



# Obesity Prevention in Early Care and Education

Quick Start Action Guide



**Centers for Disease  
Control and Prevention**  
National Center for Chronic  
Disease Prevention and  
Health Promotion



# Obesity Prevention in Early Care and Education: Quick Start Action Guide

This Quick Start Action Guide is designed for those who already have a basic understanding of the early care and education (ECE) system from a federal, state, and local perspective. It is best suited for those who are ready to start planning new, or strengthen existing, state or community-level efforts to promote healthy eating, physical activity, breastfeeding, and reduced screen time among children in ECE as part of a comprehensive, jurisdiction-wide obesity prevention initiative. It presents an overview of the ‘Spectrum of Opportunities’ for obesity prevention in the early care and education setting (see figure) and walks through a set of action steps to get started. Worksheets for each action step are provided, as well as a set of basic talking points to educate partners and stakeholders about childhood obesity, related behavioral risk factors, and the importance of the ECE setting for obesity prevention.

## Action Steps to Get Started

- Assess Partnerships:** Complete the Partnership Assessment Worksheet to identify who should be at the table for planning state efforts to address obesity prevention focused on the ECE setting. Learn who is who from both the ECE system and the obesity prevention/public health arenas.
- Assess Efforts to Date:** Complete the ‘Spectrum of Opportunities Assessment Worksheet’ to catalogue your state or community efforts to date, whether successful or not.
- Create a State Profile:** Use the State Profile Template to summarize background information needed for your state coalition/partnership to make informed decisions regarding strengthening existing efforts and pursuing new opportunities.
- Determine Feasibility of Opportunities:** Use the Spectrum of Opportunities Rating Worksheet to identify new opportunities worthy of consideration and current efforts that might be improved and rate the feasibility of each to help develop consensus on what to pursue.
- Develop an Action Plan and Logic Model:** Use the Action Plan Worksheet and example logic model to create a specific plan to pursue new opportunities or strengthen existing efforts.

**NOTE:** All steps are most effectively pursued in partnership. Partnerships are the cornerstone of any successful endeavor to integrate obesity prevention within the ECE system.

# The Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting

A Spectrum of Opportunities (see Figure) exists by which states, and to some extent communities, can support ECE facilities in their jurisdictions to achieve recommended standards and best practices for obesity prevention. Each opportunity, described below, represents a unique avenue for changing the ECE environment directly to improve breastfeeding support, nutrition, and physical activity and reduce screen time in ECE facilities. Not all opportunities need to be pursued in each state to achieve impact; however, it is likely that multiple opportunities pursued as part of a coordinated approach will be most effective at achieving desired goals concerning improved nutrition, breastfeeding support, physical activity and reduced screen time. A number of factors (e.g. costs, available resources, timeliness, etc.) can be considered to help determine which of the opportunities are viable options to pursue at any specific point in time.

**Figure 1: Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting**



◆ **Licensing and Administrative Regulations—**

Licensing is permission from the state to operate an ECE facility. ECE programs and providers (with some exceptions) are required by law to meet state-specific minimum standards of care. Regulations and enforcement standards vary considerably by state and, sometimes, by municipalities. Obesity prevention strategies can be incorporated into licensing and administrative regulations in several ways, including:

- 1) Requiring that facilities meet specific nutrition, breastfeeding, physical activity, and screen time standards (e.g., setting a minimum number of minutes per day of physical activity);
- 2) Incentivizing facilities to meet higher standards voluntarily through a reduction in licensing fees;
- 3) Requiring ECE providers to obtain training, continuing education or certification in obesity prevention, including nutrition, breastfeeding, physical activity, and screen time;
- 4) Incorporating obesity prevention messages and standards into coursework, training, and education requirements for ECE providers; and
- 5) Requiring that facilities meet CACFP standards, regardless of participation in the program.

◆ **Child and Adult Care Food Program (CACFP)—**

CACFP is a federal nutrition assistance entitlement program that provides reimbursement for meals and snacks served to more than 3.4 million children. CACFP regulates meal patterns and portion sizes, provides nutrition education, and offers sample menus and training in meal planning and preparation to help ECE providers comply with nutrition standards. Most legally operating ECE facilities, including centers and family-homes, are eligible to participate in CACFP. States can use CACFP to help promote healthy eating and decrease obesity in young children in ECE by:

- 1) Providing CACFP training and technical assistance focused on nutrition, breastfeeding, physical activity, and screen time education for

children, teachers, and parents;

- 2) Enhancing state CACFP standards to align with other national nutrition guidelines such as the U.S. Dietary Guidelines for Americans if they do not already; and
- 3) Providing information on how to increase CACFP participation among facilities

◆ **Quality Rating and Improvement Systems**

**(QRIS)**—A QRIS is a systemic approach to assess, communicate, and improve the level of quality in early childhood and school-age care and education programs. Through QRIS, states define what constitutes a higher quality of care based on designated criteria and use a rating system with a recognizable and understandable symbol to communicate to the public how well participating ECE facilities meet these criteria. QRIS is often linked to child care subsidy reimbursement rates. Additionally, QRIS uses licensing and administrative regulations as a baseline to define what constitutes improved quality. QRIS is often linked to enhanced training, professional development, qualifications, and program accreditation. Obesity prevention strategies can be incorporated into QRIS by:

- 1) Designating specific nutrition, breastfeeding, physical activity, or screen time standards needed to reach higher quality ratings (e.g. setting a minimum number of minutes per day of physical activity above what is required in state licensing regulations);
- 2) Requiring participating providers to conduct a systematic assessment of their policies and practices related to obesity prevention, such as the assessment included in the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) intervention or Let's Move! Child Care;

- 3) Including obesity prevention-specific technical assistance activities in the set of materials and resources that programs participating in QRIS receive; and
- 4) Incorporating obesity prevention information into QRIS-related coursework training and education requirements for child care providers.

