national collaborative for infants & toddlers

NOURISH From the Start

Ensuring Prenatal-to-Three (PN-3) Families Have the Food They Need to Thrive

Families with infants, toddlers, and expectant parents (PN-3 families) are entering an especially challenging period. Rising food costs, uncertainty in federal policy, and major state-level implementation decisions are converging to create a critical window for action. The next few years will determine whether PN-3 families gain, or lose, ground in their ability to consistently access the food they need.

Every child needs the strongest possible start to be able to thrive later in life. From pregnancy through the first three years, food plays a critical role in building the foundation for lifelong health, learning, and well-being. These earliest years shape a child's future growth, development, and success.

In communities across America, parents and caregivers are working hard to provide for their families. Yet, every day, two million children under age three across the United States live in households without steady, reliable access to food.[1] Families with young children face even greater challenges than those without young children; while just under 14 percent of all households experienced gaps in access to food in 2024, the rate for households with infants and toddlers was closer to 17 percent.[2] When households with young children do not have stable access to enough food, it puts stress on the family and can negatively impact child development and learning in later years.[3]

Early nutrition is essential to help children reach their full potential. The prenatal-to-three (PN-3) period is the most critical window for brain development; more than 80 percent of a child's brain is formed by age three.[4] Prenatal and early child nutrition are key drivers in a child's brain development, lifelong learning, and physical and mental health.[5] Children who are unable to get the nutrients they need may experience delays in language and motor skills, lower cognitive scores, and challenges in school readiness.[6] Healthy eating during this timeframe also helps to establish lifelong dietary habits and preferences.[7] By ensuring access to nutritious food during the PN-3 period, we can give children the building blocks for healthy growth and development.

Supporting maternal nutrition during pregnancy is crucial, as those who are pregnant and postpartum need consistent access to sufficient, nutrient-rich foods to promote their own health and to support the healthy development of their babies. A large body of evidence demonstrates that inadequate or inconsistent access to food is associated with increased risks of preterm birth (delivery before 37 weeks) and low birth weight.[8] [9] Low birth weight is associated with increased risk of negative outcomes, such as developmental delays and poor health later in life.[10] Ensuring stable access to nutritious food during pregnancy helps protect both maternal well-being and infant health.

Supporting PN-3 families' access to the food they need requires thoughtful, holistic, and innovative approaches. Families' ability to access enough nutritious food is shaped by many root causes, including but not limited to: parental employment opportunities; stable, affordable housing; high cost of basic needs like food and child care; access to full-service grocery stores; access to transportation; access to family-friendly paid leave policies; and systemic oppression and racism.[11]

Many families report that the rising cost of food and other essentials makes it increasingly difficult to afford the nourishment they need to thrive.[12][13] Expenses like housing, health care, utilities, and child or dependent care stretch already tight budgets, making it harder to get by.[14] Policies that address these root causes are critical to ensuring that families are on stable ground and can consistently access enough healthy, affordable food.

This agenda does not address every factor that shapes families' food access; it focuses on practical, actionable solutions at the state and federal level that strengthen federal food assistance programs to ensure that every PN-3 family has stable access to healthy, affordable food. By improving access, strengthening programs, and supporting parents and caregivers, we can give children the strongest possible start.

Nourish from the Start. Healthy beginnings build strong futures.

Federal Food Assistance Programs

The U.S. has several food assistance programs that play a vital role in supporting PN-3 families. Research shows that participation in federal food assistance programs has positive long-term effects on children's development.[15] [16] [17] [18] [19] [20] Additionally, research indicates that participation in the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) reduces the risks of pre-term birth and low birth weight.[21] [22] [23]

While these federal food assistance programs offer critical support for PN-3 families, they do not fully ensure that families can consistently or entirely meet their nutritional needs. Broader, long-term solutions that address the root causes–such as the high cost of basic needs, limited access to stable employment that pays a living wage, and other structural barriers are also essential. Strengthening these programs must also include ensuring that benefits phase out in a way that families are never worse off financially for having increased earnings, so that progress toward economic stability is not penalized. This document aims to protect and strengthen food assistance programs to address some of the challenges preventing families from reliably accessing the food they need.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP)[i] is the nation's largest federal food assistance program, serving more than 42 million people a month in 2025.[24] In 2024, SNAP provided assistance to about 16 million children each month—about one in five U.S. children—which includes 2.8 million children under the age of three.[25] SNAP provides monthly benefits that can be used to purchase groceries at authorized retailers. Benefit amounts are based on household size, income, and expenses.

While SNAP is not designed to cover a family's entire food budget, it has been shown to significantly reduce food hardship, help stabilize household resources, and improve both child and caregiver health.[26] [27] Research shows that SNAP delivers lifelong benefits for children: Every dollar invested in a child generates $62 in value over their lifetimes (due to a range of benefits including improved educational outcomes, higher earnings in adulthood, increased life expectancy, and increased government tax revenue).[28] SNAP is associated with $1,400 in healthcare savings per person per year due to reductions in preventable healthcare utilization.[29] SNAP is also a vital stabilizer for families and local economies during downturns: Every additional dollar in SNAP benefits generates about $1.54 in economic activity as households spend those dollars at more than 250,000 grocery stores and supermarkets, circulating new spending throughout communities nationwide.[30]

However, SNAP benefits average out to only about $6 per person per day. These benefits are essential to families, yet the limited amount makes it difficult to consistently afford a healthy diet. When families lose their SNAP benefits or have them reduced, they are more likely to forgo medical care for their children or other family members due to cost, or to make health care trade-offs.[31] In 2022, an estimated 88 percent of eligible individuals participated in SNAP, but participation varied widely across states. Some states, such as New Mexico, reached participation rates close to 100 percent, while others, like Arkansas, were much lower at around 59 percent.[32]

i SNAP operated in the 50 U.S. states, DC, Guam, and the U.S. Virgin Islands. The Nutrition Assistance Program (NAP)--a block grant alternative to SNAP–is offered in Puerto Rico, American Samoa, and the Northern Mariana Islands.

