should be eliminated. This form limits when children can receive meals and snacks and is based on outdated assumptions that parents work regular and consistent hours. Now, more than ever, many low-income families work a wide variety of shifts which may change from week to week. Many states require forms to be updated to reflect each change, creating a paperwork burden for both the parent and the provider. Additionally, we are a ‘compassionate reassignment’ which means we also serve some children who have medical and behavioral challenges. Sometimes a child will not be available to eat a meal in the time indicated as our normal hours. When this happens, a child who may have been receiving special care and unable to participate during regular meal service hours, receives a meal that is not reimbursable. There are a number of small administrative changes, like elimination of the normal hours reporting, that could make administration of the program infinitely easier and would better serve the children’s needs. In addition, creating consistency across programs by moving to annual eligibility for for-profit child care centers would streamline program operations in many low-income areas.

**Lastly, the Academy of Nutrition and Dietetics recommends increasing CACFP reimbursements to make up for increasing costs to transport, purchase, and prepare healthy foods.** Food and transportation costs continue to rise and purchasing healthy foods like fruits and vegetables, whole grains and low-fat dairy items was already harder to access than less healthy food prior to the pandemic. The Academy believes that an increase in reimbursement is an investment in our children’s health. We need to establish healthy eating habits at an early age to promote healthy behaviors and prevent obesity. Especially in light of the pandemic and the complications experienced by those with diet related diseases—we can’t afford NOT to invest in raising healthy children.

To conclude, I would like to very much thank you for your time today. The Academy of Nutrition and Dietetics urges Congress to consider the broad needs of military children, and all children, by allowing

an additional meal, streamlining and modernizing CACFP administrative requirements, and increasing reimbursements in order to support the long term success of the CACFP.

Thank you once again Chair Bonamici, Ranking Member Fulcher and all committee members for your time and consideration. I would be happy to respond to any questions that you may have.