- ◆ **Funding and Finance**—States, through their general funds, invest in ECE over and above the allocations they receive from several federal government programs [e.g. Child Care and Development Fund (CCDF), Temporary Assistance for Needy Families (TANF), Head Start, Social Service Block Grants (SSBG), CACFP, and Maternal and Child Health Block Grants (MCHBG)]. In FY 2011, states appropriated over \$11 billion of state funds to ECE for services such as child care, pre-K, home visiting, and other early learning strategies. In many states, the department of education and local school districts provide funds to support preschool and afterschool child care providers and expand Head Start programs. In some states, the legislature has authorized state funds to develop QRIS for ECE.

States can also use their authority to set standards for the CCDF and SSBG to enhance requirements for healthy eating, breastfeeding support, physical activity, and reduced screen time. They can also require parent education and engagement in obesity prevention efforts. States can require or incentivize ECE providers that receive TANF/CCDF subsidies to implement obesity prevention policies and programs as a condition for participation. Additionally, states can use their MCHBG to provide training and technical assistance for ECE providers and to help implement various obesity prevention interventions.

- ◆ **Pre-service and Professional Development**—Pre-service training, also known as certification in some states, refers to a program or series of trainings required for adults to become ECE providers and work in a state-governed ECE facility. Professional development refers to ongoing professional training for current ECE providers. States typically specify

how often and how many continuing education credits must be earned and the content areas for training in their licensing and administrative regulations. Many states specify a set of core knowledge and competencies that define what ECE providers should understand and be able to do in order to be effective in their role.

A few ways to incorporate obesity prevention strategies into ECE provider pre-service and professional development training for ECE providers include:

- 1) Ensuring that educators of ECE professionals are trained on nutrition, breastfeeding, physical activity, and screen time and that early childhood degree programs include this material in required coursework;
- 2) Offering optional coursework in obesity prevention for those students interested in learning more about adult and child health;
- 3) Requiring that state certification and continuing education programs incorporate nutrition, breastfeeding, physical activity, and screen time messages; and
- 4) Offering optional training in obesity prevention for certification and continuing education programs for those providers interested in going beyond minimum requirements. This can be incorporated as part of a state QRIS or special designation for providers and facilities.

- ◆ **Facility-level Interventions**—Facility-level interventions are any programs or initiatives that encompass a defined set of activities that take place directly within ECE facilities. They may seek to alter policies and practices within the facility or to support behavior change in children directly. Interventions may specifically target one aspect of obesity prevention, such as breastfeeding support, or may be comprehensive to include nutrition, breastfeeding, physical activity, and screen time. Interventions can entail a single component, such as a curriculum, or have multiple components that are mutually reinforcing. Numerous facility-level interventions, especially curricula, are available

to help promote nutrition, breastfeeding, physical activity, and limit screen time in young children in ECE. Some examples include: Color Me Healthy; Grow it, Try it, Like it; I am Moving, I am Learning; the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC); Eat Well, Play Hard in Child Care, and Let's Move! Child Care. Different facility-level interventions may differ fundamentally in their approach, but when used together, can complement one another and provide a more comprehensive approach to childhood obesity prevention.

- ◆ **Technical Assistance**—Within the context of ECE, technical assistance is the provision of expert advice and guidance to ECE providers to improve the quality of care provided by changing practices. It typically encompasses observation, assessments, support, and monitoring. Each state has a child care resource and referral agency through which ECE facilities can access technical assistance providers. Technical assistance may also be provided by staff from the state licensing agency and the CACFP, as well as by child care health consultants, Cooperative Extension agents, physicians, county and state nutritionists, and health department nurses. Nutrition professionals can provide technical assistance on menu planning, nutritional assessment of meals and snacks, training for foodservice personnel, and nutrition education for ECE providers, children, and families. Experts in physical activity can help ECE providers promote energy expenditure in young children through active play and reduced screen time. Lactation consultants can help providers optimize the level of support they provide to breastfeeding mothers.
- ◆ **Access to Healthy Environments**—Access to nutritious foods and space for active play is essential if ECE providers are to comply with enhanced regulations, QRIS, and facility-level interventions that support obesity prevention efforts. States and communities can promote access to healthy environments for children in ECE settings and their families in a number of ways, including through joint use agreements, farm to preschool initiatives, and centralized kitchens that provide affordable, nutritious meals to ECE facilities in a defined geographical area.
- ◆ **Early Learning Standards**—Nearly every state has adopted standards for ECE to provide a framework on content areas that must be taught and assessed in young children birth to 5 years of age. State ECE agencies or state departments of education typically oversee curricula and educational programs provided to ECE facilities, especially state-administered ECE programs, to prepare young children for entry to school. As state agencies create new or revise existing early learning standards, opportunities exist to emphasize nutrition, breastfeeding, physical activity, and screen time.
- ◆ **Family Engagement**—Family engagement is not so much a distinct mechanism for achieving obesity prevention strategies in ECE but is, rather, a critical component for implementation of changes carried out through the other opportunities. Family engagement refers to the active collaboration and commitment between families and their ECE providers. Families are essential partners when it comes to promoting the health of children, as they have a great deal of influence over the food and physical activity choices available to children and are primary role models for children's behavior—especially for children younger than 5 years of age. Strong family engagement will help ensure successful implementation of policy and practice changes to promote obesity prevention in ECE pursued through the spectrum of opportunities and can produce ripple effects with respect to improving home environments and families' behaviors.
- ◆ **Emerging Opportunities** – The opportunities featured on the spectrum for achieving practice and policy change within ECE for obesity prevention are those that are shared by most states. Additional opportunities may exist that are unique to a specific state.