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a targeted federal nutrition program that supports infants, children under age five, and adults during pregnancy and postpartum. Each month, WIC serves over 6.8 million participants,[33] including more than 40 percent of all infants in the U.S.[34] WIC provides monthly food benefits grounded in a science-based food package focusing on the specific nutritional needs of eligible groups. WIC participants receive a monthly benefit to purchase approved foods–some benefits are dollar-based (like fruits and vegetables), while others are quantity-based (like grains and dairy). The monthly benefits averaged out to about $81.50 in food per participant in 2024.[35] In 2022, there were about 40,000 authorized WIC retailers.[36] WIC also provides nutrition education, breastfeeding support, and referrals to health and social services. WIC participation plays a critical role in improving maternal health, birth outcomes, and dietary quality,[37] [38] and has been associated with improved cognitive development that persists into the school years.[39]

Despite its strong benefits, WIC is not reaching all who are eligible. Participation among those eligible is highest among infants (78 percent) but drops sharply as children age, with only 64 percent of eligible one-year-olds and 44 percent of two-year-olds enrolled.[40] Among adults, WIC reaches 44 percent of those eligible during pregnancy and 61 percent (breastfeeding) and 77 percent (non-breastfeeding) during the postpartum period.[41]

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides nutritious meals and snacks to young children each day in child care settings, including child care centers, family child care homes, Early Head Start programs, and some emergency shelters. In 2024, CACFP provided around 4.4 million meals to young children daily.[42] CACFP reimburses participating providers for serving meals that meet science-based nutrition standards, which helps to support parents because they are not charged a separate fee for food served and are not required to purchase or pack the meals that are provided by CACFP, which reduces household food costs and/or lowers overall child care costs to the family. Child care sites participating in CACFP must meet federal nutrition standards and generally provide more nutritious meals and snacks than non-participating sites.[43]

Of all licensed child care centers in 2021, 36.5% participated in the CACFP–this ranged from 15.2% to 65.3% when looking across states.[44] When only looking at low-income areas, participation averaged 57.5 percent, compared with 31.8 percent in higher-income areas.[45] Participation in low-income communities also varied widely by state—from as high as 85.7 percent participation in low-income communities in certain states to as low as 15.7 percent in others.[46] While family, friend, and neighbor care is an essential component of the child care system, it remains the most underserved by the CACFP.[47] [48] Children only have access to meals and snacks through CACFP if their child care participates in the program.

Given the different scope of each program, most families with low incomes are eligible to participate in SNAP, WIC, and CACFP at the same time. Individually and combined these programs help families access the food they need at home and for their children while they are in care to keep hunger at bay and to improve health outcomes for PN-3 families.

Table 1: Major Food Assistance Programs Serving Families with Infants and Toddlers

Supplemental Nutrition Assistance Program (SNAP)	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Child and Adult Care Food Program (CACFP)
• Largest federal food assistance program. • Provides monthly benefits to purchase groceries. • In 2024, 42 million people, including 2.8 million children under the age of 3, participated each month.	• Provides a science-based food package, breastfeeding support, nutrition education, and referrals. • In 2025, WIC served over 6.8 million infants, children under age 5, and adults during pregnancy and postpartum.	• Provides federal reimbursements for nutritious meals and snacks in child care and community settings. • In 2024, CACFP served approximately 4.4 million meals to children daily.

In addition to SNAP, WIC, and CACFP, PN-3 families also use other programs to help meet their basic food needs. Two of those programs are The Emergency Food Assistance Program (TEFAP) and the Food Distribution Program on Indian Reservations (FDPIR). TEFAP and FDPIR are essential sources of support for many families, including those with young children.

The Emergency Food Assistance Program

The Emergency Food Assistance Program (TEFAP) provides USDA foods[ii] to families with low incomes[iii] through a nationwide network of food banks, food pantries, and emergency meal sites. TEFAP supplies a significant share of the food distributed by emergency food providers. In 2025, TEFAP foods were distributed by Feeding America network members to 89 percent of rural counties, providing approximately 261 million pounds of food to people facing hunger in rural areas. TEFAP offers more than 120 nutritious foods, including fruits, vegetables, proteins, nuts, dairy, and whole-grain and enriched-grain products.

Many PN-3 households use TEFAP foods to help stretch limited budgets and fill gaps left by other assistance programs. Evidence strongly suggests that TEFAP is most effective when augmenting programs like SNAP and WIC. When household incomes decline or benefits are insufficient, use of emergency food, including TEFAP, increases sharply.[49]

Food Distribution Program on Indian Reservations

The Food Distribution Program on Indian Reservations (FDPIR) provides monthly USDA foods to income-eligible households living on reservations or in approved areas near reservations, serving as an alternative to SNAP in communities where access to grocery stores or SNAP offices is often limited. Households cannot participate in both FDPIR and SNAP within the same month. In 2025, FDPIR served 58,200 people.[50] FDPIR is administered by Indian Tribal Organizations (ITO) and state agencies and it offers a package of foods designed to support healthy diets and reflect cultural preferences. Tribal self-determination projects and community-tailored implementation are aspects of FDPIR which contribute to program satisfaction and improving Tribal food access and economic development.

ii USDA Foods are commodity foods provided by the U.S. Department of Agriculture. A full list is available, here: https://www.fns.usda.gov/tefap/foods-available

iii States must create eligibility criteria, which include maximum income-based standards between 185 and 300 percent of the U.S. Federal Poverty Guidelines.

