

National Resource Center for Health and Safety  
In Child Care and Early Education

# Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010

January 2011



**National Resource Center for  
Health and Safety in  
Child Care and Early Education**

**Support for this project was provided by the  
U.S. Department of Health and Human Services,  
Health Resources and Services Administration,  
Maternal and Child Health Bureau  
(Cooperative Agreement # U46MC09810)**

Copyright 2011, National Resource Center for Health and Safety in Child Care and Early Education.

Suggested citation: National Resource Center for Health and Safety in Child Care and Early Education, University of Colorado Denver. 2011. National Resource Center for Health and Safety in Child Care and Early Education: Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010. Aurora, CO.

## Table of Contents

---

### **Achieving a State of Healthy Weight Report**

Executive Summary .....	i
Acknowledgements .....	v
Preface .....	vi
Introduction .....	1
Method .....	12
Results .....	21
Discussion .....	47
Recommendations .....	56
References .....	58

### **Appendices**

Appendix A	Frequently Used Acronyms .....	64
Appendix B	PCO Acknowledgments .....	65
Appendix C	NRC Healthy Weight Advisors .....	66
Appendix D	Advisory Meeting Components of Standards .....	68
Appendix E	State Documents Searched .....	81
Appendix F	Assessment Variables: Source within PCO Standards .....	87
Appendix G	CACFP and MyPyramid Rating Rules .....	94
Appendix H	Composite Table .....	102
Appendix I	Quartile Ranking of States .....	105
Appendix J	Individual State Data .....	107
Appendix K	Component Subgroup Analysis .....	159

## Executive Summary

Obesity is a limiting factor in quality of life and a precursor of serious health problems. Once primarily an adult health concern, obesity has precipitated down to our youngest children in recent decades. Childhood obesity has achieved epidemic status, where one in three children is either obese, or overweight and at risk of obesity on the future. National attention is now focused on this serious public health problem. National campaigns emanating from the highest level of government seek to reverse this epidemic so that our children may embark on health trajectories that promise a quality and length of life at least the equivalent of earlier modern generations.

Within the U.S. Department of Health and Human Services, a multi-program Healthy Weight Initiative Child Care Workgroup developed to support the Secretary's strategic initiative to "Help Americans Achieve and Maintain Healthy Weight." The Child Care Workgroup is engaged in efforts to address the prevention of childhood obesity in child care and early education programs nationwide. As a part of this program, the Health Resources and Services Administration Maternal and Child Health Bureau (MCHB) invited the National Resource Center for Health and Safety in Child Care and Early Education (NRC) to propose and implement several related objectives. Among them was an assessment of key terminology reflective of obesity prevention content in child care regulations across the nation.

When the MCHB invitation occurred, the NRC was revising the nationally recognized evidence-based and expert consensus best practice guidelines, or standards, for child care, *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2<sup>nd</sup> Edition (CFOC)*. The NRC co-publishes *CFOC* with the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA), with the support of the MCHB. Revision of the *CFOC* nutrition, physical activity, and screen time standards, as those most relevant to obesity, was accelerated. With the support of MCHB and the Administration for Children and Families, Child Care Bureau (CCB, now Office of Child Care), those standards were published in advance of *CFOC, 3<sup>rd</sup> Edition*, by the NRC and its publishing partners in July 2010. The collection was entitled *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition (PCO)*.

Again with the support of MCHB and CCB, NRC convened a group of health and child care experts, the NRC Healthy Weight Advisors, in July 2010. The group assessed the expected impact on childhood obesity of the *PCO/CFCO* standards. The outcome of the process was identification of a set of high impact components of the standards. With MCHB support, NRC developed a plan to examine states' child care regulations for inclusion of these high impact components.

The NRC established criteria for selection of study variables from among the high impact components, resulting in 47 variables in the content areas of infant feeding, nutrition, and physical activity (including screen time). Within an overall four-point rating schema, specific rating scales and rules were developed for each of the 47 variables. The scales assessed (1) contradiction of the component, (2) no reference to the component, and (3) partial or (4) complete reference to the component in each state's terminology. Child care regulatory documents were vetted for applicability to three types of licensed child care facilities, child care centers, large or group child care family homes, and small family child care homes, as well as for most current versions. Raters were trained to a very high level of inter-rater reliability and a standardized search process was employed. Ratings were conducted in the fall of 2010 and the resulting data, nearly 7000 ratings from 118 documents, were analyzed in January 2011.

The key findings of the NRC's national assessment are as follows:

- Nationally
  - More than half of the ratings indicated that no, or insufficient, obesity prevention terminology was found in states' child care regulations for all three major types of licensed child care facilities.
  - Only a small percentage of ratings (13%) indicate full representation of high impact obesity prevention terminology.
  - At 4%, few rules actually conflict with the intent of the components of standards.
  - Among the three types of child care facilities, similar proportions of obesity-related terminology were found, although fewer documents regulate small family homes than other types of child care, and about 5% less content applicable to the study variables was found for small family child care home than was found than for larger facilities.

- Comprehensive mean rating scores (across variables and child care facility types) were calculated for each state to assign states to quartiles. Means fell in a narrow range that indicated that even the strongest of states' regulations have ample room for improvement.
- By content area - infant feeding, nutrition, and physical activity
  - Obesity prevention terminology was similarly addressed in infant feeding and nutrition. About 50% of the ratings indicated full to partial (predominantly partial) representation of the variables in state-level terminology, and 40-47% absent or insufficient terminology. Of all three topic areas, infant feeding had the greatest percentage of ratings (11%) that contradicted the *PCO/CFOC* components.
  - Obesity prevention terminology is least often addressed in the physical activity/screen time domain, as 66% of the ratings in this topic indicated absent or insufficient content. Contradictory rules were nearly non-existent in this topic.
- Featured Outcomes for States
  - Among states leading the nation in overall treatment of obesity prevention terminology, Delaware and Mississippi, scored the highest overall means and also were two of three states that ranked in top quartile for each of the three content areas. The third state to achieve placement in the top quartile in all three areas was Arizona.
  - States which were in the highest quartile for two topic areas are: Alaska, Illinois, Michigan, New Mexico, North Carolina, Ohio, Texas, Washington, West Virginia, and Wisconsin.

Findings of the NRC's national assessment may inform policy makers in indentifying content areas within childhood obesity prevention that merit targeted strategies. Detailed findings for individual states may facilitate review of regulations and inform priorities for planning desired improvements of related regulations. In addition, a wealth of information at the level of the individual components of standards may offer new areas to explore for researchers interested in the focal content areas of this assessment.

Finally, the NRC derived a number of recommendations based on consideration of the results of this assessment. They are stated below.

- National campaigns are encouraged to include referral to *PCO/CFOC* in formulating and enforcing child care regulations.
- States are encouraged to refer to *PCO/CFOC* standards in developing the rationale and terminology for reviewing and revising their regulations intended to impact childhood obesity prevention.
- To discover evolving resources to prevent childhood obesity in the child care setting, states are encouraged to explore the NRC website, <http://nrckids.org>, and those of other national stakeholders in child health and wellbeing and child care.
- States' child care licensing agencies are encouraged to carefully examine the findings in this report to fortify obesity prevention terminology in their regulations.
- Collaborative efforts of child care licensing agencies in multiple states are also suggested to tackle shared problems.
- The NRC should explore with other national partners, such as the National Association for Regulatory Administration and the National Child Care Information Center, opportunities to collaboratively support states' efforts to fortify child care regulations.
- Future research is suggested to establish a more extensive evidence base for the role played in childhood obesity prevention of the best practices in *PCO/CFOC* standards and the components examined within this study, as well as to examine the significance of differential enforcement of comparable regulations. Also, the effects of caregiver/teacher modeling of healthy nutrition and physical activity upon children in care merits more attention.
- Additional training resources should be developed to support the implementation of the high impact components of *PCO/CFOC* standards by child care providers and early educators, regardless of the status of obesity prevention in states' regulations.

## **ACKNOWLEDGMENTS**

### **NRC Director**

Marilyn J. Krajicek, EdD, RN, FAAN

### **Research Associate and NRC Healthy Weight Initiative Project Director**

Geraldine Steinke, PhD

### **Program Specialist**

Virginia Torrey, BA

### **Chief Research Assistant and Rating Team Leader**

Betty Geer, MSN, RN, C-PNP

### **Assistant Rating Team Leader**

Elaine Terry, BS

### **Rating Team Members**

Jennifer Burnham, BA; Dana El-Hajj, BSN, MSc

Susan Paige Lehtola, BBA, BS; Garrett Risley, MBA-HA

Ayron James Wohletz, BS

### **Component Selection and Scaling**

Jean M. Cimino, MPH

Barbara U. Hamilton, MA, Past NRC Assistant Director

### **Project Consultation within the University of Colorado**

School of Education and Human Development, The Evaluation Center

Amelia Challender, MA, Evaluation Specialist

Jeffrey Proctor, MBA, Evaluation Specialist

Susan Connors, PhD, Senior Evaluator

### **College of Nursing, Center for Nursing Research**

Paul Cook, PhD

### **MCHB Project Officers**

Phyllis Stubbs-Wynn, MD (through December 2010)

Barbara U. Hamilton, MA (beginning December 2010)



## PREFACE

During 2010, the National Resource Center (NRC) for Health and Safety in Child Care and Early Education worked within the context of the U.S. Department of Health and Human Services Healthy Weight Initiative Child Care Workgroup to support the national effort to prevent childhood obesity in child care and early education programs. One part of this work was a national assessment of the child care regulations in all fifty states and the District of Columbia relative to newly revised expert consensus-defined and evidence-based best practices encompassed in *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. This following report presents the findings of that assessment.

## Introduction

For more than a decade, childhood obesity has been recognized as a national problem, and increasingly one described as epidemic (e.g., Ammerman, Ward, Benjamin, Ball, Sommers, et al., 2007; Deckelbaum & Williams, 2001; Dietz, Benken & Hunter, 2009; Frieden, Dietz, & Collins, 2010; Koplan, Liverman, & Kraak, 2005; Strauss & Pollack, 2001). However, as recently as 1998, the threat of childhood obesity as a major public health problem had little traction with policy makers (Hill & Trowbridge, 1998) or the public (Evans, Renaud, Finkelstein, Kamerow, & Brown, 2006; Oliver & Lee, 2005). More recently, release of the Institute of Medicine report and action plan, *Preventing Childhood Obesity: Health in the Balance* (Koplan et al., 2005), the release of *Solving the Problem of Childhood Obesity* (White House Task Force on Childhood Obesity, 2010) and the initiation of coordinated major national campaigns, such as First Lady Michelle Obama's *Let's Move!*<sup>1</sup> and *The Surgeon General's Vision for a Healthy and Fit Nation* (U.S. Department of Health and Human Services [DHHS], 2010) have markedly raised the profile of the epidemic, mobilizing public awareness and marshaling expertise and resources to address the threat of childhood obesity to the well being of today's children and tomorrow's adults.

### Extent of the Problem

The rising prevalence of child overweight and obesity has been tracked in successive National Health and Nutrition Examination Surveys (NHANES)<sup>2</sup> conducted by the Centers for Disease Control and Prevention (CDC), and the National Center for Health Statistics (NCHS) (Hedley et al., 2004; Ogden, Carroll, Curtin, Lamb, & Flegal, 2010; Ogden, Carroll, & Flegal, 2008; Ogden, Flegal, Carroll, & Johnson, 2002). Recent analyses indicate that increases in the prevalence rate, which rose significantly from the mid 1970s to the end of the 20<sup>th</sup> century, leveled off during the past decade, with some "race-ethnicity by gender" differences (e.g., Lee et al., 2010). However, the prevalence of obesity in children and youth remains alarmingly high. Among the 2-19 year-old population, 17% are obese, while nearly 10% of infants and toddlers have excess weight (Ogden et al., 2010), and almost a third of children are overweight or obese (DHHS, 2010).

---

<sup>1</sup> For more information on *Let's Move!*, go to <http://www.letsmove.gov/>

<sup>2</sup> See Appendix A for a list of acronyms used frequently in this report.

Childhood obesity looms quickly in life, as there is longitudinal evidence to show that for children with early increases in BMI (Body Mass Index), before age six, adult obesity is likely to follow (e.g., Rolland-Cachera et al., 1984; Whitaker, Pepe, Wright, Seidel, & Dietz, 1998). Indeed, Harrington et al. (2010) define a very early “critical ‘tipping point’ period when the child is most at risk for becoming overweight” (p. 639). They cite evidence that “approximately half of the overweight children became overweight at less than two years of age and 90% at less than five years of age” (p. 641). The results of the study by Harrington et al., which applied across racial and marked family socioeconomic differences in their sample, indicate that “older identified overweight children arise from excessive weight gain in infancy/toddlers” (p. 642). The persistence of childhood obesity observed in preschool and elementary school periods continues into adolescence (Nader et al., 2006), and obese children are at greater risk of becoming or remaining obese as adults (e.g., Guo, Wu, Chumlea, & Roche, 2002).

### **Consequences of Childhood Obesity**

The physical health and psycho-social effects of childhood obesity are well documented in an accruing body of literature. Studies document the greater risk of adult obesity for children who are obese (e.g., Guo et al., 2002; Serdula et al., 1993) and the persistence of “adverse effects of overweight among children and adolescents” (Freedman et al., 2008, p. 754). The physiological and psychosocial consequences of childhood obesity have been catalogued elsewhere in the literature (e.g., Daniels, Jacobson, McCrindle, Eckel, & McHugh Sanner, 2009; Speiser et al., 2005; Strauss, 2002). In sum, the literature reveals that childhood obesity: a) “affects virtually every organ system in an adverse manner” (Daniels, 2009, p. S63); b) exposes children to social stigma (Institute of Medicine, 2004; Puhl & Latner, 2007) and bullying (Janssen, Craig, Boyce, & Pickett, 2004); c) is associated with different patterns of daily life such as time spent viewing television (Dietz & Gortmaker, 1985; Robinson, 2001) and time engaged in physical activity (e.g., Janz et al., 2002); and, e) for some children, may even impact academic performance and school outcomes, including school absences of two or more weeks per year, repeating a grade, or even “not being engaged in school” (Bethell, Simpson, Stumbo, Carle, & Gombojav, 2010, p. 354). Considering the cumulative effects of the obesity epidemic, Olshansky et al. (2005) reason that the current earlier onset of obesity and its consequent lengthening of the portion of a lifetime that obesity’s adverse effects are endured may halt “the steady rise in life

expectancy observed in the modern era” (p. 1143), potentially decreasing both the quality and length of our children’s lives relative to their parents’ lives.

Furthermore, the costs of childhood obesity are not solely the burden of the individual child but are shared by the family, employers, and society. Costs to families reportedly include “time lost from work and day care costs” (Daniels, 2006, p. 59). For employers, the toll may be exacted in children’s obesity-related health care payments, employee absenteeism due to caregiving, and lowered productivity as employees are distracted at work by their children’s health-related issues, as well as liabilities obese employees of the future will incur for employers (Sepulveda, Tait, Zimmerman, & Edington, 2010). Overall costs to the nation have been identified in the increasing frequency of obesity-associated diagnoses among hospital discharges for children and youth (Wang & Dietz, 2002). Hospitalizations of U.S. children aged 2-19, who were diagnosed with obesity almost doubled from 1999-2005. Charges increased by about 90% (adjusted for inflation) for obesity-related diagnoses from 2001-2005 (Trasande, Liu, Fryer, & Weitzman, 2009). In forecasting future medical costs associated with obesity, Trasande (2010) states that “such expenses start small and grow over a lifetime” (p. 375). A child’s trajectory for a healthy and fit life also begins in small steps that grow over that lifetime.

### **Child Care and Early Education: Supporting Healthy Life Trajectories**

In 2010, the U.S. Department of Health and Human Services (DHHS), Health Resources and Service Administration (HRSA), Maternal and Child Health Bureau (MCHB) presented Life Course Theory (LCT) as the conceptual framework for the Bureau’s future strategic planning (Fine & Kotelchuck, 2010). Life Course Theory emphasizes the roles of social determinants and health disparities in shaping life and health outcomes, and defines key concepts including pathways (trajectories), early programming, critical/sensitive periods, cumulative impact, and risk and protective factors. Thus, the LCT framework “suggests the need to: refocus resources and strategies for a greater emphasis on early determinants of health; incorporate earlier detection of risks coupled with earlier intervention; and promote protective factors while reducing risk factors at the individual, family and community levels” (p. 5). Furthermore, LCT recognizes cumulative and longitudinal impacts within an “individual’s life span and across generations” (p. 7).

Childhood obesity is clearly a condition that is well framed in LCT constructs. A child's weight status: a) is affected inter-generationally by parental health and decisions (e.g., Davison & Birch, 2001; Perrin, Finkle, & Benjamin, 2007; Reilly et al., 2005); b) may be determined at critical periods, prenatally and in infancy, during the adiposity rebound, and in adolescence; and, c) is detectable early in life (e.g., Harrington et al., 2010; Rolland-Cachera et al., 1984). Obesity may be best addressed via early interventions (e.g., Kumanyika et al., 2008; Miller, Rosenbloom, & Silverstein, 2004; Nader et al., 2006; Perrin et al., 2007), and left unchecked, childhood obesity will contribute adversely to life course trajectories. Within an LCT framework, intervention in an epidemic requires a public health perspective and multi-sector measures to effect population-level change, as has been called for by many leading obesity researchers and public health leaders (e.g., Dietz, Benken, & Hunter, 2009). The Institute of Medicine (Koplan et al., 2005) called for reconceptualizing the obesity epidemic from a traditional medical issue to a broader public health concern by addressing environments that are "more conducive to healthful eating and physical activity" (p. 194) in a variety of sectors of society, including child care.

Child care and early education programs have the extensive access to young children. In 2007, more than 54% of young children, birth to 6 years of age, spent 10 hours or more per week in child care, and the majority of these children were in the care of someone to whom they were not related (DHHS, Health Resources and Services Administration, Maternal and Child Health Bureau [MCHB], 2010). Child care and early education settings regularly serve up to an estimated 12 million children, birth to 6 years of age (Federal Interagency Forum on Child and Family Statistics, 2010). Thus, the implementation of public health policies can have a meaningful impact upon the prevention of childhood obesity for a large segment of the early childhood population. However, until recently, "the child care setting has been largely overlooked in the childhood obesity discussion" (Kaphingst & Story, 2009, p. 6), although "child care facilities provide a valuable opportunity to promote healthy eating and energy balance in children (Story, Kaphingst, Robinson-O'Brien, & Glanz, 2008).

Therefore, it is timely that the child care and early education sector is targeted by *Let's Move!*, *The Surgeon General's Vision for a Healthy and Fit Nation* (DHHS, 2010), and the DHHS, Office of the Surgeon General (OSG) *Secretary's Strategic Initiatives & Key Inter-Agency Collaborations* (2010) that includes the initiative, *Help Americans Achieve and Maintain Healthy Weight* (p. 7). To foster healthy weight status among children, DHHS has set the goal to

“Improve Nutrition and Physical Activity in Child Care Settings.” One part of this goal sets forth that: “DHHS will improve program standards for nutrition, physical activity, and television viewing time and promote more stringent child care licensing standards through state programs” (DHHS, Office of the Surgeon General [OSG], 2010). The *Healthy Weight Initiative (HWI) Task Force*, an interdepartmental program of the DHHS, includes a Child Care Workgroup which functions in alignment with the Secretary’s initiative. In conjunction with the goals of HWI Child Care Subcommittee, the National Resource Center (NRC) for Health and Safety in Child Care and Early Education acted during 2010 to support the Secretary’s initiative for child care settings.

**National Resource Center for Health and Safety in Child Care and Early Education:  
Mission**

The National Resource Center (NRC) for Health and Safety in Child Care and Early Education is based at the University of Colorado, College of Nursing, under the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal Child Health Bureau, Healthy Child Care America Cooperative Agreement Program.<sup>3</sup> The NRC’s primary mission is to promote health and safety in out-of-home child care settings throughout the nation. The foundation of the NRC program is *Caring for Our Children (CFOC): National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2<sup>nd</sup> Edition*. *CFOC* is a collaborative publication of the NRC with its Publishing Partners, the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA), with the support of MCHB. *CFOC* generally is regarded as the leading resource for expert and evidenced-based best practices in child care health and safety. Indeed, *The 2008 Child Care Licensing Study* found that 42 states reported using *CFOC* as a reference in formulating child care licensing rules and regulations (National Child Care Information and Technical Assistance Center [NCCIC] & National Association for Regulatory Administration [NARA], 2010).

In addition to directing *CFOC* revisions, the NRC promotes adherence to the standards via information services and development of standards-based products targeted to different constituencies and stakeholders in early childhood including: consumer families, child care

---

<sup>3</sup> US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Cooperative Agreement # U46MC09810, Principal Investigator Marilyn J. Krajicek, EdD, RN, FAAN, University of Colorado College of Nursing.

providers, early educators, states' child care licensing agencies and professionals, child care health consultants and other pediatric health professionals, academicians, legislators, and other advocates for the well-being of young children. NRC disseminates these products (several of which are also offered in Spanish) principally through its website, <http://nrckids.org>. Another major service of the NRC website is centralized access to child care licensing regulations of all 50 states and the District of Columbia, as well as regulations of Puerto Rico and the Virgin Islands (available at <http://nrckids.org/STATES/states.htm>).

### ***CFOC Standards for Preventing Childhood Obesity***

In February 2010, the NRC was invited by MCHB and the Administration for Children and Families, Child Care Bureau (CCB, now the Office of Child Care) to assist the work of the DHHS Healthy Weight Initiative Child Care Workgroup in its announced effort to “fight obesity in child-care and early-education settings” (DHHS, Health Resources and Services Administration [HRSA], 2010). Central to NRC’s response was the accelerated revision of *CFOC* standards related to prevention of childhood obesity.<sup>4</sup> The NRC and its expert Technical Panels fast-tracked selection, revision, and national stakeholder reviews of 49 nutrition, physical activity and screen time standards to gain agreement of NRC’s Publishing Partners, AAP and APHA, and MCHB for early release and publication in July 2010 of *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition* (hereafter, *Preventing Childhood Obesity*, or *PCO*).<sup>5</sup> (See Appendix B for *PCO* acknowledgements.) Availability of *PCO* was announced in early August 2010 by DHHS Secretary Kathleen Sebelius at the Early Childhood 2010 Summit, *Early Childhood 2010: Innovation for the Next Generation, in Washington, DC*.

### **Objectives of NRC Healthy Weight Initiatives**

---

<sup>4</sup> At the time of the invitation, the NRC was working with its Publishing Partners, American Academy of Pediatrics and American Public Health Association, and with MCHB to revise all *CFOC* standards in preparation for the creation of *CFOC, 3<sup>rd</sup> ed*, a multi-year process.

<sup>5</sup> Accelerated standards-revision for creation of *Preventing Childhood Obesity in Child Care and Early Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*, was made possible by support of the U.S. Department of Health and Human Services, Health Resources and Services Administration, MCHB and ACF, Child Care Bureau.

The NRC set three additional HWI objectives in 2010, including implementation of an *NRC Healthy Weight Advisory Meeting*, development of an array of obesity-prevention resources for different NRC constituencies, and design and implementation of the assessment of child care licensing regulations nationwide for obesity prevention content, which is the subject of this report. Aspects of the *NRC Healthy Weight Advisory Meeting* relate directly to the national assessment and are described below.

### **NRC Healthy Weight Advisory Meeting**

The NRC convened the Healthy Weight Advisory Meeting<sup>6</sup> in Aurora, Colorado in July 2010 to inform next steps in utilization and dissemination of the standards in *Preventing Childhood Obesity (PCO/CFOC)*. Advisors were selected in collaboration with MCHB and CCB officers to include experts in a range of health and academic disciplines, government agencies, and professional organizations, as well as child care providers and licensing professionals (see Appendix C for a list of NRC Healthy Weight Advisors). The NRC contracted with The Evaluation Center of the University of Colorado, School of Education and Human Development, to assist with implementation and evaluation of the meeting, one goal of which was identification of *PCO/CFOC* standards most likely to have a direct impact on obesity in child care.

The standards are complex, multifaceted statements of health and safety best practices. To facilitate their assessment, the NRC staff extracted 275 components from the 49 *PCO/CFOC* standards so that their independent contributions to obesity prevention could be evaluated. Redundant items and safety-oriented items with indirect implications for healthy weight were deleted (e.g., handling emergencies such as choking or allergic reactions). The remaining 217 components are elements of 44 of the 49 *PCO/CFOC* standards (see Appendix D for the full complement of components presented at the meeting). On the basis of discipline or profession, two similarly composed groups of Advisors were created. Each was assigned to rate about half of the components, rating their impact on obesity if implemented in child care. A four-point scale was used (1 = *could make a small difference* to 4 = *definitely will make a big difference*). Ratings and comments were affixed to wall posters (one per component). An ensuing gallery walk enabled participants to review and post written comments upon the other group's work. The

---

<sup>6</sup> The 2010 *NRC Healthy Weight Advisory Meeting* was made possible by support of the DHHS, Maternal and Child Health Bureau and the Administration for Children and Families, Child Care Bureau.



whole group assembled for a communal discussion of the process.<sup>7</sup> Mean ratings of each component were calculated by The Evaluation Center. These means were used to define the pool of high impact components of standards that informed variable selection for the current national assessment (as described later in the Methodology section).

### **Child Care Regulations**

Child care licensing is legislated, implemented, and enforced at the state level. Each state's regulations specify the types of facilities licensed (typically including centers, large or group family homes, and/or small family child care homes). Within their content are legal requirements for the minimum policies and practices to protect the health and ensure the safety of the children in care. Regulatory enforcement and financing are critical moderating factors to ensure the effective implementation of state's regulations (e.g., Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2000). Nonetheless, "quality child care licensing is the most crucial and strategic means available to protect, nurture, and promote optimal development for the more than 11 million children under age 5 known to be in care every week" (National Association for Regulatory Administration, 2010). As the obesity epidemic has precipitated down to our youngest children, child care has emerged as "an important area to both regulate and utilize to combat childhood obesity. Child-care policies that promote physical activity and good nutrition can help shape dietary and physical activity behaviors from a young age" (Levi, Vinter, Richardson, St. Laurent, & Segal, 2009, p. 38).

The National Child Care Information and Technical Assistance Center (NCCIC) and the National Association for Regulatory Administration (NARA) publish a collaborative national licensing study annually that addresses a wide range of child care issues. Most recently, *The 2008 Child Care Licensing Study* (NCCIC & NARA, 2010) reported that all states, including the District of Columbia (but excepting Idaho, which did not at the time license child care centers at the state level), had some nutrition regulations for at least one type of facility. It was found also that most states required posted menus in licensed facilities. Many had rules for infant feeding and for the number and frequency of meals or snacks. Nearly all states (47) prohibited *denial of food*. Twelve states prohibited *putting something in children's mouths* (which may be interpreted

---

<sup>7</sup> A parallel process was conducted for the ease of implementation of the *PCO/CFOC* components in child care. The complete proceedings of the Advisory Group Meeting were disseminated to participants in September 2010 and will be posted at <http://nrckids.org>.

to include food as well as foreign substances). The vast majority of states had rules for play, required active play and gross motor play, and specified space requirement (i.e., square footage per child) both indoors and outdoors (NCCIC & NARA, 2010).

### **Focused Investigations of Child Care Regulations**

To date, a number of focused investigations have examined states' child care regulations specific to infant feeding, nutrition, and physical activity and screen time content, the core components of *PCO/CFOC*. To inform methodologies, investigators often referred to *CFOC*, 2<sup>nd</sup> Edition standards or 2008-2009 draft versions of nutrition, physical activity and screen time standards, later finalized in 2010. Researchers often utilized the NRC's website as a source, or a corroborating source, for access to states' regulations.

Several studies of nutrition and physical activity in child care were conducted by Benjamin and colleagues (e.g., Benjamin et al., 2007; Benjamin, Copeland, et al., 2009; Benjamin, Haines, Ball, & Ward, 2008). Among them, one study (Benjamin, Cradock, Walker, Slining, & Gillman, 2008) examined states' child care regulations applicable to child care centers and child care family homes. They discovered wide variation in content that addressed: a) free availability of water; b) limitation of sugar sweetened beverages; c) limitation of foods of low nutritional value; d) support for breast-feeding and feeding breast milk; e) not forcing children to eat; f) not using food as a reward; g) requirements for daily physical activity (minutes per day); and h) limitation of screen time. Most common among states were rules concerning availability of water and not forcing children to eat, where 60% or more of states had related text for the types of facilities they regulated. The other topics were addressed in a third or fewer of states' regulations (Benjamin et al., 2008). In the Benjamin, Gillman, et al., report *Preventing Childhood Obesity in the Child Care Setting: Enhancing State Regulations* (2009), the relative paucity of states regulations for healthy eating and physical activity led the authors to present 20 model regulations and grade each state on the topics. Grades were assigned based on the number of regulations in each state that addressed content related to healthy eating and physical activity. The researchers noted: "Although we would have liked to compare state regulations to the ten healthy eating and ten physical activity model regulations, most states would have received a failing grade" (p. 1). The mean number of regulations for each of the two topic areas, healthy eating and physical activity, was in the low single digits. Among the states, Georgia and Nevada

ranked the highest, although there were no grades of *B+* or higher and there were *Ds* and an *F* (Benjamin, Gillman, et al., 2009).

Similarly, Benjamin, Taveras, et al. (2009) found the same wide variability among states child care regulations, with an average of fewer than three regulations per state over 11 areas of infant feeding addressed in *CFOC* standards. The areas are listed (in approximate rank order of the frequency with which they were addressed), as follows: a) infants are held while feeding, b) infants are fed according to a feeding plan from a parent or physician, c) infants cannot carry or sleep with a bottle, d) infants are fed on demand, e) breastfeeding is supported by the child care facility, f) no solid food is fed in a bottle, g) whole cow's milk is required for children 12 to 24 months of age, h) no solid food is given before 6 months of age, i) no cow's milk is given to children under 12 months of age, j) infants are fed by a consistent caregiver, and k) caregivers cannot feed more than one infant at a time.

Another set of researchers studied healthy eating and physical activity in child care (e.g., Story, Kaphingst, & French, 2006; Story, Kaphingst, Robinson-O'Brien, & Glanz, 2008). In one study, Kaphingst and Story (2009) examined regulations for 13 dimensions associated with nutrition, physical activity, and media usage. Six areas related to nutrition policies and practices: (1) Requiring meals and snacks to conform to the Child and Adult Care Food Program (CACFP) or similar requirements; (2) requiring meals and snacks to be consistent with *Dietary Guidelines for Americans*; (3) specifying the number of meals and snacks to be served; (4) specifying the proportion of nutritional needs offered per meal or by length of time in care; (5) prohibiting/limiting foods low in nutritional value; and, (6) requiring a vending machine policy. Five related to physical activity: (1) requiring the program to provide large muscle or gross motor activity, development, and/or equipment; (2) requiring children to have daily outdoor activity time; (3) specifying a minimum length of time outdoors; (4) specifying that children engage in moderate to vigorous physical activity; and, (5) specifying the amount of time for that activity. Two areas related to media: (1) appropriate usage of media, and (2) maximum time for media use per day or week. In the nutrition area, the most frequent finding was the requirement to adhere to the U.S. Department of Agriculture, Food and Nutrition Service, CACFP<sup>8</sup> observed in 20 states. In physical activity, requirements for gross motor activities and outdoor play were evident, at least

---

<sup>8</sup> The USDA, Food and Nutrition Service, CACFP supports provision of nutritious meals and snacks to low-income children and adults in "daycare" through grants administered at the state level for approved providers of care.

for child care centers, but recommended times were far less often specified. Fourteen states addressed appropriate use of media but only 10 addressed time limits. In virtually all areas, requirement for centers were more stringent than those for either large or small family home settings (2009).

### **Purpose of the NRC National Assessment of Child Care Regulations**

New and revised best practices for preventing childhood obesity in child care and early education have been established in *PCO*, and will be included in the forthcoming *CFOC*, 3<sup>rd</sup> edition. Implementation of these standards is a significant strategy to address obesity prevention in child care and early education for infants, toddlers, preschoolers and older children. It is an appropriate time to establish the national baseline for inclusion of obesity prevention terminology in states' child care regulations. Therefore, the NRC conducted a national assessment of child care licensing regulations in all 50 states and the District of Columbia. The study examined documents for licensed child care centers, large or group family child care homes, and small family child care homes. Whereas previous investigations assessed the presence or absence of pertinent rules dichotomously, this examination applied an ordinal rating schema to assess the degree to which key *PCO/CFOC* obesity-prevention concepts (rated high in impact on childhood obesity) are reflected in states' child care regulations.

## Method

The methodology for the national assessment, a quantitative content analysis, included: Document Verification, Component (variable) Selection, Rating Scales and Rules, Rater Training and Inter-rater Reliability, Search Procedure and Data Collection, and Data Analysis.<sup>9</sup>

### Document Verification

The NRC maintains a database on its website, <http://nrckids.org>, of all states' and the District of Columbia's (hereafter, states') child care licensing regulations, which served as the resource for access to states' documents. To ensure that the regulations for each state were the most recently updated versions, a Research Assistant emailed and/or phoned each state's licensing agency one month prior to the onset of the study to verify the status of documents on the website and to ascertain whether pertinent changes were expected to take effect during the study period (through December 2010). Three research assistants proceeded to vet each document for obesity-pertinent content. The vetting process ensured that all pertinent documents were searched and that unrelated documents were eliminated to speed the rating process. Remaining documents were examined for applicability to each of three types of out-of-home child care examined in this assessment—child care centers, large/group family care homes, and small family care homes—so that each rater's Excel spreadsheets for data collection were standardized (see table of State Documents Searched in Appendix E). By the end of the data collection period, 118 state regulation documents were determined to be pertinent to the study content areas and were assessed for rules related to the *PCO/CFOC* components.

### Component Selection

Of 217 components of obesity-relevant *PCO/CFOC* standards rated by the NRC's Healthy Weight Advisors, 49 fell one standard deviation above the mean for ratings of potential impact upon obesity (mean = 3.56 on a four point scale). These components were grouped into one of three content areas, based on logical relationships: Infant Feeding, Nutrition, or Physical Activity/Screen Time. Three additional criteria, beyond the statistical criterion, were then imposed for variable selection. They were: a) representativeness of the full range of ages, infants,

---

<sup>9</sup>The NRC contracted with The Evaluation Center of the School of Education and Human Development, University of Colorado Denver, to provide external evaluation services, to assist with select aspects of the study, including advising the process and calculation of inter-rater reliability, and computation of data analyses.

toddlers, preschoolers/older children, as appropriate to content; b) construct comprehensiveness;<sup>10</sup> and, c) feasibility of measurement (i.e., ability to document, observe, or measure the item reliably in states' child care licensing regulations). Ten items that Healthy Weight Advisors rated just below the statistical cut point were added for criteria a) and b), above. For example, specification of milk fat content was highly rated for children less than one year of age, as well as for those above two years of age; whereas the comparable item for 12-24 month olds missed the statistical cut, and therefore was added for full representation of age ranges. During the scaling process, some remaining redundant items were eliminated and some complex constructs were divided and scaled as two variables. In some instances, terminology in the components was difficult to scale. For example, the component "promote physical activity every day" was eliminated, because three raters could not reliably discern what constituted "promoting" in states' rules. Also, since other components required episodes of physical activity every day, the "promotion" component was deleted as too ambiguous to measure. By the end of the scaling and rater training process, 47 scales were developed, as reliable scaling rules were established. See Appendix F for the list of study variables and their origins within *PCO*.

### **Rating Scales and Rules**

An overarching four-point rating schema was created to guide the creation of content-specific rating scales that were developed for each component of a standard (or study variable), such that:

1 = state regulation contradicts the component

2 = state regulation does not refer to the component

3 = state regulation partially meets component

4 = state regulation fully meets component

Building upon this foundational framework, unique four-point scales were constructed specific to the content of each component. Ratings of 2 and 4, as seen above, typically were clear concepts to scale. Preview of a sample of states' documents informed the decision to include a rating of 1 for rules that contradicted or undermined the intent of the *PCO/CFOC* standard

---

<sup>10</sup> A few lower rated components were added to fully address a construct. For example, where the full age range was not addressed for a variable, the lower missing item was added to the study variables.

component. Although it was often a straightforward matter to conceptualize language that contradicted a component, this was sometimes less clear cut. For example, it was difficult to imagine state language that would explicitly permit forcing a child to eat, although it was impossible to guarantee that no state would have a rule subject to such an interpretation. In such cases, where examples of contradictory language were not predictable, a general rule was established to assign ratings of 1 for rules that contradict a component. Similarly, some components may appear, upon first consideration, to be dichotomous, e.g., rules do or do not prohibit serving “fruit juice to children younger than 12 months of age.” Even with a seemingly dichotomous variable, it was quickly discovered that a document might fully comply with a component in one place, while stating contradictory or limiting text elsewhere. Therefore, a rating of 3 was established for partial agreement with a component, or for full agreement compromised by additional limiting or contradictory language. For example, a state document may prohibit “serving fruit juice to children less than 12 months of age,” and, in a different section, allow for older infants to be “served juice in a cup when developmentally able to hold the cup.”

In testing scales against states’ language, some complex components were split into two scales, and a few conceptually related components were combined in a single scale, leading to a final number of 47 scales as noted previously. Specific rating instructions based on the text of each component, and rules for interpretation were established for each scale as needed. In practice, the rating of 2 was the default rating when non-applicable text was found and when the most similar text identifiable did not meet the criteria for the other established rating scores. These processes minimized rater interpretation and thereby strengthened inter-rater reliability. At least four NRC staff participated in or reviewed each scale in the development process. Scales were reviewed by staff of The Evaluation Center as well.

### **Rules for external resources**

Rather than craft unique regulations, several states opt to defer to external resources for some or all of their rules concerning content areas addressed in this assessment, particularly for Infant Feeding and Nutrition. The NRC seeks to promote adoption of regulations consistent with *CFOC* standards. Therefore, those states that referred directly to *CFOC* (or synonymous terms such as “AAP guidelines” or the standards of the “National Resource Center”) for their rules in nutrition, infant feeding or physical activity/screen time were to be rated as agreeing fully with

the intent of the study components (this did not occur). In contrast, a particular dilemma for rating rules was treatment of states' regulations related to the CACFP, a program of the USDA Food and Nutrition Service (FNS).<sup>11</sup> CACFP supports the provision of nutritious meals and snacks in child care programs for children from low income families through grants to states. *CFOC* historically endorses CACFP, and indeed, the NRC Healthy Weight Advisors specifically rated CACFP Meal Patterns as a having high impact on obesity.

Some states establish many of their rules for infant feeding and nutrition by using CACFP language or by including CACFP charts in their documents, while others default to the CACFP website in lieu of crafting state-specific language. As a program intended to ensure that children have adequate nutrition, the emphasis in CACFP Meal Patterns is upon provision of sufficient nutritious food to meet their needs, rather than specifically upon the prevention of childhood obesity. Therefore, the CACFP Meal Patterns for Infants and for Children were analyzed in comparison to the rating rules established for Infant Feeding and Nutrition components to create standardized scores for states that require adherence to CACFP in their regulations.

CACFP is often not fully compatible with the other PCO/CFOC components, so the scores for CACFP references in states' regulations reflect those discrepancies. Where additional state text was specified, it was assessed to discover any required adjustment to the CACFP score. Similarly, PCO/CFOC also refers to the USDA MyPyramid.<sup>12</sup> It too, was assessed to establish scores relative to the study variables. As MyPyramid is a more recent USDA product, with greater focus on achieving and maintaining healthy weight, MyPyramid scores are sometimes higher than those established for the CACFP Meal Pattern. MyPyramid does not address nutritional or activity needs of children younger than two years of age. This gap, at times, had a negative impact on infant feeding ratings if no additional infant feeding regulations were specified. States that solely referred to other external websites or entities (e.g., the National Research Council) were scored as not having addressed the applicable components, as such resources are not directly referenced in PCO/CFOC. These indirect sources and references would require a child care provider to pursue pertinent information through a series of website

---

<sup>11</sup> See CACFP at [http://www.fns.usda.gov/cnd/care/programbasics/meals/meal\\_patterns.htm](http://www.fns.usda.gov/cnd/care/programbasics/meals/meal_patterns.htm)

<sup>12</sup> See MyPyramid at <http://www.mypyramid.gov>



navigation maneuvers, and sometimes, knowledge of a wide range of acronyms as well (as tested by NRC staff). See Appendix G for CACFP and MyPyramid rating rules.

### Scaling sensitivity validation

To assure that rating scales were sensitive to differences in states' rules, an independent rater (not assigned to any rating team) rated the full battery of components for each of two states that were determined in previously published literature to differ markedly in their level/degree of regulations. The 47 scales developed for this study significantly differentiated the two states ( $t = 4.47$ ,  $df = 92$ ,  $p < .0001$ ). In 86.20% of instances where there were differences between the states, the differences were in the expected direction. These statistics indicate reasonable sensitivity of scaling. Exhibit 1 displays sample rating scales.

### Exhibit 1. Sample Rating Scales for Individual Components

I A2 Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian.