## Assess Partnerships

Partnerships—also called collaborations and coalitions—are the cornerstone of any successful endeavor to make policy and practice changes within the ECE system. They should include key stakeholders that represent diverse groups that support children, including state and local health departments, child care agencies (including the child care regulatory agency), and departments of education; CACFP sponsoring organizations; nonprofit organizations; colleges and universities; parents of children in care; and ECE providers. Most states have ongoing obesity prevention initiatives with established state-level partnerships, as well as a variety of ECE setting–focused collaborations, particularly through the state’s child care agencies. Thus, the foundation for partnerships to address childhood obesity in ECE is likely already in place within your state—it’s just a matter of bringing these different groups together if they have not yet found connections. Complete the Partnership Assessment Worksheet on the following page to get a clearer picture of who is already at the table from both the ECE system and obesity prevention/public health arenas and who else you might engage in your efforts.

## Partnership Assessment Worksheet

<b>Potential Key ECE Stakeholders</b>	<b>What agency administers the program? Who are the executive leaders?</b>	<b>Are you already working with them?</b>	<b>What are the agency's priorities? Any related to obesity prevention?</b>	<b>Is the agency doing anything about obesity prevention? Is it part of an existing coalition?</b>	<b>Opportunities to leverage resources? Readiness to become involved?</b>	<b>Challenges or barriers to working with this agency? What issues need to be addressed?</b>
<p><b>State Early Childhood Advisory Councils</b> The councils are meant to provide state coordination and collaboration among all of the early childhood stakeholders to improve education and quality.</p>						
<p><b>Regulation/Licensing</b> Regulations and licensing agencies have authority to make changes to the policies governing ECE in the state and to enforce those policies. Visit <a href="http://www.nrckids.org">www.nrckids.org</a> to download current regulations for your state. See how well obesity prevention terminology is included in your state's ECE regulations by reviewing the most recent 'Achieving a State of Healthy Weight' annual report at: <a href="http://nrckids.org/index.cfm/products/achieving-a-state-of-healthy-weight1/">http://nrckids.org/index.cfm/products/achieving-a-state-of-healthy-weight1/</a></p>						
<p><b>Quality Rating and Improvement System (QRIS)</b> A statewide system to assess and improve quality of ECE services operates in about 25 states; the remaining states are developing one. Such systems are typically tiered and may have incentives associated with each tier.</p>						
<p><b>Child Care and Development Fund (CCDF)</b> These grants to states from the Office of Child Care, ACF, provide subsidies to families for ECE. Each state must use some of the funds for quality support and technical assistance. Visit <a href="http://www.acf.hhs.gov/programs/occf/resource/ccdf-grantee-state-and-territory-contacts">http://www.acf.hhs.gov/programs/occf/resource/ccdf-grantee-state-and-territory-contacts</a> to find your state's CCDF contact.</p>						
<p><b>Temporary Assistance for Needy Families (TANF)</b> – TANF, administered to states through the Office of Family Assistance (OFA), ACF, provides cash assistance and training for low-income unemployed adults. States have the option to transfer up to 30% of TANF funds to the Child Care Development Fund. <a href="http://www.acf.hhs.gov/programs/ofa/programs/tanf">http://www.acf.hhs.gov/programs/ofa/programs/tanf</a></p>						
<p><b>Child and Adult Care Food Program (CACFP)</b> CACFP is administered to states through the Food and Nutrition Service (FNS), USDA. CACFP provides funding to reimburse ECE programs for meals and snacks served to low-income children. The federal program sets nutrition guidelines that programs must meet to receive reimbursement. Some state programs set higher standards. <a href="http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program">http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program</a></p>	<p>Find the name of your state CACFP director at <a href="http://www.fns.usda.gov/cnd/contacts/statedirectory.htm">www.fns.usda.gov/cnd/contacts/statedirectory.htm</a>.</p>					<p>Obesity Prevention in Early Care and Education: Quick Start Action Guide</p>

<b>Potential Key ECE Stakeholders</b>	What agency administers the program? Who are the executive leaders?	Are you already working with them?	What are the agency's priorities? Any related to obesity prevention?	Is the agency doing anything about obesity prevention? Is it part of an existing coalition?	Opportunities to leverage resources? Readiness to become involved?	Challenges or barriers to working with this agency? What issues need to be addressed?
<b>Head Start and Early Head Start</b> The federal Office of Head Start provides grants to local public and private nonprofit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families. Visit <a href="http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration">http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration</a> to find your state's Head Start State Collaboration Office.						
<b>Tribal Child Care Development Fund (CCDF) and Tribal Head Start</b> Tribes receive Head Start and Tribal CCDF funds separate from states. Tribes may operate their programs differently. Find regional Tribal CCDF contacts at <a href="https://childcare.gov/resource/tribal-ccdf-contacts-state">https://childcare.gov/resource/tribal-ccdf-contacts-state</a>						
<b>Early Learning Standards/Foundations</b> Early Learning Standards come from state departments of education and address the needs of infants, toddlers, and preschoolers. <a href="http://www.ed.gov/early-learning">http://www.ed.gov/early-learning</a>						
<b>State Pre-K</b> Programs are typically administered through the state department of education and provide education programs to 4-year-olds. The programs may be located in schools and fall under the jurisdiction of school districts.						
<b>Birth to 3/Early Intervention Programs</b> To find your state contact for early intervention services, visit <a href="http://www.nectac.org/contact/ptccoord.asp">http://www.nectac.org/contact/ptccoord.asp</a> .						
<b>Early Childhood Comprehensive Systems Grants</b> These grants to state health departments come from the Maternal and Child Health Bureau (MCHB), HRSA. The grants are intended to help states form collaboratives to implement the Strategic Plan for Early Childhood Health developed in 2002. <a href="http://eccs.hrsa.gov/index.htm">http://eccs.hrsa.gov/index.htm</a> .						
<b>Child Care Resource and Referral Agencies (CCR&amp;Rs)</b> These state agencies provide training and support for ECE providers as well as refer families to ECE programs. CCR&Rs have a national association body, Child Care Aware of America that advocates for quality ECE at the national level. <a href="http://www.childcareaware.org/">www.childcareaware.org/</a> .						
<b>Vocational Schools, Community Colleges, and Universities</b> These institutions provide and degrees and education credits for certification, as well as continuing education to ECE providers in the state.						