Table 2: Additional Food Assistance Programs

The Emergency Food Assistance Program (TEFAP)	Food Distribution Programs on Indian Reservations (FDPIR)
• TEFAP helps families access nutritious foods through a nationwide network of food banks, food pantries, and emergency meal sites. • In 2024, nearly 1.2 billion meals worth of TEFAP food moved through Feeding America network organizations to families.	• FDPIR provides a monthly nutritionally balanced food package to income-eligible Native American households on or near reservations. • FDPIR serves as an alternative to SNAP in remote or low-access areas and also provides nutrition education. • In 2025, FDPIR served 58,200 people.

Strategies to Ensure PN-3 Families Have Access to Nutritious, Affordable, and Culturally Preferred Foods

The following recommendations highlight opportunities for policymakers and advocates to strengthen existing programs so that PN-3 families can reliably access nutritious, affordable, and culturally preferred foods. They are designed not only to improve access, but also to reduce administrative and logistical burdens on families and ensure that families are treated with respect and dignity when seeking support. Implementing these strategies will help ensure that infants and toddlers have the strong nutritional foundation they need for healthy development.

Themes:

- Ensure Access to Food Assistance Programs for PN-3 Families
- Modernize and Strengthening Food Assistance Programs
- Expand Availability of Nutritious, Culturally Preferred Foods for Families with Young Children

To meet immediate needs while working towards creating better systems in the future, this document includes both strategies that can be implemented in the short term (1-3 years) and continued over time, and strategies that will take longer to build toward and implement (3-7 years). A complete list of the strategies is available in Appendix 1.

Since TEFAP and FDPIR serve a smaller share of households compared with SNAP, are not entitlement programs like SNAP and CACFP (making it difficult to increase participation under current program funding), and are not tailored to PN-3 families like WIC and CACFP, this document offers a limited set of recommendations for these programs. The primary emphasis is on SNAP, WIC, and CACFP, which serve as the core nutrition supports for PN-3 families and offer the greatest potential to meet their needs.

Ensuring Access to Food Assistance Programs for Prenatal-to-Three Families

Families with infants, toddlers, and expectant parents use SNAP, WIC, and CACFP to meet their basic nutritional needs during the earliest and most important years of development. To ensure these programs remain accessible and to expand their reach, policymakers must adequately resource the programs, provide sufficient benefits or reimbursement rates, and reject policies that restrict eligibility.

At the federal level, SNAP and CACFP are entitlement programs, meaning that they are designed to serve all who are eligible and meet the program requirements. Program funding is not capped and expands as more people apply for and are certified to receive SNAP benefits or as more child care centers and homes apply for and get approved to participate in CACFP. WIC, however, is a discretionary program and is funded annually through the federal appropriations process. In recent years, it has been less certain that Congress would provide funding to meet rising participation and food costs, and considered cuts to the fruit and vegetable portion of the WIC food package. This has created funding uncertainty that makes it difficult to operate the program, and raising the prospect of waitlists for the first time in decades. Ensuring WIC receives full funding every year without any cuts to benefits, and ultimately transitioning it to a mandatory program, is important to guaranteeing that all eligible families can participate without interruption.

Across SNAP, WIC, and CACFP, federal and state policymakers must avoid restrictions that narrow eligibility or negatively impact program operations, and funding cuts that shift costs to states and/or reduce benefit adequacy and program access. Protecting, strengthening, and expanding access to these programs is essential to ensuring that PN-3 families have consistent access to nutritious foods that support healthy growth and development.

Policies that Support Breastfeeding

During pregnancy and early childhood, the brain and body develop at an extraordinary pace, making consistent access to nutrient-rich foods essential. Breastfeeding, for those who can and choose to, is a key part of early nutrition, providing ideal nourishment for infants and important short- and long-term health benefits for mothers and babies. However, while 84% of U.S. women who give birth initiate breastfeeding, many mothers and families are unable to meet their own goals and national breastfeeding recommendations. Only 27% of babies receive the U.S. Dietary Guidelines for Americans' recommendation for exclusive breastfeeding for the first six months of life.[51] Barriers to breastfeeding include the need to return to work, inflexible job conditions, and limited access to breastfeeding support services.

While the recommendations in this document focus on how our food assistance programs, especially WIC, can be strengthened to better support breastfeeding, we would like to briefly highlight several additional policy recommendations:[52]

- At the federal, state, and local levels, cross-sector, coordinated investments in community-led breastfeeding programs and coalitions should be funded and established.
- At the federal, state, and local levels, investments in the training and availability of lactation support providers should be increased.
- Federal, state, and local governments should strengthen and enforce policies that ensure lactation accommodations in all workplaces, schools, colleges, universities, and child care centers.
- Federal, state, and local governments should adopt comprehensive paid family and medical leave policies.

How OBBBA Threatens Supports for PN-3 Families

The "One Big Beautiful Bill" Act (OBBBA), signed into law in July 2025, makes major cuts to programs that PN-3 families use. The law reduces federal SNAP funding by 20 percent over the next decade and limits future increases in benefits to only account for food inflation,[53] meaning benefits will not keep pace with other factors that increase the cost of a healthy diet. In addition to reducing benefits for all participants overtime, provisions of OBBBA are expected to eliminate or substantially cut food assistance for nearly four million people, including about one million children.[54] The law includes deep cuts to Medicaid, putting many PN-3 families at risk of losing food assistance, access to healthcare services, and Medicaid-funded nutrition support.[iv]

The law also shifts more of the program's costs to states. In states already facing tight budgets, these changes could lead to stricter rules that would reduce the number of families eligible for SNAP or possibly cause a state to no longer participate in SNAP,[55] causing all families in the state to lose access to the program. Losing access to SNAP would make it much harder for families to afford the food they need during the most important years of child development.