*Assign ratings as follows for rules that:*

- 1 = Permit cow's milk for infants under 12 months (explicitly), without primary care provider and parent/guardian written exception
- 2 = Do not mention prohibiting cow's milk nor serving only human milk or infant formula for infants less than 12 months of age
- 3 = State one or both of the following with some limitation/contradictory statement in either or both (other than written exception by primary care provider and parent/guardian):
  - Prohibit cow's milk until at least 12 months of age
  - Require/recommend human milk and/or formula for infants until at least 12 months of age
- 4 = State one or both of the following:
  - Prohibit cow's milk until at least 12 months of age, unless written exception by primary care provider and parent/guardian
  - Require human milk or formula for infants until at least 12 months of age

**Additional applicable rule:** If a state refers to CACFP without additional pertinent text, the rating = 4 because the Meal Plan requires human milk or formula for children under the age of 12 months.

NF1 Serve **small-sized, age-appropriate portions.**

*Assign ratings as follows for rules that:*

- 1 = Permit/encourage large portions (explicitly)
- 2 = Do not mention serving small, age-appropriate **portions** (nor **developmentally appropriate-sized** "small," "child-sized," or similar language)

3 = Require/recommend **small-sized, age-appropriate portions** (or “child-sized,” or similar language), with some limitation/contradiction (other than to meet “individual caloric needs,” or similar language).

4 = Require/recommend **small-sized, age-appropriate portions** (or “child-sized,” or similar language)

**Additional applicable rules:** *If a state refers to:*

- **CACFP without further text that limits or contradicts** the component, the **rating = 4**, because CACFP recommends portion sizes based on age.
- **MyPyramid or Food Pyramid without additional text**, the **rating = 4**, because MyPyramid recommends portion sizes based on age.

PA1 Provide children with adequate **space** for both **inside** and **outside play**.

*Assign ratings as follows for rules that:*

1 = Contradict the standard component

2 = Do not mention space required for physical activity

3 = State **one** of the following (but not both)

- Require/recommend space for **inside** play **or** require/recommend space for **outside** play
- Require/recommend space (location undefined) for physical activity (e.g., movement, exercise, free play)

4 = State **both** of the following:

- Require/recommend space for inside physical activity (play)
- Require/recommend space for outside physical activity (play)

**Additional applicable rule.** If both indoor and outdoor areas are required/recommended, then the assumption is that they are for play, unless specifically stated otherwise.

### **Rater Training and Inter-rater Reliability**

Five two-person rating teams were constituted (some raters served on more than one team). Extensive training was conducted in the general rules, for rating rules specific to each scaled component and search procedures. Rater feedback led to the refinement of rating rules for each component in an iterative process to minimize rater interpretation. To establish reliability, each team member made 60 ratings on the same states in their team’s assigned content area (20 ratings each for center, large family group home, and small family child care home documents). The Evaluation Center calculated Spearman’s rho coefficients for the teams, as appropriate for ordinal data. Across teams and facility types, scores averaged 0.964 ( $p > .001$ ). Team scores ranged from 0.940 to 0.994, all at the  $p > .001$ .

**Table 1. Inter-rater Reliability**

Team	<i>n</i>		Center	Large Family/Group	Small Family	Average
<i>Infant Feeding</i>	20	$r_s$	0.981	1	1	0.994
		<i>p</i>	>.001	>.001	>.001	>.001
<i>Nutrition 1</i>	20	$r_s$	1	0.983	0.896	0.960
		<i>p</i>	>.001	>.001	>.001	>.001
<i>Nutrition 2</i>	20	$r_s$	1	1	0.887	0.962
		<i>p</i>	>.001	>.001	>.001	>.001
<i>Physical Activity 1</i>	20	$r_s$	0.926	0.983	0.911	0.940
		<i>p</i>	>.001	>.001	>.001	>.001
<i>Physical Activity 2</i>	20	$r_s$	1	0.983	0.908	0.964
		<i>p</i>	>.001	>.001	>.001	>.001
<i>Overall Average</i>						0.964
						>.001

### Search Procedure and Data Collection

Search terms were identified for each component, and the list was enhanced as raters identified new search terms. Previously reviewed documents were re-examined for the additional search terms. Components in each topical area (Infant Feeding, Nutrition and Physical Activity/Screen Time) were divided into two groups. Raters were assigned one of the two groups of components in their topic area for which they rated documents from half of the states on those components. Raters shifted to the second group of components for the other half of the states, so that no state was rated on all components in a topic area entirely by one rater (although high inter-rater reliability prevailed across scales).

Excel spreadsheets were devised for each component and each rater. The spreadsheets identified documents in each state that were pertinent to each facility type and listed applicable search terms specific to each component. Adobe Reader 9 was used to perform multi-term searches, and revealed the presence/absence of pertinent terms. The terms were then examined in the context of the document to apply the scaling rules for the component and derive the appropriate rating. Text upon which the rating was based was copied from the state document and pasted into the Excel spreadsheet. There were rare instances in which the state document

format did not allow copying. In these cases, either the text was retyped into the spreadsheet or references were made as to its location in the state's document. Raters also could record a request for a second opinion if they were uncertain about their rating. Additional comments about the rating could be noted if desired.

The searches were conducted from late October through December 2010. Upon the completion of data collection, all spreadsheets were reviewed by the Chief Research Assistant/Team Leaders and Assistant Team Leader (as both were also raters, each reviewed the other's ratings) to ensure consistent adherence to the rating rules. In this process, hits on search terms were reviewed, as was the copied state text. Sampled ratings of 2, "no reference to the component" were re-searched to validate the absence of pertinent text or to locate text that had been overlooked on the first search. Where discrepancies were identified, a post-rating review was conducted by a team of at least three NRC staff, often including one or more additional raters. All had familiarity and expertise with all of the components, enabling them to examine the consistent application of the established scale for the component in question. In a few instances, additional rules were added to the scaling, and the full range of states regulations for the component were reviewed and verified or re-rated.

Finally, in a few instances where a state had multiple documents pertinent to a component and those documents earned different ratings for the component, the high score was designated as the final score for the component.<sup>13</sup> In some instances where no text was found, another rater re-searched the document(s) in question. Any time ambiguities were found in state's text, a shared interpretation was developed, and the re-rating team arrived at a consensual rating. Then, in the majority of cases where the reviewing team could not ascertain the intention of the state, the text was rated 2. A few examples of such ambiguities are copied below:

1. "When only fruit juice is served, it shall be *pure fruit juice* [*Does this mean that if the juice is served with other food items it does not need to be pure 100% fruit juice?*]
2. "(5) Television or movie watching during the hours children are in care shall not be excessive and shall be limited to child-appropriate programs." [*What is excessive? It appears this can be determined by the provider.*]

---

<sup>13</sup> The high score was used for data analysis to encourage states to aspire to use their best rules consistently. States may request additional data on this issue.

3. “Activities for Children: Television shall be used with discretion and shall not be used as a substitute for planned activities.” [*The state has verbiage that implies to a limitation but no specific time period is mentioned.*]

### **Data Analysis**

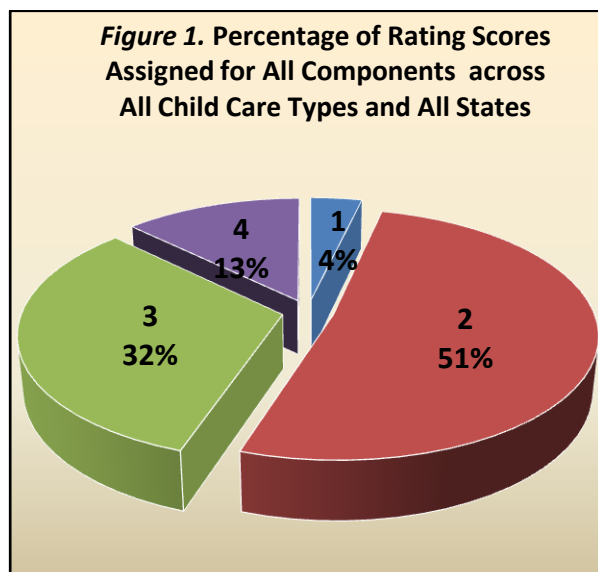
Data analysis strategies were determined in consultation with The Evaluation Center and the Center for Nursing Research. Inter-rater reliabilities were calculated for the NRC by The Evaluation Center, Department of Education, University of Colorado, using PASW Statistics 18 (a version of SPSS). Descriptive statistics were computed by The Evaluation Center using Microsoft Office Excel 2007. Graphic presentations were created at the NRC also using Microsoft Office Excel 2007. Findings of the assessment follow below in the Results section of this report.

## Results

The data comprise 6826 individual ratings from 118 states' documents<sup>14</sup> consisting of all states' ratings of the 47 variables (the 47 components of the standards) for each child care facility type regulated. (For more detailed information, see Composite Table in Appendix H for frequencies of ratings for all child care types and variables). The analysis is presented in the form of frequencies and mean ratings, which describe the data. The results are organized as follows: Overall National Rating, State-Level Analysis, Topic Areas, Results within Topic Subgroups, Individual Variable Analysis, and Synopsis of Results. A variety of charts and graphs is used to illustrate the findings. Throughout the Results section, the term "states" refers, for convenience, to the 50 states and the District of Columbia.

### Overall National Ratings

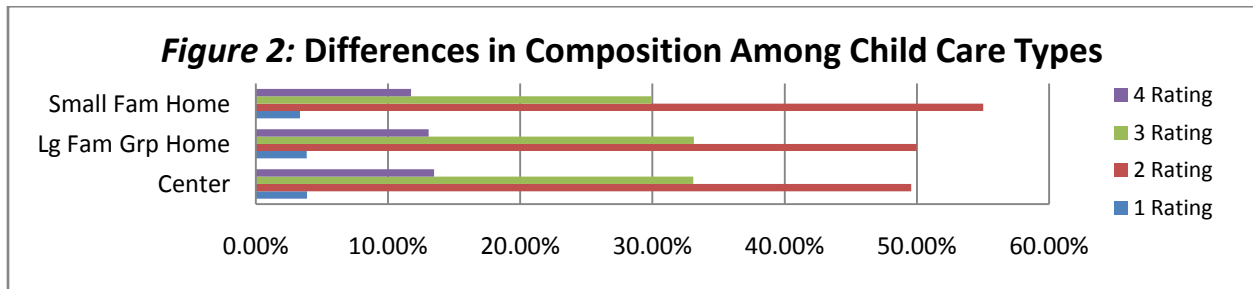
The pie chart in Figure 1 shows the frequency of scores attained nationally, where briefly, 1 = contradict, 2 = do not mention, 3 = partially meet, and 4 = meet the components. The Grand National Mean of 2.54 (SD = 0.18) is the average rating on this scale. These findings reveal that text consistent with the high impact obesity prevention components of standards is most commonly absent from or insufficient in child care regulations. Also noteworthy is the fact that, at 4%, few rules nationally actually conflict with the intent of the components of standards. Only a small percentage of ratings (13%) indicate full representation of high impact obesity prevention terminology.



<sup>14</sup> Individual ratings (n=6826) are comprised of the best rating per state per variable per child care type. Most states have only one rating per variable per child care type. In states with multiple documents regulating a given care type, there were occasional discrepancies. In such cases, the best rating was awarded to become part of the data set.

### National ratings by child care facility type

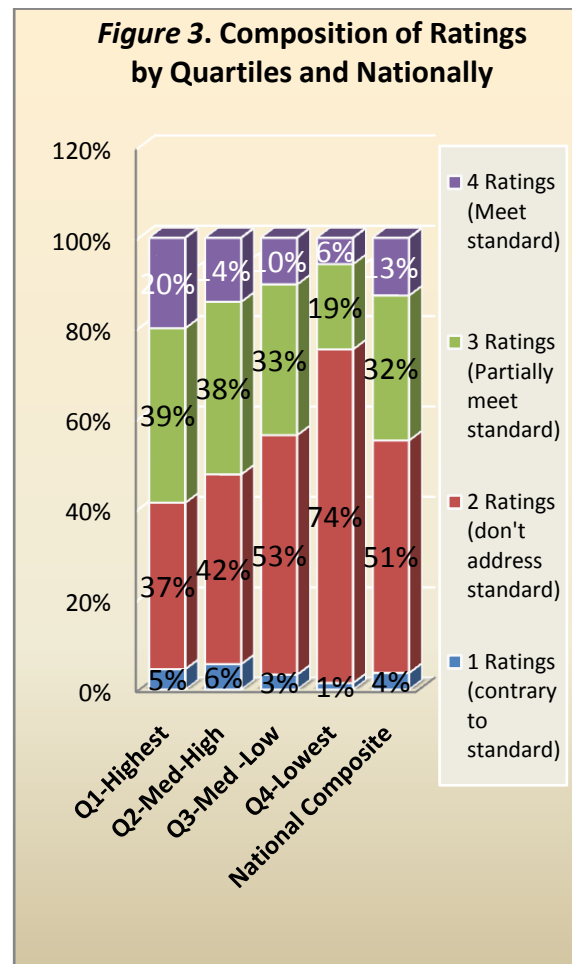
To determine whether the three types of child care facilities examined in this assessment were being equally regulated with regard to the study variables, frequencies of ratings (1-4) compiled across all variables were compared among the child care types. As Figure 2 below shows, the distribution of ratings was nearly equal across all child care types, with small family homes showing only a slightly higher proportion (5%) of ratings of 2. This indicates fewer study variables were addressed in regulations applicable to this type of child care facility. Because of these findings, differences among child care types will be discussed only where differences were observed.



### The quartile view

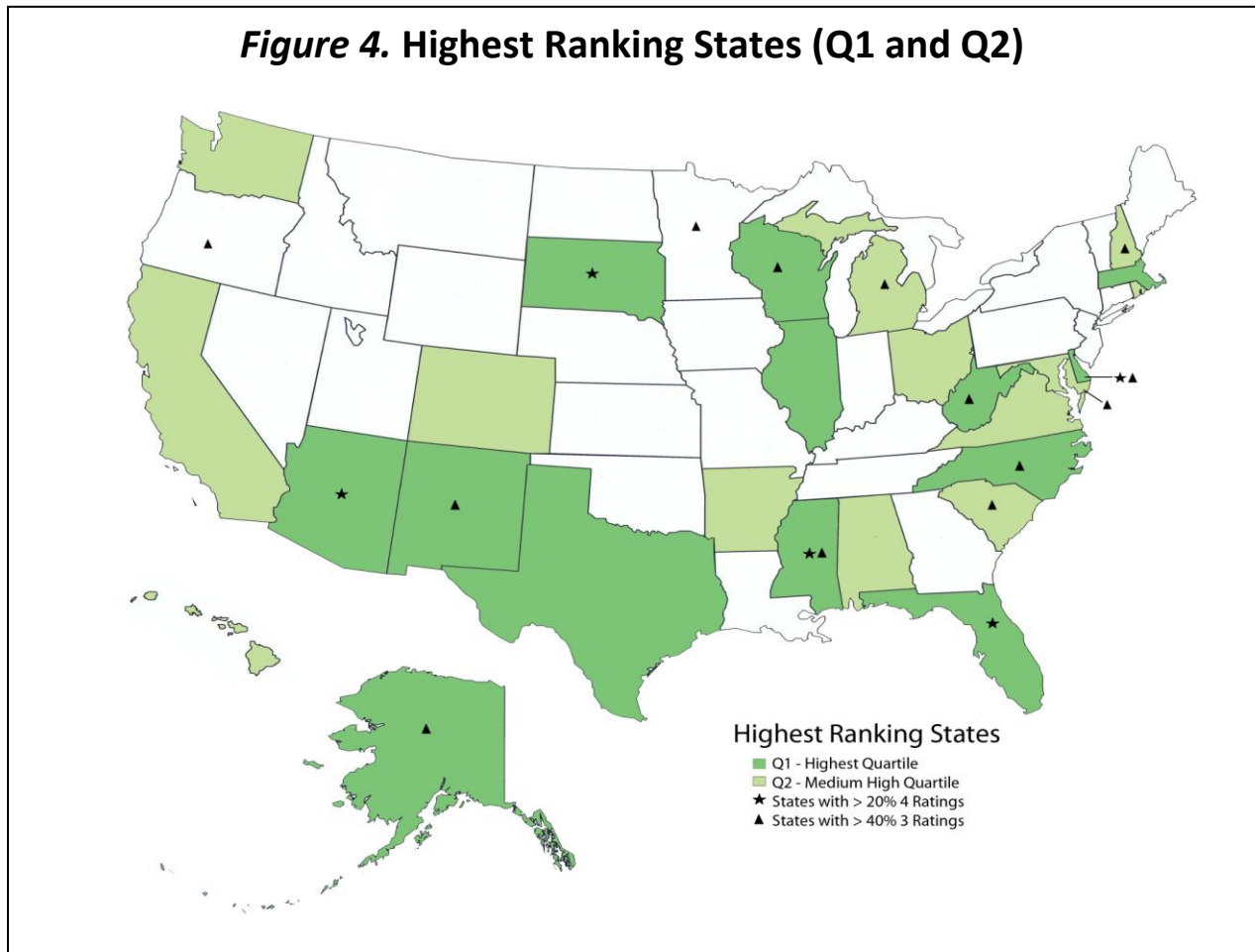
Comprehensive mean ratings were calculated for each state (i.e., across all variables for all care types). States were assigned to quartiles based upon their comprehensive mean ratings. Figure 3 displays in stacked columns the composition of each quartile and the national composite (all states, all variables, and all child care types) by proportion of rating scores of 1, 2, 3, and 4. These breakdowns reveal how the higher ranking states differ from the lower ranking states.

The figure demonstrates that the highest quartile states (Q1 and Q2 on the chart) show comparable distributions across all ratings, as well as the highest percentage of ratings of both 4 (full content) and 1 (contradictory content) among



the four quartiles. The higher frequency of contradictory rules earned by Q1 and Q2 states typically reflects scoring associated with adherence to the requirements of the Child and Adult Care Food Program (CACFP), which more often yielded ratings of 3 or 4. The current form of CACFP (now under revision by the Food and Nutrition Service) does not match all revised *PCO/CFOC* nutrition standards. Appendix G explains ratings given to CACFP. In a few instances, contradictory text also resulted when, in an effort to address issues, a state’s own terminology was contradictory to the component of the standard.

More than half of Q3 ratings, those of the 3rd quartile of states, consist of ratings of 2. Thus more than half of the high impact components are not being addressed in these states, although more than a third of their overall ratings indicate presence of some obesity prevention language in their rules. The 4th quartile (Q4) is differentiated from the others by the preponderance of ratings = 2 (74%), revealing that these states have very little content in their regulations to guide child care providers in preventing childhood obesity. It may appear





contradictory that this group, Q4, also has the lowest number of ratings = 1, however, states that opt to regulate the least also are least likely to create regulations contrary to the components of the standards. See Appendix I for more specific information on states' quartile ranks.

### **State-Level Analysis**

As previously mentioned, the states were divided into quartiles based on their comprehensive mean ratings. Figure 4 displays the states in the upper two quartiles with darker and lighter shading. In addition, those states with 20% or more of ratings = 4, and those states with 40% or more ratings = 3 are designated with symbols.

#### **Individual state data analysis**

To enable individual states to review each NRC-assigned rating, data tables for each state may be found in Appendix J. Each state page in the appendix reports the state's ratings for each variable (component of standards) per child care type (center-based, large family/group home, and small family home, as regulated by the state), the state's mean (comprehensive) rating, as well as a composition pie chart for overall ratings and a stacked bar chart showing rating composition per topic area.

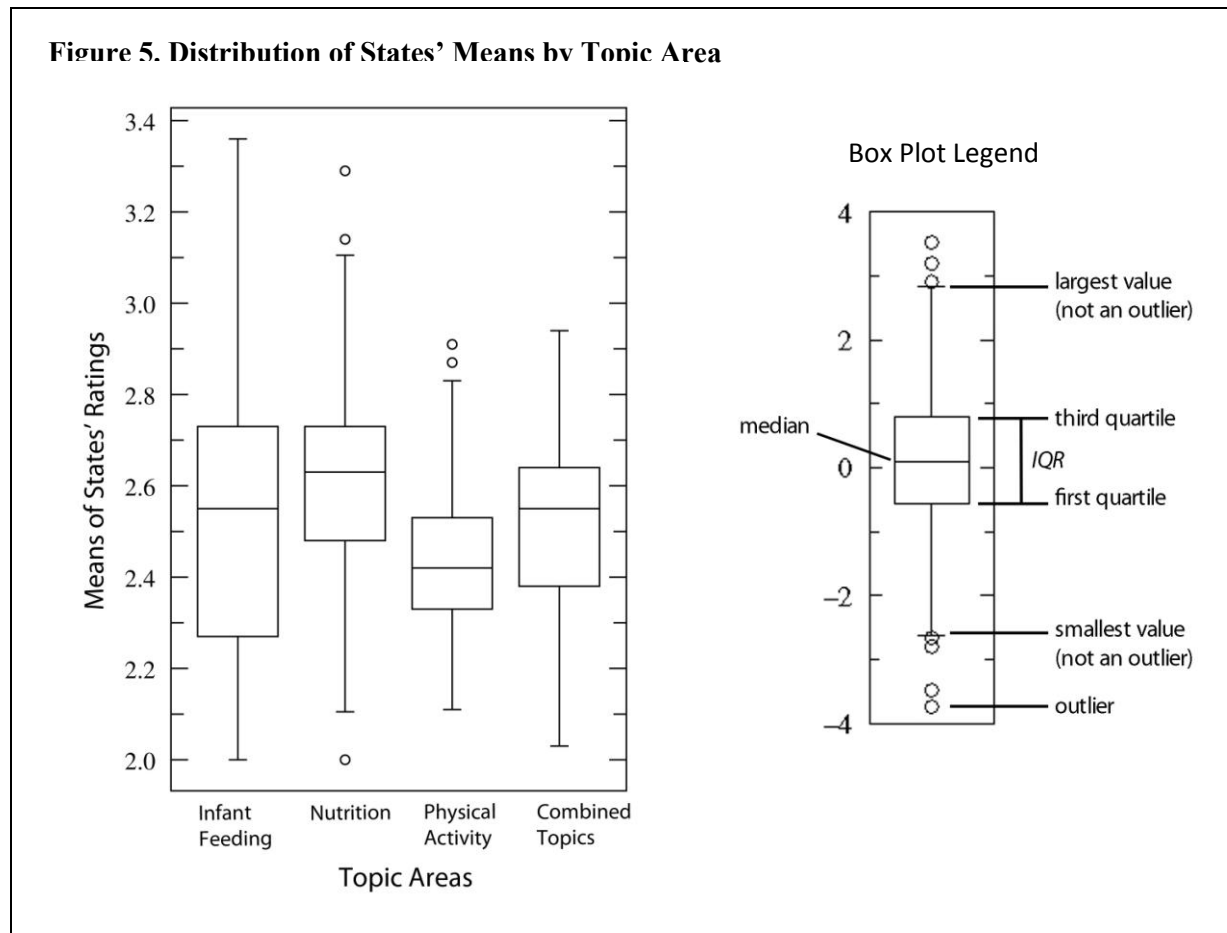
#### **States' variability in mean ratings**

Figure 5 presents box plots that graphically depict the variability in the states' means achieved for the topics of infant feeding, nutrition, and physical activity (including screen time), as well as the means states achieved for the combined ratings across these topics. The figure includes a legend (to the right) that labels the key features of the data summarized in the four plots on the left side of the figure. The key features include: the box itself, that is defined by the middle 50% of the means; the IQR or inter-quartile range, which defines the upper and lower boundaries of the box and is the difference between the means at the third and first quartile; the median of the scores; and, the largest and smallest values that are not outlier values. Outliers are depicted by the circles at either extreme of the plot. Results that follow refer to Figure 6.

Mean ratings, across all child care types and variables for combined topics (infant feeding, nutrition, and physical activity), were calculated for each state. The box plot for combined topics reveals that all states fell within a relatively narrow range of means, between means (Ms) equal to 2.04 and 2.96. The highest ratings were attained for Delaware and

Mississippi (Ms = 2.96), and the lowest for Idaho and the District of Columbia (Ms = 2.04 and 2.13 respectively).

Examination of the box plots for the three topic areas demonstrated that the greatest variability was observed for ratings in infant feeding. No outlier states were observed for infant feeding. Mild outlier scores were observed for nutrition at both extremes and at upper extremes for physical activity. The top three states in infant feeding are Delaware (M = 3.36, SD = 0.90), Mississippi (M = 3.03, SD = 0.95), and Massachusetts (M = 3.00, SD = 0.87). The lowest are



Idaho

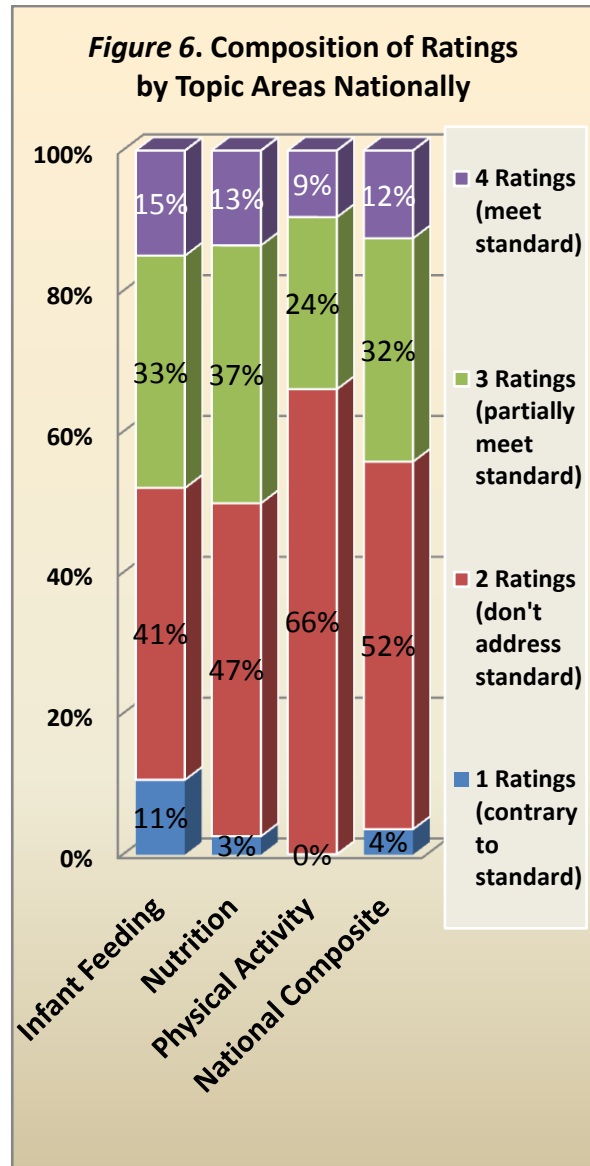
(M = 2.00, SD = 0.00) and District of Columbia (M = 2.00, SD = 0.00). Nutrition ratings were more clustered around the mean. For nutrition, mild outliers in the positive direction included Florida (M = 3.29, SD = 0.83) and South Dakota (M = -3.29, SD = 0.83), and Mississippi (M = 3.14, SD = 0.84) was the next highest scoring state. With no terminology that addresses the

variables, Idaho (M = 2.00, SD = 0.00) and the District of Columbia (M = 2.00, SD = 0.00) were outliers at the other end of the spectrum. The least variability was found in the area of physical activity, the highest two states being Delaware (M = 2.91, SD = 0.76) and Texas (M = 2.80, SD = 0.76). Several states have very low means in physical activity, consistent with the relative inattention to this topic in regulations, and revealed in the preponderance of ratings of 2.

**Topic Areas**

**Comparison of topic areas**

As displayed in the stacked columns of Figure 6, there were some differences in the composition of the ratings among topic areas. Although about 40% of the ratings in infant feeding indicate no mention of the obesity prevention components in regulations, the combined percentages of scores  $\geq 3$  accounted for nearly half of the ratings. This shows that many states are making at least a good effort to address obesity prevention through infant feeding regulations. States having means of 3.0 or greater in infant feeding were Delaware, Mississippi, and Massachusetts. At 15%, across facilities, and compared to nutrition and physical activity, infant feeding has the most rules that fully address the content of the related components of standards. The highest frequency of ratings = 4 in a subset (subgroup) of Infant Feeding of variables was observed for *How to feed young infants* (frequency (f) = 128, or 29.43% of scores) while the most ratings = 4 for a single variable in Infant Feeding were obtained for the component *Feed infants on cue* (f = 97, or 52.41% of scores). The most frequent 3 ratings were obtained for the single variable



*Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.* (Refer to Composite Table in Appendix H for more details.)

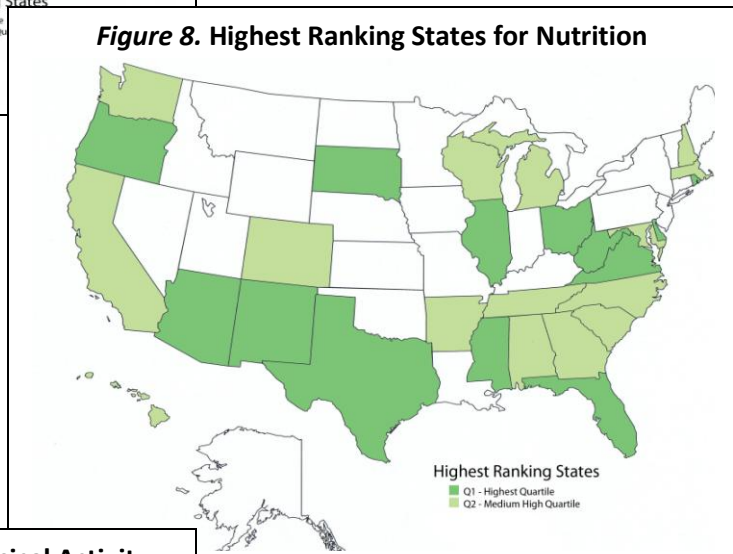
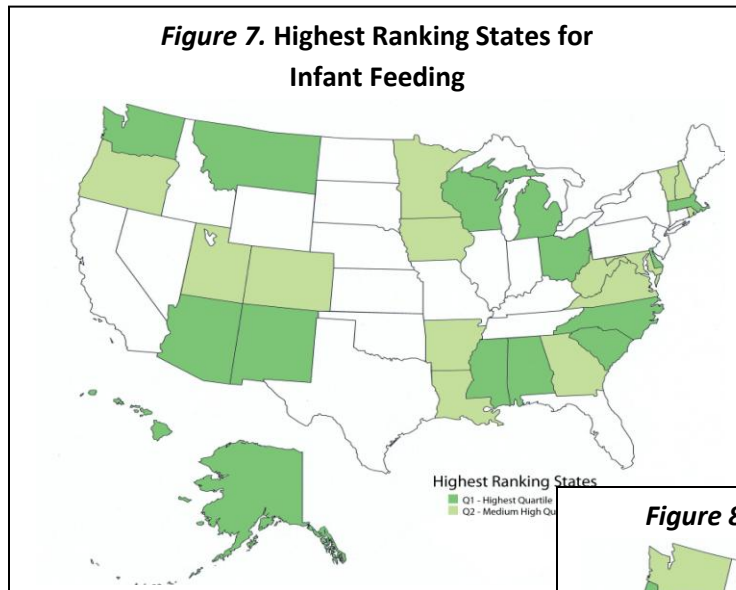
In the nutrition topic area, the frequency of ratings = 2 ( $f = 1440, 47.29\%$ ) and 3 ( $f = 1115, 36.62\%$ ) were nearly equal among different child care facility types (Combined types) as shown in Figure 6. The frequencies and percentages of ratings  $\geq 3$  ( $f = 1525, 50.08\%$ ) indicates that states are half-way to achieving nutrition regulations that will promote healthy weight in young children. The substantial ratings  $\geq 3$  is due to 31 states' requirements regarding CACFP meal patterns or MyPyramid, although unaddressed variables in these programs also caused ratings of 1. Some states created their own requirements, which often rated well. States with rating means of 3.0 or greater were Florida, South Dakota, and Mississippi.

It is notable that two thirds of the ratings = 2 for variables compose the physical activity topic area. At the outset of the study, it was anticipated that the topic of physical activity would likely have the least content in the state's documents, and the results confirm that expectation, as seen in Figure 6. Ratings of 2 comprised 66% of the total ratings (Combined types), while ratings of 4 comprised less than 10% of the overall ratings for physical activity variables. The combined percentage of ratings  $\geq 3$ , 33.88%, shows that approximately one third of the ratings for this topic area promote physical activity for children in the child care setting. Even the highest ranked states in physical activity fell below the ranking mean of 3.0. Three states achieving a ranking mean of 2.8 or higher were Delaware, Alaska, and Texas.

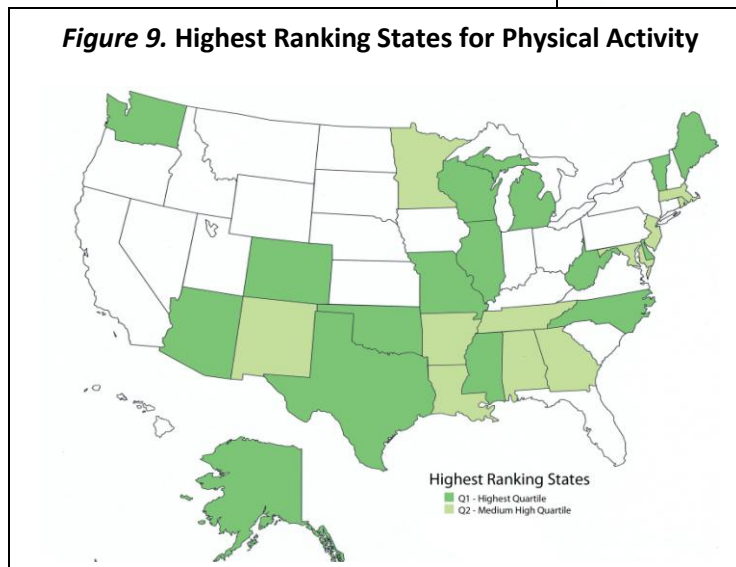
The component receiving the highest number of 4 ratings was PA1, *Provide children with adequate space for both inside and outside play*. The primary factor in the high frequency of 4 ratings for this variable is the influence of building codes, which require minimum square footages per child indoors as well as in playground design. Please, refer to the Composite Table in Appendix H for more details.

Physical activity historically has not had the detailed regulatory attention afforded to nutrition and infant feeding, and more specific best practices were newly addressed in *PCO* (and the forthcoming *CFOC, 3<sup>rd</sup> Edition*). Furthermore, whereas states utilize CACFP to address content in nutrition and infant feeding, as it is tied to reimbursement, there is no similarly entrenched program applicable to physical activity, although MyPyramid presents some general guidelines for activity for children 2 years of age and older.

**State analysis by topic areas**



Figures 7-9 show the states in the two highest quartiles for each of the three major topic areas. Only Arizona, Delaware, and Mississippi were in the highest quartile for all three topic areas. States which were



in the highest quartile for two topic areas are: Alaska, Illinois, Michigan, New Mexico, North Carolina, Ohio, Texas, Washington, West Virginia, and Wisconsin. For additional detail on quartile rankings of states, see Appendix I.

## Results within Topic Subgroups

### Intra-topic subgroup composition comparisons

Within the body of the text in this section and in later sections, references are made to subgroups of the topic areas. The variables (components of standard) within major topic areas of infant feeding, nutrition, and physical activity were clustered by NRC staff into logical subgroups, so that similar content is grouped together to facilitate discussion. For example, all the components relating to juice are together in the NC (Nutrition C) Subgroup. The subgroups, so composed, are presented in Tables 2-4 in conjunction with the topic area.

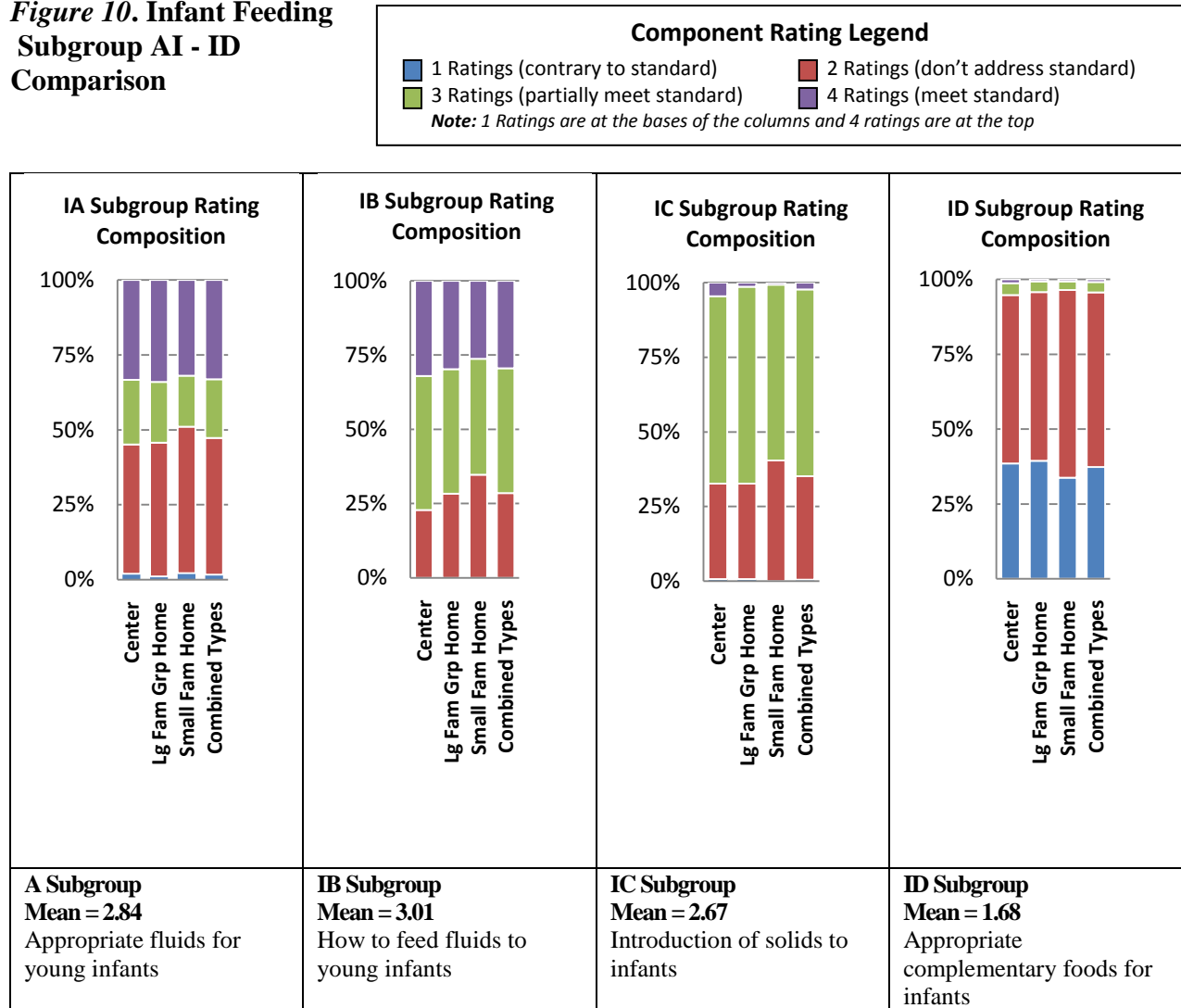
Comparing the composition of the subgroups within each major topic area enables a better understanding of the related areas in which the states are either addressing the standards or may wish to make improvements. If the component subgroup shows a higher percentage of 4 and 3 ratings, the standard is being addressed more fully across the states than is a subgroup in which the 2 (not addressed) or 1 (contrary to standard) ratings are more predominant. The results for each of the three major topic areas are discussed below and organized in the following manner: table of topic area subgroups and variables, subgroup comparison charts, and subgroup discussion.

### Infant feeding results

**Table 2. Infant Feeding Subgroups and Variables**

Subgroup	Variable and Description
Appropriate fluids for young infants <b>(subgroup A)</b>	<b>IA1</b> - Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.
	<b>IA2</b> - Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian.
How to feed fluids to young infants <b>(subgroup B)</b>	<b>IB1</b> - Feed infants on cue.
	<b>IB2</b> - Do not feed infants beyond satiety; AND, Allow infant to stop the feeding.
	<b>IB3</b> - Hold infants while bottle feeding.; AND, Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.
Introduction of solids to infants <b>(subgroup C)</b>	<b>IC1</b> - Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.
	<b>IC2</b> - Introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age.
	<b>IC3</b> - Introduce breastfed infants gradually to iron-fortified foods no sooner than 4 months of age, but preferably around 6 months to complement the human milk.
Appropriate solids for infants <b>(subgroup D)</b>	<b>ID1</b> - Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction.
	<b>ID2</b> - Serve whole fruits, mashed or pureed, for infants 7 months up to 1 year of age.
	<b>ID3</b> - Serve no fruit juice to children younger than 12 months of age.

**Figure 10. Infant Feeding Subgroup AI - ID Comparison**



In examining the infant feeding subgroups, the subgroups IA (*Appropriate fluids for young infants*) and IB (*How to feed fluids to young infants*), each with more than half of their ratings  $\geq 3$ , are addressed more frequently by states' regulations. However, the IA subgroup also has a high frequency of 2 ratings (red areas), revealing that the subgroup still requires attention. Also, subgroup ID (*Appropriate complementary foods for infants*) includes the highest frequency of regulations contrary to the standards, while more than half the documents examined do not mention appropriate complementary foods for infants.