<b>Potential Key ECE Stakeholders</b>	What agency administers the program? Who are the executive leaders?	Are you already working with them?	What are the agency's priorities? Any related to obesity prevention?	Is the agency doing anything about obesity prevention? Is it part of an existing coalition?	Opportunities to leverage resources? Readiness to become involved?	Challenges or barriers to working with this agency? What issues need to be addressed?
<p><b>Cooperative Extension Service</b>            These programs operate out of the land-grant universities funded by the National Institute of Food and Agriculture (NIFA), USDA. Cooperative Extension conducts research, education, and extension programs that increase the quantity and quality of ECE, afterschool, and teen out-of-school programs. Many cooperative extension offices provide training directly to ECE providers and staff to improve nutrition and physical activity behaviors. <a href="http://www.csrees.usda.gov/Extension/">http://www.csrees.usda.gov/Extension/</a></p>						
<p><b>American Academy of Pediatrics (AAP) Child Care State Chapter</b>            The AAP has appointed a Chapter Child Care Contact (CCCC) in each of its state chapters. <a href="http://www.healthychildcare.org/cccc.html">http://www.healthychildcare.org/cccc.html</a></p>						
<p><b>Child Care Health Consultants (CCHCs)</b>            Child care health consultants are health professionals once supported by federally funded networks to operate in all states. A few states still support CCHCs.</p>						
<p><b>State and County Registration/Certification Systems for ECE Providers</b></p>						
<p><b>Professional Associations for ECE Providers and Administrators; Organizations Representing Family Child Care Providers</b></p>						
<p><b>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</b>            Visit <a href="http://www.fns.usda.gov/wic/contacts/statealpha.HTM">http://www.fns.usda.gov/wic/contacts/statealpha.HTM</a> to find your state WIC agency</p>						
<p><b>Foundations and Health Care Organizations; Health Care Providers</b></p>						
<p><b>Federal grants focused on or including the ECE setting (e.g. Race to the Top Early Learning Challenge; etc.)</b></p>						
<p><b>Others in your state*</b></p>						

Potential Key Obesity Prevention Stakeholders	What agency or organization administers the program? Who are the executive leaders?	Are you already working with them?	What are the agency's or organization's priorities? Any related to the ECE setting?	Do any activities involve the ECE setting? Are they part of an existing coalition?	Opportunities to leverage resources? Readiness to become involved?	Challenges or barriers to working with this agency or organization? What issues will need to be addressed?
<b>State or Community-level Obesity Prevention or Health/Wellness grantees with funding that allows for initiatives targeting the ECE setting (e.g. CDC and USDA grants.)</b>						
<b>State SNAP-Ed program</b> SNAP-Ed funds can be used to target the ECE setting. See <a href="http://snap.nal.usda.gov/snap/SNAP-EdInterventionsToolkit.pdf">http://snap.nal.usda.gov/snap/SNAP-EdInterventionsToolkit.pdf</a> for details.						
<b>State Parks and Recreation Programs</b>						
<b>Governor's Council/Task Force on Health/Healthy Lifestyle or Obesity Prevention</b>						
<b>Others in your state*</b>						

\* Other agencies and organizations to consider engaging as partners in ECE obesity prevention opportunities:

- ◆ Departments of child and family services
- ◆ County and city health departments
- ◆ Labor and workforce development agencies
- ◆ State chapters of the Division for Early Childhood ([http://www.dec-sped.org/Contact/Subdivision\\_Contacts](http://www.dec-sped.org/Contact/Subdivision_Contacts))
- ◆ Organizations serving children with special medical needs
- ◆ Organizations serving migrant and other underserved populations
- ◆ ECE advocacy and support networks
- ◆ ECE improvement and family support networks
- ◆ ECE information clearinghouses
- ◆ Family resource centers
- ◆ Cooperative educational services
- ◆ Child maltreatment prevention organizations
- ◆ Community libraries
- ◆ News media

## Assess Efforts to Date

Use the Spectrum of Opportunities Assessment worksheet below to catalogue all efforts to date, regardless of whether they were successful, through the Spectrum of Opportunities Framework. This will help to determine what is working well and to identify gaps or areas for improvement.

### SPECTRUM OF OPPORTUNITIES ASSESSMENT WORKSHEET

**Instructions:** For each of the opportunities listed below please fill-in information regarding any work related to obesity prevention that has been completed or is currently underway by stakeholders in your state.