OBBBA also puts new financial pressure on states to reduce SNAP payment error rates, which occur when households receive more or less than they should under program rules. To avoid financial penalties, states may feel an incentive to add more paperwork, require more frequent recertifications, or make the application process more difficult, all changes that would push many eligible families away. Instead, states can protectPN-3 families by taking steps that improve accuracy while making the program easier to access: simplifying applications, removing asset tests, reducing verification requirements, extending recertification periods, improving communication with families–including through community organizations, community health workers, and other navigation assistance resources, and investing in technology that streamline applications and renewals. Federal administrative funding for states is also being cut; states will now need to pay 75 percent of the administrative costs of the program instead of 50 percent.

States need adequate revenue to help families maintain stability. In some cases, such as the SNAP state cost shift and the increase in administrative costs for states, additional revenue will be needed just to keep SNAP running without making cuts to other programs PN-3 families use. States should consider revenue options that do not place additional burdens on families who use SNAP. For more information on revenue raising options, see the Nourish from the Start website (include link when available).

SNAP Payment Error Rates

A state's combined payment error rate (PER) measures the dollar amount of over- and under-benefit issuances the SNAP agency makes in a year to participating households as a share of total issuances. Across all states, most payment errors are unintentional mistakes by state agencies or families, not intentional fraud. SNAP payment accuracy is a function of multiple systems working together, including adequate staffing levels, training, and experience, clear and correct policies and procedures, and technology that supports SNAP participants and staff to report and record accurate information.

Colorado's Funding Strategy

Colorado's recently approved ballot measures are great models that limit tax deductions for high-income taxpayers and strengthen the corporate tax system, generating new revenue to fund Healthy School Meals for All, which offers meals to all students at no cost regardless of family income, and help stabilize programs such as SNAP, Medicaid, and other essential supports in the face of federal cuts.

iv Medicaid participants can receive nutrition support like nutrition counseling, breastfeeding support, and home visiting services.

OBBBA's Impact on WIC and CACFP

Even though OBBBA does not make direct changes to WIC or CACFP, the added strain on state SNAP and Medicaid agencies will make it more difficult to coordinate across programs to improve access to WIC and CACFP. Moreover, its deep cuts to SNAP and Medicaid will make it harder for eligible families to enroll in WIC or find child care providers who participate in CACFP.

WIC uses adjunctive eligibility to simplify the enrollment process for families and staff, meaning families automatically meet the income requirements for WIC if they are enrolled in SNAP or Medicaid. Declines in SNAP and Medicaid enrollment resulting from OBBBA's cuts will result in fewer individuals being adjunctively eligible for WIC, likely translating to lower enrollment and more administrative work for WIC staff to enroll those who do apply.

SNAP cuts also undermine other child nutrition programs that rely on SNAP participation, including CACFP. Children in households that receive SNAP are categorically eligible for free meals at child care centers through CACFP and are directly certified for free school meals, which means their families do not have to complete applications. Additionally, school percentages of free and reduced-price meals help to establish CACFP eligibility for child care homes and the reimbursement rates that providers receive for the meals served. Cuts to SNAP that reduce the number of children who are categorically eligible for free meals increases paperwork for child care centers, and fewer children directly certified for free school meals may result in fewer CACFP homes being financially able to operate the program.

Documenting OBBBA's Impact

Given the important role SNAP plays in helping families access the food they need, and its intersections with WIC and CACFP, it will be essential to document the impact of OBBBA in the months and years ahead, particularly how it impacts PN-3 families. Tracking these impacts will help illustrate where families face new barriers, how the new law deepens existing inequities, and the ways in which reduced access to food assistance harms PN-3 families. This evidence will be critical for informing future policy decisions and ensuring that the needs of PN-3 families remain at the center of federal and state responses.

SNAP

Federal policymakers should reverse the provisions in OBBBA that reduce benefits, restrict eligibility, shift administrative costs to states, and restrict updates to help keep the benefits aligned with the real cost of a nutritious diet. In addition to restoring SNAP to pre-OBBBA structure, policymakers should go further by protecting SNAP from any future proposals that would narrow access through expanded time limits, asset tests, or other restrictions. Benefit levels should be high enough for families to afford a healthy diet–at minimum by increasing benefits to align with Low-Cost Food Plan[56] levels, which would allow families to better meet dietary recommendations and the nutritional needs during pregnancy and for infants and toddlers. Policymakers should also eliminate the federal shelter cap, which currently limits how much of a household's actual housing costs can be counted in SNAP's Excess Shelter Deduction and prevents many working families with high rent burdens from receiving adequate benefits. States can strengthen access by rejecting restrictive state-level policies, increasing the dependent care

Household Food Security Survey

USDA's decision to stop conducting the annual Household Food Security Survey, a national survey that has tracked households' ability to reliably access enough food for the past 30 years, and issuing a report leaves policymakers without a clear picture of how families, including those with infants and toddlers, are faring. At a time when food assistance programs are being cut, restoring these data are essential to understanding the impact on households, identifying unmet needs, and ensuring that supports reach the communities most affected. National data must be collected and reported annually so that policymakers and advocates can track trends and adjust policies and interventions as needed.

deduction to reflect the real cost of child care, and adopting and protecting the ability to adopt broad-based categorical eligibility (BBCE), which allows states to address benefit cliffs by modestly increasing gross income limits and eliminating asset limits. The option for states to adopt BBCE must be protected at the federal level.