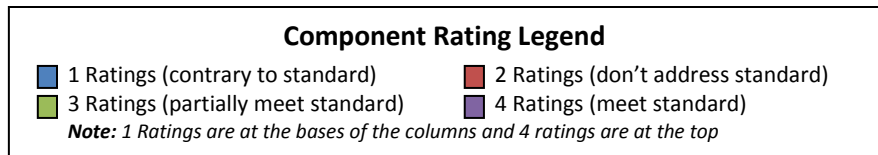
## Nutrition Results

**Table 3. Nutrition Subgroups and Variables**

Subgroup	Variable and Description
Limit dietary fats  (subgroup A)	<b>NA1</b> - Limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats, and fried foods.
	<b>NA2</b> - Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.
	<b>NA3</b> - Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older.
	<b>NA4</b> - Serve whole pasteurized milk to 12- to 24-month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity.
	<b>NA5</b> - Serve skim or 1% pasteurized milk to children 2 years of age and older.
Serve nutrient-dense whole foods  (subgroup B)	<b>NB1</b> - Serve whole grain breads, cereals, and pastas.
	<b>NB2</b> - Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas.
	<b>NB3</b> - Serve fruits of several varieties, especially whole fruits.
Wholeness and quantity of juice  (subgroup C)	<b>NC1</b> - Use only <b>100% juice</b> with no added sweeteners, and offer only during meal times.
	<b>NC2</b> - Use only 100% juice with no added sweeteners, and <b>offer only during meal times</b> .
	<b>NC3</b> - Serve no more than 4 to 6 oz juice/day for children 1-6 years of age.
	<b>NC4</b> - Serve no more than 8 to 12 oz juice/day for children 7-12 years of age.
Water availability  (subgroup D)	<b>ND1</b> - Make water available both inside and outside. (Selected as alternative beverage in light of restrictions on juice and elimination of sweetened beverages--water is a beverage of default).
Nutrition instruction by word & example  (subgroup E)	<b>NE1</b> - Teach children about appropriate portion sizes. AND, Teach children appropriate portion size by using plates, bowls, and cups that are developmentally appropriate to their nutritional needs.
	<b>NE2</b> - Require adults eating meals with children to eat items that meet nutrition standards.
Age and individual nutritional requirements  (subgroup F)	<b>NF1</b> - Serve small-sized, age-appropriate portions.
	<b>NF2</b> - Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child. AND, Teach children who require limited portions about portion size and monitor their portions. (Combined component)
Limit sugar and salt  (subgroup G)	<b>NG1</b> - Limit salt by avoiding salty foods such as chips and pretzels. (Selected to complete the food groups)
	<b>NG2</b> - Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.
Misuse of food  (subgroup H)	<b>NH1</b> - Do not force or bribe children to eat.
	<b>NH2</b> - Do not use food as a reward or punishment.



**Figure 11. Nutrition Subgroup NA - NH Comparisons**



<p><b>NA Subgroup Rating Composition</b></p>	<p><b>NB Subgroup Rating Composition</b></p>	<p><b>NC Subgroup Rating Composition</b></p>	<p><b>ND Subgroup Rating Composition</b></p>
<p><b>NA Subgroup Mean = 2.41</b> Limit dietary fats</p>	<p><b>NB Subgroup Mean = 2.90</b> Serve nutrient-dense whole foods</p>	<p><b>NC Subgroup Mean = 2.76</b> Wholeness and quantity of juice</p>	<p><b>ND Subgroup Mean = 3.12</b> Water availability</p>
<p><b>NE Subgroup Rating Composition</b></p>	<p><b>NF Subgroup Rating Composition</b></p>	<p><b>NG Subgroup Rating Composition</b></p>	<p><b>NH Subgroup Rating Composition</b></p>
<p><b>NE Subgroup Mean = 2.06</b> Nutrition instruction by word and example</p>	<p><b>NF Subgroup Mean = 3.11</b> Age and individual nutritional requirements</p>	<p><b>NG Subgroup Mean = 1.96</b> Limit sugar and salt</p>	<p><b>NH Subgroup Mean = 2.81</b> Misuse of food</p>

In examining the charts presented in Figure 11, on the previous page, by far the highest rated subgroups are ND (*Water availability*) and NF (*Age and individual nutritional requirements*). Each of these subgroups achieved more than 75% of their ratings of states' regulations  $\geq 3$ . Even though these are the best among all the subgroups, some states do not address these issues in their regulations, and the individual states should be aware of their status in these areas.

The subgroups NA (*Limit dietary fats*), NE (*Nutrition instruction by word and example*), and NG (*Limit sugar and salt*) are each more than 50% ratings of 2 (red), indicating there is little mention in the states' regulations on these subtopics. The NG subgroup (*Limit sugar and salt*) also has the highest percentage of ratings = 1 (blue area). (Origins of these contrary regulations were discussed earlier in the nutrition topic section).

The mid-range subgroups are NB (*Serve nutrient-dense whole foods*), NC (*Wholeness and quantity of juice*) and NH (*Misuse of food*). They have the highest percentage of 3 ratings (green), indicating that many regulations are in partial conformity to the related components of the standards, while the familiar mix of ratings is observed, except for the absence of 1 ratings (blue), indicating no contrary rules. These three subgroups also have varying degrees of 4 ratings, so they are receiving some appropriate attention in the regulations, while simultaneously, there are still states that do not reflect the standards, as shown by 2 ratings (red areas).

The nutrition subgroup with the highest frequency of 4 ratings was the NF subgroup, which addresses *Age and individual nutritional requirements*. This high percentage of excellent ratings also is largely due to requirements for adherence to CACFP meal patterns. The single nutrition variable receiving the most ratings = 4 was NF1, *Requiring serving small age-appropriate portions* ( $f = 106, 73.10\%$ ).

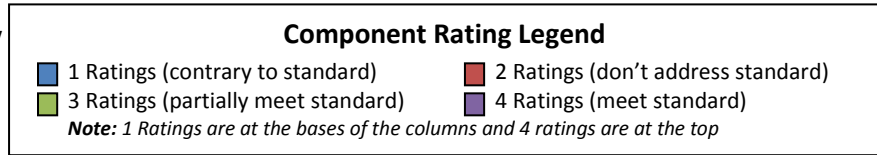
The nutrition subgroup with the highest frequency of 3 ratings was the NH subgroup, *Misuse of food*, and the individual nutrition variable with the highest frequency of 3 ratings was NH2, *Not using food as a reward or punishment* ( $f = 105, 72.41\%$ ). Please, refer to the Composite Table in Appendix H for additional details.

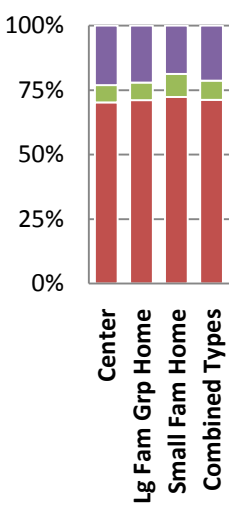
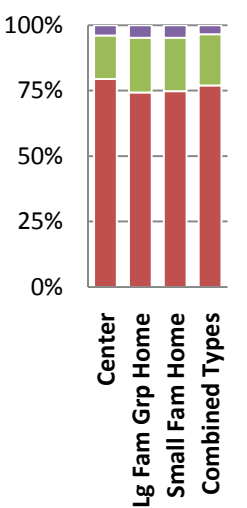
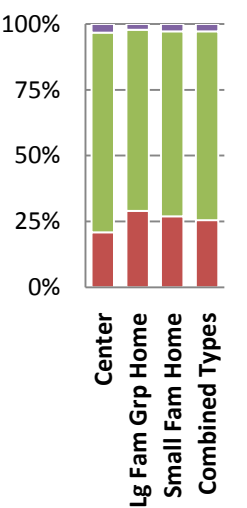
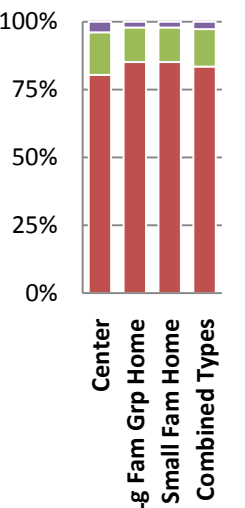
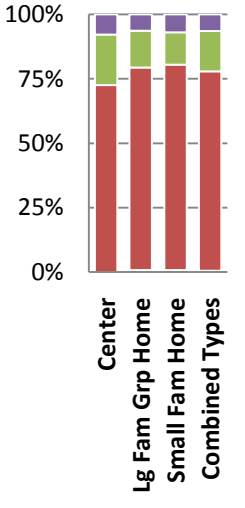
## Physical Activity/Screen Time Results

**Table 4. Physical Activity Subgroups and Variables**

Subgroup	Variable and Description
General Promotion of Activity  (subgroup A)	<b>PA1</b> - Provide children with adequate space for both inside and outside play.
	<b>PA2</b> - Provide orientation and annual training opportunities for caregivers/teachers to learn about age-appropriate gross motor activities and games that promote children’s physical activity.
	<b>PA3</b> - Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation.
	<b>PA4</b> - Require caregivers/teachers to promote children’s active play, and participate in children’s active games at times when they can safely do so.
	<b>PA5</b> - Do not withhold active play from children who misbehave, although out-of-control behavior may require five minutes or less calming periods to help the child settle down before resuming cooperative play or activities. <b>Supplementary Component</b> (Rationale: 233 Addresses prohibited uses of physical activity; theoretical equivalent of prohibited use of food.)
Screen Time  (subgroup B)	<b>PB1</b> - Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than 2 years. <b>Supplementary Component</b> (Rationale: Added to complete the age coverage, although the item was rated < 3.5)
	<b>PB2</b> - Limit total media time for children 2 years and older to not more than 30 minutes once a week; AND, <b>PB3</b> - Use only for educational purposes or physical activity. <b>(Includes (completely encompasses) Limit screen time (TV, DVD, computer time).</b>
	<b>PB4</b> - Do not utilize TV, video, or DVD viewing during meal or snack time.
Age-Specific Activity  (subgroup C)	<b>PC1</b> - Provide daily for all children, birth to 6 years, two to three occasions of active play outdoors, weather permitting.
	<b>PC2</b> - Allow toddlers 60 to 90 minutes per eight-hour day for vigorous physical activity.
	<b>PC3</b> - Allow preschoolers 90 to 120 minutes per eight-hour day for vigorous physical activity
Caregiver/teacher involvement in children’s activities (subgroup D)	<b>PD1</b> - Provide daily for all children, birth to 6 years, two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor; AND, Require caregivers/teachers to lead structured activities to promote children’s activities two or more times per day. (One rating is assigned.)
Infant-specific Activity  (subgroup E)	<b>PE1</b> - Ensure that infants have supervised tummy time every day when they are awake. <b>Supplementary Components (Rationale: 228 and 235 complete coverage of age ranges (infants).)</b>
	<b>PE2</b> - Use infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. only for short periods of time if at all. <b>Supplementary Components (Rationale: 228 and 235 complete coverage of age ranges (infants).)</b>

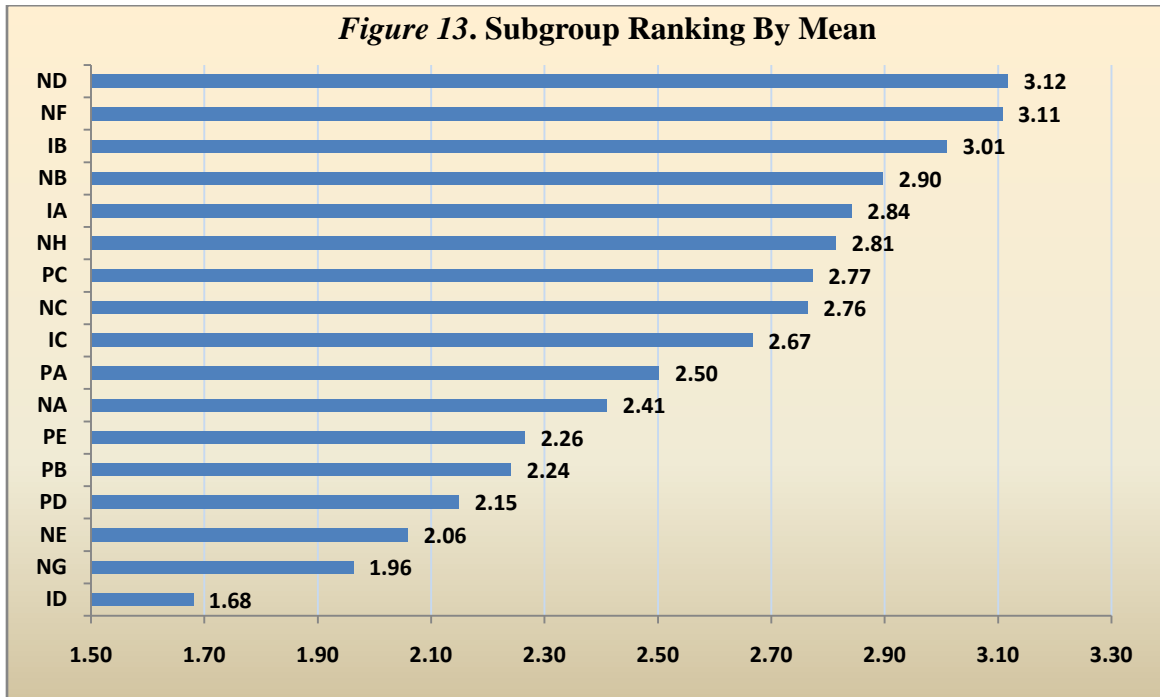
**Figure 12. Physical Activity/Screen Time Subgroup PA – PE Comparison**



PA Subgroup Rating Composition	PB Subgroup Rating Composition	PC Subgroup Rating Composition	PD Subgroup Rating Composition
			
<p><b>PA Subgroup Mean =2.50</b> General promotion of activity</p>	<p><b>PB Subgroup Mean = 2.24</b> Screen time</p>	<p><b>PC Subgroup Mean = 2.77</b> Age specific activity</p>	<p><b>PD Subgroup Mean =2.15</b> Caregiver/teacher involvement in children's activities</p>
	<p>Physical activity stacked columns, regardless of care type, principally are populated by ratings =2 (red area in stacked columns of Figure 12) in all subgroups, except the PC subgroup, or <i>Age-specific activity</i>. This implies that state regulators may wish to re-evaluate their child care rules to be more inclusive of regulations that would improve physical activity levels, and caregiver/teacher involvement in activities.</p> <p>The highest physical activity mean (2.77) is for the PC subgroup. This indicates that approximately 75% of the time states' regulations at least partially meet the standards for timed and age-appropriate physical activity of children.</p> <p>The subgroup PA, <i>General promotion of activity</i>, has the highest frequency of 4 ratings (purple areas), as well as frequent 2 ratings (red areas), making the general promotion of activity a very mixed result.</p>		
<p><b>PE Subgroup Mean =2.26</b> Infant specific activity</p>			

**All subgroup ranking**

Below, in Figure 13, is a chart showing the ranking by mean ratings of the various subgroups, beneath which are definitions of the subgroups in mean rank order. This provides an *at-a-glance* view of which areas deserve the most or least review by states nationwide. More detailed information on subgroups (including their specific of variables) is presented in figures below and in Appendix K, Component Subgroup Analysis.



**Subgroup Descriptions**

ND	Water availability	PA	General promotion of activity
NF	Age and individual nutritional requirements	NA	Limit dietary fats
IB	How to feed fluids to young infants	PE	Infant specific activity
NB	Serve nutrient-dense whole foods	PB	Screen time
IA	Appropriate fluids for young infants	PD	Caregiver/teacher involvement in children’s activities
NH	Misuse of food	NE	Nutrition instruction by word and example
PC	Age specific activity	NG	Limit sugar and salt
NC	Wholeness and quantity of juice	ID	Appropriate complementary foods for infants
IC	Introduction of solids to infants		

## Variable Level Analysis

The chart presented in Figure 14, on the following page, shows the components ranked by their mean ratings across all child care types and states, including an abbreviated statement of the text of each component. The purpose of this analysis is to identify individual variables that are well-represented in states' regulations versus those that are unaddressed or occasionally addressed in a manner contrary to the intent of the component of the standard.

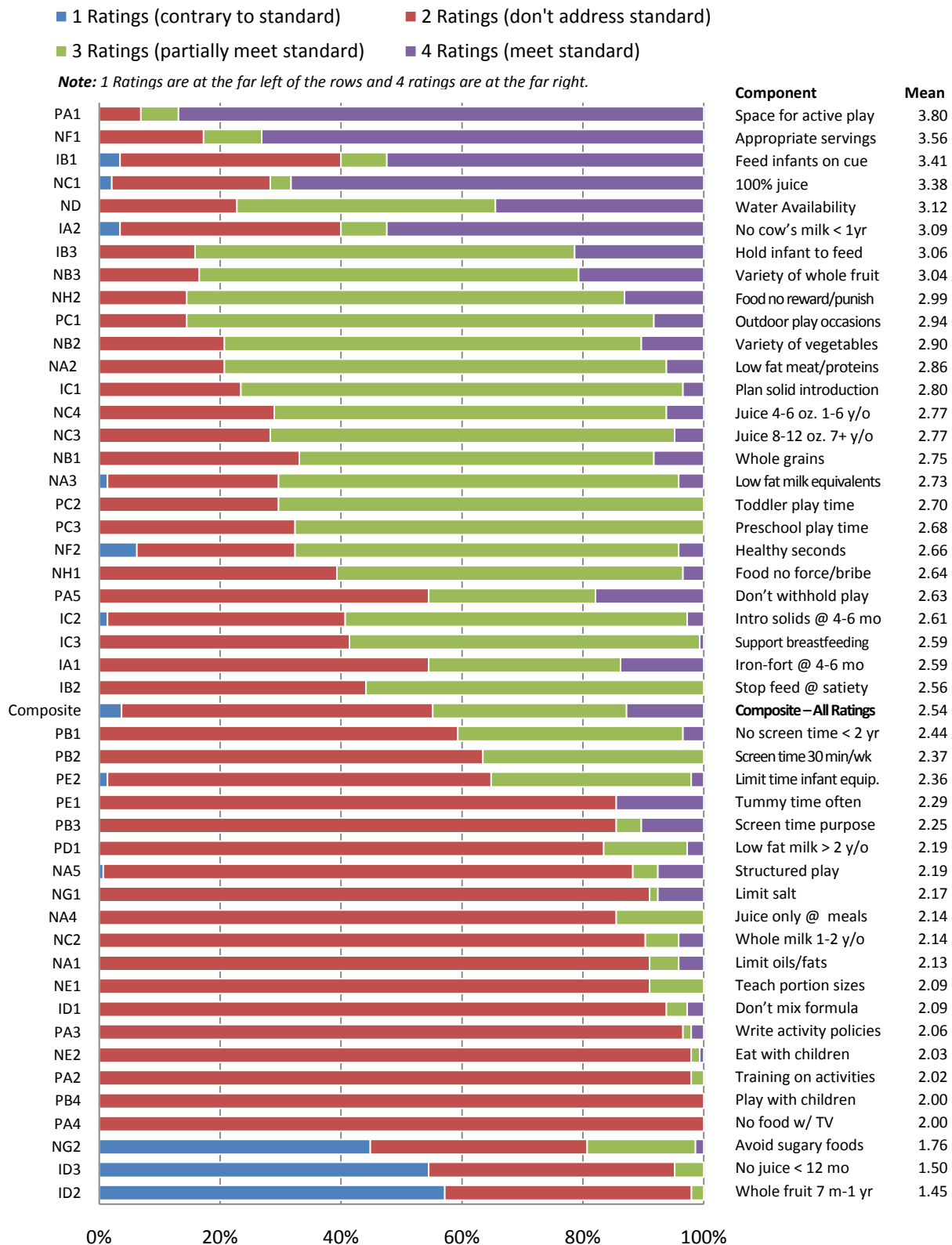
The components with the highest rating means are those in purple color, clustered at the upper right of the chart, where there is high percentage of ratings = 4. Over all, these items are the best addressed nationally, although there are still some lower ratings within states. Situated slightly to the left is a larger green region that covers about a third of the total chart and is mainly positioned in the upper half of the figure. This area reveals that about one-third of the components are addressed by the states, but incompletely. Often, regulations in this area approximate the desired terminology, but either some contradiction, ambiguity, or missing element accounted for a downgraded rating.

In contrast, components in the lower half of the chart (the predominantly red area) are by far the largest group. They are essentially unaddressed nationwide (with some exceptions shown by the small purple and green areas on the far right). Note that two components (PB4, *Play with children*, and PA4, *No food with TV*) have exclusively ratings = 2, and thus are not addressed by any state in accordance with the language of the *PCO/CFOC* standards.

The three components at the bottom of the chart, those with the lowest means, also have the highest ratings of 1, by percentage, of any components. These three have been addressed earlier in the text of the nutrition and infant feeding topic areas.

To illuminate both the variability found in the states' regulations and to highlight regulations that were exemplary, selected text from some states regulations are included in the following section. Please refer to preceding Tables 2-4 for variable definitions.

**Figure 14. Composition of Individual Components Ratings by Mean Rank Nationally**



### **Infant feeding: highly rated language**

Examples (not all inclusive) of exemplary text from states' documents for ratings = 4 (meet standard):

**IA1** – Mississippi: “1. Breast-feeding mothers, including employees, shall be provided a sanitary place that is not a toilet stall to breast-feed their child or to express milk. This area shall provide an electrical outlet, comfortable chair, and nearby access to running water.”

**IA2** – Washington: “Serve only breast milk or formula to the child zero to twelve months of age;”

**IB1** – Alaska: “An infant must be fed on demand.”

**IB3** – Kentucky: “While bottle feeding an infant, the: (a) Child shall be held; and (b) Bottle shall not be: 1. Propped; 2. Left in the mouth of a sleeping infant”

**IC1** – Washington: “Work with the infant's parent to develop a plan for the infant's feedings that is acceptable to the parent and incorporates the following guidelines:

Developmental Stage/Age of Infant;

Type of Feeding”

**IC2** – Illinois: “In accordance with the American Academy of Pediatrics recommendations, solid foods shall be introduced generally between 4 and 6 months of age. The time of introduction shall be indicated by each child’s nutritional and developmental needs after consultation with the parents.”

**IC3** – Washington: “When baby can: (At about 4-6 months of age) Sit with support, Hold head steady, Close lips over the spoon, Keep food in mouth and swallow it.

Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents.”

*No state had exceptional text in their regulations for IB2, the cessation of feeding by infant cues. Exemplary text also was not identified for infant feeding variables ID1, ID2, or ID3, which all relate to appropriate complementary foods for infants.*



### **Infant feeding: low ratings**

The greatest frequencies of 2 and 1 ratings were both in the ID subgroup (*Appropriate complementary foods for infants*). The variable receiving the majority of 2 ratings (136 out of 145) was ID1 (*Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction.*) Only nine states' documents related to this variable in any fashion.

The two major factors contributing to the ratings of 1 in these variables have been identified as:

1. Recommendations regarding feeding fruit (ID2) and fruit juice (ID3) to infants have recently undergone major changes and are not expected to be reflected in most states' documents at this time.
2. States referring to CACFP received ratings of 1 for these two variables (ID2 and ID3), because CACFP, at the time of this study, had not yet updated the meal patterns to reflect the changes regarding feeding fruit and fruit juice to infants. States referring only to MyPyramid without additional relevant infant feeding text received a 2 rating automatically because they do not recommend foods for infants.

Sample text is quoted below from regulations that received a rating of 1. These are examples of text that contradicts the components of the standards, and therefore are not consistent with obesity prevention:

**ID2** - "(b) When baby can: (At about 4-6 months of age) Sit with support Hold head steady Close lips over the spoon Keep food in mouth and swallow it... Begin iron fortified baby cereal and plain pureed fruits and vegetables upon consultation with parents."

**ID3** - "Juice shall not be offered to infants until they are six months of age and ready to drink from a cup."

### **Nutrition: highly rated language**

Examples of exemplary text from states' documents for ratings of 4 (not all inclusive as many states had effective language in these variables):

**NA4** - Delaware: "Milk: fluid pasteurized cow's milk; i. Children one (1) year to two (2) years shall have whole pasteurized cow's milk when not on formula or breast milk;"

**NA5** - Arizona: “Milk served to an enrolled child older than two years of age is fat-free or 1% lowfat milk unless the enrolled child’s parent requests otherwise;”

**NB1** - Mississippi: “A variety of fruits, vegetables, and whole-grain products shall be offered to children for meals and snacks.”

**NB2** - Pennsylvania: “Fruits and vegetables – including a wide variety of green, white, yellow, red vegetables and fruits.”

**NB3** - Mississippi: “Avoid serving two forms of the same fruit or vegetable in the same meal. Example: an orange and orange juice or an apple and applesauce are combinations that should not be used. Serve a variety of vegetables and fruits to ensure a nutritionally well-balanced meal.”

**NC1** - Indiana: “(1) All fruit juice shall be one hundred percent (100%) pure fruit juice with no sugar added.” “The center shall not serve or have accessible to children ades, drinks, soft drinks, or powders.”

**NC2** - Rhode Island: “Juice should be served from a cup and should be offered at either a meal or a snack instead of continuously throughout the day.”

**NC3 & NC4** - Arizona: “Fruit juice served to an enrolled child is limited to the following amounts: a. For an enrolled child younger than six years of age, four ounces per day; or b. For an enrolled child six years of age or older, six ounces per day;”

**ND1** - California: “Drinking water from a noncontaminating fixture or container shall be readily available both indoors and in the outdoor activity area. (1) Children shall be free to drink as they wish.”

New York: ”(g) Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.”

**NE2** - West Virginia: “16.8.c. Staff members shall eat or participate in meals and snacks with a child twenty-five (25) months of age and over and shall model healthy eating habits; and 16.8.d. The meals shall be served in a setting that encourages socialization, where the children and staff members are seated when eating, and staff members provide supervision and model positive eating behaviors and social interactions.”

**NF1** - Tennessee: “(k) The size of servings shall be adequate to meet children’s needs. (Portion size depends on child’s age. See appendix D [*of Tennessee regulations*] for chart of age/portion size.)”

Ohio: “The size of individual food servings may be varied according to the developmental needs of the child being served,”

**NF2** - New York: [*This excerpt sample language that came closest to meeting the standard component*] “Where meals are furnished by the child day care center, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child’s nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation. (d) Where meals are furnished by the child day care center, the servings must be in portions suitable for the size and age of the children in care. There must be a sufficient amount of food available to children to permit second helpings.”

**NG1** - Vermont: “Meals and snacks provided by the Registrant shall be adequate, nutritious, clean and free from spoilage. Emphasis shall be on foods that are unprocessed, low in salt and sugar.”

**NG2** - Tennessee: “Appropriate foods shall be encouraged; highly inappropriate foods, e.g. foods high in sugar and/or fat content, but containing low nutritional value, shall be discouraged.”

**NH1** - Illinois: “Children shall be encouraged to eat, but not forced or bribed.”

**NH2** - Georgia: “Children shall be encouraged but not forced to eat. Caregivers shall not use food to reward or punish children.”

*Exemplary text was not identified for nutrition variables NA1, NA2, NA3, which all relate to fat content in foods or in food preparation. No exemplary text was found for variable NE1, regarding teaching appropriate portion sizes by using plates, bowls, and cups that are developmentally appropriate to their nutritional needs.*

### **Nutrition: low ratings**

That the frequency of 2 ratings remains quite high (47.29%) in this content area indicates there is still a considerable gap in the nutrition-related regulations relative to the obesity prevention language of the components of the standards.

The highest frequency of ratings = 1 was obtained for the variable NG2 (*Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk*). The majority of ratings = 1 for the nutrition group was given where states require adherence to CACFP, without additional text, because the current version of CACFP (as of January 1, 2011) explicitly suggested feeding yogurt, *sweetened* or unsweetened.

### **Physical activity/screen time: highly rated language**

Examples (not all inclusive) of exemplary text from states' documents for ratings of 4:

**PAI** - North Dakota: "The family child care home shall provide adequate space, indoors and out, for the daily activities of the children. This must include a minimum of thirty-five square feet [3.25 square meters] of space per child indoors and a minimum of seventy-five square feet [6.97 square meters] of play space per child outdoors. Indoor space considered must exclude bathrooms, pantries, passageways leading to outdoor exits, and space children are not permitted to occupy."

**PAI** - South Carolina: "The director shall provide at least thirty-five (35) square feet of indoor play space per child...The director shall provide at least seventy-five (75) square feet of outdoor play space per child."

**PA5** - [*This text came nearest to meeting the standard*] Oklahoma: "pg. 44...Section 26. Behavior and guidance...(11) use "time-out" periods only as necessary to enable the child to gain control of himself or herself. Time-out periods do not exceed five minutes. One minute of time-out for each year of a child's age is recommended. The child is allowed to rejoin the group as soon as the child regains control;"

**PBI** - Delaware: "A licensee shall ensure that television, digital video display (DVD), and video cassette viewing shall be as follows: A. Prohibited for children younger than two (2) years of age; A licensee shall ensure that the use of the computer shall be as follows: A. prohibited for children younger than two (2) years of age;"

**PB3** - Indiana: “Sec. 64. Television use in the classroom shall meet the following guidelines: (1) All programs must be age-appropriate. (2) All programs must be for educational purposes only and incorporated into lesson plans. (3) Caregivers shall not require children to watch or sit in front of a television and shall offer other choices of activities.”

**PE1** - Alabama: “In accordance with recommendations from the American Academy of Pediatrics, each infant younger than twelve (12) months shall be placed in a prone (front) position part of the time he/she is awake and observed. “Tummy time” helps muscle development and reduces the tendency of back positioning to flatten the back of the infant’s head.”

**PE2** - [This text approached meeting the standard] Alaska: “pg 39. 7 AAC 57.520. Program. (b) ... a facility providing care for infants or toddlers may not routinely leave a child awake in a crib, swing, or similar device for more than 15 minutes without direct adult contact. pg. 40 (4) allow infants and toddlers ample supervised opportunity during the day to explore and learn on their own outside of a playpen or other restraining device;...”

*No exemplary text was identified for the following components: PA2, PA3, and PA4, all on the topic of caregivers/teachers promoting physical activity; PB2 and PB4, relating to the appropriate purposes and occasions for screen viewing; PC1, PC2 or PC3, which all relate to age-specific activities; nor for PD1, related to structured, caregiver/teacher-led physical activity.*

### **Physical activity: low ratings**

Given the relative dearth of applicable rules, only two states received scores of *1* for a single component ( $f = 2$ , 0.09%), and both occurrences were for the variable PE2, *Use infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. only for short periods of time if at all.* The Preventing Childhood Obesity context from which this component of the standard was extracted, cited guidelines that children should be seated only for periods not to exceed 15 minutes except during meals. The states’ regulatory text for the low ratings is copied below as examples of contradictory text:

**PE2** - "Infants shall not routinely be left in a crib or playpen except for rest or sleep. 11.12.f. Use of infant seats, swings, and high chairs when used for periods of *less than one (1) hour* [*italics added by NRC*] and only if direct supervision is provided and the infant is content;"

**PE2** - “A. A provider who cares for a child younger than age 2 shall comply with the following requirements: 4. A provider shall not confine a child in a crib, high chair, swing, or playpen, for more than 1 consecutive waking hour.”

### **Synopsis of Results**

The results of the data analysis in this examination of obesity-prevention terminology in states’ child care regulations were revealing on multiple levels. The low national mean obtained for the cumulative treatment of all 47 variables in all three child care types reflects the absence of pertinent content in states documents, with 51% of the ratings indicating no mention or insufficient terminology. Furthermore, only a small proportion of ratings show full representation of the high impact variables. When looking at the entire nation, minor variability was found among the three child care facility type—centers-based, large/group family, and small family home care. Small child care family homes were somewhat less regulated than larger facilities.

The distribution of means attained by individual states (combined across all variables for all child care types) tended to cluster in a narrow band. No state attained a comprehensive mean (all variables, all child care types) of 3 or higher on the four-point scale, informing us that even the strongest of states is not that far above the rest. However, states assigned to the higher two quartiles, based on their overall comprehensive mean ratings, addressed at least 50% of the variables partially or fully, but were more prone to have incomplete terminology (ratings = 3). In the lower quartiles, states had the greatest frequency of 2 ratings (no or insufficient pertinent content), and the lowest frequency of terminology that contradicts or undermines the intention of the component variable. States which do not address the standards in their regulations also, understandably, create the fewest regulations that contradict *PCO/CFOC*. Quartile rankings of states by major topic areas, infant feeding, nutrition, and physical activity/screen time, reveal those states that are leading the nation in each area. Three states achieved top quartile ranking in all three of the major topic areas: Arizona, Delaware, and Mississippi. Ten other states ranked in the top quartile for two topic areas: Alaska, Illinois, Michigan, New Mexico, North Carolina, Ohio, Texas, Washington, West Virginia, and Wisconsin.

Topic area analyses revealed that none of the three areas, infant feeding, nutrition, and physical activity, are truly well-addressed across the nation, and physical activity is least of all (66% of ratings denote absent or insufficient terminology). Nonetheless, many states’ regulations

contained exemplary text for a given variable, while a few others are examples of terminology contradictory to *PCO/CFOC* components of standards. Within the major topic areas, interesting differences were observed among the subgroups (subtopics grouped by NRC staff). Content subgroups in which regulations best address the component variable include: the infant feeding subgroup on *How to feed fluids to young infants*, and the nutrition subgroups on *Water availability* and on *Age and individual nutritional requirements*. The subgroups having the poorest results include: the infant feeding subgroup, *Appropriate complementary foods for infants*;<sup>15</sup> the nutrition subgroup, *Nutrition instruction by word and example*; and, the physical activity/screen time subgroup, *Caregiver/teacher involvement in children's activities*. The best represented single component of a standard was the physical activity component *Space for active play*,<sup>16</sup> and the second and third highest rated components respectively were the nutrition component, *Appropriate servings*,<sup>17</sup> and the infant feeding component, *Feed infants on cue*. On the low end, are the infant feeding components dealing with introduction of juice and fruit<sup>1</sup> and the nutrition component, *Avoid sugary foods*.

---

<sup>15</sup> The focus of this subgroup of infant feeding variables is related to the appropriate age at which to introduce juice and fruit to infants, an area in which significant changes recently have been recommended by nutritionists and the medical community.

<sup>16</sup> High ratings for adequate space for active play are more a consequence of building code requirements than of consideration of obesity-related impact.

<sup>17</sup> High ratings for this variable can be attributed to both the requirement to follow the CACFP (or similar) guidelines and the many regulations crafted by individual states requiring serving sizes in meals and snacks to be age appropriate.

## Discussion

From a Life Course Theory perspective, establishing healthy nutrition and physical activity habits in infancy and early childhood is a fundamental protective factor that reduces the risk for obesity later in life. Since millions of children spend a significant portion of their early years in child care, the infant feeding practices, quality of nutrition, opportunities for physical activity, and use of screen media in that environment may have lasting impacts. Therefore, child care is an important environment in which to focus anti-obesity measures, as identified in major national campaigns (e.g., *Let's Move!*, the DHHS Healthy Weight Initiative) and by experts and researchers in public health, pediatric health, and nutrition (e.g., Benjamin, Gillman, et al., 2009; Frieden et al., 2010; Klein & Dietz, 2010; Lee et al., 2010; Story et al., 2008). The national assessment conducted by the National Resource Center (NRC) for Health and Safety in Child Care and Early Education supports this effort by providing a baseline portrait during the last quarter of 2010 of the status of the nation's obesity prevention terminology reflected in states' child care licensing regulations. This scaled assessment reveals that we have a long way to go as a nation to fortify child care as a venue that supports national plans to reverse the childhood obesity epidemic, and to reach the goal set by the White House Task Force on Childhood Obesity to 5% by 2030 (White House Task Force on Childhood Obesity, 2010).

### National-level Implications

As has been found by key researchers of child care regulations in infant feeding, nutrition, and physical activity/screen time, the numbers and content of states' child care regulations are enormously variable (e.g., Benjamin, Copeland, et al. 2009; Benjamin, Craddock, et al., 2008; Benjamin, Gillman, et al., 2009; **Benjamin, Taveras, et al.**, 2009; Kaphingst & Story, 2009). These studies consistently found the focal topics are often missing in regulations. Similarly, the findings of this NRC assessment indicate that, more often than not, the high impact obesity prevention terminology of best practice standards in *Preventing Childhood Obesity in Child Care and Early Education Programs (PCO)*, and the forthcoming *Caring for Our Children (CFOC)*, 3<sup>rd</sup> Edition, (referred to hereafter as the standards of *PCO/CFOC*) is absent from or occasionally contradicted in states' child care regulations.



Despite the high percentage of missing content, the nation as a whole is on the cusp of a change in direction. In at least two of the three major content areas examined, we are close to tipping the balance of regulatory impact in the right direction, as 45% of the assessment ratings indicated partial or complete representation of the high impact content in states' current rules.

## **Topic Areas**

### **Infant feeding and nutrition**

Within infant feeding and, especially, nutrition, ratings across the nation were close to evenly divided between regulations that include at least some pertinent content and those that include no or insufficient content pertinent to high impact components of the *PCO/CFOC* standards. While states do draft their own text for some or all of these two content areas, 31 states regulate adherence to the USDA (United States Department of Agriculture) CACFP (Child and Adult Care Food Program) Meal Patterns, and they generally default to that program for some or all of their regulations. *CFOC* has long had a standard supporting utilization of the CACFP Meal Patterns. Therefore, in this assessment, states that require CACFP adherence received ratings that coincided with the content of the Meal Patterns, unless supplementary text in the state document either compromised or enhanced the CACFP content (in which case, ratings were adjusted accordingly).

The NRC rating manual rules regarding CACFP addressed implications of the Meal Pattern (such as information in its footnotes which provide additional guidance) that were seen as pertinent to the intent of the components of the standard. In a few instances, this material lowered states' ratings, and in fact accounted for the majority of ratings of *1*, indicating contradictory content, in these two topic areas. However, states that require CACFP adherence likely will be in closer agreement with the high impact components in *PCO/CFOC* when the currently out-of-date CACFP Meal Patterns are aligned with the more recently revised *USDA Dietary Guidelines for Americans*. This update is expected by early 2011 (Institute of Medicine, 2010). The revision of CACFP is expected to include upper limits for calorie consumption and avoidance of non-nutritive and calorie-dense foods and beverages. It is expected as well to specify more nutrient-dense and lower fat food choices.

States that rely on CACFP for their infant feeding and/or nutrition regulations “automatically” will achieve closer fulfillment of several high impact *PCO/CFOC* components.

Where adherence to CACFP is the only regulation in either the infant feeding and/or nutrition subjects, states are advised that several *PCO/CFOC* components of standards are and will remain unaddressed. CACFP does not address some of the more behavioral aspects of the component variable. For example, for the component, *teach children about portions size by using plates, bowls, and cups that are developmentally appropriate to their nutritional needs*, the Meal Pattern makes no reference to these behaviors. In the absence of additional text, states do not reflect the terminology of the component in their regulations. Examination of Appendix G allows identification of these instances. The same issue applies to MyPyramid, which does not address nutrition for children younger than 2 years of age.

### **Physical activity/screen time**

At the time of this assessment, physical activity/screen time is the most challenging realm for obesity prevention in child care. Physical activity and screen time limitations achieved, by far, the highest percentage of ratings indicative of missing or insufficient content. Fully two-thirds of the ratings in this assessment for that content area yielded no mention of, or insufficient content on, the high impact components in states' regulations. Even for the highest rated component, *adequate space for active play*, ratings often were associated with the adequacy of space according to building code requirements, rather than the purpose for which the space is used. There currently is no pervasive practice in states to refer to any nationally recognized source for their physical activity and screen time regulations, although MyPyramid offers some guidance for children over 2 years of age. As *PCO/CFOC* offers new and revised best practices for physical activity and screen time, substantial work is needed at the state-level if this fundamental obesity prevention strategy is to be well addressed in regulations—even to the current levels observed for infant feeding and nutrition in child care.

### **Comparative outcomes for states**

The overall findings in this national assessment generally are consistent with the pertinent findings of *The 2008 Child Care Licensing Study* (NCCIC & NARA, 2010), as well as many of the findings of other researchers (i.e., Benjamin, Copeland, et al. 2009; Benjamin, Cradock, et al., 2008; Benjamin, Gillman, et al., 2009; Benjamin, Taveras, et al., 2009; and, Kaphingst & Story, 2009). However, a shared limitation and methodological differences confound any direct

comparisons of the relative ranking of individual states in most cases. All of these studies, including the present assessment, as all authors note, share an inevitable limitation. Child care regulations evolve over time, and each study captures the states at a specific moment in time. Methodological differences also make direct comparisons difficult if not misleading.

Previous studies have not taken into account the potential for a regulation to contradict or undermine the policy or practice under investigation. Nor have they gauged *the degree to which the policy or practice is addressed in regulations*, although some described variations qualitatively (e.g., Kaphinst & Story, 2009). That is, the approach taken in most previous studies has been to score states dichotomously on the presence or absence of regulations deemed consistent with the targeted content areas (e.g., Benjamin, Taveras, et al., 2009). The rating schema in the NRC assessment informs states of the content areas in which they have regulations, as do previous studies, but also informs them of the relative quality of those regulations compared to key *PCO/CFOC* content. The NRC schema lowered scores for content that contradicts the components. Theoretically, a state with partial content and several poor regulations could rank lower than one that is unregulated (although as observed, only 4% of the ratings indicated contradictory content).

Also in the NRC assessment, the computation of comprehensive means for states across child care types solved the problem of comparing states that vary in the number of types of facilities they license. Indeed, the overall similarity of the composition of ratings for the three facility types justified this approach. The means calculated for states were the mechanism employed for quartile assignments, and the distribution of those scores was within a narrow range. For this reason, the NRC is reluctant to exaggerate differences among the ranking assigned to one state versus those ranked nearby. Similarly, the differences between adjacent quartiles are small, especially at their borders, although the difference between the first and fourth quartiles is more meaningful.