Description of Prior Work Completed /In Progress	Materials, Resources, & Persons Involved	Time Frame of Work	Evaluation Results (Prior Work)/ Plans (Work in Progress)	Challenges & Benefits Encountered
Licensing & Administration Regulations				
Child & Adult Care Food Program				
Quality Rating Improvement System				

Challenges & Benefits Encountered	Evaluation Results (Prior Work)/ Plans (Work in Progress)	Time Frame of Work	Materials, Resources, & Persons Involved	Description of Prior Work Completed / In Progress
Funding & Finance				
Pre-service & Professional Development				
Facility-level Interventions				
Technical Assistance				

	Description of Prior Work Completed / In Progress	Materials, Resources, & Persons Involved	Time Frame of Work	Evaluation Results (Prior Work)/ Plans (Work in Progress)	Challenges & Benefits Encountered
Access to Healthy Environments					
Early Learning Standards					
Family Engagement					
Other (Specify)					

# Create a State Profile

Use the information gathered for completing the Partnership and Spectrum of Opportunities Assessment Worksheets to create a State Profile document for stakeholders. The State Profile Template is designed to help package all of the relevant information needed as background for considering whether to pursue new opportunities and how to strengthen existing efforts.

## State Profile Template for Obesity Prevention in Early Care and Education

Use this template to help create a background profile for your state. *Use the Partnership and Spectrum of Opportunities Assessment worksheets* to summarize obesity related ECE activity in your state. This profile can be used as a tool for stakeholders to provide background information need to inform action planning. (Identify assets, needs, and previous or complementary work)

**Overweight and Obesity Prevalence among young children in your state** – Provide most current prevalence estimates along with data source. \_\_\_\_\_

**Child Care Advisory Councils and Workgroups**—List any workgroups or task forces that focus on or include nutrition, physical activity, screen time reduction, and breastfeeding support as part of their work. (Include leaders, funding streams and length of time the group has been in existence)

**Regulation/Licensing**—How well do state regulations align with Caring for Our Children (3<sup>rd</sup> ed) Obesity Prevention Standard Components for Nutrition, Infant Feeding, Physical Activity, and Screen time?

*Use the Worksheet for State Licensing Regulations Assessment (p21) to complete this activity.*

In 2010, the National Resource Center for Health and Safety in Early Care and Education began reviewing state regulations for child care centers and family child care homes to assess alignment with 47 “high-impact” CFOC obesity prevention standard components. This assessment is being updated annually over the next several years. The most recent version of this assessment, called

*Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations YEAR*, can be found at <http://nrckids.org/index.cfm/products/achieving-a-state-of-healthy-weight1/>. Review the most recent assessment report available and, taking into consideration any regulatory changes that have occurred since that report was published, determine the following:

Number of standard components <u>fully present</u> in regulations	
Number of standard components <u>partially present</u> in regulations	
Number of standard components <u>missing</u> in regulations	
Number of standard components <u>contradicted</u> in regulations	

**Federal Programs**—List any state level nutrition and/or physical activity guidelines that may have been implemented that are stricter than the federal regulations:

**CACFP**

**TANF**

**Child Care Block Grants**

**Others**

**Quality Rating and Improvement System**—If there is a statewide system, describe whether it includes nutrition, physical activity, screen time, and breastfeeding.

**Statewide Implementation or Support for Facility-level Interventions**—Describe whether there have been any statewide or community-level interventions that have included self-assessment interventions for program improvement regarding nutrition, breastfeeding physical activity, and screen time policies and practices, such as NAP SACC or *Let’s Move! Child Care*. Include the number and percentage of centers or providers trained.

Describe whether there have been any statewide or community-level interventions that have included promotion of or training on a specific curriculum to support nutrition, breastfeeding, physical activity, or screen time reduction. Indicate how comprehensive the material is and whether any gaps exist.

**Pre-Service Education and Professional Development System for Child Care**—Describe how each of the systems below includes nutrition, physical activity, screen time reduction, and breastfeeding support. (Include leaders, funding sources, length of time of activity, and sustainability efforts)

Orientation	
Certification Programs	
Continuing Education	
Vocational and Technical High Schools	
Community Colleges and Higher Education	
Quality Rating System Training	
CACFP	
Department of Public Health	
Others	

**Technical Assistance to ECE Providers**—Describe the basic system of technical assistance available to ECE providers in your state, such as number of CCR&Rs, child care health consultants, Cooperative Extension staff, etc. Indicate the extent to which obesity prevention information is integrated into the technical assistance available.

**Access to Healthy Environments**—Describe any efforts that have occurred statewide or in communities in your state that could increase access to healthy environments for ECE providers, such as joint use, farm to preschool, food procurement cooperatives, centralized kitchens, etc.

ECE Facilities: Fill in number of facilities and number of children served by each. (Go to <http://www.naccrra.org/public-policy/resources/child-care-state-fact-sheets-0> for information.)

Licensed Centers and Family Homes	
Unlicensed Homes	
Voluntary Registered Child Care Homes/Relative Care	
Head Start and Early Head Start	
State Head Start/Preschool	
NAEYC-Accredited Programs	

## State Contacts and Partners

	Enter the website for the state and who the contact would be
Nutrition, Physical Activity, Obesity Staff	
Licensing	
State Child Care and Development Fund	
TANF	
CACFP	
Head Start State Head Start Collaboration Office or Grantees	
CCR&R	
Quality Rating and Improvement System	
State Early Learning Foundations/Guidelines	
Early Childhood Advisory Council or Other Child Care Workgroups	

## Worksheet for State Licensing Regulations Assessment

**Directions:** Color code each box to indicate the extent to which your state’s licensing regulations align with the *Caring for Our Children Health and Safety Standards for Early Care and Education (3<sup>rd</sup> ed.) Obesity Prevention Standard Component* as follows:

- ◆ GREEN = Component is fully present in regulations
- ◆ YELLOW = Component is partially present in regulations
- ◆ GRAY = Component is missing from regulations
- ◆ RED = Component is contradicted in regulations

If your state does not regulate centers and large and small family child care homes separately, change the number of columns accordingly.