WIC

Congress must fully fund WIC each year by providing enough funding to ensure that all eligible people who seek help can receive WIC's full, evidence-based food package, including the full fruit and vegetable benefit. Congress should also increase WIC's contingency fund to prevent unexpected funding shortfalls and increase its investment in the WIC Breastfeeding Peer Counselor program.

Another important short-term priority is to increase WIC participation. Despite well-documented benefits for maternal and child health, only about 56 percent of eligible people participated in the program in 2023.[57] While participation for infants is high, participation drops off as children age and many eligible adults do not participate. Please see the Modernizing and Strengthening section for more details on how to increase enrollment and retention of eligible families. States can help to ensure that all families with low incomes that include infants and young children at risk of not having enough food are able to participate in WIC by rejecting attempts, whether legislative or administrative, to restrict WIC eligibility.

Over the long term, Congress should transition WIC into a mandatory program that guarantees funding for every eligible applicant. Stable, predictable funding would support state WIC agencies' long-term planning, avoid service disruptions associated with the annual appropriations process, and allow states to invest in strategies and innovations to increase participation.

CACFP

Access to CACFP depends on whether child care providers are aware of the program, so outreach to promote the program is important. To boost participation, policymakers and advocates should improve reimbursement rates and support more child care centers and family child care homes to join and stay in the program.

Federal policymakers can expand access and reduce administrative burdens for operators by increasing reimbursement levels to better reflect food costs and make the program more financially feasible, simplifying administrative requirements and the application process, and eliminating tiering rules so more providers qualify for higher reimbursement rates. States can complement these efforts by offering robust technical assistance, providing state reimbursement supplements to ensure providers can operate the program, and supporting Healthy Child Care Meals for All initiatives. States can also support program participation by partnering with child care agencies to ensure that all eligible child care settings are aware of CACFP and provide technical assistance and resources to increase their ability to participate. Additional recommendations that support access are described in the Modernizing and Strengthening section below.

Healthy Child Care Meals for All

Healthy Child Care Meals for All would allow all children whose child care participates in CACFP to receive the meals for no cost, regardless of family income. This approach is similar to Healthy School Meals for All, which offers meals at no cost to all students in schools that participate in the National School Lunch Program and/or School Breakfast Program and has been adopted by nine states.

Additional Access Recommendations

TEFAP

TEFAP needs to be appropriately funded to keep pace with rising food costs and heightened need. Many states allow SNAP participation to automatically make families eligible for TEFAP, yet most do not do this for WIC. Allowing families who already participate in WIC to be automatically eligible for and enrolled in TEFAP would reduce duplicative paperwork, streamline access to nutritious foods, and strengthen the overall food supply available to PN-3 families.

FDPIR

Native and Indigenous people face significantly higher barriers to consistent access to food compared with other groups. Native Americans are twice as likely as white individuals to face barriers to getting enough food and poverty.[58] Allowing dual participation in both SNAP and FDPIR can help ensure that families in Tribal communities–where poverty is disproportionately high–can consistently meet their nutritional needs. FDPIR is the only program with such a ban.

Modernizing and Strengthening Food Assistance Programs

For decades, SNAP, WIC, and CACFP have served as the backbone of the nation's food safety net for PN-3 families. Yet the systems that support these programs have not kept pace with families' needs or with modern technology. Across the country, outdated technology, burdensome application and recertification processes, and limited administrative capacity create unnecessary barriers, especially for PN-3 families, who often have the least time and flexibility to navigate complex requirements and systems. Modernizing these programs is essential to ensuring that families can access nutritious food during the critical window of pregnancy through age three. State and federal leaders should prioritize simplifying processes, reducing paperwork, paying staff adequately, upgrading technology, and designing enrollment systems that center the experiences of families with very young children.

First Five South Carolina has made strides by using technology to centralize efforts to determine eligibility, improve access, and establish a common application for assistance programs for families with young children.

SNAP

Modernizing SNAP requires reducing administrative burdens on families and the state agency, and ensuring families can access benefits quickly and consistently. As states work to lower their SNAP payment error rates, they should choose processes that do so without increasing barriers to participation, such as increased verifications. States can conduct business practice audits to identify barriers such as long wait times, overly complex applications, and unnecessary documentation requirements. Applications should be written in plain language, mobile-friendly, and free of duplicative questions. States can simplify and automate eligibility determinations, streamline recertification, and expand cross-program eligibility to reduce the number of times families must submit the same information. Co-locating SNAP enrollment support in places families already visit, such as pediatric clinics, child care centers, and community-based organizations, can further increase access. Offering both virtual and in-person appointment options ensures families with young children can complete required steps without sacrificing work or caregiving responsibilities.

Modernizing SNAP also means modernizing the electronic benefit transfer (EBT) system. Families receive their SNAP benefits on EBT cards that they can use in authorized retailers like a debit or credit card. Federal policymakers should support modernizing EBT cards by providing states with technical assistance and funding. States should upgrade EBT card technology–such as adding chip technology–to enhance security and protect families' benefits from skimming or theft.

WIC

WIC modernization requires addressing barriers to enrollment, making WIC services and benefits easier to use, and streamlining program administration so staff can focus on providing services rather than paperwork. At the federal level, policymakers should make the current remote service flexibilities permanent so that state agencies can continue to offer enrollment and recertification appointments by telephone, video, or other alternatives to in-person appointments. Federal policymakers should make certification periods more flexible so they can be aligned for all family members, which reduces the number of required appointments. They should also finalize rules to facilitate online shopping for WIC foods and provide ongoing technical assistance and funding for modernization efforts.