### **State-level Implications**

As noted, data presented in this assessment demonstrate that all 50 states and the District of Columbia earned comprehensive means (ratings for all assessment variables) that fall within a narrow band, indicating that even the strongest have substantial room for improvement to reflect *PCO/CFOC* high impact obesity prevention terminology in their child care regulations. A goal of

this assessment was to offer, through rudimentary scaling, a means to assess the ordinal degree to which states are incorporating this critical content into regulations. The identification of nearly 50 high impact components of the authoritative but complex *PCO/CFOC* standards, and the reported status of each within states, may facilitate a state's process to prioritize their efforts. Examination of detailed data may afford states the pathway of a stepwise approach if regulatory change is more easily accomplished in smaller steps (versus massive revisions) in the climate of their state. To facilitate the process of state review, the NRC has included in Appendix J, detailed data sheets for the assessment of each state's documents. In addition to facilitating a state's exploration of its own data, the profile of other states may lead to identification of sample terminology in place elsewhere, or even potential collaborators to resolve a shared problem.

### **Outsourcing text**

The “automatic bump up” some states will receive as a consequence of updating CACFP may leave other states' child care regulators asking the question: To write or not to write original terminology for obesity prevention regulations? When states' directly tie their regulations to expert resources, they effectively outsource the writing process. This is accomplished by quoting or paraphrasing, directly inserting (cut-and-paste) content, linking to the source website, or instructing child care providers to access the most recent version of the resource. Each approach has pitfalls. Reproduction of the content in the state regulations may leave “cut-and-paste” versions out-of-date or even obsolete when the expert version is updated. This scenario is likely, unless state child care regulators check the expert resources regularly and rules are updated frequently. Internet links are sometimes included in states' regulations, but links do break and occasionally are changed, or, even when current, may require some informed website navigation. Monitoring the viability and accuracy of links is crucial if website links substitute for regulatory text.

When states instruct providers to locate the latest version of a requisite resource (often only by mentioning it by name), the strategy officially avoids the trap of an out-of-date regulation in many cases. However, the onus is on the child care provider to determine what is most current and where it may be found. Such is the case in the District of Columbia document. The principal referenced resource has been replaced by a new program under an entirely different title. If a state's regulatory agency is sufficiently staffed to advise individual providers

or to create periodically updated supportive guidance, this strategy may be effective. If agency staffing is in short supply, success depends upon the research skills and persistence of the individual provider.

### **Reference to *PCO/CFOC***

Whatever the mechanism states employ to address obesity prevention terminology in their regulations, examination of *PCO/CFOC* is strongly recommended to understand the components in the context of the whole of the standards from which they were derived, the rationale for the recommendations, and the full range of best practices guidelines. In their study of infant feeding rules in child care regulations, Benjamin, Taveras, et al. (2009) refer to *CFOC*, noting that "...states could benefit from following high-quality national recommendations. Reviewing regulations on a regular basis and revising regulations on the basis of best-practice standards in *CFOC* helps ensure that regulations reflect current recommendations for infant feeding" (p. e110). This advisory note is equally applicable to understanding nutrition and physical activity components in full as well.

### **Leading states**

Even with the narrow range of mean scores observed in this assessment, there were states at both extremes, more distant from others, including states that have engaged in concerted efforts that more closely align with *PCO/CFOC* best practices. Mississippi and Delaware are two states whose recently strengthened regulations fared well in this assessment. Although Mississippi has been identified as the state with the highest rate of child obesity, at nearly 20% (Levi et al., 2010), improved child care regulations, effective July 2009, contributed to its relatively high mean ratings. During the document vetting process in fall 2010, prior to the commencement of ratings, the NRC ascertained that Mississippi plans to release some updated regulations that will include physical activity.<sup>18</sup>

Similarly, the state of Delaware shares with Mississippi the enviable position of leaders for regulatory terminology addressing obesity prevention. The comprehensive work underway in Delaware, championed by Nemours, a Delaware-based children's health system, is a model of

---

<sup>18</sup> F. E. Simkins, Director, Mississippi State Department of Health Professional Licensure (Personal communications, September 27, 2010 and September 30, 2010).

statewide collaboration and coordination (Gabor, Mantinan, Rudolph, Morgan, & Longjohn, 2010; Chang, Gertel-Rosenberg, Drayton, Schmidt, & Angalet, 2010). One facet of the project has been obesity prevention in child care settings addressed in new regulations adopted in 2007. While Delaware did not achieve stellar ratings across the board for the *PCO/CFOC* components (no state did), its example includes regulatory improvement and an impressive array of community strategies. The strategies include Child Care Learning Collaboratives to facilitate implementation of measures to impact childhood obesity in that state (Chang, et. al., 2010) and focus groups to discover the technical assistance and resources providers need to implement the higher standards (Gabor et al., 2010). The comprehensive Delaware model may be instructive for other states rising to the challenge of preventing childhood obesity in child care and/or in multiple sectors. Several other states in the upper two quartiles have terminology in their regulations that may be helpful to states seeking exemplary terminology. Reference to results for each content area and Appendix I (quartile rankings for each area) will facilitate this process.

### **The other end of the spectrum**

At the other end of the spectrum, as in past studies, consistently poor ratings were achieved in this assessment for Idaho and the District of Columbia. However, NRC Healthy Weight Advisor and past President of NARA, Judy Collins, when apprised of the general findings, remarked that, in fact, Idaho had probably made the most dramatic step of any state (personal communication, January 19, 2011). For the first time, Idaho began licensing child care facilities at the state level, effective 2010.<sup>19</sup> Although effective in April 2007, low ratings of the child care regulations of the District of Columbia (“Title 29 of the District of Columbia Municipal Regulations”) are attributable in part to outsourcing nutrition to an obsolete USDA reference. The District did achieve some strong ratings within the physical activity area. The

---

<sup>19</sup> As posted: “IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE, 16.06.02 - RULES GOVERNING STANDARDS FOR CHILD CARE LICENSING, DOCKET NO. 16-0602-1002, NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED FEE RULE; EFFECTIVE DATE: The effective date of this temporary rule is July 1, 2010...Title 39, Chapter 11, Idaho Code, established a statewide system for the protection of children in daycare facilities which included licensing fees. The rule amendments in this docket provide requirements for licensing and inspections fees for daycare licensing that were effective on January 1, 2010. Retrieved from [http://www.211.idaho.gov/pdf/Daycare\\_Licensing\\_Fee\\_Rules.pdf](http://www.211.idaho.gov/pdf/Daycare_Licensing_Fee_Rules.pdf)

early document vetting process revealed that regulatory changes are planned for the District of Columbia in 2011.<sup>20</sup>

### **Assessment Strengths and Limitations**

Several aspects of this assessment may be regarded as strengths. Variables in this assessment were derived from the authoritative source on best practices in child care health and safety and prioritized by a group of national experts. The assessment is inclusive of all three major types of licensed child care. All states' documents were examined for effective version (current version) and vetted for applicability to child care types. Scales developed for the assessment were pre-tested for discriminant validity and achieved significance. Very high inter-rater reliability was achieved owing to the development of specific rules for rating each of the 47 variables and an iterative rater training process. To diminish rater error, an extensive search term list was defined for each variable and was preloaded into Excel rating sheets. Thus, the search process was standardized for each rater. Raters documented "hits" on terms and the text on which ratings were based, leaving a trail for rating reviews. The overall four-point rating schema identifies, for the first time, a limited number of instances where the intent of the standards is contradicted in regulations. The rating approach, also for the first time, differentiates regulations that relate to the content versus rules that fully address the intent of the *PCO/CFOC* components, perhaps raising the bar for states. The report of results and rich supplementary materials (Appendices) enhance understanding of the nation's status in enlisting child care regulations to fight childhood obesity, as well as the status of each state. Extensive detail on the treatment of the three topic areas and the individual *PCO/CFOC* component variables may be useful to multiple audiences beyond licensing professionals. Thus, this report may serve policy makers at the national and state levels, state's regulatory agencies, and researchers in the content areas.

Limitations of the assessment include the dynamic nature of the data. That is, states rules that were effective in the last quarter of 2010 when ratings were conducted may be replaced at any point thereafter. Although documents were vetted and raters were trained to look beyond an immediate search term and examine the context, the enormous variability in the way states'

---

<sup>20</sup> Other states, ranked in various quartiles in the NRC assessment, that were ascertained via contacts with the applicable regulatory agency to plan changes for 2011 include Arizona, Georgia, Illinois, Kansas, North Dakota, Tennessee, and Wisconsin.

documents are organized and the profuse number of styles in writing rules inevitably opens the door for undiscovered content and misinterpretation of ambiguous language. The high inter-rater reliability and post rating reviews should minimize the impact of these factors, but cannot entirely erase the prospect they may occur. Also, where discrepancies existed within states in their documents addressing a particular type of child care, the high score attained for the variable for that type of care was employed to compute means. This strategy was intended to highlight each state's best efforts, but consequently masks lesser terminology. Finally, there is a limitation in generalizing these findings. This is an assessment of established regulations only. The existence of effective terminology in states will not necessarily equate to effective practice to support obesity prevention in child care and early education facilities. That is dependent upon effective enforcement of regulations and willing participation of an adequately trained and sufficiently compensated child care provider/early educator base that receives the information and resources necessary to meet or exceed state requirements.



## Recommendations

The White House has set the challenge for the coming decades to reverse the childhood obesity epidemic (e.g., White House Task Force on Childhood Obesity, 2010). Consistent with MCHB's recently adopted Life Course Theory as a planning framework (Fine & Kotelchuck, 2010); child care is an important sector of society in which to initiate changes that will support families as they strive to start their children on healthy life trajectories.

As an active partner in the DHHS Healthy Weight Initiative Child Care Workgroup, MCHB charged the NRC with generating information and resources to inform change in child care regarding prevention of childhood obesity. The NRC's national assessment is offered to support efforts to strengthen child care regulations, so that child care providers may have the foundation in their state regulations to create an atmosphere that promotes attainment and maintenance of a healthy weight, sound nutritional choices, and physical activity patterns that children may carry forward into their futures.

Based on the findings of the national assessment of obesity prevention terminology in the states' child care licensing regulations, the NRC recommends the following:

- National campaigns are encouraged to include referral to *PCO/CFOC* in formulating and enforcing child care regulations. This includes not only the high impact components of standards, but also the full range of the related standards, inclusive of those that rated lower (in the NRC Advisory Meeting, 2010) and those related to safety (e.g., safe handling of human milk).
- States are encouraged to refer to *PCO/CFOC* standards in developing the rationale and terminology for reviewing and revising their regulations intended to impact childhood obesity prevention in child care and early education programs.
- States are encouraged to explore the NRC website, <http://nrckids.org>, and to discover evolving resources and links to the resources of other national stakeholders in child health and wellbeing, and stakeholders in child care. These include, for example: the American Academy Pediatrics, the American Public Health Association, the Centers for Disease Control and Prevention, the National Association of Child Care Resource & Referral Agencies, the National Association for Family Child Care, the National Association for Regulatory Administration, and the National Child Care Information

Center). Direct navigation to the websites of such organizations and resources is also recommended.

- States' child care licensing agencies are encouraged to carefully examine the findings in this report to identify strengths and needed improvements in regulations to fortify obesity prevention terminology in their regulations, particularly in regard to the high impact components of the standards, but including the whole of *PCO/CFOC*.
- Collaborative efforts of child care licensing agencies in multiple states are also suggested to tackle shared problems, whether formed independently or in the context of NARA. Benjamin, Gillman, et al. (2009) have offered model regulations that may inform this approach.
- The NRC should explore with other national partners, such as NARA and NCCIC, opportunities to work collaboratively to support the states in their efforts to address childhood obesity prevention in child care via child care regulations and their implementation.
- Future research is suggested to establish a more extensive evidence base for the role played in childhood obesity prevention of the best practices in *PCO/CFOC* standards and the components examined within this study, as well as to examine the significance of differential enforcement of comparable regulations. Also, the effects of caregiver/teacher modeling of healthy nutrition and physical activity upon children in care merits more attention.
- Additional training resources to support the implementation of the child care obesity prevention high impact components of *PCO/CFOC* standards should be developed to support child care providers and early educators in implementing these policies and practices in their programs of care, whether or not state regulations require them.

The terminology to address childhood obesity in child care regulations is largely absent or insufficient in states' documents regulating child care nationwide. National attention to this conspicuous oversight may assist child care and early educators supporting families in setting our children on the path to healthier and longer lives.

## References

- American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2002). *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs* (2nd edition). Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association. Retrieved from <http://nrckids.org/CFOC/index.html>
- American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2010). *Preventing childhood obesity in early care and education programs: Selected standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf)
- Ammerman A. S., Ward, D. S., Benjamin, S. E., Ball, S. C., Sommers, J. K., Molloy, M., & Dodds, J. M. (2007). An intervention to promote healthy weight: Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) theory and design. *Preventing Chronic Disease, 4*(3), 1–12. Retrieved from [http://www.cdc.gov/pcd/issues/2007/jul/06\\_0115.htm](http://www.cdc.gov/pcd/issues/2007/jul/06_0115.htm)
- Benjamin, S. E., Ammerman, A., Sommers, J., Dodds, J., Neelon, B., & Ward, D. S. (2007). Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC): Results from a pilot intervention. *Journal of Nutrition Education and Behavior, 39*(3), 142–149. doi:10.1016/j.jneb.2006.08.027
- Benjamin, S. E., Copeland, K. A., Cradock, A., Neelon, B., Walker, E., Slining, M. M., & Gillman, M. W. (2009). Menus in child care: A comparison of state regulations with national standards. *Journal of the American Dietetic Association, 109*(1), 109–115. doi:10.1016/j.jada.2008.10.015
- Benjamin, S. E., Cradock, A., Walker, E. M., Slining, M., & Gillman, M. W. (2008). Obesity prevention in child care: A review of U.S. state regulations. *BMC Public Health, 8*(188). doi:10.1186/1471-2458-8-188
- Benjamin, S. E., Gillman, M. W., Traub, A. E., & Finkelstein, J. (2009). *Preventing childhood obesity in the child care setting: Enhancing state regulations*. Boston, MA: Harvard Medical School and Harvard Pilgrim Health Care. Retrieved from [http://cfm.mc.duke.edu/wysiwyg/downloads/State\\_Reports\\_Final.pdf](http://cfm.mc.duke.edu/wysiwyg/downloads/State_Reports_Final.pdf)
- Benjamin, S. E., Haines, J., Ball, S. C., & Ward, D. S. (2008). Improving nutrition and physical activity in child care: What parents recommend. *Journal of the American Dietetic Association, 108*(11), 1907–1911.
- Benjamin, S. E., Taveras, E. M., Cradock, A. L., Walker, E. M., Slining, M. M., & Gillman, M. W. (2009). State and regional variation in regulations related to feeding infants in child care. *Pediatrics, 124*(1), e104–e111. doi:10.1542/peds.2008-3668
- Bethell, C., Simpson, L., Stumbo, S., Carle, A. C., & Gombojav, N. (2010). National, state, and local disparities in childhood obesity. *Health Affairs, 29*(3), 347–356. doi:10.1377/hlthaff.2009.0762

- Chang, D. I., Gertel-Rosenberg, A., Drayton, V. L., Schmidt, S., & Angalet, G. B. (2010). A statewide strategy to battle child obesity in Delaware. *Health Affairs, 29*(3), 481–490.
- Daniels, S. R. (2006). The consequences of childhood overweight and obesity. *The Future of Children, 16*(1), 47–67. Retrieved from [http://futureofchildren.org/futureofchildren/publications/docs/16\\_01\\_03.pdf](http://futureofchildren.org/futureofchildren/publications/docs/16_01_03.pdf)
- Daniels, S. R. (2009). Complications of obesity in children and adolescents. *International Journal of Obesity, 33*, S60–S65. doi:10.1038/ijo.2009.20
- Daniels, S. R., Jacobson, M. S., McCrindle, B. W., Eckel, R. H., & McHugh Sanner, B. (2009). American Heart Association childhood obesity research summit report. *Circulation, 119*(15), e489–e517. doi:10.1161/CIRCULATIONAHA.109.192216
- Davison, K. K., & Birch, L. L. (2001). Childhood overweight: A contextual model and recommendations for future research. *Obesity Reviews, 2*(3), 159–171. Doi: 10.1046/j.1467-789x.2001.00036.x
- Deckelbaum, R. J., & Williams, C. L. (2001). Childhood obesity: The health issue. *Obesity Research, 9*, s239–s243. doi:10.1038/oby.2001.125
- Dietz, W. H., Benken D. E., & Hunter, A. S. (2009). Public health law and the prevention and control of obesity. *Milbank Quarterly, 87*(1), 215–227. doi:10.1111/j.1468-0009.2009.00553.x
- Dietz, W. H., & Gortmaker, S. L. (1985). Do we fatten our children at the television set? Obesity and television viewing in children and adolescents. *Pediatrics, 75*(5), 807–812. Retrieved from <http://0-pediatrics.aappublications.org.impulse.ucdenver.edu/cgi/reprint/75/5/807>
- Evans, W. D., Renaud, J. M., Finkelstein, E., Kamerow, D. B., & Brown, D. S. (2006). Changing perceptions of the childhood obesity epidemic. *American Journal of Health Behavior, 30*(2), 167–176. Retrieved from [http://www.lib.iup.edu/depts/libsci/cusp/articles/changing\\_perceptions.pdf](http://www.lib.iup.edu/depts/libsci/cusp/articles/changing_perceptions.pdf)
- Federal Interagency Forum on Child and Family Statistics. (2010). *America's children in brief: Key national indicators of well-being, 2010*. Retrieved from [http://www.childstats.gov/pdf/ac2010/ac\\_10.pdf](http://www.childstats.gov/pdf/ac2010/ac_10.pdf)
- Fine, A., & Kotelchuck, M. (2010). *Rethinking MCH: The Life Course Model as an organizing framework* (Version 1.1) [Concept paper]. Retrieved from U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau website: <http://www.hrsa.gov/ourstories/mchb75th/images/rethinkingmch.pdf>
- Freedman, D. S., Patel, D. A., Srinivasan, S. R., Chen, W., Tang, R., Bond, M. G., & Berenson, G. S. (2008). The contribution of childhood obesity to adult carotid intima-media thickness: The Bogalusa heart study. *International Journal of Obesity, 32*(5), 749–756. doi:10.1038/sj.ijo.0803798
- Frieden, T. R., Dietz, W., & Collins, J. (2010). Reducing childhood obesity through policy change: Acting now to prevent obesity. *Health Affairs, 29*(3), 357–363. doi:10.1377/hlthaff.2010.0039

- Gabor, V., Mantinan, K., Rudolph, K., Morgan, R., & Longjohn, M. (2010). *Challenges and opportunities related to implementation of child care nutrition and physical activity policies in Delaware: Findings from focus groups with child care providers and parents*. Retrieved from [http://www.altarum.org/files/pub\\_resources/DelawareFocusGroup-FullReport-FIN.pdf](http://www.altarum.org/files/pub_resources/DelawareFocusGroup-FullReport-FIN.pdf)
- Guo, S. S., Wu, W., Chumlea, W. C., & Roche, A. F. (2002). Predicting overweight and obesity in adulthood from body mass index values in childhood and adolescence. *American Journal of Clinical Nutrition*, *76*(3), 653–658. Retrieved from <http://www.ajcn.org/content/76/3/653.full.pdf>
- Harrington, W., Nguyen, V. Q., Paulson, J. F., Garland, R., Pasquinelli, L., & Lewis, D. (2010). Identifying the “tipping point” age for overweight pediatric patients. *Clinical Pediatrics*, *49*(7), 638–643. doi:10.1177/0009922809359418
- Hedley, A. A., Ogden, C. L., Johnson, C. L., Carroll, M. D., Curtin, L. R., & Flegal, K. M. (2004). Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association*, *291*(23), 2847–2850. doi:10.1001/jama.291.23.2847
- Hill, J. O., & Trowbridge, F. L. (1998). Childhood obesity: Future directions and research priorities. *Pediatrics*, *101*(3), 570-574. doi:10.1542/peds.101.3.570
- Institute of Medicine. (2004). *Preventing childhood obesity: Health in the balance* (Report brief). Retrieved from [http://iom.edu/~media/Files/Report Files/2004/Preventing-Childhood-Obesity-Health-in-the-Balance/ChildhoodObesity4pagerfixforwebpdf.pdf](http://iom.edu/~media/Files/Report%20Files/2004/Preventing-Childhood-Obesity-Health-in-the-Balance/ChildhoodObesity4pagerfixforwebpdf.pdf)
- Institute of Medicine. (2010). *Child and Adult Care Food Program: Aligning dietary guidance for all*. Washington, DC: The National Academies Press.
- Janssen, I., Craig, W. M., Boyce, W., & Pickett, W. (2004). Associations between overweight and obesity with bullying behaviors in school-aged children. *Pediatrics*, *113*(5), 1187–1194. doi:10.1542/peds.113.5.1187
- Janz, K. F., Levy, S. M., Burns, T. L., Torner, J. C., Willing, M. C., & Warren, J. J. (2002). Fatness, physical activity, and television viewing in children during the adiposity rebound period: The Iowa bone development study. *Preventive Medicine*, *35*(6), 563–571. doi:10.1006/pmed.2002.1113
- Kaphingst, K. M., & Story, M. (2009). Child care as an untapped setting for obesity prevention: State child care licensing regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States. *Preventing Chronic Disease*, *6*(1), 1–6. Retrieved from [http://www.cdc.gov/pcd/issues/2009/jan/07\\_0240.htm](http://www.cdc.gov/pcd/issues/2009/jan/07_0240.htm)
- Klein, J. D., & Dietz, W. (2010). Childhood obesity: The new tobacco. *Health Affairs*, *29*(3), 388–392. doi:10.1377/hlthaff.2009.0736
- Koplan, J. P., Liverman, C.T., & Kraak, V. I. (Eds.). (2005). *Preventing childhood obesity: Health in the balance*. Washington, DC: The National Academies Press.

- Kumanyika, S. K., Obarzanek, E., Stettler, N., Bell, R., Field, A. E., Fortmann, S. P., ... Hong, Y. (2008). Population-based prevention of obesity. The need for comprehensive promotion of healthful eating, physical activity, and energy balance. A scientific statement from American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention (formerly the Expert Panel on Population and Prevention Science). *Circulation*, *118*(4), 428–464. doi:10.1161/CIRCULATIONAHA.108.189702
- Lee, J. M., Lim, S., Zoellner, J., Burt, B. A., Sandretto, A. M., Sohn, W., & Ismail, A. I. (2010). Don't children grow out of their obesity? Weight transitions in early childhood. *Clinical Pediatrics*, *49*(5), 466–469. doi:10.1177/0009922809356466
- Levi, J., Vinter, S., Richardson, L., St. Laurent, R., & Segal, L. M. (2009). *F as in fat: How obesity policies are failing in America* [Issue report]. Retrieved from <http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf>
- Miller, J., Rosenbloom, A., & Silverstein, J. (2004). Childhood obesity. *Journal of Clinical Endocrinology and Metabolism*, *89*(9), 4211–4218. doi:10.1210/jc.2004-0284
- Nader, P. R., O'Brien, M., Houts, R., Bradley R., Belsky, J., Crosnoe, R., ... Susman, E. J. (2006). Identifying risk for obesity in early childhood. *Pediatrics*, *118*(3), e594–e601. doi:10.1542/peds.2005-2801
- National Association for Regulatory Administration. (2010). *Strong licensing: The foundation for a quality early care and education system: NARA's call to action*. Retrieved from [http://www.naralicensing.org/associations/4734/files/NARA\\_Call\\_to\\_Action.pdf](http://www.naralicensing.org/associations/4734/files/NARA_Call_to_Action.pdf)
- National Child Care Information and Technical Assistance Center, & National Association for Regulatory Administration. (2010). *The 2008 child care licensing study*. Retrieved from [http://www.naralicensing.org/associations/4734/files/1005\\_2008\\_Child\\_Care\\_Licensing\\_Study\\_Full\\_Report.pdf](http://www.naralicensing.org/associations/4734/files/1005_2008_Child_Care_Licensing_Study_Full_Report.pdf)
- National Resource Center for Health and Safety in Child Care and Early Education, & The Evaluation Center, School of Education and Human Development, University of Colorado Denver. (2010). *National Resource Center (NRC) for Health and Safety in Child Care and Early Education: Report of the meeting of the NRC Healthy Weight Advisory Group, July 2010*. Aurora, CO: Author.
- Ogden, C. L., Carroll, M. D., & Flegal, K. M. (2008). High body mass index for age among US children and adolescents, 2003–2006. *Journal of the American Medical Association*, *299*(20), 2401–2405. doi:10.1001/jama.299.20.2401
- Ogden, C. L., Carroll, M. D., Curtin, L. R., Lamb, M. M., & Flegal, K. M. (2010). Prevalence of high body mass index in US children and adolescents, 2007–2008. *Journal of the American Medical Association*, *303*(3), 242–249. doi:10.1001/jama.2009-2012
- Ogden, C. L., Flegal, K. M., Carroll, M. D., & Johnson, C. L. (2002). Prevalence and trends in overweight among US children and adolescents, 1999–2000. *Journal of the American Medical Association*, *288*(14), 1728–1732. doi:10.1001/jama.288.14.1723

- Oliver, J. E., & Lee, T. (2005). Public opinion and the politics of obesity in America. *Journal of Health Politics, Policy and Law*, 30(5), 923–954. doi:10.1215/03616878-30-5-923
- Olshansky, S. J., Passaro, D. J., Hershow, R. C., Layden, J., Carnes, B. A., Brody, J., ... Ludwig, M. D. (2005). A potential decline in life expectancy in the United States in the 21st century. *New England Journal of Medicine*, 352(11), 1138–1145. Retrieved from <http://www.nejm.org/doi/pdf/10.1056/NEJMSr043743>
- Perrin, E. M., Finkle, J. P., & Benjamin, J. T. (2007). Obesity prevention and the primary care pediatrician's office. *Current Opinions in Pediatrics*, 19(3), 354–361. doi:10.1097/MOP.0b013e328151c3e9
- Phillips, D., Mekos, D., Scarr, S., McCartney, K., & Abbott-Shim, M. (2000). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly*, 15(4), 475–496. doi:10.1016/S0885-2006(01)00077-1
- Puhl, R. M., & Latner, J. D. (2007). Stigma, obesity, and the health of the nation's children. *Psychological Bulletin*, 133(4), 557–580. doi:10.1037/0033-2909.133.4.557
- Reilly, J. J., Armstrong, J., Dorosty, A. R., Emmett, P. M., Ness, A., Rogers, I., ... Sherriff, A. (for the Avon Longitudinal Study of Parents and Children Study Team). (2005). Early life risk factors for obesity in childhood: Cohort study. *British Medical Journal*, 330(7504), 1357–1359. doi:10.1136/bmj.38470.670903.E0
- Robinson, T. N. (2001). Television viewing and childhood obesity. *Pediatric Clinics of North America*, 48(4), 1017–1025. doi:10.1016/S0031-3955%2805%2970354-0
- Rolland-Cachera, M. F., Deheeger, M., Bellisle, F., Sempe, M., Guilloud-Bataille, M., & Patois, E. (1984). Adiposity rebound in children: A simple indicator for predicting obesity. *American Journal of Clinical Nutrition*, 39(1), 129–135. Retrieved from <http://www.ajcn.org/content/39/1/129.full.pdf>
- Sepulveda, M. J., Tait, F., Zimmerman, E., & Edington, D. (2010). Impact of childhood obesity on employers. *Health Affairs*, 29(3), 513–521. doi:10.1377/hlthaff.2009.0737
- Serdula, M. K., Ivery, D., Coates, R. J., Freedman, D. S., Williamson, D. F., & Byers, T. (1993). Do obese children become obese adults? A review of the literature. *Preventive Medicine*, 22(2), 167–177. doi:10.1006/pmed.1993.1014
- Speiser, P. W., Rudolf, M. C. J., Anhalt, H., Camacho-Hubner, C., Chiarelli, F., Eliakim, A., ... Hochberg, Z. (Obesity Consensus Working Group). (2005). Consensus statement: Childhood obesity. *Journal of Clinical Endocrinology & Metabolism*, 90(3), 1871–1887. doi:10.1210/jc.2004-1389
- Story, M., Kaphingst, K. M., & French, S. (2006). The role of child care settings in obesity prevention. *The Future of Children*, 16(1), 143–168.

- Story, M., Kaphingst, K. M., Robinson-O'Brien, R., & Glanz, K. (2008). Creating healthy food and eating environments: Policy and environmental approaches. *Annual Review of Public Health, 29*, 253–272. doi:10.1146/annurev.publhealth.29.020907.090926
- Strauss, R. S. (2002). Childhood obesity. *Pediatric Gastroenterology and Nutrition, 49*(1), 175–201. doi:10.1016/S0031-3955%2803%2900114-7
- Strauss, R. S., & Pollack, H. A. (2001). Epidemic increase in childhood overweight, 1986–1998. *Journal of the American Medical Association, 286*(22), 2845–2848. doi:10.1001/jama.286.22.2845
- The White House, Office of the First Lady. (2010). First Lady Michelle Obama launches let's move: America's move to raise a healthier generation of kids [Press release]. Retrieved from <http://www.whitehouse.gov/the-press-office/first-lady-michelle-obama-launches-lets-move-americas-move-raise-a-healthier-genera>
- Trasande, L. (2010). How much should we invest in preventing childhood obesity? *Health Affairs, 29*(3), 372–378. doi:10.1377/hlthaff.2009.0691
- Trasande, L., Liu, Y., Fryer, G., & Weitzman, M. (2009). Effects of childhood obesity on hospital care and costs, 1999–2005. *Health Affairs, 28*(4), w751–w760. doi:10.1377/hlthaff.28.4.w751
- U.S. Department of Agriculture, Food and Nutrition Service. (2010). Child and Adult Care Food Program. Retrieved from <http://www.fns.usda.gov/cnd/care/cacfp/aboutcacfp.htm>
- U.S. Department of Health and Human Services. (2010). *Secretary's strategic initiatives & key inter-agency collaborations*. Retrieved from [www.hhs.gov/secretary/about/secretarialstrategicinitiatives2010.pdf](http://www.hhs.gov/secretary/about/secretarialstrategicinitiatives2010.pdf)
- U.S. Department of Health and Human Services, Health Resources and Services Administration. (2010). Remarks to the Georgetown University School of Nursing and Health Studies. Retrieved from <http://www.hrsa.gov/about/news/speeches/2010/112210georgetown.html>
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2010). Working mothers and child care. Retrieved from <http://www.mchb.hrsa.gov/chusa10/popchar/pages/110wmcc.html>
- U.S. Department of Health and Human Services, Office of the Surgeon General. (2010). *The Surgeon General's vision for a healthy and fit nation*. Retrieved from <http://www.surgeongeneral.gov/library/obesityvision/obesityvision2010.pdf>
- Wang, G., & Dietz, W. H. (2002). Economic burden of obesity in youths aged 6 to 17 years: 1979–1999. *Pediatrics, 109*(5), e81. doi:10.1542/peds.109.5.e81
- Whitaker, R. C., Pepe, M. S., Wright, J. A., Seidel, K. D., & Dietz, W. H. (1998). Early adiposity rebound and the risk of adult obesity. *Pediatrics, 101*(3), e5. doi:10.1542/peds.101.3.e5
- White House Task Force on Childhood Obesity. (2010). *Solving the problem of childhood obesity within a generation*. Retrieved from [http://www.letsmove.gov/pdf/TaskForce\\_on\\_Childhood\\_Obesity\\_May2010\\_FullReport.pdf](http://www.letsmove.gov/pdf/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf)



## Acronyms Used in This Report

AAP	American Academy of Pediatrics
ACF	Administration for Children and Families
APHA	American Public Health Association
CACFP	Child and Adult Care Food Program U.S. Department of Agriculture, Food and Nutrition Service
CCB	Child Care Bureau (now the Office of Child Care)
CDC	Centers for Disease Control and Prevention
CFOC	<i>Caring for Our Children (National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2<sup>nd</sup> edition.</i>
DHHS	U.S. Department of Health and Human Services
FNS	U.S. Department of Agriculture Food and Nutrition Service
HRSA	Health Resources and Service Administration
HWI	Healthy Weight Initiative
LCT	Life Course Theory
MCHB	Maternal and Child Health Bureau
NCHS	National Center for Health Statistics
NHANES	National Health and Nutrition Examination Surveys
NCCIC	National Child Care Information and Technical Assistance Center
NARA	National Association for Regulatory Administration
NRC	National Resource Center for Health and Safety in Child Care and Early Education
PCO	<i>Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3<sup>rd</sup> Edition</i>
TEC	The Evaluation Center, University of Colorado
USDA	U.S. Department of Agriculture

***Preventing Childhood Obesity in Early Care and Education Programs: Acknowledgements***

*Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*, was made possible by the substantial contributions of time and expertise of the following individuals.

***Caring For Our Children, Third Edition Steering Committee Members:***

Danette Glassy, MD, FAAP (Co-Chair)  
Jonathan B. Kotch, MD, MPH, FAAP (Co-Chair)  
Phyllis Stubbs-Wynn, MD, MPH  
Marilyn J. Krajicek, EdD, RN, FAAN  
Barbara U. Hamilton, MA

***Caring For Our Children, Third Edition Nutrition Technical Panel Members:***

Catherine Cowell, PhD (Chair)	
Donna Blum-Kemelor, MS, RD, LD	Sara Benjamin Neelon, PhD, MPH, RD
Robin Brocato, MHS	Jeanette Panchula, BSW, RN, PHN, IBCLC
Kristen Copeland, MD, FAAP	Shana Patterson, RD
Suzanne Haydu, MPH, RD	Barbara Polhamus, PhD, MPH, RD
Janet Hill, MS, RD, IBCLC	Susan Schlosser, MS, RD
Susan L. Johnson PhD	Denise Sofka, MPH, RD
Ruby Natale, PhD, PsyD	Jamie Stang, PhD, MPH, RD

***AAP, APHA, and MCHB Final Manuscript Reviewers:***

Noel Chavez, PhD, RD, LDN	V. Faye Jones, MD, PhD, MSPH, FAAP
Elaine Donoghue, MD, FAAP	Janet Silverstein, MD, FAAP
Gilbert L. Fuld, MD, FAAP	Denise Sofka, MPH, RD
Joseph F. Hagan, Jr., MD, FAAP	Nicolas Stettler, MD, MSCE, FAAP
Sandra G. Hassink, MD, FAAP	Jeanne VanOrsdal, MEd
Geraldine Henchy, MPH, RD	

Support for the project was provided by the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (Cooperative Agreement # U46MC09810). Funding for the pre-released selected standards was provided by the Department of Health and Human Services, Administration for Children and Families, Child Care Bureau.

**National Resource Center for Health and Safety in Child Care and Early Education:  
Healthy Weight Advisory Group Members**

*Impact ratings of Components of Standards that were the source for study variable selection were the collaborative product of the following health, safety, and child care and early education stakeholders:*

Donna Blum-Kemelor, MS, RD, LD, US Department of Agriculture, Center for Nutrition Policy and Promotion; CFOC 3rd Ed. Nutrition Technical Panel Member

Charles T. Cappetta, MD, FAAP, American Academy of Pediatrics Council on Sports Medicine and Fitness, Dartmouth-Hitchcock, Nashua; CFOC 3rd Ed. AAP Reviewer

Judy Collins, Senior Content Specialist, Tribal Child Care Technical Assistance Center; Past President, National Association for Regulatory Administration; CFOC 3rd Ed. Organization & Administration Technical Panel Member

Melissa Courts, Healthy Child Care Ohio Coordinator, Ohio Department of Health, Bureau of Early Intervention Services & former licensing regulator; CFOC 3rd Ed. Stakeholder Reviewer

Catherine Cowell, PhD, Clinical Professor, Mailman School of Public Health, Columbia University; CFOC 3rd Ed. Nutrition Technical Panel Chair

Angela Crowley PhD, APRN, PNP-BC, FAAN, Associate Professor, Yale University School of Nursing; CFOC 3rd Ed. Child Development Technical Panel Chair

Allison S. Gertel-Rosenberg, MS, Senior Policy and Program Analyst/Special Assistant, Nemours Foundation, Office of the Vice President of Policy and Prevention

Danette Glassy, MD, FAAP, Clinical Professor, Department of Pediatrics, University of WA; Mercer Island Pediatric Associates; CFOC 3rd Ed. Steering Committee Co-Chair for AAP

Geraldine (Geri) Henchy, MPH, RD, Director, Nutrition Policy and Early Childhood Nutrition, Food Research and Action Center; CFOC 3rd Ed. APHA Reviewer

Moniquin Huggins, Director, Program Operations Division, Child Care Bureau, Administration for Children and Families, Department of Health and Human Services; CFOC 3rd Ed. Reviewer

Jonathan B. Kotch, MD, MPH, FAAP, Director, National Training Institute for Child Care Health Consultants, Carol Remmer Angle Distinguished Professor of Children's Environmental Health, University of North Carolina at Chapel Hill; CFOC 3rd Ed. Steering Committee Co-Chair for APHA

Dottie Martinez, Director and Owner, Child Care Center and Preschool

Sara Benjamin Neelon, PhD, MPH, RD, Assistant Professor, Department of Community and Family Medicine, Duke University Medical Center; CFOC 3rd Ed. Nutrition Technical Panel Member (phone-in participants 7/24)

Barbara Polhamus, PhD, MPH, RD, Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity; CFOC 3rd Ed. Nutrition Technical Panel Member

Amy Revell Requa, MSN, CRNP, CPNP; Head Start Training/Technical Assistance I AM MOVING, I AM LEARNING; Early Childhood Health Consultant (\* phone-in participants 7/24)

Barbara Sawyer, National Association of Family Child Care Special Projects; formerly Family Child Care Provider; CFOC 3rd Ed. Staff Health Technical Panel Member

Susan Schlosser, MS, RD, Nutrition Consultant; CFOC 3rd Ed. Nutrition Technical Panel Member

Phyllis E. Stubbs-Wynn, MD, MPH, FAAP, Maternal and Child Health Bureau, Department of Health and Human Services; CFOC 3rd Ed. Steering Committee Member

Nina Tristani, Director of Publications, American Public Health Association; CFOC 3rd Ed. APHA Reviewer

Jeanne (Anderson) VanOrsdal, MEd, Manager, Early Education and Child Care Initiatives, Division of Developmental Pediatrics and Preventive Services, American Academy of Pediatrics; CFOC 3rd Ed. AAP Reviewer

Dianne Stanton Ward, EdD, Professor of Nutrition, Associate Director, Clinical Nutrition Research, University of North Carolina at Chapel Hill

## NRC Healthy Weight Advisory Meeting: Components of Standards

NRC Healthy Weight Advisors rated components derived from CPO/CFOC standards for impact of implementation upon childhood obesity. A four-point scale was used, in which higher scores represented greater impact. Mean ratings of impact of implementation are presented.

