

Success Story

Virginia Child and Adult Care Food Program Food Bank Pilot Purchasing Project

October 2023

Background

The Virginia Child and Adult Food Care Program (CACFP) food bank pilot purchasing project was a partnership between local CACFP child care centers and the Foodbank of Southeastern Virginia and the Eastern Shore (the Foodbank). The goals of the project were to support child care centers participating in CACFP in purchasing food at lower costs, increasing the value of CACFP participation and assisting in managing food costs.

The pilot program provided food at the Foodbank cost, which help child care centers save money. Four CACFP child care centers participated in the pilot project from March to October 2020.



Models of Participation

Child care providers chose from two models when ordering food from the Foodbank.

- The first model was the “**substitution order**.” The child care center had existing regular orders through food suppliers. With the pilot program, they could order the same food through the Foodbank. Therefore, the cost of switching to the Foodbank order program was minimal.
- The alternative model was the “**test order**.” The child care center ordered a small amount of new food items first to see how the children liked them. If they were well-received, then the center planned to continue to order them.

The food categories and associated quantities ordered varied between the four child care centers. The child care centers identified their preferred foods and the amount of food to be ordered. The amount of food ordered depended on the demand given the number of children attending, the menu, and the center’s foodstuff reserves.

A key component of the project was the free delivery of the food from the Foodbank to the child care centers. The Foodbank preferred a one-week notice to put together the ordered foods. The time between order and delivery was as soon as two or three days. At the beginning of this project, there were a few deliveries with wrong foods or to the incorrect client, but the mistakes were quickly corrected, and no significant glitches were identified in subsequent orders.

“Off of every bill, we’re saving six hundred dollars.
That’s a lot of—that’s a big number to be able to say
that you could use it toward something else.”

Food Bank Pilot Participant

Key Partner

Minus 9 to 5, served as a backbone coordinator for this work as an intermediary between programs and the Foodbank. This work is only realistic for food banks when there are enough centers participating. Minus 9 to 5 was a trusted partner for child care providers and played an essential role in the pilot’s success.

To learn more about this success story or HKHF TAP, please contact GlasgoJE@EVMS.edu or hkhftap@nemours.org.

Lessons Learned

- Compared with the traditional food suppliers, such as Sysco or grocery stores, **the pilot program provided food at a lower Foodbank cost, which helped the child care centers' budgets.** These savings were especially helpful during the COVID-19 pandemic.
- **Another benefit identified was the ease of ordering and free delivery.** Traditional grocery shopping can be time-consuming, tiring, and imprecise. Comparatively, ordering through this pilot project was more specific in terms of food categories and amounts. Having the food delivered meant there was no need to use or spend money on personal transportation. The free delivery was overwhelmingly welcomed by child care centers as saving time, cost and reducing stress.
- The **smaller child care centers** could not afford to order through wholesale suppliers. Therefore, one staff member was often responsible for the grocery shopping, which presented significant burdens. However, the Foodbank ordering and delivery process eased this task significantly.
- **Overall, the monetary and time savings were identified as the main motivations for child care centers to participate in this pilot program.** These benefits were consistently well received by the staff in all the centers.

A Deeper Look at Cost Savings

To examine the potential cost savings of purchasing food through the Foodbank rather than traditional food suppliers, one CACFP site was selected as a sample site for evaluation. The evaluation covered the period of March to October 2020. The results of the study provide a preliminary, but realistic estimate of potential cost savings for a CACFP site. While the pilot project covered the delivery cost for participating child care centers, the evaluation included and excluded delivery costs. This was done to understand the extra cost savings associated with covering delivery costs.

Evaluation findings :

- The cost savings or purchasing from the Foodbank are highly concentrated in a few food items, while the majority of the food items have modest savings.
- **Without considering** the delivery cost, the monthly savings varied from \$84.25 in August to \$786.12 in March. Therefore, the Foodbank sourcing can save about one third to two thirds of food costs every month.
- However, if the food delivery cost **is considered**, the savings could be significantly reduced, although the amount saved varied by month. For example, the monthly savings when considering the delivery cost varied from \$24.25 in August to \$606.12 in March.

Overall, the program still generated savings as compared to traditional food purchasing when the food delivery cost was included across the 8-month evaluation period: \$1,273.16 (26.1%), but savings were higher when delivery costs were covered: \$2,053.16 (42.1%). This highlights delivery costs as a key lever to consider for additional cost savings for future food bank purchasing programs.

Nemours Children's Health is funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (6NU38OT000304-03-01) to support state ECE organizations to integrate best practices and standards for healthy eating, physical activity, breastfeeding support, and reducing screen time in ECE systems and settings. The views expressed in written materials or publications do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.