States can implement policies to help more PN-3 families participate in WIC that do not require federal policy changes. Some of these strategies include enhancing outreach and referrals, using federal flexibilities to streamline the enrollment process, improving the convenience and quality of WIC services, increasing state coordination across programs to increase participation and coordinate care, and improving the WIC shopping experience. For example, by using presumptive eligibility for pregnant people, WIC agencies can ensure timely access to critical nutrients by providing food benefits as soon as an applicant is determined to be income-eligible, without waiting for a nutrition risk evaluation. Presumptive eligibility does not waive income rules; it simply allows benefits to begin after an initial income screen, so the risk of someone temporarily receiving benefits in error is very small. Enhancing WIC outreach and referrals could include targeting outreach messages to eligible pregnant people and parents, including those enrolled in Medicaid who are adjunctively eligible for WIC. WIC agencies and advocates can also educate and develop referral mechanisms for health care providers, child care providers, and community-based social service organizations about WIC eligibility and services. In addition, state and regional coordination between healthcare provider systems and WIC agencies can facilitate transfer of patient healthcare information necessary for the nutrition risk evaluation. This can reduce burden for applicants by reducing the amount of duplicative blood testing and potentially removing the need for in-person WIC appointments by combining healthcare visit anthropometric measurement with a remote WIC appointment.

New York is using existing federal flexibilities to make it easier for eligible families to access the food assistance they need. The state now allows participation in Head Start to serve as proof of income for WIC, just as it already does for SNAP, Medicaid, and TANF.

CACFP

Improving and modernizing CACFP means reducing paperwork requirements and updating outdated processes so child care providers can spend more time feeding children and less time dealing with administrative tasks. Federal policymakers can improve the program by allowing a third meal for children in care for long hours and updating the serious deficiency process–a formal process to address non-compliance–to be more fair, so that providers are not penalized for issues that have been previously corrected. States can also use existing flexibilities to reduce paperwork and make monitoring visits more efficient, including allowing more

visits to be offsite. Modernization and policy change will also help to sustain the declining network of sponsoring organizations that support home-based child care providers' participation in CACFP.[59] Creating a single, predictable reimbursement rate for centers would also make the program easier to manage. Together, these changes would help more child care providers participate in CACFP.

Expanding Availability of Nutritious, Culturally Preferred Foods for Young Families

Ensuring that families can access nutritious, culturally preferred foods, receive meaningful breastfeeding support, and obtain reliable nutrition guidance is central to promoting healthy development and reducing long-term disparities. Families need access to foods that reflect their cultural traditions and dietary practices, because nutrition is not only about nutrients, it is also about familiarity, identity, and dignity. To make informed choices during this critical window, parents benefit from clear, practical nutrition education that helps them understand their children's needs and navigate available resources.

SNAP

SNAP plays a central role in helping families afford nutritious food, but benefit levels and access to grocery stores can limit families' ability to purchase healthy options. Research shows that financial incentives for fruits and vegetables increase produce consumption among SNAP-eligible households,[60] underscoring the importance of federal, state, and local governments continuing to invest in incentive programs. New funding should be infused into the federal Gus Schumacher Nutrition Incentive Program (GusNIP), a federal grant program designed to help households with low-income buy and eat more fruits and vegetables,[61] to be expanded from grant-based to a national program so that all states and SNAP participants can benefit. Strengthening SNAP also means supporting small retailers so families can access a wider range of nutritious and culturally relevant foods. Expanding the SNAP online purchasing program to more retailers and removing fees would further improve convenience for PN-3 families, who often face time and transportation barriers, especially families in rural areas. Families also need clear, practical nutrition education to make informed choices, making it essential to reestablish a nutrition education program since SNAP-Education was defunded in OBBBA.

WIC

WIC provides targeted nutrition support for infants, children under age 5, and adults during pregnancy and postpartum, and its evidence-based food packages improve diet quality for participants.[62] Continuing to use science as the basis for WIC's food packages and maintaining the value of the fruit and vegetable benefit remain essential to ensuring PN-3 families can access the critical nutrients found in WIC-approved foods. States also play a key role in leveraging federal flexibilities, like allowing certain brands and providing the maximum level of choice within each food package category, to ensure WIC food packages reflect the cultural preferences and dietary traditions of the communities they serve. Longer term, federal guidance on how to determine whether participants have adequate access to a WIC-authorized grocery store would help USDA and states set vendor policies that reduce the transportation barriers that can prevent participants from being able to fully use their benefits.

SNAP Incentives in West Virginia

After nearly five years of sustained advocacy, the West Virginia Food and Farm Alliance and coalition partners secured permanent state funding for SNAP Stretch, a nutrition incentive initiative that increases the purchasing power of SNAP benefits when used at participating farmers markets and grocery stores. Advocates successfully convinced lawmakers to approve ongoing funding, even during the 2025 legislative session, which was marked by overall budget cuts, stabilizing a program that previously relied on year-to-year fundraising.

SNAP Stretch improves access to fresh fruits and vegetables for households with low incomes while strengthening local food economies. By directing SNAP dollars to local farmers, food producers, farmers markets and small food businesses, the program supports healthier diets and reinvests public funds into communities across the state.

The WIC Farmers' Market Nutrition Program (FMNP) helps WIC participants access fresh, locally grown fruits and vegetables from approved farmers and small vendors. Recent reductions in federal appropriations have made it difficult for states to maintain FMNP operations and sustain modernization efforts, resulting in reduced support for farmers and decreased access for WIC families. Federal and state policymakers should strengthen support for FMNP and explore program flexibilities that expand participant access, improve benefit redemption, and ensure farmers can continue to participate. WIC is one of the nation's most effective sources of breastfeeding support, offering counseling, peer support, breast pumps, and lactation services that help families establish and sustain breastfeeding. Increasing federal funding for the WIC Breastfeeding Peer Counselor Program would ensure more families can access community-based breastfeeding support. Current funding levels do not allow every eligible WIC family to receive Breastfeeding Peer Counselor services—many clinics cannot hire a counselor at all due to resource constraints. WIC also delivers high-quality, practical nutrition education that helps families make informed food decisions during pregnancy through toddlerhood.