		IMPACT
Topic: General Nutrition/Health Policies		
	Standard: Written Nutrition Plan	
1	Develop in concert with nutritionist/registered dietician a written nutrition plan that: Provides for nourishing food; Establishes feeding plans for infants; Supports breastfeeding; Establishes procedures for handling emergencies- such as choking, and Addresses handling modifications required in an individual child's care plan.	2.89
2	Define in nutrition plan staff responsibilities for carrying out the plan under the supervision of the Administrator, nutritionist/registered dietician/food service manager, depending upon size of the facility.	2.89
Standard: Routine Health Supervision and Growth Monitoring		
3	Require that each child has routine health supervision by his/her primary care provider. Such supervision includes: Screening tests; Immunizations; chronic or acute illness monitoring; Height and weight charting (for children under age two - plotting on standard sex-specific length, weight, weight for length, and head circumference and assessing diet and activity; and for children age two and over – plotting specific height and weight graphs, in addition to Body Mass Index or BMI)and Monitoring height and weight charts for changes.	3.44
4	Seek parent/guardian facilitation of exchange of pertinent health information among primary care provider, caregiver/teacher, school health program (if applicable), and parent/guardian.	2.89
Topic: Specialized Nutrition Plans/Policies		
Standards: Assessment and Planning of Nutrition for Individual Children; & Feeding Plans and Dietary Modifications		
5	Utilize the child's individual care plan (developed by primary care provider) of each child with nutrition related medical problems to: Adapt nutritional offerings; Implement individualized feeding plans; and, Clarify how parent/guardian routine may differ from facility feeding routine.	3.3
6	Acquire nutritionist/registered dietician approval of facility menus that accommodate individual dietary modifications.	3.0
Standard: Use of USDA - CACFP Guidelines		
7	Prepare, serve, and store meals and snacks that meet the CACFP requirements.	3.56

		IMPACT
Topic: Specific Foods		
Standards: Categories of Foods; 100% Fruit Juice ; &, Feeding Cow's Milk		
8	Serve whole grain breads, cereals, and pastas.	3.7
9	Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas.	3.9
10	Serve fruits of several varieties, especially whole fruits.	3.9
11	Serve whole fruits, mashed or pureed, for infants seven months up to one year of age.	3.78
12	Serve no fruit juice to children younger than 12 months of age.	3.7
13	Serve no more than four to six 6 oz of juice /day for children 1-6 years of age.	3.7
14	Serve no more than eight to 12 oz juice/day for children 7-12 years of age.	3.89
15	Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian.	3.5
18	Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children two years of age and older.	3.64
19	Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.	3.8
20	Limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats and fried foods.	3.82
21	Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	4.0
22	Limit salt by avoiding salty foods such as chips and pretzels.	3.3
Topic: Meal Patterns		
Standard: Meal Pattern		
23	Provide to children in care for eight or fewer hours in one day at least one meal and two snacks, or two meals and one snack.	3
24	Provide to children in care more than eight hours in one day at least two meals and two snacks, or three snacks and one meal.	3
25	Provide a nutritious snack for all children midmorning (if they are not offered a breakfast on-site that is provided within three hours of lunch), and another nutritious snack in the middle of the afternoon.	2.89
26	Offer children food at intervals at least two hours apart and not more than three hours apart, unless the child is asleep.	2.67
27	Meet some very young infants' needs to be fed at shorter intervals than every two hours to meet their nutritional needs, especially breastfed infants being fed expressed human milk.	3.3
28	Provide lunch service to toddlers earlier than the preschool-aged children if needed to accommodate toddlers' earlier nap schedule.	2.4
29	Ensure children are awake prior to being offering a snack or meal.	2.55
30	Allow children time to eat their food and not be rushed during the meal or snack service.	3.2
31	Do not allow children to play during meal and snack times.	3
32	Discuss with parent/guardian the breastfed infant's home feeding pattern to achieve more consistent	3.3

		IMPACT
	frequency of breastfeeding across settings.	
	Standard: Availability of Drinking Water	
33	Provide water that is clean and sanitary.	3.22
34	Make water available both inside and outside.	3.11
35	Do not substitute water for a required serving of age-appropriate milk during a meal.	2.89
36	Provide infants with additional human milk or formula, not water, during hot days.	2.88
37	Give water by cup, and not by bottle, when age appropriate.	2.67
39	Use only 100% juice with no added sweeteners, and offer only during meal times.	3.78
44	Ascertain from parent/guardian the child's typical daily consumption of juice so that total consumption remains within recommended limits (as stated above).	2.7
Topic: New Foods		
	Standard: Written Menus and Introduction of New Foods	
45	Provide written menus to families at least one month in advance.	1.73
46	Retain a copy of menus in facility records for six months or longer if required by state licensing regulations.	1.6
47	Record menu modifications if foods served differ from plan.	1.9
48	Obtain from each family of children 18 months and younger a list of foods they have served with no adverse or allergic reaction, for inclusion in facility menu.	2.8
49	Inform and discuss with families of children 18 months and younger plans to introduce new foods prior to introducing them to this age group.	2.6
	Standard: Ingestion of Substances that Do Not Provide Nutrition	
57	Monitor and prevent children from eating substances that do not provide nutrition.	2.56
58	Inform parent/guardian of repetitive ingestion of such substances and encourage a visit to the primary care provider.	2.33
	Standard: Vegetarian/Vegan Diets	
59	Accommodate vegetarian/vegan diet by acquiring from parent/guardian written documentation of dietary history of food choices, and an up-to-date health record regarding linear growth and rate of weight gain, or consistent poor appetite.	2.6
60	Share updated information about the health of a child on a vegetarian/vegan diet among child care health consultant, parent/guardian, and caregiver/teacher.	2.5
61	Ensure that a vegetarian/vegan diet provides adequate calories and essential nutrients.	2.7
Topic: Infant Feeding		
	Standard: General Plan for Feeding Infants	
62	Follow CACFP guidelines in providing meals and snacks to infants.	3.67
63	Acquire written instructions from parent/guardian or primary care provider for individual nutrition requirements.	2.56
64	Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.	3.56

		IMPACT
65	Designate a place for breastfeeding mothers to breastfeed or to pump breast milk (the latter requires an electrical outlet in the room).	3.11
66	Provide special formulas as allowed in the individual child's care plan.	3.11
	Standard: Feeding Infants on Cue by a Consistent Caregiver/Teacher	
68	Feed infants on cue.	3.9
69	Have the same caregiver/teacher feed the same infant, if possible.	2.9
70	Do not feed infants beyond satiety.	4.
	Standard: Preparing, Feeding, and Storing Human Milk	
71	Require that human milk be transported in a clean and sanitary sealed container.	2.9
72	Limit containers to glass bottles or plastic bottles labeled BPA Free or with a #1, #2, #4, or #5.	2.2
73	Return to the mother any human milk that is in an unsanitary bottle, curdled, smells rotten, etc.	1.6
74	Follow the Academy of Breastfeeding Medicine guidelines for storage of human milk (regarding storage location, temperature and length of time).	2.8
75	Label non-frozen human milk containers with date of collection and child's full name.	2.8
76	Keep containers of human milk refrigerated.	2.78
77	Request that parents/guardians transport frozen human milk to the facility in single use plastic bags.	2.33
78	Place frozen human milk in a freezer upon arrival (not a compartment within a refrigerator but either a freezer with a separate door or a standalone freezer).	2.5
80	Use a child's oldest milk first.	2.4
81	Defrost frozen human milk in the refrigerator and heat briefly in bottle warmers or under warm running water to a temperature not exceeding 98.6°F. (When time is insufficient, milk may be defrosted in a container of running cool tap water, very gently swirling the bottle to evenly distribute the temperature in the milk).	2.7
82	Mix gently (do not shake) bottles of warmed milk and test temperature before feeding.	2.2
83	Return to the mother any leftover milk in excess of one ounce.	2.1
84	Introduce human milk in a cup at around age six months or later as fine motor skills allow use of a cup and the infant is developmentally ready to start self-feeding.	2.5
85	Collaborate with parent/guardian on cup feeding of human milk to assure adequate nourishment and avoid having a large amount of human milk remaining at the end of feeding.	2.36
86	Give human milk in clean small cups without cracks or chips.	2.56
87	Place two - three ounces of human milk in a clean cup (offer additional milk as needed).	2.3
88	Help the child lift and tilt the cup to avoid spillage and leftover fluid.	2.3
89	Discard small amounts of human milk (about an ounce) left in the cup at end of feeding.	2
	Standard: Preparing, Feeding, and Storing Infant Formula	
92	Use only formula that comes in a factory sealed container.	3
93	Feed an infant only the same brand formula as is used at home.	2.7
96	Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care	3.9



		IMPACT
	provider provides written instruction.	
97	Refrigerate iron fortified formula until immediately before feeding.	2.5
	Standard: Techniques for Bottle Feeding	
100	Hold infants while bottle feeding.	3.78
101	Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.	3.67
105	Mimic approaches to breastfeeding when feeding an infant by bottle.	3.33
107	Hold the infant during feedings and respond to vocalizations with eye contact and vocalizations.	3.25
108	Alternate sides of caregiver/teacher's lap.	2.
109	Allow breaks during the feeding for burping.	3.33
110	Allow infant to stop the feeding.	3.78
111	Bottle feed only one infant at a time.	2.88
113	Ensure bottles contain human milk, infant formula, or water in them.	3.38
114	Use a nipple with a cylindrical teat and a wider base when using a bottle to feed a breastfed infant (this is usually preferable).	2.13
115	Use a shorter or softer nipple for infants with a hypersensitive gag reflex, or those who cannot get their lips well back on the wide base of the teat.	2.13
	Standard: Introduction of Age-Appropriate Solid Foods to Infants	
27	Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.	3.67
128	Introduce age-appropriate solid foods no sooner than four months of age, and preferably around six months of age, and as indicated by the individual child's nutritional and developmental needs in consultation with child's parent/guardian and primary care provider.	3.89
129	Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months to complement the human milk.	3.78
130	Require modification of basic food patterns to be provided in writing by the child's primary care provider.	3.22
131	Serve commercially packaged baby food from a dish, not directly from a factory-sealed container.	2.25
132	Serve by spoon only.	2.44
133	Do not feed solid foods in a bottle or an infant feeder unless written in the child's care plan by the child's primary care provider.	3.33
	Standard: Use of Soy-Based Formula and Soy Milk	
139	Require a written request from parent/guardian to serve soy-based formula or soy milk.	2.8
140	Label soy-based formula and soy milk with the infant's or child's full name and date.	2.5
142	Confer with parent/guardian to identify community resources to secure soy-based formula, including availability of soy milk for the children of parents/guardians participating in WIC, CACFP, or Food Stamp Program.	2.6

		IMPACT
	Standard: Meal and Snack Pattern for Toddlers and Preschoolers	
143	Provide at least the minimum amount of foods shown in the meal and snack patterns in CACFP guidelines.	3.8
Topic: Toddlers		
	Standard: Serving Size for Toddlers and Preschoolers	
144	Serve small-sized, age-appropriate portions.	3.78
145	Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child.	3.67
146	Use serving dishes that contain the appropriate amount of food based on serving sizes or portions recommended for each child and adult as described in the CACFP guidelines.	3.56
147	Teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs.	3.67
148	Ensure food service staff and/or caregiver/teacher prepares for each child the recommended age-appropriate serving size of food per meal.	3.38
149	Prepare a reasonable amount of additional food to respond to children who request a second serving of foods that are low in fat, sugar, and sodium.	3.11
	Standard: Encouraging Self-Feeding by Older Infants and Toddlers	
150	Encourage older infants and toddlers to: <ul style="list-style-type: none"> <li>Hold and drink from an appropriate child-sized cup;</li> <li>Use a child-sized spoon (short handle with a shallow bowl like a soup spoon);</li> <li>Use a child-sized fork (short, blunt tines and broad handle similar to a salad fork), and</li> <li>Use their fingers for self-feeding.</li> </ul>	3.13
152	Serve whole pasteurized milk to twelve to twenty-four month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity.	3.3
153	Serve skim or 1% pasteurized milk to children two years of age and older.	3.8
	Standard: Meal and Snack Pattern for School-age Children	
154	Follow the CACFP guidelines for meal and snack patterns shown for school-age children, at a minimum.	3.7
155	Provide children attending for two or more hours after school at least one snack.	2.9
156	Time snacks to occur about two hours after a meal, depending on age, and based upon the total length of time a child is in care.	2.6
157	Allow at least one and a half hours between the end of a snack and the beginning of another meal, and three hours between the end of one meal to the beginning of next meal in child care facilities enrolled in the CACFP.	2.4
	Standard: Socialization During Meals	
158	Seat caregivers/teachers and children together at the table when eating meals or snacks.	2.8
159	Encourage family style meal service, except for infants and very young children who require an adult to feed them.	3.
162	Encourage but do not force children to help themselves to all food components offered at the meal.	3.3

		IMPACT
163	Require adults eating meals with children to eat items that meet nutrition standards.	3.3
164	Encourage mealtime social interaction and conversation of adults and children, where adults and children use vocabulary related to the concepts of color, shape, size, quantity, number, temperature of food, and events of the day.	2.9
165	Provide extra assistance and allow extra time for slow eaters.	3
166	Create an environment in which eating is an enjoyable experience.	3
167	Make special accommodations for children who cannot have the food that is being served to others.	2.9
168	Teach children who require limited portions about portion size and monitor their portions.	3.7
Standard: Numbers of Children Fed Simultaneously by One Adult		
169	Limit the number of children fed at the same time by one adult to one infant or no more than three children who need adult assistance.	2.5
Standard: Experience with Familiar and New Foods		
173	Engage older children and staff actively in serving food and in other mealtime activities, such as setting and cleaning the table.	2.4
176	Offer children familiar foods that are typical of the child's culture and religious preferences in consultation with the family and nutritionist/registered dietician.	2.8
177	Introduce a variety of healthful foods that may be unfamiliar, but that meet a child's nutritional needs.	3.2
178	Engage all senses (seeing, smelling, speaking, etc.) in experiences with new foods, in addition to tasting and swallowing, to facilitate their introduction.	3.1
Topic: Behavioral/Socialization		
Standard: Activities that are Incompatible with Eating		
179	Require children to remain seated when eating.	3
180	Do not allow children to eat while standing, walking, running, playing, lying down, watching TV, playing on the computer, or riding in vehicles.	3.4
181	Do not allow children to continue to feed themselves or continue to be assisted with feeding themselves if they begin to fall asleep while eating.	3.2
Standard: Prohibited Uses of Food		
183	Do not force or bribe children to eat.	3.7
184	Do not use food as a reward or punishment.	3.7
Standard: Use of Nutritionist/Registered Dietician		
185	Use nutritionist/registered dietician on design of the parts of the facility involved in food service.	2.38

		IMPACT
186	Use nutritionist/registered dietician to develop and to implement the facility's nutrition plan, to prepare the initial food service budget, and to advise: <ul style="list-style-type: none"> <li>Kitchen layout;</li> <li>Food service;</li> <li>Food procurement and food storage;</li> <li>Menu and meal planning (including periodic review of menus);</li> <li>Food preparation and service;</li> <li>Child feeding practices and policies;</li> <li>Kitchen and mealtime staffing; and,</li> <li>Nutrition education for children, staff and parents/guardians (including the prevention of childhood obesity and other chronic diseases, food learning experiences, and knowledge of choking hazards).</li> </ul>	2.75
Standard: Nutritional Quality of Food Brought from Home		
187	Establish written guidelines for the nutritional requirements of the children in the facility's care.	3.44
188	Provide parent/guardian with suggested ways parent/guardian can assist the facility in meeting these guidelines.	3.09
189	Develop policies for foods brought from home, with parent/guardian consultation, so that expectations are the same for all families.	3.22
190	Provide additional food to supplement a child's food brought from home if the food brought from home is deficient in meeting the child's nutrient requirements.	2.82
191	Provide required food and refer a parent/guardian for consultation to a nutritionist/registered dietician, to the child's primary care provider, or to community resources with trained nutritionist/registered dietician (such as WIC Supplemental Food Program, extension services, and health departments), in cases where food the parent/guardian provides consistently does not meet the nutritional or food safety requirements.	2.6
Standard: Selection and Preparation of Food Brought from Home		
192	Require a written agreement between the parent/guardian and the staff where the parent/guardian prefers to provide meals for the child.	2.
193	Require that food brought into the facility have a clear label showing the child's full name, the date, and the type of food.	1.9
194	Do not allow sharing among children of lunches and snacks a parent/guardian provides for one individual child's meals.	1.9
195	Limit foods brought to the facility from home or elsewhere to those listed in the facility's written policy on nutritional quality of food brought from home.	2.9
Standard: Nutritional Learning Experiences for Children		
198	Have a nutrition plan that integrates the introduction of food and feeding experiences with facility activities and home feeding.	2.7
199	Include in nutrition plan opportunities for children to develop the knowledge and skills necessary to make appropriate food choices.	3.4
200	Define in nutrition plan staff responsibilities for carrying out the plan under the supervision of the Administrator, nutritionist/registered dietician/food service manager, dependent upon size of the facility.	2.56

		IMPACT
201	Obtain guidance and approval of center-based plans by a nutritionist/registered dietician or child care health consultant.	3.
202	Teach children about the taste, smell, texture of foods, and vocabulary and language skills related to food and eating.	3.11
203	Provide children with opportunities to feel the textures and learn the different colors, sizes, and shapes of foods.	3
204	Teach children about the nutritional benefits of eating healthy foods.	3.2
205	Teach children about appropriate portion sizes.	3.82
206	Incorporate teaching into mealtimes as well as curricular activities, and emphasize the pleasure of eating.	3.27
207	Instruct caregivers/teachers to be aware that children between the ages of 2-5 years are often resistant to trying new foods, and that food acceptance may take 8-15 times of offering a food at different times before it is eaten.	3
Topic: Education/Teaching		
Standard: Health, Nutrition, Physical Activity and Safety Awareness		
208	Address health, nutrition, physical activity, and safety aspects throughout the written program plans for structured activities in the curriculum.	3.
209	Include in written program plans daily opportunities to learn health habits that support healthful eating, nutrition education, and physical motor activity, as well as preventing injuries and infections.	3
210	Create awareness of healthy and safe behaviors, including good nutrition and physical activity, as an integral part of the overall program.	3.4
Standard: Nutrition Education for Parents/Guardians		
211	Inform parents/guardians of the range of nutrition learning activities provided in the facility.	2.73
212	Conduct formal nutrition information and education programs at least twice a year under the guidance of the nutritionist/registered dietician, based on a needs assessment for nutrition information and education as perceived by families and staff.	3.18
213	Employ informal programs about nutrition and healthy weight as “teachable moments” for parents/guardians throughout the year.	3.27
Standard: Food and Nutrition Service Policies and Plans		

		IMPACT
	<p>Define food handling, feeding, and nutrition policies and plans that address the following items and assigns responsibility for each:</p> <ul style="list-style-type: none"> <li>Kitchen layout;</li> <li>Food budget;</li> <li>Food procurement and storage;</li> <li>Menu and meal planning;</li> <li>Food preparation and service;</li> <li>Kitchen and meal service staffing;</li> <li>Nutrition education for children, staff and parents/guardians;</li> <li>Emergency preparedness for nutrition services;</li> <li>Food brought from home;</li> <li>Breastfeeding;</li> <li>Introduction of age-appropriate foods; and,</li> <li>Age-appropriate portion sizes.</li> </ul>	3
215	Consult with a nutritionist/registered dietician and a food service expert to provide input for and facilitate the development and implementation of a written nutrition plan.	3.33
Standard: Infant Feeding Policy		
216	Develop and implement a policy about infant feeding with the input and approval of the nutritionist/registered dietician.	3.33
217	<p>Include in infant feeding policy:</p> <ul style="list-style-type: none"> <li>Storage and handling of expressed human milk;</li> <li>Determination of the kind and amount of commercially prepared formula to be prepared for infants as appropriate;</li> <li>Preparation, storage, and handling of formula;</li> <li>Proper hand washing of the caregivers/teachers and the children;</li> <li>Use and proper sanitizing of feeding chairs and of mechanical food preparation and feeding devices, including blenders, feeding bottles, and food warmers;</li> <li>Determine whether expressed human milk, formula or infant food may be provided from home;</li> <li>Determine degree of responsibility of the caregiver/teacher for food preparation and use of feeding devices (including blenders, feeding bottles, and food warmers) if expressed human milk, formula or infant food is brought from home;</li> <li>Holding infants during bottle-feeding or feeding them sitting up;</li> <li>Prohibiting bottle propping during feeding or prolonging feeding;</li> <li>Specification of the number of children who can be fed by one adult at one time;</li> <li>Handling of food intolerance or allergies (examples include cow's milk, peanuts, orange juice, eggs, or wheat);</li> <li>Responding to infants' need for food in a flexible fashion to allow demand feedings in a manner that is consistent with the developmental abilities of the child; and, (continues next page)</li> <li>Acknowledgement that feeding infants on cue rather than on a schedule may help prevent obesity.</li> </ul>	3.11
218	Develop individual written infant feeding plans regarding feeding needs and feeding schedule for each infant in consultation with the infant's primary care provider and parent/guardian.	2.89
Topic: Physical Activity/Screen Time		

		IMPACT
	Standard: Active Opportunities for Physical Activity	
219	Promote children's active play every day.	3.7
220	Provide children with ample opportunity to engage in vigorous activities such as running, climbing, dancing, skipping, and jumping.	3.7
221	Provide daily for all children, birth to six years, two to three occasions of active play outdoors, weather permitting.	3.63
222	Provide daily for all children, birth to six years, two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor.	3.7
223	Provide continuous opportunities to develop and practice age-appropriate gross motor and movement skills.	3.4
224	Provide outdoor play for infants (birth to twelve months of age) two to three times per day, as tolerated. (There is no recommended duration of infants' outdoor play.)	2.9
225	Allow toddlers (twelve months to three years) and preschoolers (three to six years) sixty to ninety total minutes of outdoor play daily. (These outdoor times can be curtailed somewhat during adverse weather conditions in which children may still play safely outdoors for shorter periods, but increase the time of indoor activity, so the total amount of exercise should remain the same.)	3.7
226	Allow toddlers sixty to ninety minutes per eight-hour day for vigorous physical activity.	3.8
227	Allow preschoolers ninety to one-hundred and twenty minutes per eight-hour day.	3.8
228	Ensure that infants have supervised tummy time every day when they are awake.	2.8
229	Initiate on the first day of care, caregiver/teacher interaction with an awake infant on her/his tummy for short periods of time (3-5 minutes), increasing the amount of time as the infant shows he/she enjoys the activity.	2.9
230	Enable children to accumulate opportunities for activity over the course of several shorter segments of at least ten minutes each.	2.8
231	Instruct caregivers/teachers to incorporate two or more short structured activities (five to ten minutes) or games daily that promote physical activity.	3.3
232	Prorate recommendations for physical activity in part-time programs, i.e., twenty minutes of outdoor play for every three hours in the facility.	3.1
233	Do not withhold active play from children who misbehave, although out-of-control behavior may require five minutes or less calming periods to help the child settle down before resuming cooperative play or activities.	3.4
234	Do not keep children seated for more than 15 minutes at a time, except during meals or naps.	2.7
235	Use infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. only for short periods of time if at all.	3.22
236	Encourage a least-restrictive environment at all times.	2.89
237	Provide children with adequate space for both inside and outside play.	3.67
238	Arrange for children to play outdoors daily when weather and environmental conditions do not pose a significant health or safety risk (temperature risk -wind chill factor at or below minus 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service).	3.36
239	Provide outdoor play for infants, such as riding in a carriage or stroller and using gross motor skills.	2.73

		IMPACT
240	Protect children from the sun by using shade, sun-protective clothing, and sunscreen with UVB-ray and UVA-ray protection of SPF 15 or higher, with permission from parents/guardians.	2.63
241	Ensure that children are well-hydrated and encouraged to drink water during the activity.	3.2
242	Adjust to warm weather conditions by ensuring that children's clothing is light-colored, lightweight, and limited to one layer of absorbent material to facilitate the evaporation of sweat.	2.6
243	Ensure that children wear sun-protective clothing, such as hats, when playing outdoors between the hours of 10 AM and 2 PM.	2.8
244	Adjust to cold weather by ensuring that children's clothing is layered and dry.	2.6
245	Require the caregivers/teachers to check children's extremities for maintenance of normal color and warmth at least every fifteen minutes when children are outdoors in cold weather.	2.5
246	Ensure that children are properly clothed (boots, gloves, hats, etc) to participate in outdoor play when precipitation is present (such as rain or snow).	2.8
Standard: Caregivers/Teachers' Encouragement of Physical Activity		
250	Require caregivers/teachers to promote children's active play, and participate in children's active games at times when they can safely do so.	3.56
251	Require caregivers/teachers to lead structured activities to promote children's activities two or more times per day.	3.63
252	Require caregivers/teachers to wear clothing and footwear that permits easy and safe movement.	2.63
253	Require caregivers/teachers not to sit during active play.	2.22
254	Instruct caregivers/teachers to provide prompts for children to be active, such as "good throw".	2.67
255	Do not prohibit children's physical activities that are appropriate and safe in the setting, such as prohibiting running on the playground when it is safe to run.	3.33
256	Provide orientation and annual training opportunities for caregivers/teachers to learn about age-appropriate gross motor activities and games that promote children's physical activity.	3.89
257	Limit screen time (TV, DVD, computer time).	3.89
Standard: Policies and Practices that Promote Physical Activity		
258	Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation.	3.5
259	Specify in physical activity policies the benefits of physical activity and outdoor play.	3.1
260	Specify the duration of outdoor activity to allow children to spend 60-90 minutes each day outdoors, depending on their age, and weather permitting.	3.22
261	Specify alternative indoor physical activities for days with extreme weather/ temperature conditions.	3.3
262	Require brief movement activities or games to be included in the indoor curriculum to supplement outdoor play.	3
263	Define the setting for outdoor activities.	2.6
264	Provide covered areas for shade and shelter on playgrounds if feasible.	2.22
265	Establish and discuss with parents/guardians the guidelines for appropriate clothing during physical activity.	2.5



		IMPACT
266	Encourage parents/guardians to provide clothing that permits easy movement (neither too loose nor too tight) to enable children to participate fully in active play, and footwear that provides support for running and climbing.	2.3
267	Repeat discussion of clothing policy with parents/guardians who consistently do not provide a set of clothes for wear during physical activities.	1.9
268	Discuss the importance of this policy with parents/guardians upon enrollment and periodically thereafter.	3.4
Standard: Limiting Screen Time - Media, Computer Time		
269	Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than two years.	3.44
270	Limit total media time for children two years and older to not more than 30 minutes once a week, and use only for educational purposes or physical activity.	3.56
271	Do not utilize TV, video, or DVD viewing during meal or snack time.	3.63
272	Limit computer use to no more than 15-minute increments, except for school-age children completing homework assignments.	2.89
273	Inform parents/guardians if screen media are used.	2.22
274	Ensure that any screen media used is free of advertising and brand placement.	2.38
275	Preview TV programs, DVD, and computer games to ensure that advertising and brand placement are not present before allowing participation of the children.	2.3

## State Documents Searched

Many documents related to child care were eliminated from the list due to lack of relevance to the components of the standards.

**Pertinent documents** are those which were found to contain terminology relevant to the components of the standards.

X = regulations in document apply to the child care type, although state descriptions of the child care type may vary somewhat from the CFOC definition in number of children.

**Child Care Types (per CFOC)**  
**Center** = 13 or more children  
**Large Family/Group CC Home** = 7-12  
**Small Family CC Home** = up to 6 children

State Legislation Child Care Regulation Source Documents					
State	Document Title	Document Date	Center	Large Family/Group	Small Family
AL	Alabama - 2 pertinent documents				
	<a href="#">Minimum Standards for Family Day Care Homes, Family Nighttime Homes, Group Day Care Homes, and Group Nighttime Homes Regulations and Procedures</a>	1/22/2001 (reprinted 4/2009)		X	X
	<a href="#">Minimum Standards for Day Care Centers and Nighttime Centers</a>	1/22/2001 (reprinted 4/2009)	X		
AK	Alaska - 1 pertinent document				
	<a href="#">Title 7 AAC 57- Child Care Facilities Licensing</a>	6/23/2006	X	X	X
AZ	Arizona - 3 pertinent documents				
	<a href="#">9 A.A.C. 3, Arizona Dept. of Health Services, Child Care Group Homes</a>	9/1/2004		X	
	<a href="#">9 A.A.C. 5, Arizona Dept. of Health Services, Child Care Facilities</a>	9/30/2010	X	X	
	<a href="#">6 A.A.C.5, Article 52: Arizona Dept. of Economic Security, Certification and Supervision of Family Child Care Home Providers</a>	5/19/1999			X
AR	Arkansas - 3 pertinent documents				
	<a href="#">Minimum Licensing Requirements for Child Care Centers</a>	Mar-10	X		
	<a href="#">Minimum Licensing Requirements for Child Care Family Homes</a>	Mar-10		X	
	<a href="#">Minimum Licensing Requirements for Voluntary Registered Child Care Family Homes</a>	Mar-10			X
CA	California - 4 pertinent documents				
	<a href="#">Title 22, Division 12, Chapter 1, Articles 1, 2 - Child Care Centers General Licensing Requirements</a>	6/15/2005 (pub. 7/20/2005)	X		
	<a href="#">Title 22, Division 12, Chapter 1, Article 6 - Child Care Centers Continuing Requirements (continued)</a>	6/8/2005 (pub. 7/7/2005)	X		
	<a href="#">Title 22, Division 12, Chapter 1, Article 7 - Child Care Physical Environment</a>	11/1/2008 (pub. 9/10/2004)	X		
	<a href="#">Title 22, Division 12, Chapter 1 Subchapters 2, 3 - Child Care Infant Centers and School Age Day Care</a>	11/1/1998 (pub. 9/10/2004)	X		

State Legislation Child Care Regulation Source Documents					
State	Document Title	Document Date	Center	Large Family/Group	Small Family
CO	Colorado - 2 pertinent documents				
	<a href="#">Volume of Child Care Facility Licensing</a>	5/1/2010	X	X	X
	<a href="#">Rules and Regulations Governing the Health and Sanitation of Child Care Facilities</a>	5/30/2005		X	
CT	Connecticut - 2 pertinent documents				
	<a href="#">Statutes and Regulations for Licensing Child Day Care Centers and Group Day Care Homes</a>	Jul-09	X	X	
	<a href="#">Statutes and Regulations for Licensing Family Day Care Homes</a>	Jul-09			X
DE	Delaware - 3 pertinent documents				
	<a href="#">Rules for Early Care and Education and School-Age Centers</a>	1/1/2007	X		
	<a href="#">Rules for Large Family Child Care Homes</a>	Jan-09		X	
	<a href="#">Rules for Family Child Care Homes</a>	Jan-09			X
D.C.	Washington DC - 1 pertinent document				
	<a href="#">DCMR 29 Public Welfare Chapter 3 Child Development Facilities</a>	4/27/2007	X		X
FL	Florida - 2 pertinent documents				
	<a href="#">Chapter 65C-20 Family Day Care Standards and Large Family Child Care Homes</a>	1/13/2010		X	X
	<a href="#">Chapter 65C-22 Child Care Standards</a>	1/13/2010	X		
GA	Georgia - 3 pertinent documents				
	<a href="#">Rules and Regulations for Child Care Learning Centers</a>	1/1/2010	X		
	<a href="#">Rules and Regulations for Group Day Care Homes</a>	1/1/2010		X	
	<a href="#">Rules and Regulations for Family Day Care Homes</a>	1/1/2010			X
HI	Hawaii - 4 pertinent documents				
	<a href="#">Title 17: Chapter 891.1 Registration of Family Child Care Homes</a>	12/19/2002			X
	<a href="#">Title 17: Chapter 892.1 Licensing of Group Child Care Centers and Group Child Care Homes</a>	12/19/2002	X	X	
	<a href="#">Title 17: Chapter 895 Licensing of Infant and Toddler Child Care Centers</a>	12/19/2002	X		
	<a href="#">Title 17: Chapter 896 Licensing of Before and After School Child Care Facilities</a>	12/19/2002	X		
ID	Idaho - 1 pertinent document				
	<a href="#">16.06.02 Rules Governing Standards for Child Care Licensing</a>	7/1/2010	X	X	X
IL	Illinois - 3 pertinent documents				
	<a href="#">Part 406: Licensing Standards for Day Care Homes</a>	7/1/2008			X
	<a href="#">Part 407: Licensing Standards for Day Care Centers</a>	4/1/2010	X		
	<a href="#">Part 408: Licensing Standards for Group Day Care Homes</a>	7/1/2008		X	

State Legislation Child Care Regulation Source Documents					
State	Document Title	Document Date	Center	Large Family/Group	Small Family
IN	Indiana - 4 pertinent documents				
	<a href="#">Rule 1.1 Child Care Homes (470 IAC 3-1.1)</a>	7/3/1996, readopted 7/12/2001			X
	<a href="#">Rule 1.2 Infant and Toddler Services in a Child Care Home (470 IAC 3-1.2-1 - 470 IAC 3-1.2-3)</a>	7/3/1996, readopted 7/12/2001		X	X
	<a href="#">Rule 1.3 Class II Child Care Homes (470 IAC 3-1.3.1)</a>	9/27/1996, readopted 7/12/2001		X	
	<a href="#">Rule 4.7 Child Care Centers; Licensing (470 IAC 3-4.7)</a>	11/7/2003	X		
IA	Iowa - 2 pertinent documents				
	<a href="#">Chapter 109: Child Care Centers</a>	6/1/2010	X		
	<a href="#">Chapter 110: Child Development Homes</a>	11/1/2009		X	X
KS	Kansas - 2 pertinent documents				
	<a href="#">Regulations for Licensing Preschools and Child Care Centers</a>	7/11/2008	X		
	<a href="#">Regulations for Licensing Day Care Homes and Group Day Care Homes</a>	Jul-08		X	X
KY	Kentucky - 2 pertinent documents				
	<a href="#">922 KAR 2:100 Certification of Family Child Care Homes</a>	3/19/2008			X
	<a href="#">922 KAR 2:120 Child Care Facility Health and Safety Standards</a>	3/19/2008	X	X	
LA	Louisiana - 2 pertinent documents				
	<a href="#">Child Day Care Center Class A Minimum Standards</a>	11/1/2003	X		
	<a href="#">Child Day Care Center Class B Minimum Standards</a>	10/1/2000	X		
ME	Maine - 2 pertinent documents				
	<a href="#">Rules for the Licensing of Child Care Facilities</a>	8/27/2008	X	X	
	<a href="#">Rules for Family Child Care Providers</a>	9/1/2009		X	X
MD	Maryland - 2 pertinent documents				
	<a href="#">COMAR 13A. 15. 01 - Family Child Care</a>	4/19/2010			X
	<a href="#">COMAR 13A. 16. 01 - Child Care Centers</a>	4/19/2010	X	X	
MA	Massachusetts - 1 pertinent document				
	<a href="#">Standards for the Licensure of Child Care Programs</a>	Oct-10	X	X	X
MI	Michigan - 2 pertinent documents				
	<a href="#">Licensing Rules for Child Care Centers</a>	6/4/2008	X		
	<a href="#">Licensing Rules for Family and Group Child Care Homes</a>	6/3/2009		X	X
MN	Minnesota - 2 pertinent documents				
	<a href="#">Chapter 9502 Licensing of Day Care Facilities</a>	10/8/2007		X	X
	<a href="#">Chapter 9503 Licensing Requirements for Child Care Centers</a>	10/8/2007	X		

State Legislation Child Care Regulation Source Documents					
State	Document Title	Document Date	Center	Large Family/Group	Small Family
MS	Mississippi - 2 pertinent documents				
	<a href="#">Regulations Governing Licensure of Child Care Facilities</a>	7/1/2009	X		
	<a href="#">Regulations Governing Licensure of Child Care Facilities for 12 or Fewer Children in the Operators Home</a>	7/1/2009		X	X
MO	Missouri - 2 pertinent documents				
	<a href="#">Licensing Rules for Group Child Care Homes and Child Care Centers</a>	Jan-02	X	X	
	<a href="#">Licensing Rules for Family Child Care Homes</a>	May-02		X	X
MT	Montana - 2 pertinent documents				
	<a href="#">Licensing Requirements for Child Day Care Centers</a>	9/1/2006	X		
	<a href="#">Requirements for Registration of Family and Group Day Care Homes</a>	9/1/2006		X	X
NE	Nebraska - 2 pertinent documents				
	<a href="#">Family Child Care Home Standards Chapter 6</a>	Mar-98		X	X
	<a href="#">Child Care Center Standards Chapter 8</a>	Mar-98	X		
NV	Nevada - 2 pertinent documents				
	<a href="#">Chapter 432A Services and Facilities for Care of Children</a>	10/31/2007	X	X	X
	<a href="#">Regulation R112-06</a>	Jan-10	X	X	X
NH	New Hampshire - 1 pertinent document				
	<a href="#">Child Care Program Licensing Rules</a>	2008-2016	X	X	X
NJ	New Jersey - 2 pertinent documents				
	<a href="#">Chapter 122 - Manual of Requirements for Child Care Centers</a>		X	X	
	<a href="#">Chapter 126 - Manual of Requirements for Family Child Care Registration</a>	8/25/2009			X
NM	New Mexico - 1 pertinent document				
	<a href="#">Title 8 Social Services Chapter 16 Part 2 Child Care Centers, Before and After School Programs, Family Child Care Homes and Other Early Care and Education Programs</a>	6/30/2010	X	X	X
NY	New York - 4 pertinent documents				
	<a href="#">Part 416: Group Family Day Care Homes</a>	1/31/2005		X	
	<a href="#">Part 417: Family Day Care Homes</a>	1/31/2005			X
	<a href="#">Part 418 1: Day Care Centers</a>	1/31/2005	X		
	<a href="#">Part 418 2: Small Day Care Centers</a>	1/31/2005	X		
NC	North Carolina - 1 pertinent document				
	<a href="#">Chapter 9 - Child Care Rules</a>	8/1/2010	X	X	X

State Legislation Child Care Regulation Source Documents					
State	Document Title	Document Date	Center	Large Family/Group	Small Family
ND	North Dakota - 3 pertinent documents				
	<a href="#">Family Child Care Homes Early Childhood Services Chapter 75-03-08</a>	1/1/1999			X
	<a href="#">Group Child Care Homes Early Childhood Services Chapter 75-03-09</a>	1/1/1999		X	
	<a href="#">Child Care Center Early Childhood Services Chapter 75-03-10</a>	1/1/1999	X		
OH	Ohio - 3 pertinent documents				
	<a href="#">Child Care Center Manual</a>	6/21/2010	X		
	<a href="#">Child Care Type A Home Manual</a>	6/8/2010		X	
	<a href="#">Child Care Type B Home Manual</a>	2/16/2010			X
OK	Oklahoma - 2 pertinent documents				
	<a href="#">Licensing Requirements for Child Care Centers</a>	10/1/2009	X		
	<a href="#">Licensing Requirements for Family Child Care Homes and Large Child Care Homes</a>	7/1/2010		X	X
OR	Oregon - 3 pertinent documents				
	<a href="#">Rules For Certified Child Care Centers</a>	1/1/2010	X		
	<a href="#">Rules For Certified Family Child Care Homes</a>	1/1/2010		X	
	<a href="#">Rules for Registered Family Child Care Homes</a>	1/1/2010			X
PA	Pennsylvania - 3 pertinent documents				
	<a href="#">Chapter 3270 - Child Day Care Centers</a>	May-09	X		
	<a href="#">Chapter 3280 - Group Child Day Care Homes</a>	Jul-09		X	
	<a href="#">Chapter 3290 - Family Child Day Care Homes</a>	Jul-09			X
RI	Rhode Island - 3 pertinent documents				
	<a href="#">Child Day Care Center Regulations for Licensure</a>	1993	X		
	<a href="#">Family Child Care Home Regulations for Licensure</a>	10/1/2007			X
	<a href="#">Group Family Child Care Home Regulations for Licensure</a>	10/1/2007		X	
SC	South Carolina - 2 pertinent documents				
	<a href="#">Regulations for the Licensing of Group Child Care Homes</a>	5/19/2005		X	
	<a href="#">Regulations for the Licensing of Child Care Centers</a>	5/16/2005	X		
SD	South Dakota - 3 pertinent documents				
	<a href="#">Chapter 67:42:03 Family Day Care Homes</a>	9/29/2004			X
	<a href="#">Chapter 67:42:04 Group Family Day Care Homes</a>	9/29/2004		X	
	<a href="#">Chapter 67:42:10 Day Care Centers</a>	9/29/2004	X		

State Legislation Child Care Regulation Source Documents					
State	Document Title	Document Date	Center	Large Family/Group	Small Family
TN	Tennessee - 4 pertinent documents				
	<a href="#">Chapter 1240-4-1 Standards for Group Child Care Homes</a>	3/14/2009		X	
	<a href="#">Chapter 1240-4-3 Licensure Rules for Child Care Centers</a>	3/14/2009	X		
	<a href="#">Chapter 1240-4-4 Standards for Family Child Care Homes</a>	3/14/2009			X
	<a href="#">Chapter 1240-4-12 Registration of Family Day Care Homes</a>	12/13/1990			X
TX	Texas 2 pertinent documents				
	<a href="#">Chapter 746: Minimum Standard Rules For Licensed Child-Care Centers</a>	3/1/2008	X		
	<a href="#">Chapter 747: Minimum Standard Rules for Registered and Licensed Child-Care Homes</a>	6/1/2008		X	X
UT	Utah - 3 pertinent documents				
	<a href="#">R430-50 Residential Certificate Child Care Standards</a>	9/1/2008			X
	<a href="#">R430-90 Licensed Family Child Care</a>	9/1/2008		X	
	<a href="#">R430-100 Child Care Centers</a>	7/1/2009	X		
VT	Vermont - 3 pertinent documents				
	<a href="#">Early Childhood Programs Licensing Regulations</a>	2/12/2001	X		
	<a href="#">Family Child Care Licensing Regulations</a>	2/12/2001		X	X
	<a href="#">Regulations for Family Day Care Homes</a>	9/17/2009			X
VA	Virginia 1 pertinent document				
	<a href="#">Standards for Licensed Child Day Centers</a>	3/6/2008	X		
WA	Washington 2 pertinent documents				
	<a href="#">Chapter 170-295 Minimum Licensing Requirements for Child Day Care Centers</a>	5/31/2008	X		
	<a href="#">Chapter 170-296 Child Care Business Regulations for Family Home Child Care</a>	5/31/2008		X	X
WV	West Virginia - 3 pertinent documents				
	<a href="#">Title 78, Series 1, Child Care Centers Licensing</a>	5/20/2009	X		
	<a href="#">Title 78, Series 18, Family Child Care Facility Licensing Requirements</a>	7/1/2007		X	
	<a href="#">Title 78, Series 19, Family Child Care Home Registration Requirements</a>	7/1/2007			X
WI	Wisconsin - 3 pertinent documents				
	<a href="#">DCF 202 - Child Care Certification</a>	Nov-08			X
	<a href="#">DCF 250 - Licensing Rules for Family Child Care Centers</a>	1/1/2009			X
	<a href="#">DCF 251 - Licensing Rules for Group Child Care Centers</a>	1/1/2009	X	X	
WY	Wyoming - 1 pertinent document				
	<a href="#">Administrative Rules For Certification of Child Care Facilities</a>	9/1/2008	X	X	X

**NRC Assessment Variables: Source within PCO/CFOC Standards**

<b>INFANT FEEDING</b>	
<b>Subgroup</b>	<b>Description and Source PCO Standard</b> <i>(Where multiple standards address component content, differential contributions are listed.)</i>
Appropriate fluids for young infants (subgroup A)	IA1 Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site. <b>PCO Standard: General Plan for Feeding Infants (p. 26)</b>
	IA2 Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian. <b>PCO Standard: Categories of Foods (p. 18)</b> <b>PCO Standard: Feeding Cow's Milk (p. 39)</b>
How to feed fluids to young infants (subgroup B)	IB1 Feed infants on cue. <b>PCO Standard: Feeding Infants on Cue by a Consistent Caregiver/Teacher (p. 27)</b> <b>PCO Standard: Techniques for Bottle Feeding (p. 33)</b> (Initiate feeding when infant provides cues) <b>PCO Standard: Meal Pattern (p. 19)</b> (Meet some very young infants' needs to be fed at shorter intervals than every two hours to meet their nutritional needs, especially breastfed infants being fed expressed human milk.) <b>PCO Standard: Infant Feeding Policy (p. 49)</b> (Include in infant feeding policy...Acknowledgement that feeding infants on cue rather than on a schedule may help prevent obesity)
	IB2 Do not feed infants beyond satiety/Allow infant to stop the feeding. <b>PCO Standard: Feeding Infants on Cue by a Consistent Caregiver/Teacher (p. 27)</b> (Do not feed infants beyond satiety.) <b>PCO Standard: Techniques for Bottle Feeding (p. 33)</b> (Allow infant to stop the feeding.)
	IB3 Hold infants while bottle feeding or Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap. <b>PCO Standard: Techniques for Bottle Feeding (p. 33)</b> (Hold infants while bottle feeding/Position an infant for bottle feeding in the c/t's arms or sitting up on the c/t's lap.) <b>PCO Standard: Numbers of Children Fed Simultaneously by One Adult (p. 42)</b> (Limit the number of children fed at the same time by one adult...) <b>PCO Standard: Infant Feeding Policy (p. 49)</b> (Include in infant feeding policy... h) Holding infants during bottle-feeding or feeding them sitting up)



Introduction of solids to infants  (subgroup C)	IC1 Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider. <b>PCO Standard: Introduction of Age-Appropriate Solid Foods to Infants (p. 35)</b>
	IC2 Introduce age-appropriate solid foods (128 a) no sooner than 4 months of age, and preferably around 6 months of age. <b>PCO Standard: Introduction of Age-Appropriate Solid Foods to Infants (p. 35)</b> <b>PCO Standard: General Plan for Feeding Infants (p. 26)</b>
	IC3 Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months to complement the human milk. <b>PCO Standard: Introduction of Age-Appropriate Solid Foods to Infants (p. 35)</b> <b>PCO Standard: General Plan for Feeding Infants (p. 26)</b>
Appropriate complementary foods for infants  (subgroup D)	ID1 Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction. <b>PCO Standard: Preparing, Feeding, and Storing Infant Formula (p. 31)</b>
	ID2 Serve whole fruits, mashed or pureed, for infants 7 months up to one year of age. <b>PCO Standard: Categories of Foods (p. 18)</b> <b>PCO Standard: 100% Fruit Juice (p. 21)</b>
	ID3 Serve no fruit juice to children younger than 12 months of age. <b>PCO Standard: Categories of Foods (p. 18)</b> <b>PCO Standard: 100% Fruit Juice (p. 21)</b>

<b>NUTRITION</b>	
<b>Subgroup</b>	<b>Description and Source PCO Standard</b> <i>(Where multiple standards address component content, differential contributions are listed.)</i>
Limit dietary fats (subgroup A)	NA1 Limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats and fried foods. <b>PCO Standard: Categories of Foods (p. 18)</b>
	NA2 Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats. <b>PCO Standard: Categories of Foods (p. 18)</b>
	NA3 Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older. <b>PCO Standard: Categories of Foods (p. 18)</b>
	NA4 Serve whole pasteurized milk to twelve to twenty-four month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity. <b>PCO Standard: Feeding Cow's Milk (p. 39)</b> <b>PCO Standard: Categories of Foods (p. 18)</b>
	NA5 Serve skim or 1% pasteurized milk to children two years of age and older. <b>PCO Standard: Feeding Cow's Milk (p. 39)</b> <b>PCO Standard: Categories of Foods (p. 18)</b>
Serve nutrient-dense whole foods (subgroup B)	NB1 Serve whole grain breads, cereals, and pastas. <b>PCO Standard: Categories of Foods (p. 18)</b>
	NB2 Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas. <b>PCO Standard: Categories of Foods (p. 18)</b>
	NB3 Serve fruits of several varieties, especially whole fruits. <b>PCO Standard: Categories of Foods (p. 18)</b>
Wholeness and quantity of juice (subgroup C)	NC1 Use only <b>100% juice with no added sweeteners</b> , and offer only during meal times. ( <b>Split component:</b> See below for "meal times") <b>PCO Standard: 100% Fruit Juice (p. 21)</b> (Use only 100% juice with no added sweeteners, and offer only during meal times.) <b>PCO Standard: Categories of Foods (p. 18)</b> (Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, flavored milk.)
	NC2 Use only 100% juice with no added sweeteners, and <b>offer only during meal times</b> . ( <b>Split component:</b> See above for 100% juice.) <b>PCO Standard: 100% Fruit Juice (p. 21)</b> (Use only 100% juice with no added sweeteners, and offer only during meal times.)