Code	National Standard Component Description	Centers	Large Family Homes	Small Family Homes	
<b>INFANT FEEDING</b>	IA1	Encourage/support breastfeeding by onsite arrangements for moms to breastfeed			
	IA2	Serve breast milk or formula to at least 12 months of age			
	IB1	Feed infants on cue			
	IB2	Do not feed infants beyond satiety/allow infant to stop the feeding			
	IB3	Hold infants while bottle feeding			
	IC1	Develop plan for introducing age appropriate solid foods in consultation with parent			
	IC2	Introduce age-appropriate solid foods no sooner than 4 months, preferably at 6 months			
	IC3	Introduce BF infants gradually to iron-fortified foods no sooner than 4 months, preferable at 6 months			
	ID1	Do not feed an infant formula mixed with cereal, juice or other foods			
	ID2	Serve whole fruits, mashed or pureed, for infants 7 months up to 1 year			
	ID3	Serve no fruit juice to children younger than 12 months			

	Code	National Standard Component Description	Centers	Large Family Homes	Small Family Homes
Nutrition	NA1	Limit oils by choosing mono and polyunsaturated fats and avoiding trans fats, sat fats and fried foods			
	NA2	Serve meats and/or beans, avoiding fried meats			
	NA3	Serve other milk equivalent products (yogurt, cottage cheese) using low-fat variants for 2 years and older			
	NA4	Serve whole milk to 12- to 24-month olds who are not on human milk, or serve reduced-fat milk to those at risk for hypercholesterolemia or obesity			
	NA5	Serve skim or 1% milk to 2 years and older			
	NB1	Serve whole grain breads, cereals, and pastas			
	NB2	Serve vegetables (dark green, orange, deep yellow, and root, such as potatoes and viandas)			
	NB3	Serve fruits of several varieties, especially whole			
	NC1	Only 100% juice, no added sweeteners			
	NC2	Offer juice (100%) only during meal times			
	NC3	No more than 4–6 ounces juice/day for 1- to 6-year-olds			
	NC4	No more than 8–12 ounces juice/day for 7- to 12-year-olds			
	ND1	Water available inside and outside			
	NE1	Teach children appropriate portion sizes by using plates, bowls & cups that are developmentally appropriate to nutritional needs			
	NE2	Adults eat meals with children and eat items that meet standards			
	NF1	Serve small-sized, age-appropriate portions			
	NF2	Permit children to have 1 or more additional servings of nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the child and teach children who require limited portions about portion size and monitor their portions			
	NG1	Limit salt by avoiding salty foods (chips, pretzels)			
	NG2	Avoid sugar, including concentrated sweets (candy, sodas, sweetened drinks, fruit nectars, flavored milk)			
	NH1	Do not force or bribe children to eat			
NH2	Do not use food as a reward or punishment				

		Code	National Standard Component Description	Centers	Large Family Homes	Small Family Homes
<b>PHYSICAL ACTIVITY &amp; SCREEN TIME</b>	PA1		Provide adequate space, both inside and outside play			
	PA2		Provide orientation and annual training opportunities for caregivers/teachers to learn age-appropriate gross motor activities and games that promote PA			
	PA3		Develop written policies on the promotion of PA and the removal of potential barriers to PA participation			
	PA4		Require caregivers/teachers to promote children’s active play, and participate in children’s active games at times when they can safely do so			
	PA5		Do not withhold active play from children who misbehave			
	PB1		Do not use media (TV, video, DVD) viewing and computer with children younger than 2 years			
	PB2		Limit total media time for 2 year olds and older to no more than 30 min/week			
	PB3		Limit media time only for educational purposes or PA			
	PB4		Do not use TV, video, or DVD viewing during meal or snack time			
	PC1		For birth–6 years, provide 2–3 occasions daily of active play outdoors, weather permitting			
	PC2		Toddlers 60–90 min/8-hr day for moderate to vigorous PA			
	PC3		Preschoolers 90–120 min/8-hr day for moderate to vigorous PA			
	PD1		Children birth–6 years, 2 or more structured or adult-led activities or games that promote movement daily			
	PE1		Daily supervised tummy time for infants			
	PE2		Use infant equipment (swings, stationary centers, seats, bouncers) only for short periods of time if at all.			

Code: Standard Component Code abbreviation from the National Resource Center for Health and Safety in Early Care and Education’s most recent *Achieving a State of Health Weight* Report available at [www.nrckids.org](http://www.nrckids.org)

## Determine Feasibility of Opportunities

With your partners, determine which opportunities are viable options at this time. Use the rating worksheet to help assess the relative feasibility of pursuing new (or strengthening existing) opportunities based on a variety of factors, such as available resources, including personnel (time and energy), funding, space, and supplies and materials. In making your ratings, consider the opportunity costs—relative costs; if you expend resources moving forward with one initiative, will another have to give? Also factor in timing, as a number of ECE-related programs and policies happen on a regular schedule or have a narrow window of opportunity for change.