CACFP

CACFP ensures that children in child care settings receive nutritious meals and snacks that support healthy development. Maintaining strong science-based practical nutrition standards in CACFP and ensuring that meal patterns reflect cultural preferences can help to ensure that young children receive healthy, appealing foods every day. States should expand training and technical assistance to help providers meet nutrition standards and offer diverse, culturally familiar foods. Additionally, Farm to Early Care Education (ECE) activities can support the impact of CACFP by increasing the intake of healthy foods served to children in child care settings, and uplifting local communities by supporting local and regional farmers, ranchers, dairies, food processors, and distributors.

Nourish Every Child From the Start

Ensuring that every family can access nutritious, culturally preferred foods during pregnancy, infancy, and toddlerhood is essential to set children up for success later in life. SNAP, WIC, CACFP, TEFAP, and FDPIR, combined with state and local policies and programs, form the food safety net for PN-3 families. When these programs are adequately funded, easy to use, and aligned with families' needs, children are healthier, parents are more economically secure, and communities thrive.

Yet today, too many PN-3 families do not have the food they need during the most critical period of brain growth and development and funding cuts jeopardize program access. Policymakers have clear, actionable opportunities to change this. By protecting, strengthening, and modernizing existing programs, expanding access to nutritious and culturally preferred foods, and advancing coordinated state and federal solutions, we can ensure that every child has the strong foundation they need to thrive.

Healthy beginnings build strong futures. Now is the time to act so that all children–no matter who they are or where they live–can grow, learn, and thrive, which they will do when we **Nourish from the Start**.

Appendix 1

Theme	Program	Level of Government	Recommendation	Timeline
Ensuring Access to Food Assistance Programs for Prenatal to Three Families	SNAP	Federal	Reverse harmful federal policy changes–including but not limited to those in OBBBA–that reduce benefits, restrict eligibility, shift administrative costs to states, or limit updates needed to keep SNAP benefits aligned with the real cost of a nutritious diet.	Short
	SNAP	Federal	Protect SNAP from future policies that restrict eligibility or reduce benefits.	Short
	SNAP	Federal	Maintain ability for states to adopt Broad Based Categorical Eligibility (BBCE).	Short
	SNAP	Federal	Ensure benefit levels are high enough to allow a nutritionally adequate diet to support pregnancy, infancy, and toddlerhood, such as shifting to the Low Cost Food Plan.	Long
	SNAP	Federal	Eliminate the federal shelter cap.	Long
	SNAP	State	Protect against policies that restrict access to SNAP.	Short
	SNAP	State	When raising state revenue to support SNAP, use funding models that do not place additional burdens on families who use SNAP.	Short
	SNAP	State	Adopt and protect states' ability to adopt BBCE and expand eligibility guidelines to the greatest extent allowed under BBCE.	Short
	SNAP	State	Increase dependent care deduction to reflect the real cost of child care.	Long
	WIC	Federal	Fully fund WIC to provide the full science-based food packages and fruit and vegetable benefit to all eligible applicants.	Short
	WIC	Federal	Increase WIC's contingency fund to avoid unanticipated shortfalls.	Short
	WIC	Federal	Transition WIC to a mandatory program, ensuring stable, predictable funding each year.	Long
	WIC	State	Reject efforts to restrict WIC eligibility.	Short
	CACFP	Federal	Increase provider participation by increasing reimbursement rates.	Long
	CACFP	Federal	Eliminate CACFP tiering rules so more providers qualify for higher reimbursements.	Long
	CACFP	State	Offer robust technical assistance to sponsors and sites.	Short
	CACFP	State	Increase outreach to child care providers to ensure all eligible providers know they can participate.	Short

Theme	Program	Level of Government	Recommendation	Timeline
	CACFP	State	Provide state funding to supplement federal reimbursement and limited program resources.	Long
	CACFP	State	Support and/or adopt Healthy Child Care Meals for All initiatives.	Long
	TEFAP	Federal	Ensure TEFAP is sufficiently funded to meet the rising costs of food and program need.	Short
	TEFAP	State	Use WIC participation to be automatically eligible in TEFAP.	Short
	FDPIR	Federal	Allow dual enrollment for participants in both FDPIR and SNAP.	Long
Modernizing and Strengthening Food Assistance Programs	SNAP	Federal	Support modernizing EBT cards, including a move to chip technology, by providing states with technical assistance and funding.	Short
	SNAP	State	Enact policies that address payment error rates in ways that are also supportive of families.	Short
	SNAP	State	Reduce administrative burdens through business practice audits, simplifying applications, streamlining eligibility, simplifying recertification requirements, and expanding cross-program eligibility.	Short
	SNAP	State	Co-locate enrollment in places families already visit (clinics, childcare settings, and community organizations).	Short
	SNAP	State	Offer both virtual and in person appointment options.	Short
	SNAP	State	Upgrade EBT card technology.	Short
	WIC	Federal	Make remote service flexibilities permanent.	Short
	WIC	Federal	Finalize regulations to facilitate online shopping for WIC foods.	Short
	WIC	State	Enhance outreach and referrals, including through targeting outreach messages to eligible families, educating and developing referral mechanisms for health care providers, childcare providers, and community-based social service organizations about WIC eligibility and services, and partnering with community-based organizations to conduct outreach.	Short
	WIC	State	Use federal flexibilities to streamline enrollment and recertifications.	Short