<b>NUTRITION</b>	
<b>Subgroup</b>	<b>Description and Source PCO Standard</b> <i>(Where multiple standards address component content, differential contributions are listed.)</i>
Wholeness and quantity of juice (subgroup C)	NC3 Serve no more than 4 to 6 oz juice /day for children 1-6 years of age. <b>PCO Standard: Categories of Foods (p. 18)</b> <b>PCO Standard: 100% Fruit Juice (p. 21)</b>
	NC4 Serve no more than 8 to 12 oz juice/day for children 7-12 years of age. <b>PCO Standard: Categories of Foods (p. 18)</b> <b>PCO Standard: 100% Fruit Juice (p. 21)</b>
Water availability (subgroup D)	ND1 Make water available both inside and outside. <b>(Supplementary Component - Rationale: Selected to complete construct coverage for beverages)</b> <b>PCO Standard: Availability of Drinking Water (p. 20)</b> <b>PCO Standard: Playing Outdoors (p. 54)</b> (Ensure that children are well-hydrated and encouraged to drink water during the activity.)
Nutrition instruction by word & example (subgroup E)	NE1 Teach children about appropriate portion sizes. AND, 147, teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs. <b>PCO Standard: Nutritional Learning Experiences for Children (p. 46)</b> (Teach children about appropriate portion sizes.) <b>PCO Standard: Serving Size for Toddlers and Preschoolers (p. 38)</b> (Use serving dishes that contain the appropriate amount of food based on serving sizes or portions recommended for each child and adult as described in the CACFP guidelines...Teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs.)
	NE2 Require adults eating meals with children to eat items that meet nutrition standards. <b>PCO Standard: Socialization During Meals (p. 41)</b>
Age and individual nutritional requirements (subgroup F)	NF1 Serve small-sized, age-appropriate portions. <b>PCO Standard: Serving Size for Toddlers and Preschoolers (p. 38)</b>
	NF2 Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child. AND, Teach children who require limited portions about portion size and monitor their portions. <b>(Combined component- one rating)</b> <b>PCO Standard: Standard: Serving Size for Toddlers and Preschoolers</b> (Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child.) <b>(p. 38)</b> <b>PCO Standard: Socialization During Meals (p. 41)</b> (Teach children who require limited portions about portion size and monitor their portions.)

Limit sugar and salt (subgroup G)	<p>NG1 Limit salt by avoiding salty foods such as chips and pretzels. . <b>(Supplementary Component - Rationale:</b> Selected to complete the food groups construct.)</p> <p><b>PCO Standard: Categories of Foods (p. 18)</b> (Limit salt by avoiding salty foods such as chips and pretzels.)</p> <p><b>PCO Standard: Serving Size for Toddlers and Preschoolers (p. 38)</b> (Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child.)</p>
	<p>NG2 Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.</p> <p><b>PCO Standard: Categories of Foods (p. 18)</b></p>
Misuse of food (subgroup H)	<p>NH1 Do not force or bribe children to eat.</p> <p><b>PCO Standard: Prohibited Uses of Food (p. 43)</b></p>
	<p>NH2 Do not use food as a reward or punishment.</p> <p><b>PCO Standard: Prohibited Uses of Food(p. 43)</b></p>

<b>PHYSICAL ACTIVITY</b>	
<b>Subgroup</b>	<b>Description and Source PCO Standard</b> <i>(Where multiple standards address component content, differential contributions are listed.)</i>
General Promotion of Activity (subgroup A)	PA1 Provide children with adequate space for both inside and outside play.  <b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b>
	PA2 Provide orientation and annual training opportunities for caregivers/teachers to learn about age-appropriate gross motor activities and games that promote children’s physical activity.  <b>PCO Standard: Caregivers/Teachers’ Encouragement of Physical Activity (p. 55)</b>
	PA3 Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation.  <b>PCO Standard: Policies and Practices that Promote Physical Activity (p. 56)</b>
	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.  <b>PCO Standard: Caregivers/Teachers’ Encouragement of Physical Activity (p. 55)</b>
	PA5 Do not withhold active play from children who misbehave, although out-of-control behavior may require five minutes or less calming periods to help the child settle down before resuming cooperative play or activities. . <b>(Supplementary Component - Rationale: Addresses prohibited uses of physical activity; equivalent construct to prohibited use of food.)</b>  <b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b>
Screen Time (subgroup B)	PB1 Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than two years. <b>(Supplementary Component - Rationale: Added to complete the age range coverage.)</b>  <b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b>
	PB2 Limit total media time for children two years and older to (270a) not more than 30 minutes once a week, and (270b) use only for educational purposes or physical activity. <b>(Split component: Two scales were devised, one for 30 minute limit, and one for purpose.)</b>  <b>PCO Standard: Limiting Screen Time - Media, Computer Time (p. 58)</b> <b>PCO Standard: Caregivers/Teachers’ Encouragement of Physical Activity (p. 55)</b> (Limit screen time (TV, DVD, computer time).)
	PB3 Do not utilize TV, video, or DVD viewing during meal or snack time.  <b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b>

<b>PHYSICAL ACTIVITY</b>	
<b>Subgroup</b>	<b>Description and Source PCO Standard</b> <i>(Where multiple standards address component content, differential contributions are listed.)</i>
Age- Specific Activity  (subgroup C)	<p>PC1 Provide daily for all children, birth to six years, two to three occasions of active play outdoors, weather permitting.</p> <p><b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b></p> <p>PC2 Allow toddlers sixty to ninety minutes per eight-hour day for vigorous physical activity.</p> <p><b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b></p> <p>PC3 Allow preschoolers ninety to one-hundred and twenty minutes per eight-hour day for vigorous physical activity</p> <p><b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b></p>
Caregiver/ teacher involvement in children’s activities  (subgroup D)	<p>PD1 Provide daily for all children, birth to six years, two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor; AND, Require caregivers/teachers to lead structured activities to promote children’s activities two or more times per day.) <b>(Combined component- one rating)</b></p> <p><b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b> (Provide daily for all children, birth to six years, two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor.)</p> <p><b>PCO Standard: Caregivers/Teachers’ Encouragement of Physical Activity (p. 55)</b> (Require caregivers/teachers to lead structured activities to promote children’s activities two or more times per day.)</p>
Infant-specific Activity  (subgroup E)	<p>PE1 Ensure that infants have supervised tummy time every day when they are awake. <b>Supplementary Component (Rationale:</b> With component below, completes coverage of age ranges (infants).)</p> <p><b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b></p> <p>PE2 Use infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. only for short periods of time if at all. <b>Supplementary Components (Rationale:</b> With component above, completes coverage of age ranges (infants).)</p> <p><b>PCO Standard: Active Opportunities for Physical Activity (p. 51)</b></p>

Component	Component Description	CACFP Rating	Explanation of CACFP Rating	My Pyramid Rating	Explanation of My Pyramid Rating
<b>Nutrition Components</b>					
NA1	<b>Limit oils</b> by choosing <b>monounsaturated and polyunsaturated fats</b> (such as olive oil or safflower oil) and <b>avoiding trans fats, saturated fats and fried foods.</b>	2	The rating Oils and fats are not addressed in the CACFP Meal Pattern. The state receives this rating if they refer to CACFP without additional text.	4	My Pyramid limits consumption by proportion; list preferred oils and recommends avoiding saturated fats and fried foods. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NA2	Serve <b>meats and/or beans</b> - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.	3	Lean meats and/or beans are recommended in the CACFP Meal Pattern, but the avoidance of fried meats is not stated specifically. The state receives this rating if they refer to CACFP without additional or contradicting text.	4	My Pyramid recommends lean meats and legumes and avoidance of fried meats. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NA3	Serve other <b>milk equivalent</b> products such as <b>yogurt and cottage cheese</b> , using <b>low-fat varieties for children 2 years of age and older.</b>	3	CACFP Meal Pattern does not specify recommended milk fat content. The state receives this rating if they refer to CACFP without additional or contradicting text pertinent to milk equivalents.	4	My Pyramid recommends serving low-fat milk equivalent products for 2 years and older. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NA4	Serve <b>whole pasteurized milk</b> to <b>twelve to twenty-four month old children</b> who are not on human milk or prescribed formula, or serve <b>reduced fat (2%) pasteurized milk</b> to those who are at risk for hypercholesterolemia or obesity.	2	CACFP Meal Pattern does not specify recommended milk fat content. The state receives this rating if they refer to CACFP without additional text pertinent to fat content.	2	My Pyramid has no recommendations for children younger than 2 years. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional text.
NA5	Serve <b>skim or 1%</b> pasteurized milk to children <b>two years of age and older.</b>	2	CACFP Meal Pattern does not specify recommended milk fat content. The state receives this rating if they refer to CACFP without additional text pertinent to fat content.	4	My Pyramid recommends serving only skim or 1% milk to children 2 years and older. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.

Component	Component Description	CACFP Rating	Explanation of CACFP Rating	My Pyramid Rating	Explanation of My Pyramid Rating
NB1	Serve <b>whole grain breads, cereals, and pastas.</b>	3	CACFP Meal Pattern includes whole grain breads, but also allows choice of serving enriched grain products. They do not specify all or a percentage that must be whole grain. The state receives this rating if they refer to CACFP without additional or contradicting text.	4	My Pyramid recommends at least 50% breads, cereals, and pastas be whole grain. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NB2	Serve <b>vegetables</b> , specifically, <b>dark green, orange, deep yellow vegetables, and root vegetables</b> , such as potatoes and viandas.	3	CACFP recommends vegetables, but does not provide specification on variety and/or type. The state receives this rating if they refer to CACFP without additional or contradicting text.	4	My Pyramid recommends a variety of types and colors of vegetables daily. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NB3	Serve <b>fruits of several varieties, especially whole fruits.</b>	3	CACFP recommends fruits, but does not provide specification on variety and/or wholeness. The state receives this rating if they refer to CACFP without additional or contradicting text.	4	My Pyramid recommends a variety of whole fruits. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NC1	Use <b>only 100% juice with no added sweeteners</b> (and NC2 ( <b>rater later</b> ) and offer only during meal time).	4	CACFP recommends full strength (that is, 100%) fruit juice. The state receives this rating if they refer to CACFP without additional or contradicting text.	4	My Pyramid recommends serving 100% juice. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NC2	<b>(NC1 (rated above)</b> Use only 100% juice with no added sweeteners”, and) <b>offer only during meal times.</b>	2	CACFP does not prohibit serving fruit juice at non-meal times. The state receives this rating if they refer to CACFP without additional text.	2	My Pyramid does not prohibit serving fruit juice at non-meal times. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional text.



Component	Component Description	CACFP Rating	Explanation of CACFP Rating	My Pyramid Rating	Explanation of My Pyramid Rating
NC3	Serve no more than <b>4 to 6 oz juice/day for children 1-6 years</b> of age.	3	CACFP sets limits per meal or snack, which may exceed CFOC daily limit over the course of a day. The state receives this rating if they refer to CACFP without additional or contradicting text.	3	My Pyramid limits quantities of juice for some, but not all, age groups. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional or contradicting text.
NC4	Serve no more than <b>8 to 12 oz juice/day</b> for children <b>7-12 years of age</b> .	3	CACFP sets limits per meal or snack, which may exceed CFOC daily limit over the course of a day. The state receives this rating if they refer to CACFP without additional or contradicting text.	3	My Pyramid limits quantities of juice for all age group, but amount is unspecified. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional or contradicting text.
ND1	Make <b>water available</b> both inside and outside.	2	CACFP does not mention water. The state receives this rating if they refer to CACFP without additional text.	4	My Pyramid recommends that water be available both indoors and outdoors. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NE1	<b>Teach children about appropriate portion sizes</b> ; AND, Teach children appropriate portion size by <b>using plates, bowls and cups that are developmentally appropriate</b> to their nutritional needs.	2	CACFP Meal Pattern does not address teaching, nor does it address tableware (except the term “cup” as a measure). The state receives this rating if they refer to CACFP without additional text pertinent to “teaching”.	2	My Pyramid does not address teaching, nor do they address tableware. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional text.
NE2	Require <b>adults eating meals with children</b> to eat items that meet nutrition standards.	2	CACFP Meal Pattern does not mention adults eating meals with children. The state receives this rating if they refer to CACFP without additional text pertinent to adults eating with children.	2	My Pyramid does not mention adults eating meals with children. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional text.

Component	Component Description	CACFP Rating	Explanation of CACFP Rating	My Pyramid Rating	Explanation of My Pyramid Rating
NF1	Serve <b>small-sized, age-appropriate portions</b> .	4	CACFP recommends portion sizes based on age. The state receives this rating if they refer to CACFP without additional or contradicting text.	4	My Pyramid recommends that portion sizes be based on age. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NF2	Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to <b>meet the caloric needs of the individual child</b> ; AND, Teach <b>children who require limited portions</b> about portion size and <b>monitor their portions. (Controlling Portions/Portion Size)</b>	3	CACFP sets minimums for all children and allows additional portions for infants as needed and for older children (does not address limiting portions or individual caloric need overall). The state receives this rating if they refer to CACFP without additional or contradicting text.	2	My Pyramid does not mention the adequacy or sufficiency of servings to meet individual caloric needs or monitoring or limitation of portions. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional text.
NG1	<b>Limit salt</b> by avoiding salty foods such as chips and pretzels.	2	Salt content of foods is not addressed the CACFP Meal Pattern. The state receives this rating if they refer to CACFP without additional text pertinent to limiting salt.	4	My Pyramid recommends limiting salt and salty foods in the diet. The state receives this rating if they refer to My Pyramid or Food Pyramid without contradicting text.
NG2	Avoid <b>sugar</b> , including <b>concentrated sweets</b> such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	1	CACFP Meal Pattern allows sweetened yogurt. The state receives this rating if they refer to CACFP without additional text pertinent to sugar and sweets.	3	My Pyramid recommends limited consumption of concentrated sweets and not adding sugar to foods. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional or contradicting text.
NH1	Do not <b>force or bribe</b> children to eat.	2	CACFP Meal Pattern does not mention force or bribery related to eating. The state receives this rating if they refer to CACFP without additional text pertinent to forcing or bribing a child to eat.	2	My Pyramid does not mention force or bribery related to eating. The state receives this rating if they refer to My Pyramid or Food Pyramid without additional text.

Component	Component Description	CACFP Rating	Explanation of CACFP Rating	My Pyramid Rating	Explanation of My Pyramid Rating
NH2	Do not use food as a <b>reward or punishment</b> .	2	CACFP Meal Pattern does not mention using food as a reward or punishment. The state receives this rating if they refer to CACFP without additional text pertinent to using food as a punishment or reward.	2	My Pyramid does not mention the use of food as reward or punishment.
<b>Infant Feeding Components</b>					
IA1	Encourage and support breastfeeding and feeding of <b>breast milk</b> by <b>making arrangements for mothers</b> to feed their children comfortably on-site.	3	"Breast milk" is recommended in the CACFP Meal Pattern, but arrangements for breastfeeding are not mentioned. The state receives this rating if they refer to CACFP without additional text or contradicting.		<b>My Pyramid does not address infant feeding.</b>
IA2	Serve <b>human milk or infant formula to at least age 12 months</b> , not cow's milk, <b>unless written exception</b> is provided by <b>primary care provider and parent/guardian</b> .	4	CACFP Meal Plan requires human milk or formula for children under the age of 12 months. The state receives this rating if they refer to CACFP without additional or contradicting text.		
IB1	Feed infants <b>on cue</b> .	4	CACFP Meal Pattern includes language that implies responsiveness to infant cues. <sup>1</sup> The state receives this rating if they refer to CACFP without additional or contradicting text.		

<sup>1</sup> From CACFP Meal Pattern Infant charts: **"For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry." (bold type added).**

Component	Component Description	CACFP Rating	Explanation of CACFP Rating	My Pyramid Rating	Explanation of My Pyramid Rating
IB2	<b>Do not feed infants beyond satiety; AND, Allow infant to stop the feeding.</b>	3	CACFP Meal Pattern includes language that implies responsiveness to infant cues to stop feeding, but only addresses some infants eating breastmilk. <sup>2</sup> The state receives this rating if they refer to CACFP without additional or contradicting text.		
IB3	<b>Hold infants while bottle feeding, AND, Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.</b>	2	CACFP Meal Pattern does not mention bottle feeding positions. The state receives this rating if they refer to CACFP without additional text.		
IC1	Develop a <b>plan for introducing age-appropriate solid foods</b> (complementary foods) in <b>consultation with the child's parent/guardian and primary care provider.</b>	3	CACFP Meal Pattern constitutes a plan for introduction and includes the language regarding developmental readiness for solid foods. The state receives this rating if they refer to CACFP without additional or contradicting text.		
IC2	Introduce age-appropriate solid foods <b>no sooner than 4 months of age, and preferably around 6 months of age.</b>	3	CACFP Meal Pattern allows for the introduction of solid foods between the ages of 4-7 months. The state receives this rating if they refer to CACFP without additional or contradicting text.		

<sup>2</sup> From CACFP Meal Pattern Infant charts: **"For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry."** (*bold type added*).

Component	Component Description	CACFP Rating	Explanation of CACFP Rating	My Pyramid Rating	Explanation of My Pyramid Rating
IC3	<b>Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months</b> to complement the human milk.	3	CACFP Meal Pattern allows for the introduction of iron-fortified foods between the ages of 4-7 months. The state receives this rating if they refer to CACFP without additional or contradicting text.		
ID1	Do not feed an infant <b>formula mixed with cereal, fruit juice or other foods</b> unless the primary care provider provides written instruction.	2	CACFP Meal Plan lists human milk or formula and cereal as meal and snack components for infant ages 4 months up, but does not specify the means of preparation of cereal or formula (i.e., no “mixing” or “combining” language). The state receives this rating if they refer to CACFP without additional text.		
ID2	Serve <b>whole fruits, mashed or pureed</b> , for infants <b>7 months up to one year of age</b> .	1	CACFP Meal Pattern allows fruit to be served at the age of 4-7 months, “when the infant is developmentally ready to accept it.” The state receives this rating if they refer to CACFP without additional text.		
ID3	Serve <b>no fruit juice</b> to children <b>younger than 12 months</b> of age.	1	CACFP Meal Pattern allows for the serving of fruit juice at ages 8-11 months. The state receives this rating if they refer to CACFP without additional text.		

**List of State References:**

Require CACFP		CACFP is Optional	Require My Pyramid
Alabama	Mississippi	Kentucky	Florida
Alaska	Montana	New York	South Dakota
Arizona*	Nebraska*	Tennessee	
California*	New Mexico	Texas	
Colorado*	North Carolina		
Connecticut*	North Dakota*		
Delaware	Ohio		
Georgia*	Oregon		
Hawaii	Rhode Island*		
Iowa	South Carolina		
Louisiana	Utah*		
Maryland	Virginia		
Massachusetts	Washington*		
Maine	West Virginia**		
Michigan	Wisconsin*		
Minnesota			

\*States that do not require CACFP for all care types.

\*\*West Virginia does not require CACFP guidelines for infant feeding in all documents.

Component group	Subgroup	Comp. (org #)	Center				Lg Fam Grp Home				Small Fam Home				Combined (All Child Care types)			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
			<b>I) Infant Feeding</b>	IA Appropriate fluids for young infants	IA1 (64)	0	27	16	8	0	25	16	6	0	27	14	6	0
IA2 (15)	2	17			6	26	1	17	3	26	2	19	2	24	5	53	11	76
IA	2	44			22	34	1	42	19	32	2	46	16	30	5	132	57	96
	1.96%	43.14%			21.57%	33.33%	1.06%	44.68%	20.21%	34.04%	2.13%	48.94%	17.02%	31.91%	1.72%	45.52%	19.66%	33.10%
IB How to feed fluids to young infants	IB1 (68)	0		9	6	36	0	12	3	32	0	16	2	29	0	37	11	97
	IB2 (70 & 110)	0		22	29	0	0	19	28	0	0	23	24	0	0	64	81	0
	IB3 (100 & 101)	0		4	34	13	0	9	28	10	0	10	29	8	0	23	91	31
	IB	0		35	69	49	0	40	59	42	0	49	55	37	0	124	183	128
IC Introduction of solids to infants	IC1 (127)	0		10	37	4	0	9	37	1	0	15	32	0	0	34	106	5
	IC2 (128)	1		19	29	2	1	18	27	1	0	20	26	1	2	57	82	4
	IC3 (129)	0		20	30	1	0	18	29	0	0	22	25	0	0	60	84	1
	IC	1		49	96	7	1	45	93	2	0	57	83	1	2	151	272	10
ID Appropriate solids for infants	ID1 (96)	0		47	2	2	0	44	2	1	0	45	1	1	0	136	5	4
	ID2 (11)	30		20	1	0	29	18	1	0	25	22	1	0	84	60	3	0
	ID3 (12)	29		19	3	0	27	18	2	0	23	22	2	0	79	59	7	0
	ID	59		86	6	2	56	80	5	1	48	89	4	1	163	255	15	4
Component group total	I (A-D summed)	62		214	193	92	58	207	176	77	50	241	158	69	170	662	527	238
		11.05%		38.15%	34.40%	16.40%	11.20%	39.96%	33.98%	14.86%	9.65%	46.53%	30.50%	13.32%	10.64%	41.45%	33.00%	14.90%

<b>N) Nutrition</b>	NA Limit dietary fats	NA1 (20)	0	47	2	2	0	42	3	2	0	43	2	2	0	132	7	6
			0.00%	92.16%	3.92%	3.92%	0.00%	89.36%	6.38%	4.26%	0.00%	91.49%	4.26%	4.26%	0.00%	91.03%	4.83%	4.14%
		NA2 (19)	0	10	38	3	0	7	37	3	0	13	31	3	0	30	106	9
			0.00%	19.61%	74.51%	5.88%	0.00%	14.89%	78.72%	6.38%	0.00%	27.66%	65.96%	6.38%	0.00%	20.69%	73.10%	6.21%
		NA3 (18)	0	14	35	2	1	11	33	2	1	16	28	2	2	41	96	6
			0.00%	27.45%	68.63%	3.92%	2.13%	23.40%	70.21%	4.26%	2.13%	34.04%	59.57%	4.26%	1.38%	28.28%	66.21%	4.14%
	NA4 (152)	0	42	9	0	0	41	6	0	0	41	6	0	0	124	21	0	
		0.00%	82.35%	17.65%	0.00%	0.00%	87.23%	12.77%	0.00%	0.00%	87.23%	12.77%	0.00%	0.00%	85.52%	14.48%	0.00%	
	NA5 (153)	1	44	2	4	0	41	2	4	0	42	2	3	1	127	6	11	
		1.96%	86.27%	3.92%	7.84%	0.00%	87.23%	4.26%	8.51%	0.00%	89.36%	4.26%	6.38%	0.69%	87.59%	4.14%	7.59%	
	NA	1	157	86	11	1	142	81	11	1	155	69	10	3	454	236	32	
		0.39%	61.57%	33.73%	4.31%	0.43%	60.43%	34.47%	4.68%	0.43%	65.96%	29.36%	4.26%	0.41%	62.62%	32.55%	4.41%	
	NB Serve nutrient-dense whole foods	NB1 (8)	0	17	30	4	0	13	30	4	0	18	25	4	0	48	85	12
			0.00%	33.33%	58.82%	7.84%	0.00%	27.66%	63.83%	8.51%	0.00%	38.30%	53.19%	8.51%	0.00%	33.10%	58.62%	8.28%
		NB2 (9)	0	10	36	5	0	7	34	6	0	13	30	4	0	30	100	15
			0.00%	19.61%	70.59%	9.80%	0.00%	14.89%	72.34%	12.77%	0.00%	27.66%	63.83%	8.51%	0.00%	20.69%	68.97%	10.34%
	NB3 (10)	0	8	32	11	0	5	32	10	0	11	27	9	0	24	91	30	
		0.00%	15.69%	62.75%	21.57%	0.00%	10.64%	68.09%	21.28%	0.00%	23.40%	57.45%	19.15%	0.00%	16.55%	62.76%	20.69%	
	NB	0	35	98	20	0	25	96	20	0	42	82	17	0	102	276	57	
		0.00%	22.88%	64.05%	13.07%	0.00%	17.73%	68.09%	14.18%	0.00%	29.79%	58.16%	12.06%	0.00%	23.45%	63.45%	13.10%	
	NC Wholeness and quantity of juice	NC1 (39a)	1	12	2	36	1	10	2	34	1	16	1	29	3	38	5	99
			1.96%	23.53%	3.92%	70.59%	2.13%	21.28%	4.26%	72.34%	2.13%	34.04%	2.13%	61.70%	2.07%	26.21%	3.45%	68.28%
		NC2 (39b)	0	46	3	2	0	42	3	2	0	43	2	2	0	131	8	6
			0.00%	90.20%	5.88%	3.92%	0.00%	89.36%	6.38%	4.26%	0.00%	91.49%	4.26%	4.26%	0.00%	90.34%	5.52%	4.14%
		NC3 (13)	0	14	36	1	0	11	33	3	0	16	28	3	0	41	97	7
		0.00%	27.45%	70.59%	1.96%	0.00%	23.40%	70.21%	6.38%	0.00%	34.04%	59.57%	6.38%	0.00%	28.28%	66.90%	4.83%	
	NC4 (14)	0	15	34	2	0	11	32	4	0	16	28	3	0	42	94	9	
		0.00%	29.41%	66.67%	3.92%	0.00%	23.40%	68.09%	8.51%	0.00%	34.04%	59.57%	6.38%	0.00%	28.97%	64.83%	6.21%	
	NC	1	87	75	41	1	74	70	43	1	91	59	37	3	252	204	121	
		0.49%	42.65%	36.76%	20.10%	0.53%	39.36%	37.23%	22.87%	0.53%	48.40%	31.38%	19.68%	0.52%	43.45%	35.17%	20.86%	
	ND Water availability	ND (134)	0	7	25	19	0	10	22	15	0	16	15	16	0	33	62	50
		0.00%	13.73%	49.02%	37.25%	0.00%	21.28%	46.81%	31.91%	0.00%	34.04%	31.91%	34.04%	0.00%	22.76%	42.76%	34.48%	
	NE Nutrition instruction by word & example	NE1 (205 & 147, 205)	0	44	7	0	0	43	4	0	0	45	2	0	0	132	13	0
		0.00%	86.27%	13.73%	0.00%	0.00%	91.49%	8.51%	0.00%	0.00%	95.74%	4.26%	0.00%	0.00%	91.03%	8.97%	0.00%	
NE2 (163)		0	49	1	1	0	46	1	0	0	47	0	0	0	142	2	1	
	0.00%	96.08%	1.96%	1.96%	0.00%	97.87%	2.13%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	97.93%	1.38%	0.69%		
NE	0	93	8	1	0	89	5	0	0	92	2	0	0	274	15	1		
	0.00%	91.18%	7.84%	0.98%	0.00%	94.68%	5.32%	0.00%	0.00%	97.87%	2.13%	0.00%	0.00%	94.48%	5.17%	0.34%		
NF Age and individual nutritional requirements	NF1 (144)	0	9	5	37	0	6	4	37	0	10	5	32	0	25	14	106	
		0.00%	17.65%	9.80%	72.55%	0.00%	12.77%	8.51%	78.72%	0.00%	21.28%	10.64%	68.09%	0.00%	17.24%	9.66%	73.10%	
	NF2 (145 & 168, 145)	5	12	32	2	3	10	32	2	1	16	28	2	9	38	92	6	
	9.80%	23.53%	62.75%	3.92%	6.38%	21.28%	68.09%	4.26%	2.13%	34.04%	59.57%	4.26%	6.21%	26.21%	63.45%	4.14%		
NF	5	21	37	39	3	16	36	39	1	26	33	34	9	63	106	112		
	4.90%	20.59%	36.27%	38.24%	3.19%	17.02%	38.30%	41.49%	1.06%	27.66%	35.11%	36.17%	3.10%	21.72%	36.55%	38.62%		
NG Limit sugar and salt	NG1 (22)	0	47	1	3	0	42	1	4	0	43	0	4	0	132	2	11	
		0.00%	92.16%	1.96%	5.88%	0.00%	89.36%	2.13%	8.51%	0.00%	91.49%	0.00%	8.51%	0.00%	91.03%	1.38%	7.59%	
	NG2 (21)	24	16	10	1	21	16	9	1	20	20	7	0	65	52	26	2	
	47.06%	31.37%	19.61%	1.96%	44.68%	34.04%	19.15%	2.13%	42.55%	42.55%	14.89%	0.00%	44.83%	35.86%	17.93%	1.38%		
NG	24	63	11	4	21	58	10	5	20	63	7	4	65	184	28	13		
	23.53%	61.76%	10.78%	3.92%	22.34%	61.70%	10.64%	5.32%	21.28%	67.02%	7.45%	4.26%	22.41%	63.45%	9.66%	4.48%		
NH Misuse of food	NH1 (183)	0	21	27	3	0	17	29	1	19	27	1	0	57	83	5		
		0.00%	41.18%	52.94%	5.88%	0.00%	36.17%	61.70%	2.13%	0.00%	40.43%	57.45%	2.13%	0.00%	39.31%	57.24%	3.45%	
	NH2 (184)	0	6	36	9	0	7	35	5	0	8	34	5	0	21	105	19	
	0.00%	11.76%	70.59%	17.65%	0.00%	14.89%	74.47%	10.64%	0.00%	17.02%	72.34%	10.64%	0.00%	14.48%	72.41%	13.10%		
NH	0	27	63	12	0	24	64	6	0	27	61	6	0	78	188	24		
	0.00%	26.47%	61.76%	11.76%	0.00%	25.53%	68.09%	6.38%	0.00%	28.72%	64.89%	6.38%	0.00%	26.90%	64.83%	8.28%		
Component group total	N (A-H summed)	31	490	403	147	26	438	384	139	23	512	328	124	80	1440	1115	410	
		2.89%	45.75%	37.63%	13.73%	2.63%	44.38%	38.91%	14.08%	2.33%	51.87%	33.23%	12.56%	2.63%	47.29%	36.62%	13.46%	



<b>P) Physical Activity</b>	PA General Promotion of Activity	PA1 (237)	0	1	0	50	0	3	2	42	0	6	7	34	0	10	9	126	
			0.00%	1.96%	0.00%	98.04%	0.00%	6.38%	4.26%	89.36%	0.00%	12.77%	14.89%	72.34%	0.00%	6.90%	6.21%	86.90%	
		PA2 (256)	0	50	1	0	0	0	46	1	0	0	46	1	0	0	142	3	0
			0.00%	98.04%	1.96%	0.00%	0.00%	0.00%	97.87%	2.13%	0.00%	0.00%	97.87%	2.13%	0.00%	0.00%	97.93%	2.07%	0.00%
		PA3 (258)	0	50	0	1	0	0	45	1	1	0	45	1	1	0	140	2	3
			0.00%	98.04%	0.00%	1.96%	0.00%	0.00%	95.74%	2.13%	2.13%	0.00%	95.74%	2.13%	2.13%	0.00%	96.55%	1.38%	2.07%
		PA4 (250)	0	51	0	0	0	0	47	0	0	0	47	0	0	0	145	0	0
		0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	
	PA5 (233)	0	27	16	8	0	0	26	12	9	0	26	12	9	0	79	40	26	
		0.00%	52.94%	31.37%	15.69%	0.00%	0.00%	55.32%	25.53%	19.15%	0.00%	55.32%	25.53%	19.15%	0.00%	54.48%	27.59%	17.93%	
	<b>PA</b>	0	179	17	59	0	0	167	16	52	0	170	21	44	0	516	54	155	
		0.00%	70.20%	6.67%	23.14%	0.00%	0.00%	71.06%	6.81%	22.13%	0.00%	72.34%	8.94%	18.72%	0.00%	71.17%	7.45%	21.38%	
	PB Screen Time	PB1 (269)	0	32	16	3	0	27	19	4	0	27	19	4	0	86	54	5	
			0.00%	62.75%	31.37%	5.88%	0.00%	57.45%	40.43%	2.13%	0.00%	57.45%	40.43%	2.13%	0.00%	59.31%	37.24%	3.45%	
		PB2 (270a)	0	35	16	0	0	28	19	0	0	29	18	0	0	92	53	0	
			0.00%	68.63%	31.37%	0.00%	0.00%	59.57%	40.43%	0.00%	0.00%	61.70%	38.30%	0.00%	0.00%	63.45%	36.55%	0.00%	
		PB3 (270b)	0	44	2	5	0	40	2	5	0	40	2	5	0	124	6	15	
			0.00%	86.27%	3.92%	9.80%	0.00%	85.11%	4.26%	10.64%	0.00%	85.11%	4.26%	10.64%	0.00%	85.52%	4.14%	10.34%	
	PB4 (271)	0	51	0	0	0	47	0	0	0	47	0	0	0	145	0	0		
		0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%		
	<b>PB</b>	0	162	34	8	0	142	40	9	0	143	39	9	0	447	113	20		
		0.00%	79.41%	16.67%	3.92%	0.00%	74.35%	20.94%	4.71%	0.00%	74.87%	20.42%	4.71%	0.00%	77.07%	19.48%	3.45%		
	PC Age- Specific Activity	PC1 (221)	0	5	41	5	0	8	36	3	0	8	35	4	0	21	112	12	
		0.00%	9.80%	80.39%	9.80%	0.00%	17.02%	76.60%	6.38%	0.00%	17.02%	74.47%	8.51%	0.00%	14.48%	77.24%	8.28%		
PC2 (226)		0	13	38	0	0	16	31	0	0	14	33	0	0	43	102	0		
		0.00%	25.49%	74.51%	0.00%	0.00%	34.04%	65.96%	0.00%	0.00%	29.79%	70.21%	0.00%	0.00%	29.66%	70.34%	0.00%		
PC3 (227)	0	14	37	0	0	17	30	0	0	16	31	0	0	47	98	0			
	0.00%	27.45%	72.55%	0.00%	0.00%	36.17%	63.83%	0.00%	0.00%	34.04%	65.96%	0.00%	0.00%	32.41%	67.59%	0.00%			
<b>PC</b>	0	32	116	5	0	41	97	3	0	38	99	4	0	111	312	12			
	0.00%	20.92%	75.82%	3.27%	0.00%	29.08%	68.79%	2.13%	0.00%	26.95%	70.21%	2.84%	0.00%	25.52%	71.72%	2.76%			
PD Caregiver/teacher involvement in	PD1 (222 & 251)	0	41	8	2	0	40	6	1	0	40	6	4	0	121	20	4		
	0.00%	80.39%	15.69%	3.92%	0.00%	85.11%	12.77%	2.13%	0.00%	85.11%	12.77%	2.13%	0.00%	83.45%	13.79%	2.76%			
PE Infant-specific Activity	PE1 (228)	0	42	0	9	0	40	0	7	0	42	0	5	0	124	0	21		
		0.00%	82.35%	0.00%	17.65%	0.00%	85.11%	0.00%	14.89%	0.00%	89.36%	0.00%	10.64%	0.00%	85.52%	0.00%	14.48%		
	PE2 (235)	0	28	22	1	1	31	14	1	1	33	12	1	2	92	48	3		
	0.00%	54.90%	43.14%	1.96%	2.13%	65.96%	29.79%	2.13%	2.13%	70.21%	25.53%	2.13%	1.38%	63.45%	33.10%	2.07%			
<b>PE</b>	0	111	30	12	1	111	20	9	1	115	18	10	2	337	68	28			
	0.00%	72.55%	19.61%	7.84%	0.71%	78.72%	14.18%	6.38%	0.69%	79.86%	12.50%	6.94%	0.46%	77.47%	15.63%	6.44%			
<b>Component group total</b>	<b>P (A-E summed)</b>	0	525	205	86	1	501	179	74	1	506	183	71	2	1532	567	219		
	0.00%	64.34%	25.12%	10.54%	0.13%	66.36%	23.71%	9.80%	0.13%	66.49%	24.05%	9.33%	0.09%	66.03%	24.44%	9.44%			