Taken together, the information gathered to complete the Spectrum of Opportunities Assessment and Rating Worksheets should help answer several key questions, such as:

- ◆ What are the gaps in current policies and programs?
- ◆ Are there fixed timelines or funding cycles that make an opportunity timely to pursue now? For example, state licensing regulations may be up for review on a specific schedule, such as every 5 years.
- ◆ What resources are currently available or might be reasonably obtained in the near future? Is there one opportunity for change that requires the least amount of resources but may provide a big yield?
- ◆ What is the political will in your state? Are some opportunities off-limits from the standpoint of current political and agency leadership?
- ◆ Are key stakeholders more interested in making improvements focused on one specific area, such as breastfeeding, or are they willing to engage in changes that encompass nutrition, physical activity, breastfeeding, and screen time reduction comprehensively?

# Spectrum of Opportunities Rating Worksheet

For each opportunity identify the specific option(s) that might be pursued in your state for each opportunity and then rate each option on the following dimensions: timeliness, cost, effort, commitment, and reach. Rate each on a scale from 1 to 5 using the chart below. Higher scores suggest the opportunities that may be better options for pursuing now. Add additional columns to the chart if there are other dimensions that should be taken into consideration in your state. If the dimensions are not equally important for you, be sure to change the suggested scoring appropriately so that more important factors are weighted more heavily. For example, if reach is most important to your stakeholders, consider doubling the reach score before summing across dimensions. Keep in mind that this worksheet is designed to help determine what is feasible at the present moment. Low scoring options should not be dismissed out of hand. Rather, examine why their scores are low to determine what actions would need to be taken to help improve the viability of these options.

- ◆ **Timeliness:** How timely is this opportunity right now? Take into consider any inherent time cycles, as well as political will.
- ◆ **Cost:** How expensive would it be to plan and implement this opportunity?
- ◆ **Effort:** How much effort and time would be needed to pursue this opportunity?
- ◆ **Commitment:** How enthusiastic would people be about implementing the opportunity?
- ◆ **Reach:** How many children would be impacted by this opportunity if successfully implemented?

Opportunity	Description of potential option(s) to pursue	Timeliness 1 = low 3 = moderate 5 = high	Cost 1 = high 3 = moderate 5 = low	Effort 1 = high 3 = moderate 5 = low	Commitment 1 = low 3 = moderate 5 = high	Reach 1 = low 3 = moderate 5 = high	Total Points	Notes
Licensing and Administrative Regulations								
Child and Adult Care Food Program								
Quality Rating Improvement Systems								
Funding and Finance								
Pre-Service & Professional Development								
Facility-level Interventions								
Technical Assistance								
Access to Healthy Environments								
Early Learning Standards								
Family Engagement								
Emerging Opportunities (specify)								

# Develop an Action Plan and Logic Model

Developing an action plan means turning ideas raised during the assessment process into reality. Action plans keep you on track and focused by setting objectives and timelines, provide guidelines for achieving objectives, help you monitor your progress and successes, and give you a clear vision of what you are going to do and what outcomes to expect. An action plan firmly states goals, measurable objectives, and time-phased action steps. It also identifies resources and responsible individuals, groups, or organizations and describes how to evaluate the activity. Developing an action plan in concert with partners and stakeholders is a helpful way to solidify activities and identify personnel, financial resources, and other inputs that are important to initiating change in the ECE arena. The Action Planning Worksheet on the next page, and example logic model that follows, will help you craft an action plan for your efforts.

## Action Planning Worksheet

**Selected Opportunity:** Indicate which Opportunities from the Spectrum will be pursued.

**Action Steps:** List the activities required to pursue each opportunity.

**Materials, Resources, and Personnel:** List the individuals who will do the work & the resources and tools they need to get the job done.

**Time Frame:** When will implementation begin? How long will it take to finish?

**Evaluation Method:** How will you measure whether your actions were successful?

Selected Opportunity	Action Steps	Materials, Resources, and Personnel	Time Frame	Evaluation Method	Comments
1.	1.1				
	1.2				
	1.3				
	1.4				
	1.5				
2.	2.1				
	2.2				
	2.3				
	2.4				
	2.5				
3.	3.1				
	3.2				
	3.3				
	3.4				
	3.5				
4.	4.1				
	4.2				

## Example Logic Model for Early Care and Education Action Plan



(See the evaluation guide “Developing and using a Logic Model” at [http://www.cdc.gov/dhdsp/programs/inhdsp\\_program/evaluation\\_guides/logic\\_model.htm](http://www.cdc.gov/dhdsp/programs/inhdsp_program/evaluation_guides/logic_model.htm) for more information).

# Talking Points for Stakeholders

The following national level statistics on childhood obesity, related behavioral risk factors, and the role of the ECE setting in addressing this major public health problem may be useful in working with your stakeholders. State and community level data pertaining to childhood obesity, obesity risk factors, and the ECE setting are increasingly available from numerous governmental and nongovernmental data sources and may prove more useful for stakeholders.