Theme	Program	Level of Government	Recommendation	Timeline
	WIC	State	Use presumptive eligibility to provide food benefits immediately to income-eligible pregnant applicants, without waiting for nutrition risk evaluation.	Short
	WIC	State	Increase coordination across programs to increase participation and coordinate care.	Short
	CACFP	Federal	Update serious deficiency framework to ensure a fair and equitable process.	Short
	CACFP	Federal	Allow a third meal for long hours care.	Long
	CACFP	Federal	Create a single, predictable reimbursement rate for centers.	Long
	CACFP	State	Reduce paperwork and streamline outdated processes.	Short
	CACFP	State	Make monitoring visits more efficient, including allowing more off site monitoring visits to reduce provider burden.	Short
Expanding Availability of Nutritious, Culturally Preferred Foods for Young Families	SNAP	Federal	Expand the SNAP Online Purchasing Program to more retailers and eliminate fees.	Short
	SNAP	Federal	Reestablish a nationwide nutrition education program.	Short
	SNAP	Federal	Infuse new money into GusNIP to convert it from a grant program into a national benefit, ensuring consistent access to nutrition incentives across all states.	Long
	SNAP	Federal, State, Local	Invest in and expand SNAP nutrition incentive programs (e.g., fruit & vegetable incentives at markets and grocery stores).	Short
	SNAP	Federal, State	Support small retailers through training, technical assistance, and infrastructure grants, so they can meet stocking requirements for nutritious, culturally relevant foods.	Short
	WIC	Federal	Continue to base WIC food packages on strong nutrition science.	Short
	WIC	Federal	Increase funding for WIC's Breastfeeding Peer Counselor program.	Short
	WIC	Federal	Maintain or increase the value of WIC's fruit and vegetable benefit.	Short and Long
	WIC	Federal	Evaluate transportation barriers and provide recommendations for states to reduce barriers.	Long
	WIC	State	Use federal flexibility to ensure WIC food packages reflect culturally relevant and dietary preferences of participating communities.	Short

Theme	Program	Level of Government	Recommendation	Timeline
	WIC	State	Increase WIC participation so more families can access the science-based food package, breastfeeding support, and nutrition education.	Short
	WIC	State	Strengthen the WIC Farmers' Market Nutrition Program (FMNP) and explore flexibilities to expand access & redemption while sustaining farmer participation.	Short
	CACFP	Federal	Maintain strong nutrition standards for meals and snacks.	Short and Long
	CACFP	Federal	Increase funding for training and kitchen equipment.	Federal
	CACFP	State	Expand training and technical assistance to support meeting the nutrition standards and serving diverse, culturally relevant foods.	Short
	CACFP	State	Support Farm to Early Care and Education activities.	Short
Cross-cutting		Federal	Restore annual Household Food Security Survey or similar national survey to monitor changes over time.	Short
		Federal, State, Local	Document the Impact of OBBBA.	Short
		Federal, State, Local	Fund and build cross sector, community led breastfeeding programs & coalitions	Short
		Federal, State, Local	Invest in training and availability of lactation support providers	Short
		Federal, State, Local	Strengthen and enforce lactation accommodations in all workplaces, schools, colleges/universities, and child care centers.	Short
Root Causes	N/A	Federal, State, Local	Develop and implement affordable housing policies for PN-3 families.	Short and Long
	N/A	Federal, State, Local	Develop and implement affordable child care policies for PN-3 families.	Short and Long
	N/A	Federal, State, Local	Develop and implement paid family and medical leave policies for PN-3 families.	Short and Long
	N/A	Federal, State, Local	Develop and implement policies designed to eliminate food deserts, with a particular focus on historically underinvested communities. These could include Healthy Food Financing Initiatives and ensuring access to reliable transportation to the new grocery stores.	Short and Long
	N/A	Federal, State	Strengthen and expand refundable Child Tax Credits to ensure families with young children have the resources needed to meet basic needs.	Short and Long

Definitions

Adjunctive Eligibility: A policy that allows individuals to be automatically considered income-eligible for a program if they are already enrolled in another means-tested program with comparable or stricter income requirements.

Discretionary Program: A program whose funding is set annually through the federal appropriations process and is therefore limited by the amount Congress allocates each year.

Entitlement Program: A program designed to serve all individuals or institutions that meet eligibility criteria, with funding that expands as participation increases.

Presumptive Eligibility: A temporary approval process that allows individuals to begin receiving benefits based on an initial income screening while full eligibility verification is completed.

Serious Deficiency Process: A formal corrective action process used to address non-compliance, outlining required steps and timelines and potentially leading to suspension or termination if issues are not resolved. In CACFP, a serious deficiency cannot be removed once corrected, only "temporarily deferred," which means providers remain at risk of termination in the future even for minor or unrelated issues.

Advisory Committee

These recommendations were developed through collaboration among multiple organizations, each bringing its own priorities and perspectives. While all partners contributed to the creation and review of this document, not every organization endorses every option included.

The Nourish from the Start Advisory Committee developed recommendations for improving access to nutritious, affordable foods for PN-3 families. The Committee included the Center on Budget and Policy Priorities (CBPP), Feeding America, the Food Research & Action Center (FRAC), and Voices for Healthy Kids an initiative of the American Heart Association (AHA). Meeting from May 2025 to March 2026, the Committee used a series of in-person and virtual meetings to shape and refine these recommendations.

Reviewers

- American Academy of Pediatrics
- Center for Science in the Public Interest
- Geri Henchy Consulting
- National WIC Association
- New Jersey Office of the Food Security Advocate
- Prenatal-to-3 Policy Impact Center
- Share Our Strength

The reviewers provided technical recommendations related to the paper's content and clarity.

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