Overall State Means by Quartile					Infant Feeding State Means by Quartile				
Quartile	State	State Mean	SD of State Mean	Rank	Quartile	State	State Mean	SD of State Mean	Rank
Q1	DE	2.96	0.85	1	Q1	DE	3.36	0.90	1
	MS	2.96	0.84	2		MS	3.03	0.95	2
	AZ	2.76	0.89	3		MA	3.00	0.87	3
	FL	2.76	0.82	4		AL	2.82	1.04	4
	WI	2.72	0.89	5		NC	2.82	1.04	5
	SD	2.71	0.83	6		AZ	2.79	0.93	6
	AK	2.70	0.82	7		MI	2.76	1.03	7
	NC	2.70	0.75	8		OH	2.76	1.00	8
	MA	2.68	0.78	9		WA	2.76	1.12	9
	NM	2.68	0.85	10		AK	2.73	0.98	10
	IL	2.67	0.81	11		HI	2.73	1.01	11
	WV	2.67	0.73	12		MT	2.73	0.98	12
	TX	2.66	0.83	13		NM	2.73	0.98	13
Q2	WA	2.65	0.82	14		SC	2.73	0.98	14
	AL	2.64	0.77	15		WI	2.73	0.98	15
	CO	2.63	0.80	16	MD	2.70	0.98	16	
	MI	2.63	0.78	17	AR	2.64	0.99	17	
	RI	2.62	0.78	18	CO	2.64	0.96	18	
	SC	2.61	0.82	19	NH	2.64	0.99	19	
	OH	2.60	0.80	20	VA	2.64	1.03	20	
	HI	2.60	0.78	21	VT	2.61	0.79	21	
	MD	2.60	0.83	22	IA	2.58	1.00	22	
	VA	2.60	0.79	23	OR	2.58	1.06	23	
	AR	2.58	0.77	24	GA	2.55	0.90	24	
Q3	NH	2.57	0.89	25	LA	2.55	1.13	25	
	CA	2.57	0.72	26	MN	2.55	0.94	26	
	GA	2.57	0.76	27	RI	2.55	0.87	27	
	OR	2.57	0.75	28	UT	2.55	0.87	28	
	MN	2.56	0.88	29	WV	2.55	0.94	29	
	LA	2.55	0.78	30	CA	2.54	1.20	30	
	MT	2.55	0.70	31	CT	2.48	0.94	31	
	TN	2.53	0.77	32	ND	2.42	0.87	32	
	IA	2.52	0.68	33	TN	2.39	0.70	33	
	MO	2.50	0.62	34	SD	2.36	0.78	34	
	OK	2.48	0.77	35	FL	2.33	0.82	35	
Q4	CT	2.44	0.67	36	KY	2.33	0.65	36	
	VT	2.43	0.67	37	ME	2.33	0.74	37	
	ME	2.41	0.70	38	NE	2.33	0.69	38	
	ND	2.40	0.67	39	PA	2.27	0.45	39	
	UT	2.38	0.66	40	WY	2.27	0.63	40	
	PA	2.37	0.65	41	IL	2.24	0.97	41	
	NY	2.36	0.54	42	MO	2.24	0.44	42	
	NJ	2.35	0.64	43	OK	2.24	0.56	43	
	KY	2.33	0.57	44	IN	2.18	0.46	44	
	KS	2.30	0.62	45	KS	2.18	0.39	45	
	NV	2.30	0.58	46	NV	2.18	0.39	46	
NE	2.28	0.57	47	NY	2.18	0.46	47		
IN	2.23	0.56	48	TX	2.18	0.39	48		
WY	2.23	0.45	49	NJ	2.15	0.36	49		
D.C.	2.13	0.26	50	D.C.	2.00	0.00	50		
ID	2.04	0.85	51	ID	2.00	0.00	51		

Nutrition State Means by Quartile					Physical Activity State Means by Quartile				
Quartile	State	State Mean	SD of State Mean	Rank		State	State Mean	SD of State Mean	Rank
Q1	FL	3.29	0.831	1	Q1	DE	2.91	0.76	1
	SD	3.29	0.831	2		AK	2.87	0.81	2
	MS	3.14	0.840	3		TX	2.80	0.76	3
	IL	2.92	0.789	4		WI	2.73	0.78	4
	AZ	2.87	0.833	5		MS	2.67	0.71	5
	WV	2.84	0.745	6		NC	2.67	0.80	6
	NM	2.81	0.737	7		IL	2.64	0.71	7
	TX	2.81	0.737	8		ME	2.64	0.80	8
	DE	2.79	0.806	9		AZ	2.58	0.75	9
	OH	2.78	0.792	10		VT	2.58	0.75	10
	VA	2.76	0.768	11		WA	2.58	0.72	11
	RI	2.75	0.782	12		CO	2.53	0.63	12
	OR	2.73	0.653	13		MI	2.53	0.63	13
Q2	CA	2.71	0.845	14	MO	2.53	0.73	14	
	HI	2.71	0.771	15	OK	2.53	0.73	15	
	NH	2.71	0.705	16	WV	2.53	0.76	16	
	SC	2.71	0.774	17	AL	2.49	0.73	17	
	CO	2.70	0.754	18	MN	2.49	0.63	18	
	WI	2.70	0.775	19	RI	2.49	0.69	19	
	GA	2.68	0.692	20	TN	2.49	0.63	20	
	AR	2.67	0.741	21	LA	2.47	0.64	21	
	MA	2.67	0.718	22	MA	2.47	0.63	22	
	AL	2.65	0.744	23	MD	2.47	0.73	23	
	NC	2.65	0.699	24	NM	2.47	0.63	24	
	MD	2.63	0.703	25	AR	2.42	0.69	25	
	MI	2.63	0.768	26	GA	2.42	0.58	26	
TN	2.63	0.747	27	NJ	2.42	0.62	27		
WA	2.63	0.725	28	CA	2.40	0.63	28		
Q3	LA	2.62	0.921	29	CT	2.40	0.69	29	
	MN	2.62	0.728	30	D.C.	2.40	0.72	30	
	MO	2.62	0.728	31	KS	2.40	0.54	31	
	IA	2.60	0.730	32	NV	2.40	0.62	32	
	MT	2.60	0.752	33	SC	2.37	0.56	33	
	AK	2.57	0.734	34	IA	2.36	0.61	34	
	OK	2.57	0.530	35	IN	2.36	0.61	35	
	PA	2.57	0.797	36	KY	2.36	0.57	36	
	ND	2.49	0.669	37	FL	2.33	0.60	37	
	UT	2.49	0.669	38	HI	2.33	0.60	38	
	NY	2.48	0.737	39	MT	2.33	0.60	39	
Q4	CT	2.44	0.736	40	NH	2.33	0.60	40	
	NJ	2.41	0.528	41	NY	2.33	0.60	41	
	NE	2.35	0.544	42	OR	2.33	0.56	42	
	KY	2.32	0.692	43	VA	2.33	0.72	43	
	KS	2.30	0.663	44	WY	2.33	0.60	44	
	ME	2.29	0.455	45	ND	2.24	0.57	45	
	NV	2.29	0.705	46	OH	2.24	0.57	46	
	VT	2.24	0.465	47	NE	2.16	0.52	47	
	IN	2.17	0.583	48	PA	2.16	0.47	48	
	WY	2.14	0.470	49	SD	2.16	0.47	49	
	D.C.	2.00	0.000	50	ID	2.13	0.46	50	
ID	2.00	0.000	51	UT	2.11	0.38	51		

## Individual State Data

### Explanation of State Data Pages

It is suggested that states review these pages for analysis of their regulations, to see where they have strong terminology and to identify those areas in which terminology may be improved in their child care regulations that have implications for childhood obesity prevention. The following pages, one per state, are in order alphabetically by state abbreviation (see chart below). Each page reports the state's ratings for each variable by child care type, so that all final ratings per child care facility type are shown. At the bottom right corner of the ratings table, the highlighted cell shows the state's mean rating (average), which is the same mean used in the national quartile ranking.

To the right of the ratings table are two charts and a table. The pie chart at the top shows the composition of all the ratings for the state by percentage of 1, 2, 3 and 4 ratings, to give which affords an overall view of the state's ratings. The small table below the pie chart shows the frequency (number) of each rating of 1, 2, 3 and 4 for each topic area: I=*Infant Feeding*, N=*Nutrition*, and P=*Physical Activity*. The stacked bar chart shows the percentage of ratings of 1-4 for each topic area. Ratings of 1 are at the base of the columns and ratings of 4 are at the top.

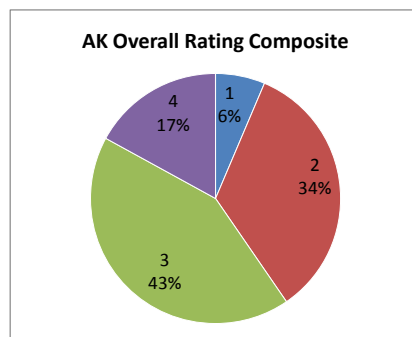
### State Abbreviations and Order of Pages

AK	Alaska	MT	Montana
AL	Alabama	NC	North Carolina
AR	Arkansas	ND	North Dakota
AZ	Arizona	NE	Nebraska
CA	California	NH	New Hampshire
CO	Colorado	NJ	New Jersey
CT	Connecticut	NM	New Mexico
D.C.	District of Columbia	NV	Nevada
DE	Deleware	NY	New York
FL	Florida	OH	Ohio
GA	Georgia	OK	Oklahoma
HI	Hawaii	OR	Oregon
IA	Iowa	PA	Pennsylvania
ID	Idaho	RI	Rhode Island
IL	Illinois	SC	South Carolina
IN	Indiana	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
MA	Massachusetts	VA	Virginia
MD	Maryland	VT	Vermont
ME	Maine	WA	Washington
MI	Michigan	WI	Wisconsin
MN	Minnesota	WV	West Virginia
MO	Missouri	WY	Wyoming
MS	Mississippi		

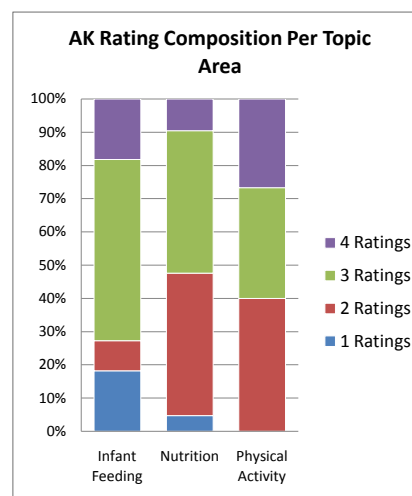
### Alaska

#### State Overall Ratings

Components by Topic Area		Child Care	Large Family	Small Family	Average Rating Per Component
		Center	Child Care Home	Child Care Home	
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>2.73</b>	<b>2.73</b>	<b>2.73</b>	<b>2.73</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	2	2	2	2.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.57</b>	<b>2.57</b>	<b>2.57</b>	<b>2.57</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	4	4	4	4.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	4	4	4	4.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		4	4	4	4.00
<b>Average Rating Per CC Type</b>		<b>2.87</b>	<b>2.87</b>	<b>2.87</b>	<b>2.87</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.70</b>	<b>2.70</b>	<b>2.70</b>	<b>2.70</b>



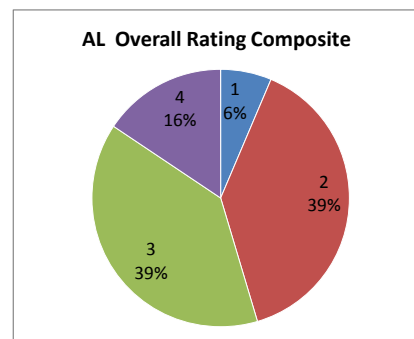
Ratings	1	2	3	4
I - Count	6	3	18	6
N-Count	3	27	27	6
P-Count	0	18	15	12



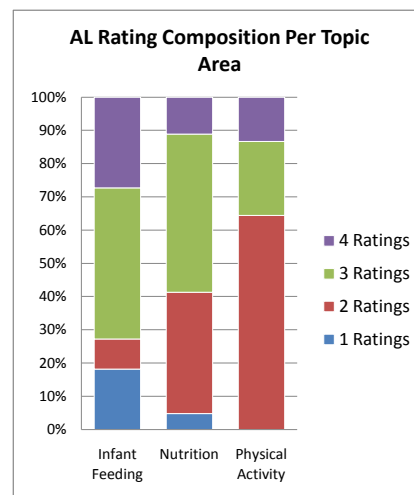
### Alabama

State Overall Ratings

Components by Topic Area		Large Family	Small Family	Average Rating Per Component	
		Child Care Center	Child Care Home		Child Care Home
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		4	4	4	4.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>2.82</b>	<b>2.82</b>	<b>2.82</b>	<b>2.82</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	2	2	2.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		4	3	3	3.33
<b>Average Rating Per CC Type</b>		<b>2.71</b>	<b>2.62</b>	<b>2.62</b>	<b>2.65</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	3	2	2	2.33
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	4	4	4	4.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.53</b>	<b>2.47</b>	<b>2.47</b>	<b>2.49</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.68</b>	<b>2.62</b>	<b>2.62</b>	<b>2.64</b>



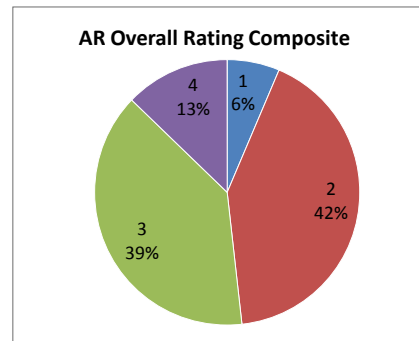
Ratings	1	2	3	4
I - Count	6	3	15	9
N - Count	3	23	30	7
P - Count	0	29	10	6



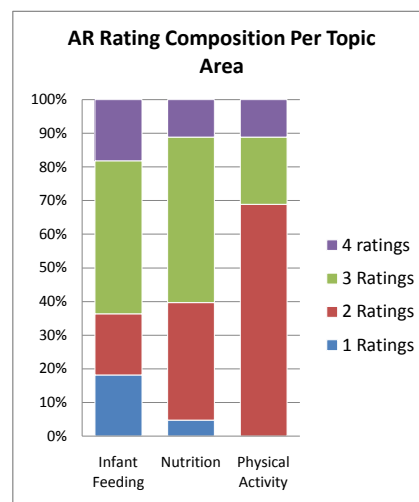
### Arkansas

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.64	2.64	2.64	2.64
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	4	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	2	3	3	2.67
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.62	2.67	2.71	2.67
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	2	3.33
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	4	4	4.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.47	2.47	2.33	2.42
<b>Grand Average for Care Types &amp; Components</b>		2.57	2.60	2.57	<b>2.58</b>



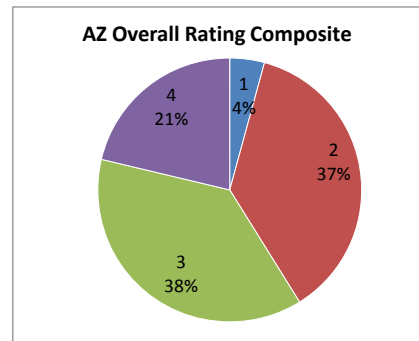
Ratings	1	2	3	4
I - Count	6	6	15	6
N - Count	3	22	31	7
P - Count	0	31	9	5



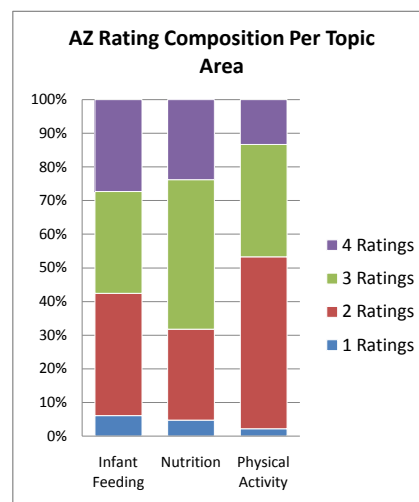
### Arizona

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	4	4	4.00
IA2		3	3	4	3.33
IB1	How to feed fluids	2	2	4	2.67
IB2		2	2	3	2.33
IB3		3	4	4	3.67
IC1	Introducing solids	4	4	3	3.67
IC2		2	2	3	2.33
IC3		2	2	3	2.33
ID1	Appropriate complementary foods	3	3	3	3.00
ID2		2	2	1	1.67
ID3		2	2	1	1.67
<b>Average Rating Per CC Type</b>		<b>2.64</b>	<b>2.73</b>	<b>3.00</b>	<b>2.79</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	3	2	2.33
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		4	4	2	3.33
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		4	4	3	3.67
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		4	3	3	3.33
NC4		4	4	3	3.67
ND1	Water availability	4	4	2	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		3	3	2	2.67
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		1	1	3	1.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		3	3	1	2.33
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>3.00</b>	<b>3.00</b>	<b>2.62</b>	<b>2.87</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	2	3.33
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	4	4	3.67
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	3	3	3	3.00
PE1	Infant-specific activity	4	4	2	3.33
PE2		3	3	1	2.33
<b>Average Rating Per CC Type</b>		<b>2.67</b>	<b>2.73</b>	<b>2.33</b>	<b>2.58</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.81</b>	<b>2.85</b>	<b>2.62</b>	<b>2.76</b>



Ratings	1	2	3	4
I - Count	2	12	10	9
N - Count	3	17	28	15
P - Count	1	23	15	6

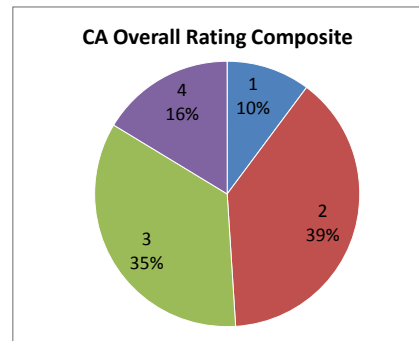




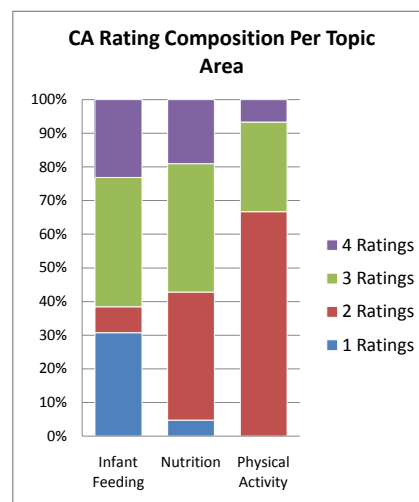
### California

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	N/A	N/A	4.00
IA2		4	N/A	N/A	4.00
IB1	How to feed fluids	4	N/A	N/A	4.00
IB2		3	N/A	N/A	3.00
IB3		3	N/A	N/A	3.00
IC1	Introducing solids	3	N/A	N/A	3.00
IC2		3	N/A	N/A	3.00
IC3		3	N/A	N/A	3.00
ID1	Appropriate complementary foods	2	N/A	N/A	2.00
ID2		1	1	1	1.00
ID3		1	N/A	N/A	1.00
<b>Average Rating Per CC Type</b>		2.82	1.00	1.00	1.61
<b>Nutrition</b>					
NA1	Limit dietary fats	2	N/A	N/A	2.00
NA2		3	N/A	N/A	3.00
NA3		3	N/A	N/A	3.00
NA4		2	N/A	N/A	2.00
NA5		2	N/A	N/A	2.00
NB1	Serve nutrient-dense whole foods	3	N/A	N/A	3.00
NB2		3	N/A	N/A	3.00
NB3		4	N/A	N/A	4.00
NC1	Wholeness & quantity of juice	4	N/A	N/A	4.00
NC2		2	N/A	N/A	2.00
NC3		3	N/A	N/A	3.00
NC4		3	N/A	N/A	3.00
ND1	Water availability	4	N/A	N/A	4.00
NE1	Nutrition instruction by word & example	2	N/A	N/A	2.00
NE2		2	N/A	N/A	2.00
NF1	Age and individual nutritional requirements	4	N/A	N/A	4.00
NF2		3	N/A	N/A	3.00
NG1	Limit sugar and salt	2	N/A	N/A	2.00
NG2		1	N/A	N/A	1.00
NH1	Misuse of food	2	N/A	N/A	2.00
NH2		3	N/A	N/A	3.00
<b>Average Rating Per CC Type</b>		2.71	N/A	N/A	2.71
<b>Physical Activity</b>					
PA1	General promotion of activity	4	N/A	N/A	4.00
PA2		2	N/A	N/A	2.00
PA3		2	N/A	N/A	2.00
PA4		2	N/A	N/A	2.00
PA5		2	N/A	N/A	2.00
PB1	Screen time	2	N/A	N/A	2.00
PB2		2	N/A	N/A	2.00
PB3		2	N/A	N/A	2.00
PB4		2	N/A	N/A	2.00
PC1	Age-specific activity	3	N/A	N/A	3.00
PC2		3	N/A	N/A	3.00
PC3		3	N/A	N/A	3.00
PD1	Caregiver/teacher involvement	3	N/A	N/A	3.00
PE1	Infant-specific activity	2	N/A	N/A	2.00
PE2		2	N/A	N/A	2.00
<b>Average Rating Per CC Type</b>		2.40	N/A	N/A	2.40
<b>Grand Average for Care Types &amp; Components</b>		2.64	1.00	1.00	<b>2.64</b>



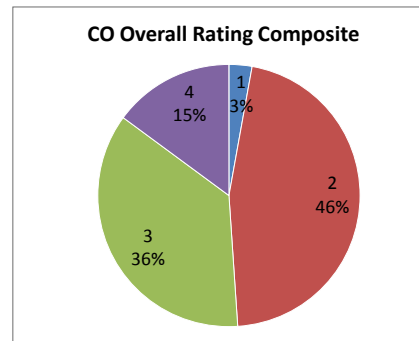
Ratings	1	2	3	4
I - Count	4	1	5	3
N - Count	1	8	8	4
P - Count	0	10	4	1



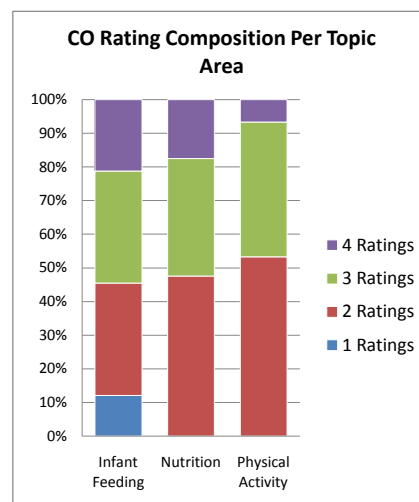
### Colorado

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	4	4	3.33
IA2		2	4	4	3.33
IB1	How to feed fluids	4	4	4	4.00
IB2		2	3	3	2.67
IB3		3	3	3	3.00
IC1	Introducing solids	2	3	3	2.67
IC2		2	3	3	2.67
IC3		2	3	3	2.67
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	1	1	1.33
ID3		2	1	1	1.33
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.82</b>	<b>2.82</b>	<b>2.64</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	3	3	2.67
NA2		2	3	3	2.67
NA3		2	3	3	2.67
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	3	3	2.67
NB2		2	3	3	2.67
NB3		2	3	3	2.67
NC1	Wholeness & quantity of juice	2	4	4	3.33
NC2		2	2	2	2.00
NC3		2	4	4	3.33
NC4		2	4	4	3.33
ND1	Water availability	2	4	4	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		2	3	3	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	3	3	2.67
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.19</b>	<b>2.95</b>	<b>2.95</b>	<b>2.70</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	3	3	3	3.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.53</b>	<b>2.53</b>	<b>2.53</b>	<b>2.53</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.32</b>	<b>2.79</b>	<b>2.79</b>	<b>2.63</b>



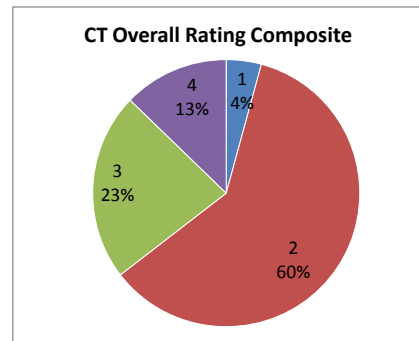
Ratings	1	2	3	4
I - Count	4	11	11	7
N - Count	0	30	22	11
P - Count	0	24	18	3



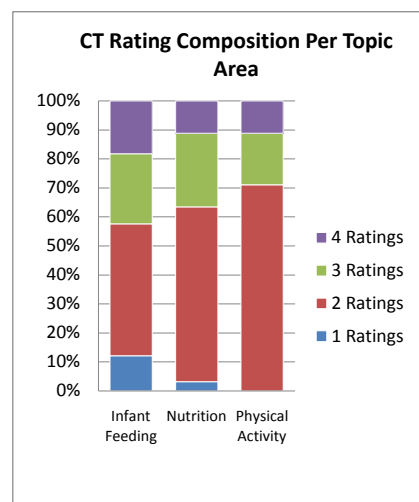
### Connecticut

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		4	4	2	3.33
IB1	How to feed fluids	4	4	2	3.33
IB2		3	3	2	2.67
IB3		4	4	2	3.33
IC1	Introducing solids	3	3	2	2.67
IC2		3	3	2	2.67
IC3		3	3	2	2.67
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	2	1.33
ID3		1	1	2	1.33
<b>Average Rating Per CC Type</b>		<b>2.73</b>	<b>2.73</b>	<b>2.00</b>	<b>2.48</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	2	2.67
NA3		3	3	2	2.67
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	2	2.67
NB2		3	3	2	2.67
NB3		3	3	2	2.67
NC1	Wholeness & quantity of juice	4	4	2	3.33
NC2		2	2	2	2.00
NC3		3	3	2	2.67
NC4		3	3	2	2.67
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	2	3.33
NF2		3	3	2	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	2	1.33
NH1	Misuse of food	2	2	2	2.00
NH2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.62</b>	<b>2.62</b>	<b>2.10</b>	<b>2.44</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	2	2.67
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	4	4	2	3.33
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.47</b>	<b>2.47</b>	<b>2.27</b>	<b>2.40</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.60</b>	<b>2.60</b>	<b>2.13</b>	<b>2.44</b>



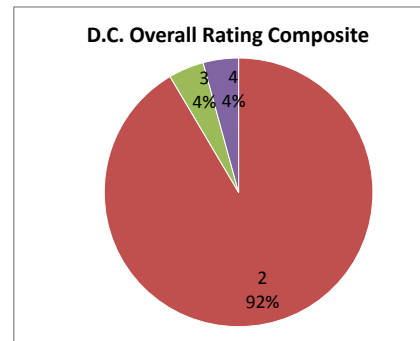
Ratings	1	2	3	4
I - Count	4	15	8	6
N - Count	2	38	16	7
P - Count	0	32	8	5



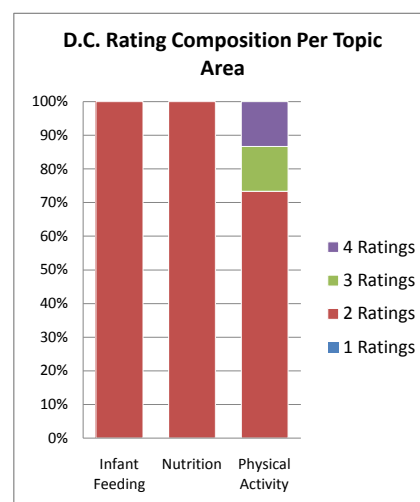
### District of Columbia

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	N/A	2	2.00
IA2		2	N/A	2	2.00
IB1	How to feed fluids	2	N/A	2	2.00
IB2		2	N/A	2	2.00
IB3		2	N/A	2	2.00
IC1	Introducing solids	2	N/A	2	2.00
IC2		2	N/A	2	2.00
IC3		2	N/A	2	2.00
ID1	Appropriate complementary foods	2	N/A	2	2.00
ID2		2	N/A	2	2.00
ID3		2	N/A	2	2.00
<b>Average Rating Per CC Type</b>		2.00	n/a	2.00	2.00
<b>Nutrition</b>					
NA1	Limit dietary fats	2	N/A	2	2.00
NA2		2	N/A	2	2.00
NA3		2	N/A	2	2.00
NA4		2	N/A	2	2.00
NA5		2	N/A	2	2.00
NB1	Serve nutrient-dense whole foods	2	N/A	2	2.00
NB2		2	N/A	2	2.00
NB3		2	N/A	2	2.00
NC1	Wholeness & quantity of juice	2	N/A	2	2.00
NC2		2	N/A	2	2.00
NC3		2	N/A	2	2.00
NC4		2	N/A	2	2.00
ND1	Water availability	2	N/A	2	2.00
NE1	Nutrition instruction by word & example	2	N/A	2	2.00
NE2		2	N/A	2	2.00
NF1	Age and individual nutritional requirements	2	N/A	2	2.00
NF2		2	N/A	2	2.00
NG1	Limit sugar and salt	2	N/A	2	2.00
NG2		2	N/A	2	2.00
NH1	Misuse of food	2	N/A	2	2.00
NH2		2	N/A	2	2.00
<b>Average Rating Per CC Type</b>		2.00	n/a	2.00	2.00
<b>Physical Activity</b>					
PA1	General promotion of activity	4	N/A	4	4.00
PA2		2	N/A	2	2.00
PA3		2	N/A	2	2.00
PA4		2	N/A	2	2.00
PA5		2	N/A	2	2.00
PB1	Screen time	2	N/A	2	2.00
PB2		2	N/A	2	2.00
PB3		2	N/A	2	2.00
PB4		2	N/A	2	2.00
PC1	Age-specific activity	4	N/A	4	4.00
PC2		3	N/A	3	3.00
PC3		3	N/A	3	3.00
PD1	Caregiver/teacher involvement	2	N/A	2	2.00
PE1	Infant-specific activity	2	N/A	2	2.00
PE2		2	N/A	2	2.00
<b>Average Rating Per CC Type</b>		2.40	n/a	2.40	2.40
<b>Grand Average for Care Types &amp; Components</b>		2.13	n/a	2.13	<b>2.13</b>



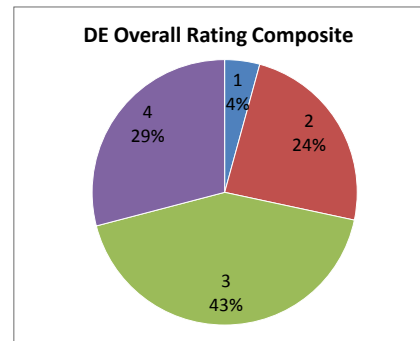
Ratings	1	2	3	4
I - Count	0	22	0	0
N - Count	0	42	0	0
P - Count	0	22	4	4



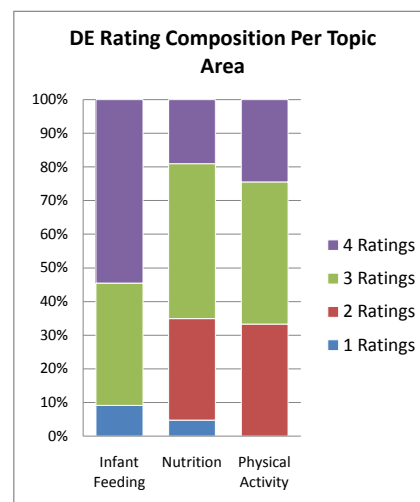
### Deleware

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	4	4	4.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		4	4	4	4.00
IC1	Introducing solids	3	3	3	3.00
IC2		4	4	4	4.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	4	4	4	4.00
ID2		1	1	1	1.00
ID3		3	3	3	3.00
<b>Average Rating Per CC Type</b>		3.36	3.36	3.36	3.36
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		3	2	2	2.33
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		4	4	3	3.67
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	2	2	2.67
NE1	Nutrition instruction by word & example	3	3	3	3.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.90	2.76	2.71	2.79
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	3	3.67
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	4	4	4.00
PB1	Screen time	4	3	3	3.33
PB2		3	3	3	3.00
PB3		4	4	4	4.00
PB4		2	2	2	2.00
PC1	Age-specific activity	4	3	3	3.33
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	4	3	3	3.33
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		3.07	2.87	2.80	2.91
<b>Grand Average for Care Types &amp; Components</b>		3.06	2.94	2.89	<b>2.96</b>



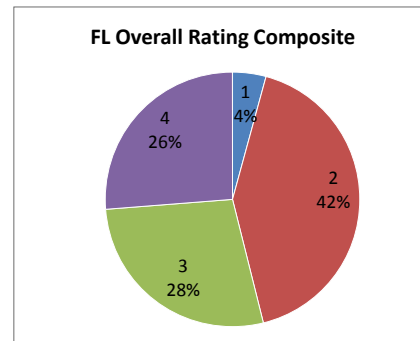
Ratings	1	2	3	4
I - Count	3	0	12	18
N - Count	3	19	29	12
P - Count	0	15	19	11



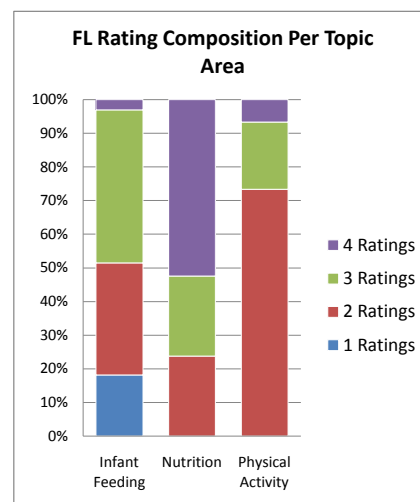
## Florida

### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	3	3	2.67
IA2		2	2	2	2.00
IB1	How to feed fluids	4	2	2	2.67
IB2		3	3	3	3.00
IB3		3	2	2	2.33
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.45	2.27	2.27	2.33
<b>Nutrition</b>					
NA1	Limit dietary fats	4	4	4	4.00
NA2		4	4	4	4.00
NA3		4	4	4	4.00
NA4		2	2	2	2.00
NA5		4	4	4	4.00
NB1	Serve nutrient-dense whole foods	4	4	4	4.00
NB2		4	4	4	4.00
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	4	4	4	4.00
NG2		3	3	3	3.00
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		3.29	3.29	3.29	3.29
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.33	2.33	2.33	2.33
<b>Grand Average for Care Types &amp; Components</b>		2.79	2.74	2.74	<b>2.76</b>



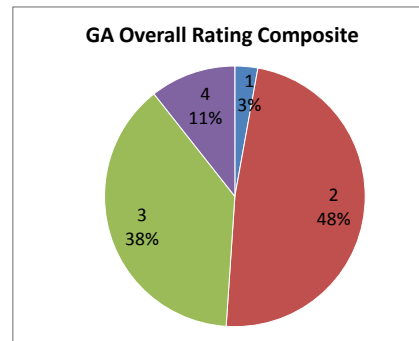
Ratings	1	2	3	4
I - Count	6	11	15	1
N - Count	0	15	15	33
P - Count	0	33	9	3



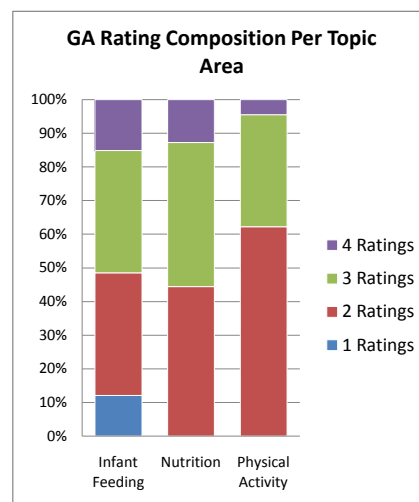
### Georgia

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	3	2	3.00
IA2		4	4	2	3.33
IB1	How to feed fluids	4	4	2	3.33
IB2		3	3	2	2.67
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	2	2.67
IC2		3	3	2	2.67
IC3		3	3	2	2.67
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	2	1.33
ID3		1	1	2	1.33
<b>Average Rating Per CC Type</b>		<b>2.82</b>	<b>2.73</b>	<b>2.09</b>	<b>2.55</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	2	2.67
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	2	3.33
NC2		2	2	2	2.00
NC3		3	3	2	2.67
NC4		3	3	2	2.67
ND1	Water availability	3	3	2	2.67
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	2	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		3	3	2	2.67
NH1	Misuse of food	3	3	3	3.00
NH2		4	4	4	4.00
<b>Average Rating Per CC Type</b>		<b>2.81</b>	<b>2.81</b>	<b>2.43</b>	<b>2.68</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	3	3.67
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		3	3	3	3.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	2	2.67
<b>Average Rating Per CC Type</b>		<b>2.47</b>	<b>2.47</b>	<b>2.33</b>	<b>2.42</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.70</b>	<b>2.68</b>	<b>2.32</b>	<b>2.57</b>



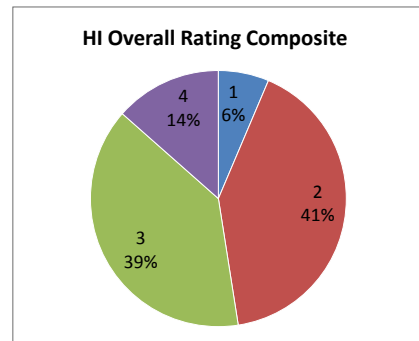
Ratings	1	2	3	4
I - Count	4	12	12	5
N - Count	0	28	27	8
P - Count	0	28	15	2



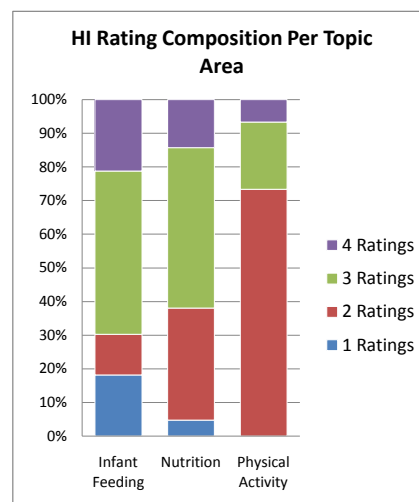
### Hawaii

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		4	2	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>2.82</b>	<b>2.64</b>	<b>2.73</b>	<b>2.73</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		4	4	4	4.00
<b>Average Rating Per CC Type</b>		<b>2.71</b>	<b>2.71</b>	<b>2.71</b>	<b>2.71</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.33</b>	<b>2.33</b>	<b>2.33</b>	<b>2.33</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.62</b>	<b>2.57</b>	<b>2.60</b>	<b>2.60</b>



Ratings	1	2	3	4
I - Count	6	4	16	7
N - Count	3	21	30	9
P - Count	0	33	9	3

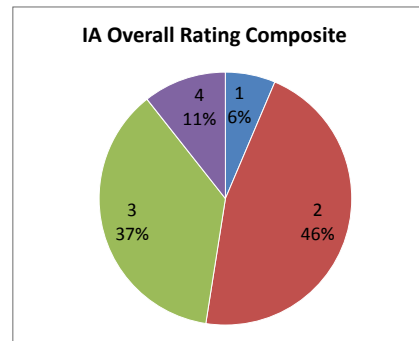




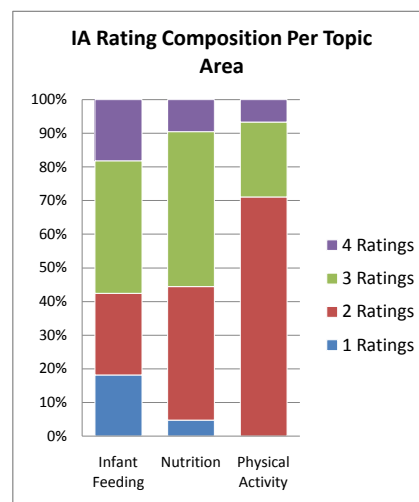
### Iowa

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	2	2	2.33
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.64	2.55	2.55	2.58
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		3	2	2	2.33
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	2	2	2.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.67	2.57	2.57	2.60
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	2	2	2.33
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	3	3	3	3.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.40	2.33	2.33	2.36
<b>Grand Average for Care Types &amp; Components</b>		2.57	2.49	2.49	<b>2.52</b>



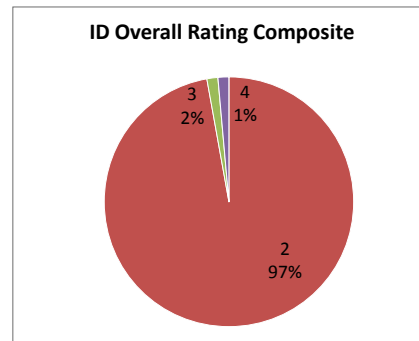
Ratings	1	2	3	4
I - Count	6	8	13	6
N - Count	3	25	29	6
P - Count	0	32	10	3



### Idaho

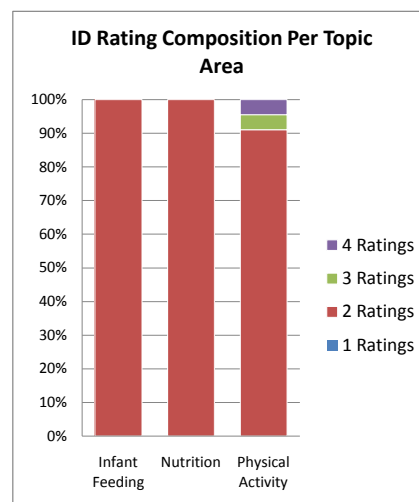
State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	2	2	2	2.00
IB2		2	2	2	2.00
IB3		2	2	2	2.00
IC1	Introducing solids	2	2	2	2.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.00	2.00	2.00	2.00
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	2	2	2.00
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		2	2	2	2.00
NB3		2	2	2	2.00
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	2	2	2	2.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	2	2	2.00
NF2		2	2	2	2.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	2	2	2	2.00
NH2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.00	2.00	2.00	2.00
<b>Physical Activity</b>					
PA1	General promotion of activity	2	4	4	3.33
PA2		2	2	2	2.00
PA3		2	3	3	2.67
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	2	2	2	2.00
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.00	2.20	2.20	2.13
<b>Grand Average for Care Types &amp; Components</b>		2.00	2.06	2.06	<b>2.04</b>