- ◆ Obesity rates among children ages 2 to 5 years doubled between 1976–1980 and 2001–2002.<sup>1</sup>
- ◆ An estimated 26.7% of 2 to 5 year olds children are already overweight or obese (2009/10 data).<sup>2</sup>
- ◆ Children who are obese are at risk for high blood pressure and high cholesterol, impaired glucose tolerance, insulin resistance and type 2 diabetes. They are also at risk for poor self-esteem, breathing problems, such as sleep apnea, and asthma, joint problems, and fatty liver disease (<http://www.cdc.gov/obesity/childhood/basics.html>).
- ◆ Children who are obese are also more likely to become adults who are obese and at increased risk for chronic diseases, including heart disease, stroke, diabetes, and arthritis, which can lead to illness, limitations in daily functioning, reduced quality of life, and premature death.
- ◆ The Centers for Disease Control and Prevention (CDC) focuses on four areas for obesity prevention targeting children in ECE: nutrition, breastfeeding support, physical activity, and screen time.
  - Breastfeeding helps protect infants from becoming overweight in childhood,<sup>3-5</sup> but only 47% of U.S. infants born in 2009 were breastfed at 6 months and 26% at 12 months of age.<sup>6</sup>
  - The diets of young children in the United States are low in fruits, vegetables, and whole grains and high in added sugars and saturated fats.<sup>7-9</sup>
- Nearly half of 2- to 3-year-olds consume a sugar-sweetened beverage\* daily, and a quarter to a third consume whole rather than low-fat or nonfat milk.<sup>8,10-12</sup> Children ages 2 to 5 years are estimated to consume approximately 70 kilocalories from sugar drinks.<sup>13</sup>
- A few small studies have found that an estimated 70%<sup>14</sup> to 87%<sup>15</sup> of children's time in early care and education is spent being sedentary (i.e., sitting or lying down),<sup>16</sup> and less than 3% may be spent engaging in moderate-to-vigorous physical activity.<sup>15</sup> One study found that in a typical day, 83% of children ages 6 months to 6 years spend an average of nearly two hours using some form of screen media.<sup>17</sup> Another study estimated that 70% of infant through preschool-aged children in center-based ECE and 36% in home-based care watch television daily, for an estimated 1.5 and 2-3 hours, respectively.<sup>18</sup>
- ◆ The ECE setting—which includes child care centers, day care homes (also known as family child care), and Head Start and pre-kindergarten programs—is a critical place for obesity prevention efforts.<sup>19</sup>
- ◆ ECE facilities whose nutrition, breastfeeding support, physical activity, and screen time policies and practices meeting national guidelines can help young children develop healthy eating and activity habits that can carry into adulthood.

\* Note: The 2010 Dietary Guidelines for Americans defines sugar-sweetened beverages as 'Liquids that are sweetened with various forms of sugars that add calories. These beverages include, but are not limited to, soda, fruit ades and fruit drinks, and sports and energy drinks'. Reference: U.S. Department of Agriculture, U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Page 95. <http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf>.

# References

1. Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM. Prevalence of high body mass index in US children and adolescents, 2007-2008. *JAMA* 2010;303(3):242-9.
2. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *JAMA*. 2012;307(5):483-90.
3. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. *Int J Obes Relat Metab Disord* 2004;28(10):1247-56.
4. Owen CG, Martin RM, Whincup PH, Davey-Smith G, Gillman MW, Cook DG. The effect of breastfeeding on mean body mass index throughout life: a quantitative review of published and unpublished observational evidence. *Am J Clin Nutr* 2005;82(6):1298-307.
5. Gillman MW, Rifas-Shiman SL, Camargo CA, Jr., et al. Risk of overweight among adolescents who were breastfed as infants. *JAMA* 2001;285(19):2461-7.
6. Centers for Disease Control and Prevention. Breastfeeding Report Card—United States, 2012. Available from <http://www.cdc.gov/breastfeeding/pdf/2012BreastfeedingReportCard.pdf> Accessed 2013 Dec31.
7. Devaney B, Ziegler P, Pac S, Karwe V, Barr SI. Nutrient intakes of infants and toddlers. *J Am Diet Assoc* 2004;104(1 Suppl 1):s14-21.
8. Fox MK, Reidy K, Novak T, Ziegler P. Sources of energy and nutrients in the diets of infants and toddlers. *J Am Diet Assoc* 2006;106(1 Suppl 1):S28-42.
9. Ball SC, Benjamin SE, Ward DS. Dietary intakes in North Carolina child-care centers: are children meeting current recommendations? *J Am Diet Assoc* 2008;108(4):718-21.
10. Devaney B, Ziegler P, Pac S, Karwe V, Barr SI. Nutrient intakes of infants and toddlers. *J Am Diet Assoc* 2004;104(1 Suppl 1):s14-21.
11. Skinner JD, Ziegler P, Ponza M. Transitions in infants' and toddlers' beverage patterns. *J Am Diet Assoc* 2004;104(1 Suppl 1):s45-50.
12. Fox MK, Pac S, Devaney B, Jankowski L. Feeding infants and toddlers study: What foods are infants and toddlers eating? *J Am Diet Assoc* 2004;104(1 Suppl 1):s22-30.
13. Ogden CL, Kit BK, Carroll MD, Park S. Consumption of Sugar Drinks in the United States, 2005-2008. NCHS Data Brief No. 71. August 2011. Available at: <http://www.cdc.gov/nchs/data/databriefs/db71.htm> Accessed April 26, 2013.
14. Pate RR, Pfeiffer KA, Trost SG, Ziegler P, Dowda M. Physical activity among children attending preschools. *Pediatrics* 2004; 114(5): 1258-63.
15. Pate RR, McIver K, Dowda M, Brown WH, Addy C. Directly observed physical activity levels in preschool children. *J Sch Health* 2008; 78(8): 438-44.
16. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association; 2011.
17. Rideout V, Hamel E. The Media Family: Electronic Media in the Lives of Infants, Toddlers, Preschoolers, and Their Parents. Menlo Park, CA: Henry J. Kaiser Foundation; 2006.
18. Christakis DA, Garrison MM. Preschool-Aged Children's Television Viewing in Child Care Settings. *Peds*. 2009;124;1627-32.
19. Story M, Kaphingst KM, French S. The role of child care settings in obesity prevention. *Future Child* 2006;16(1):143-68.