**Tally of Each Rating Per Topic Area**

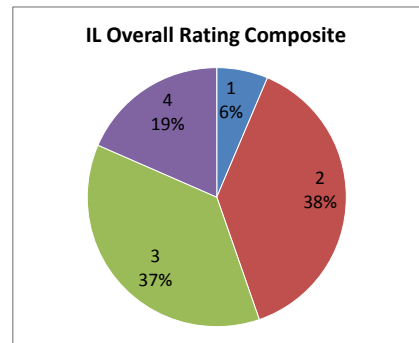
Ratings	1	2	3	4
I - Count	0	33	0	0
N - Count	0	63	0	0
P - Count	0	41	2	2



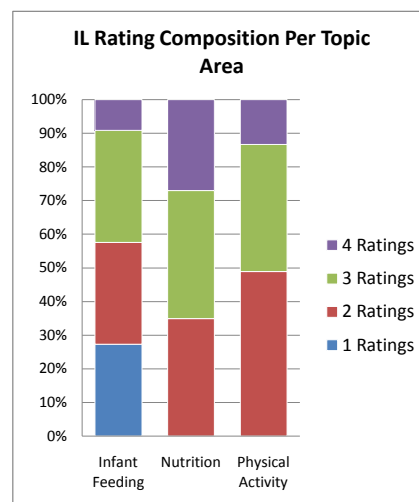
### Illinois

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		1	1	1	1.00
IB1	How to feed fluids	2	4	4	3.33
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		4	3	3	3.33
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>2.18</b>	<b>2.27</b>	<b>2.27</b>	<b>2.24</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		3	2	2	2.33
NA5		3	2	2	2.33
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	4	3	3.33
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	4	4	3.67
NC4		4	4	4	4.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	3	2	2	2.33
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	2	2	2.33
NG1	Limit sugar and salt	2	2	2	2.00
NG2		3	2	2	2.33
NH1	Misuse of food	4	3	3	3.33
NH2		4	3	3	3.33
<b>Average Rating Per CC Type</b>		<b>3.10</b>	<b>2.86</b>	<b>2.81</b>	<b>2.92</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	3	2	2	2.33
PB2		3	2	2	2.33
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	3	3	3	3.00
PE1	Infant-specific activity	4	4	4	4.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.73</b>	<b>2.60</b>	<b>2.60</b>	<b>2.64</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.77</b>	<b>2.64</b>	<b>2.62</b>	<b>2.67</b>



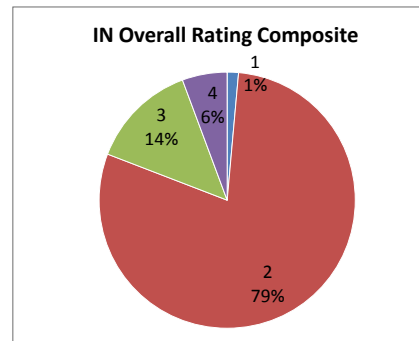
Ratings	1	2	3	4
I - Count	9	10	11	3
N - Count	0	22	24	17
P - Count	0	22	17	6



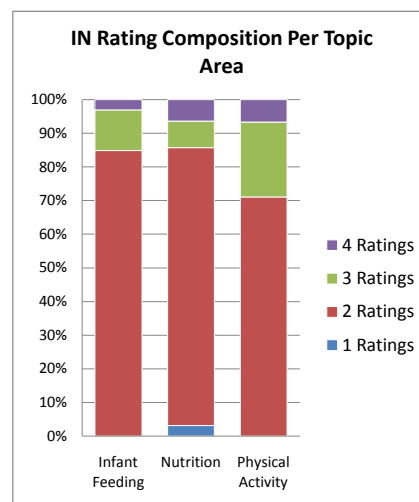
### Indiana

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	2	2	2.33
IA2		2	2	2	2.00
IB1	How to feed fluids	3	2	2	2.33
IB2		2	2	2	2.00
IB3		4	3	3	3.33
IC1	Introducing solids	2	2	2	2.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.36	2.09	2.09	2.18
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	2	2	2.00
NA3		2	2	2	2.00
NA4		3	2	2	2.33
NA5		1	2	2	1.67
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		2	2	2	2.00
NB3		2	2	2	2.00
NC1	Wholeness & quantity of juice	4	2	2	2.67
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	3	2	4	3.00
NE1	Nutrition instruction by word & example	3	2	2	2.33
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	2	4	2.67
NF2		1	2	2	1.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		3	2	2	2.33
NH1	Misuse of food	2	2	2	2.00
NH2		4	2	3	3.00
<b>Average Rating Per CC Type</b>		2.29	2.00	2.24	2.17
<b>Physical Activity</b>					
PA1	General promotion of activity	4	2	3	3.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	2	2	2.33
PB1	Screen time	4	2	2	2.67
PB2		2	2	2	2.00
PB3		4	2	2	2.67
PB4		2	2	2	2.00
PC1	Age-specific activity	3	2	3	2.67
PC2		3	2	3	2.67
PC3		3	2	3	2.67
PD1	Caregiver/teacher involvement	3	2	2	2.33
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		2.80	2.00	2.27	2.36
<b>Grand Average for Care Types &amp; Components</b>		2.47	2.02	2.21	<b>2.23</b>



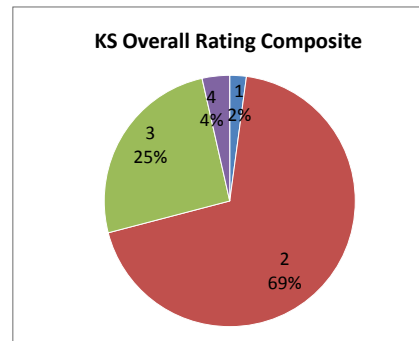
Ratings	1	2	3	4
I - Count	0	28	4	1
N - Count	2	52	5	4
P - Count	0	32	10	3



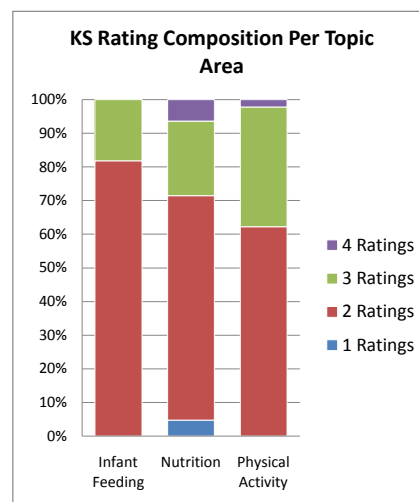
### Kansas

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	2	2	2	2.00
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.18	2.18	2.18	2.18
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	4	2	2	2.67
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	2	2	2.00
NF2		1	1	1	1.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	3	2	2	2.33
NH2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		2.43	2.24	2.24	2.30
<b>Physical Activity</b>					
PA1	General promotion of activity	4	3	3	3.33
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	3	3	3	3.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	3	2	2	2.33
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		2.53	2.33	2.33	2.40
<b>Grand Average for Care Types &amp; Components</b>		2.40	2.26	2.26	<b>2.30</b>



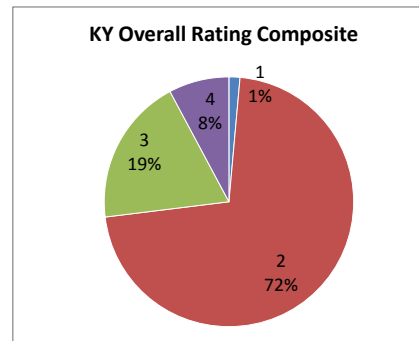
Ratings	1	2	3	4
I - Count	0	27	6	0
N - Count	3	42	14	4
P - Count	0	28	16	1



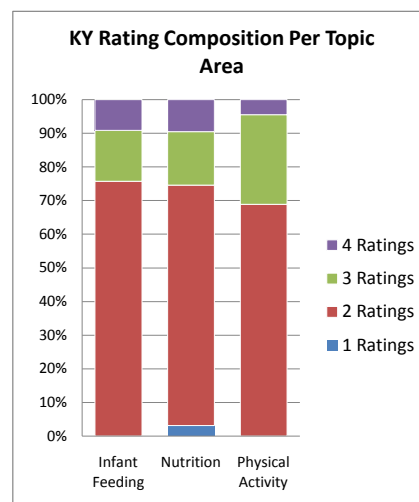
### Kentucky

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	2	2	2	2.00
IB2		3	3	3	3.00
IB3		4	4	4	4.00
IC1	Introducing solids	2	2	3	2.33
IC2		2	2	3	2.33
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.27</b>	<b>2.45</b>	<b>2.33</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	2	2	2.00
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	3	3	2	2.67
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		1	1	2	1.33
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	2	2.67
<b>Average Rating Per CC Type</b>		<b>2.33</b>	<b>2.33</b>	<b>2.29</b>	<b>2.32</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	3	3.67
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	3	2.33
PB2		2	2	3	2.33
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.33</b>	<b>2.33</b>	<b>2.40</b>	<b>2.36</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.32</b>	<b>2.32</b>	<b>2.36</b>	<b>2.33</b>



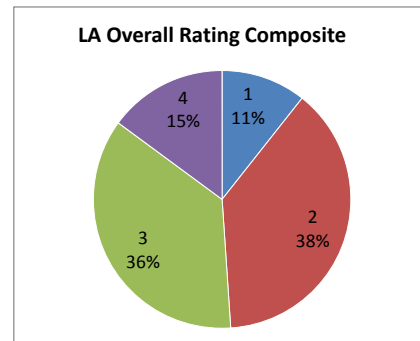
Ratings	1	2	3	4
I - Count	0	25	5	3
N - Count	2	45	10	6
P - Count	0	31	12	2



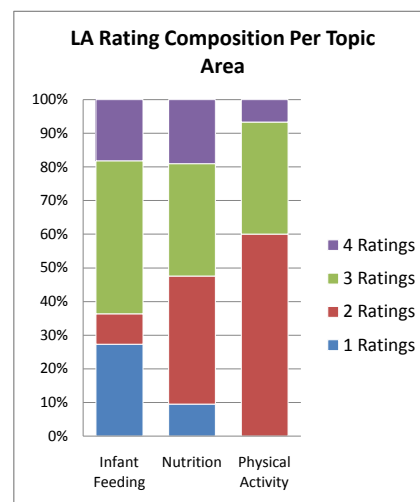
### Louisiana

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	N/A	N/A	3.00
IA2		1	N/A	N/A	1.00
IB1	How to feed fluids	4	N/A	N/A	4.00
IB2		3	N/A	N/A	3.00
IB3		4	N/A	N/A	4.00
IC1	Introducing solids	3	N/A	N/A	3.00
IC2		3	N/A	N/A	3.00
IC3		3	N/A	N/A	3.00
ID1	Appropriate complementary foods	2	N/A	N/A	2.00
ID2		1	N/A	N/A	1.00
ID3		1	N/A	N/A	1.00
<b>Average Rating Per CC Type</b>		2.55	N/A	N/A	2.55
<b>Nutrition</b>					
NA1	Limit dietary fats	2	N/A	N/A	2.00
NA2		3	N/A	N/A	3.00
NA3		3	N/A	N/A	3.00
NA4		2	N/A	N/A	2.00
NA5		2	N/A	N/A	2.00
NB1	Serve nutrient-dense whole foods	3	N/A	N/A	3.00
NB2		3	N/A	N/A	3.00
NB3		4	N/A	N/A	4.00
NC1	Wholeness & quantity of juice	4	N/A	N/A	4.00
NC2		2	N/A	N/A	2.00
NC3		3	N/A	N/A	3.00
NC4		3	N/A	N/A	3.00
ND1	Water availability	4	N/A	N/A	4.00
NE1	Nutrition instruction by word & example	2	N/A	N/A	2.00
NE2		2	N/A	N/A	2.00
NF1	Age and individual nutritional requirements	4	N/A	N/A	4.00
NF2		1	N/A	N/A	1.00
NG1	Limit sugar and salt	2	N/A	N/A	2.00
NG2		1	N/A	N/A	1.00
NH1	Misuse of food	2	N/A	N/A	2.00
NH2		3	N/A	N/A	3.00
<b>Average Rating Per CC Type</b>		2.62	N/A	N/A	2.62
<b>Physical Activity</b>					
PA1	General promotion of activity	4	N/A	N/A	4.00
PA2		2	N/A	N/A	2.00
PA3		2	N/A	N/A	2.00
PA4		2	N/A	N/A	2.00
PA5		3	N/A	N/A	3.00
PB1	Screen time	2	N/A	N/A	2.00
PB2		2	N/A	N/A	2.00
PB3		2	N/A	N/A	2.00
PB4		2	N/A	N/A	2.00
PC1	Age-specific activity	3	N/A	N/A	3.00
PC2		3	N/A	N/A	3.00
PC3		3	N/A	N/A	3.00
PD1	Caregiver/teacher involvement	2	N/A	N/A	2.00
PE1	Infant-specific activity	2	N/A	N/A	2.00
PE2		3	N/A	N/A	3.00
<b>Average Rating Per CC Type</b>		2.47	N/A	N/A	2.47
<b>Grand Average for Care Types &amp; Components</b>		2.55	N/A	N/A	2.55



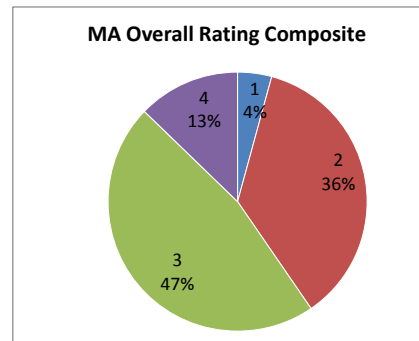
Ratings	1	2	3	4
I - Count	3	1	5	2
N - Count	2	8	7	4
P - Count	0	9	5	1



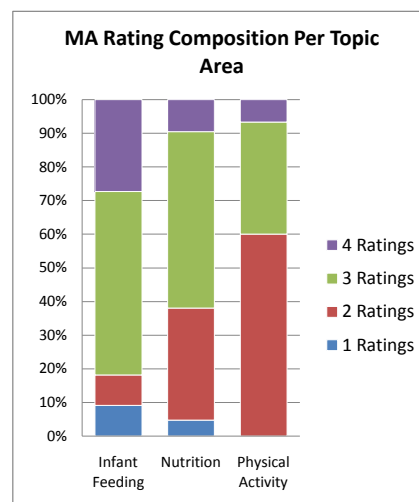
### Massachusetts

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		4	4	4	4.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		3	3	3	3.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>3.00</b>	<b>3.00</b>	<b>3.00</b>	<b>3.00</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.67</b>	<b>2.67</b>	<b>2.67</b>	<b>2.67</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.47</b>	<b>2.47</b>	<b>2.47</b>	<b>2.47</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.68</b>	<b>2.68</b>	<b>2.68</b>	<b>2.68</b>



Ratings	1	2	3	4
I - Count	3	3	18	9
N - Count	3	21	33	6
P - Count	0	27	15	3

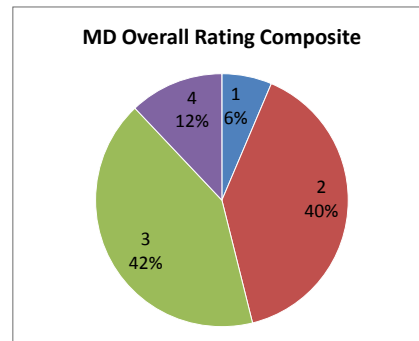




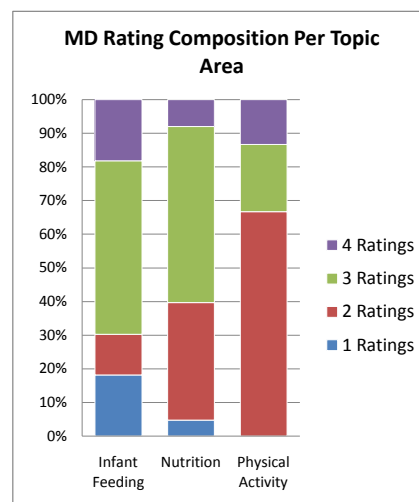
## Maryland

### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	2	2.67
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.73	2.73	2.64	2.70
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	2	2.67
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	3	3.67
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.67	2.67	2.57	2.63
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	4	4	4	4.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	3	3	3	3.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.47	2.47	2.47	2.47
<b>Grand Average for Care Types &amp; Components</b>		2.62	2.62	2.55	<b>2.60</b>



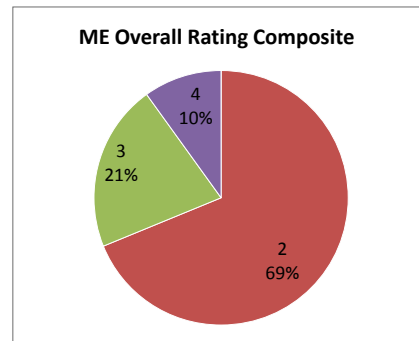
Ratings	1	2	3	4
I - Count	6	4	17	6
N - Count	3	22	33	5
P - Count	0	30	9	6



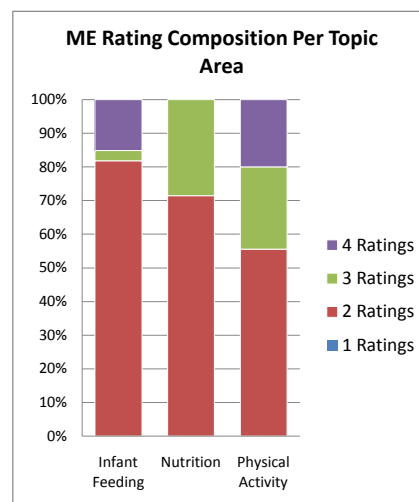
### Maine

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	4	4	4	4.00
IB2		2	2	2	2.00
IB3		4	4	3	3.67
IC1	Introducing solids	2	2	2	2.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.36	2.36	2.27	2.33
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	2	2.67
NA3		3	3	2	2.67
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		3	3	2	2.67
NB3		3	3	2	2.67
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	3	3	2	2.67
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	3	3	2	2.67
NF2		2	2	2	2.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.38	2.38	2.10	2.29
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	2	2.67
PB3		4	4	4	4.00
PB4		2	2	2	2.00
PC1	Age-specific activity	4	4	4	4.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.67	2.67	2.60	2.64
<b>Grand Average for Care Types &amp; Components</b>		2.47	2.47	2.30	<b>2.41</b>



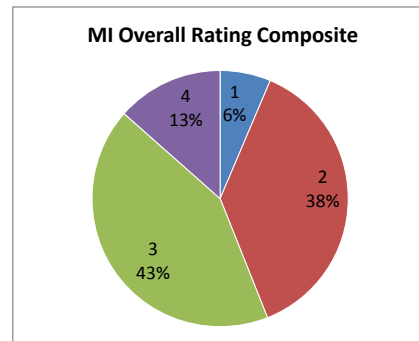
Ratings	1	2	3	4
I - Count	0	27	1	5
N - Count	0	45	18	0
P - Count	0	25	11	9



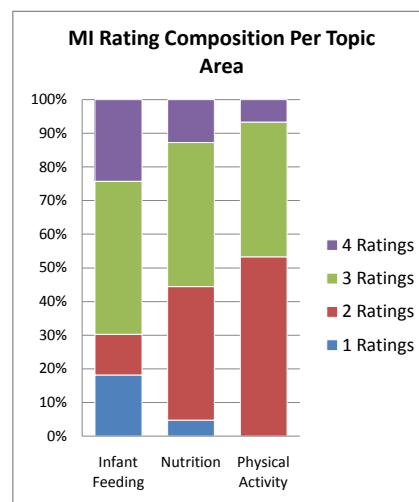
## Michigan

### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	3	3	3.33
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	2	2	2.33
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	4	2	2	2.67
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>3.00</b>	<b>2.64</b>	<b>2.64</b>	<b>2.76</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	2	4	4	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.57</b>	<b>2.67</b>	<b>2.67</b>	<b>2.63</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		3	3	3	3.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.53</b>	<b>2.53</b>	<b>2.53</b>	<b>2.53</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.66</b>	<b>2.62</b>	<b>2.62</b>	<b>2.63</b>



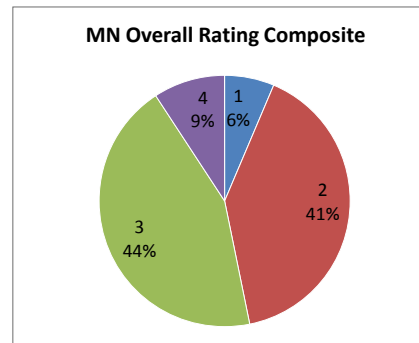
Tally of Each Rating Per Topic Area				
Ratings	1	2	3	4
I - Count	6	4	15	8
N - Count	3	25	27	8
P - Count	0	24	18	3



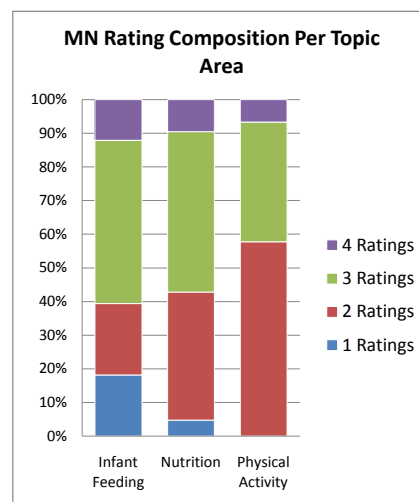
### Minnesota

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		3	4	4	3.67
IB1	How to feed fluids	3	4	4	3.67
IB2		3	3	3	3.00
IB3		2	3	3	2.67
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.36	2.64	2.64	2.55
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.62	2.62	2.62	2.62
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	3	3	3	3.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		2.53	2.47	2.47	2.49
<b>Grand Average for Care Types &amp; Components</b>		2.53	2.57	2.57	<b>2.56</b>



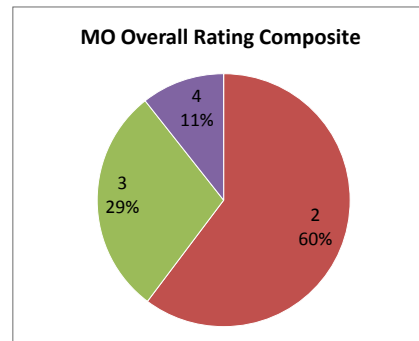
Ratings	1	2	3	4
I - Count	6	7	16	4
N - Count	3	24	30	6
P - Count	0	26	16	3



### Missouri

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	3	3	2	2.67
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.27</b>	<b>2.18</b>	<b>2.24</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		2	2	2	2.00
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		2	2	2	2.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.62</b>	<b>2.62</b>	<b>2.62</b>	<b>2.62</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	4	4	4.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.53</b>	<b>2.53</b>	<b>2.53</b>	<b>2.53</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.51</b>	<b>2.51</b>	<b>2.49</b>	<b>2.50</b>



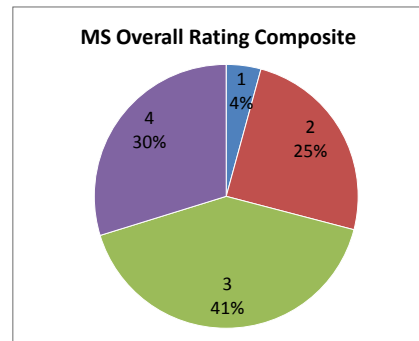
Ratings	1	2	3	4
I - Count	0	25	8	0
N - Count	0	33	21	9
P - Count	0	27	12	6



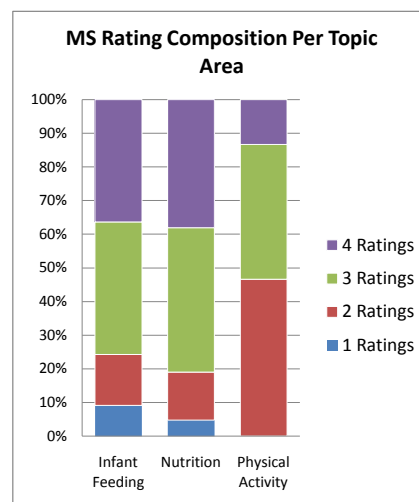
### Mississippi

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	4	4	4.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	2	2	2.33
IB3		4	4	4	4.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		3	3	3	3.00
<b>Average Rating Per CC Type</b>		3.09	3.00	3.00	3.03
<b>Nutrition</b>					
NA1	Limit dietary fats	3	3	3	3.00
NA2		4	4	4	4.00
NA3		3	3	3	3.00
NA4		3	3	3	3.00
NA5		4	4	4	4.00
NB1	Serve nutrient-dense whole foods	4	4	4	4.00
NB2		4	4	4	4.00
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	1	1	1	1.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	4	4	4	4.00
NG2		3	3	3	3.00
NH1	Misuse of food	3	3	3	3.00
NH2		4	4	4	4.00
<b>Average Rating Per CC Type</b>		3.14	3.14	3.14	3.14
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		4	4	4	4.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.67	2.67	2.67	2.67
<b>Grand Average for Care Types &amp; Components</b>		2.98	2.96	2.96	<b>2.96</b>



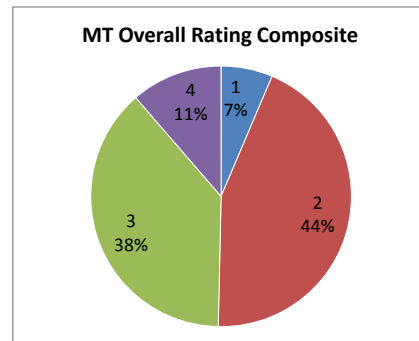
Ratings	1	2	3	4
I - Count	3	5	13	12
N - Count	3	9	27	24
P - Count	0	21	18	6



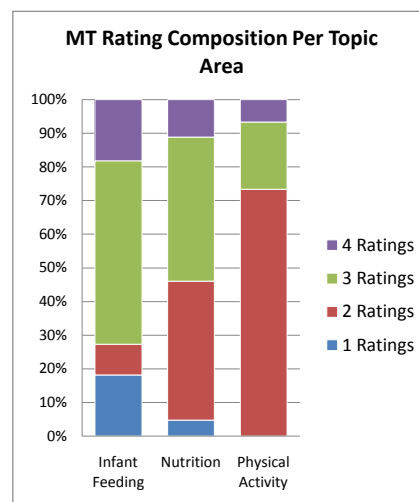
### Montana

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.73	2.73	2.73	2.73
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		4	2	2	2.67
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	2	2	2	2.00
NH2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.67	2.57	2.57	2.60
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	3	3	2.67
PB2		2	3	3	2.67
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	2	3	3	2.67
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.20	2.40	2.40	2.33
<b>Grand Average for Care Types &amp; Components</b>		2.53	2.55	2.55	<b>2.55</b>



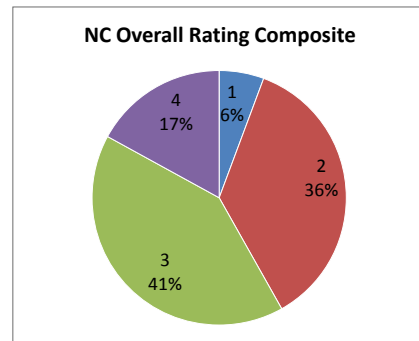
Ratings	1	2	3	4
I - Count	6	3	18	6
N - Count	3	26	27	7
P - Count	0	33	9	3



### North Carolina

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	4	4	4.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.82	2.82	2.82	2.82
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		3	1	1	1.67
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.71	2.62	2.62	2.65
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	4	4	4	4.00
PB2		3	3	3	3.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	4	4	4	4.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.67	2.67	2.67	2.67
<b>Grand Average for Care Types &amp; Components</b>		2.72	2.68	2.68	<b>2.70</b>



Ratings	1	2	3	4
I - Count	6	3	15	9
N - Count	2	24	31	6
P - Count	0	24	12	9

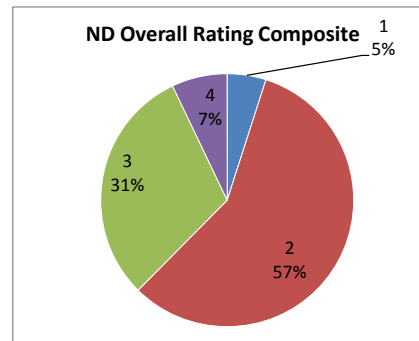




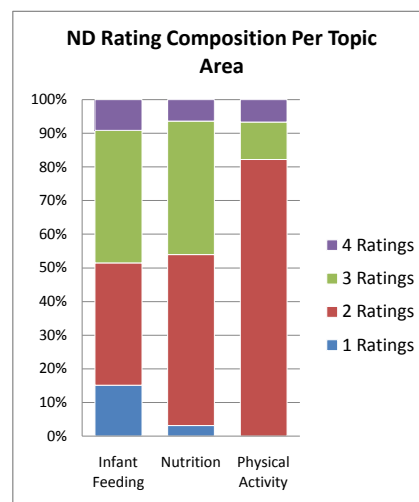
### North Dakota

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		3	4	1	2.67
IB1	How to feed fluids	4	4	2	3.33
IB2		3	3	2	2.67
IB3		3	2	3	2.67
IC1	Introducing solids	3	3	2	2.67
IC2		3	3	2	2.67
IC3		3	3	2	2.67
ID1	Appropriate complementary foods	3	3	2	2.67
ID2		1	1	2	1.33
ID3		1	1	2	1.33
<b>Average Rating Per CC Type</b>		2.64	2.64	2.00	2.42
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	2	2.67
NA3		3	3	2	2.67
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	2	2.67
NB2		3	3	2	2.67
NB3		3	3	2	2.67
NC1	Wholeness & quantity of juice	4	4	2	3.33
NC2		2	2	2	2.00
NC3		3	3	2	2.67
NC4		3	3	2	2.67
ND1	Water availability	3	2	2	2.33
NE1	Nutrition instruction by word & example	3	3	2	2.67
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	2	3.33
NF2		3	3	2	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	2	1.33
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.71	2.67	2.10	2.49
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	2	3	3	2.67
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.20	2.27	2.27	2.24
<b>Grand Average for Care Types &amp; Components</b>		2.53	2.53	2.13	<b>2.40</b>



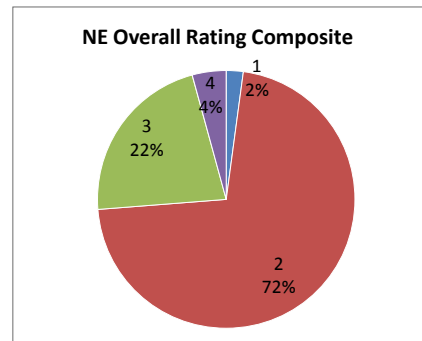
Ratings	1	2	3	4
I - Count	5	12	13	3
N - Count	2	32	25	4
P - Count	0	37	5	3



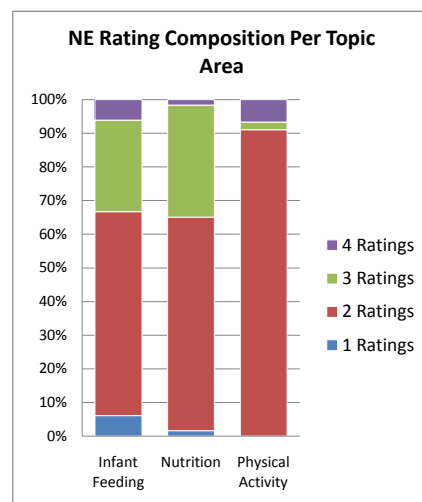
### Nebraska

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		4	2	2	2.67
IB1	How to feed fluids	4	2	2	2.67
IB2		3	2	2	2.33
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	2	2	2.33
IC3		3	2	2	2.33
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	2	2	1.67
ID3		1	2	2	1.67
<b>Average Rating Per CC Type</b>		2.64	2.18	2.18	2.33
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	2	2	2.33
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	2	2	2.33
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	2	2	2.67
NC2		2	2	2	2.00
NC3		3	2	2	2.33
NC4		3	2	2	2.33
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	3	2	2	2.33
NF2		3	2	2	2.33
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	2	2	1.67
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.57	2.24	2.24	2.35
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	2	2	2.33
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.20	2.13	2.13	2.16
<b>Grand Average for Care Types &amp; Components</b>		2.47	2.19	2.19	<b>2.28</b>



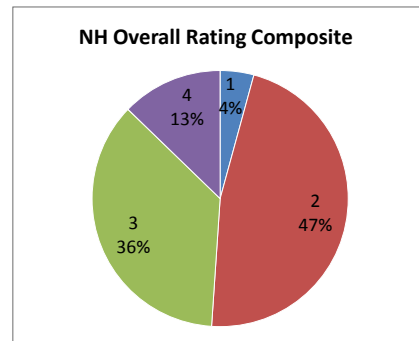
Ratings	1	2	3	4
I - Count	2	20	9	2
N - Count	1	40	21	1
P - Count	0	41	1	3



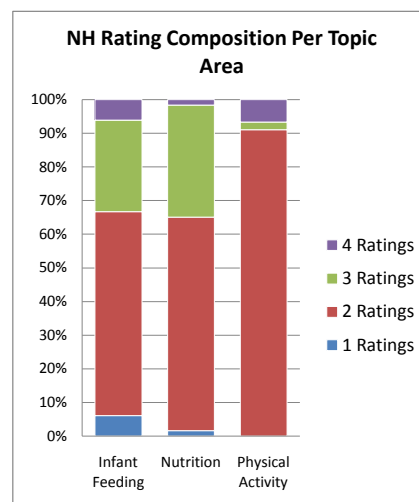
### New Hampshire

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.64	2.64	2.64	2.64
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		2	2	2	2.00
NA4		3	3	3	3.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		4	4	4	4.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		2	2	2	2.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.71	2.71	2.71	2.71
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.33	2.33	2.33	2.33
<b>Grand Average for Care Types &amp; Components</b>		2.57	2.57	2.57	<b>2.57</b>



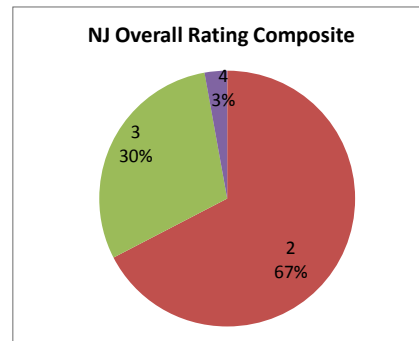
Ratings	1	2	3	4
I - Count	6	6	15	6
N - Count	0	27	27	9
P - Count	0	33	9	3



### New Jersey

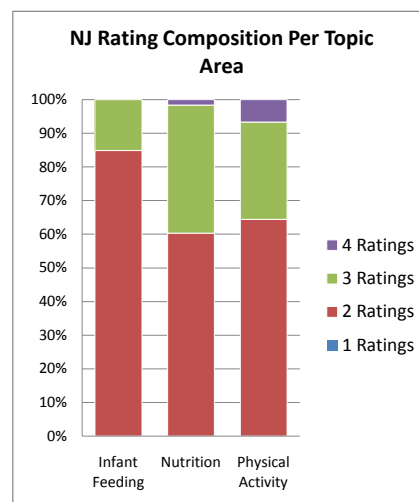
State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	2	2	2	2.00
IB2		2	2	2	2.00
IB3		3	3	2	2.67
IC1	Introducing solids	3	3	2	2.67
IC2		2	2	3	2.33
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.18</b>	<b>2.18</b>	<b>2.09</b>	<b>2.15</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	2	2.67
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	2	2.67
NB2		3	3	2	2.67
NB3		3	3	2	2.67
NC1	Wholeness & quantity of juice	3	3	2	2.67
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	3	3	4	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	3	3	3	3.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.48</b>	<b>2.48</b>	<b>2.29</b>	<b>2.41</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	2	2.67
PB1	Screen time	2	2	3	2.33
PB2		2	2	3	2.33
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	2	2.67
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	3	2.33
<b>Average Rating Per CC Type</b>		<b>2.40</b>	<b>2.40</b>	<b>2.47</b>	<b>2.42</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.38</b>	<b>2.38</b>	<b>2.30</b>	<b>2.35</b>



**Tally of Each Rating Per Topic Area**

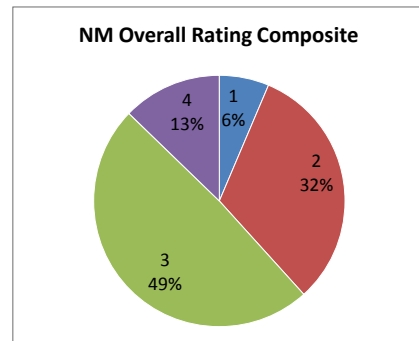
Ratings	1	2	3	4
I - Count	0	28	5	0
N - Count	0	38	24	1
P - Count	0	29	13	3



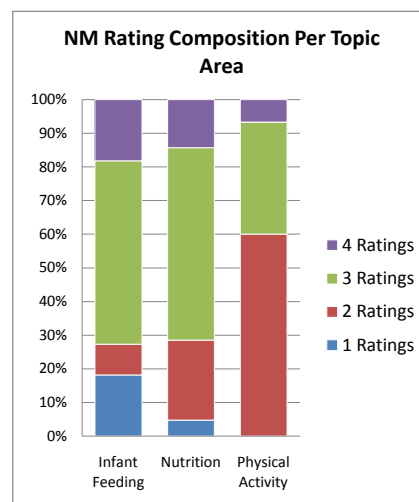
### New Mexico

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.73	2.73	2.73	2.73
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		3	3	3	3.00
NA5		3	3	3	3.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	3	3	3	3.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	3	3	3	3.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		4	4	4	4.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.81	2.81	2.81	2.81
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.47	2.47	2.47	2.47
<b>Grand Average for Care Types &amp; Components</b>		2.68	2.68	2.68	<b>2.68</b>



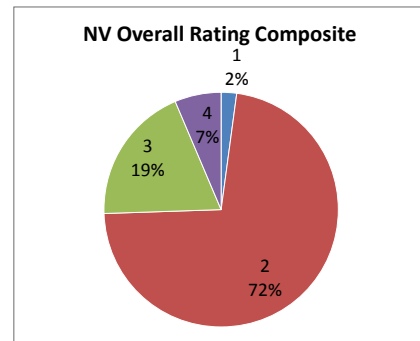
Ratings	1	2	3	4
I - Count	6	3	18	6
N - Count	3	15	36	9
P - Count	0	27	15	3



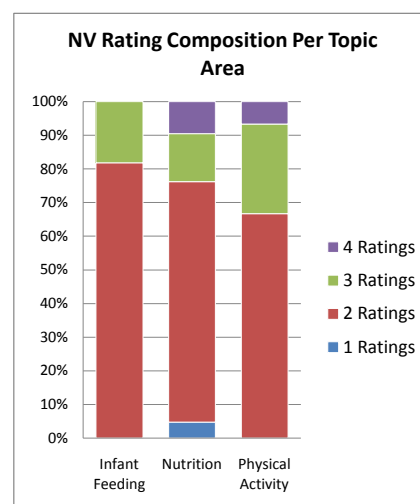
### Nevada

#### State Overall Ratings

Components by Topic Area		Child Care	Large Family	Small Family	Average Rating Per Component
		Center	Child Care Home	Child Care Home	
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	2	2	2	2.00
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.18	2.18	2.18	2.18
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	2	2	2.00
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		2	2	2	2.00
NB3		2	2	2	2.00
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	3	3	3	3.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		4	4	4	4.00
<b>Average Rating Per CC Type</b>		2.29	2.29	2.29	2.29
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.40	2.40	2.40	2.40
<b>Grand Average for Care Types &amp; Components</b>		2.30	2.30	2.30	<b>2.30</b>



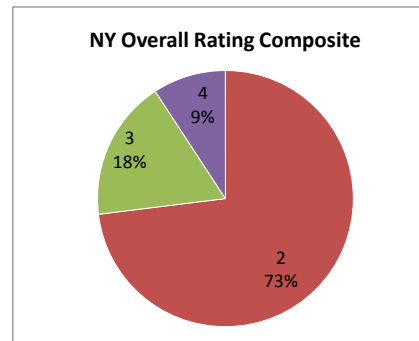
Ratings	1	2	3	4
I - Count	0	27	6	0
N - Count	3	45	9	6
P - Count	0	30	12	3



### New York

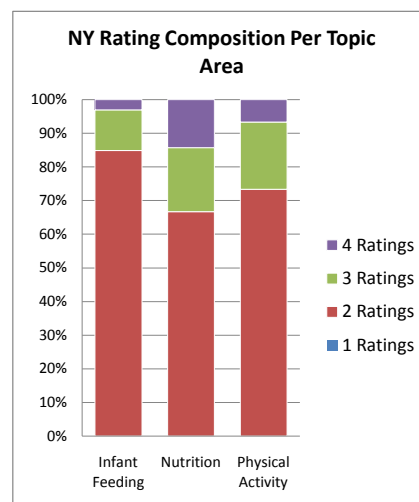
#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	2	3	2.67
IA2		2	2	2	2.00
IB1	How to feed fluids	2	2	2	2.00
IB2		2	2	2	2.00
IB3		4	3	3	3.33
IC1	Introducing solids	2	2	2	2.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.09</b>	<b>2.18</b>	<b>2.18</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	2	2	2.00
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		2	2	2	2.00
NB3		2	2	2	2.00
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		4	4	4	4.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.48</b>	<b>2.48</b>	<b>2.48</b>	<b>2.48</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.33</b>	<b>2.33</b>	<b>2.33</b>	<b>2.33</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.38</b>	<b>2.34</b>	<b>2.36</b>	<b>2.36</b>



**Tally of Each Rating Per Topic Area**

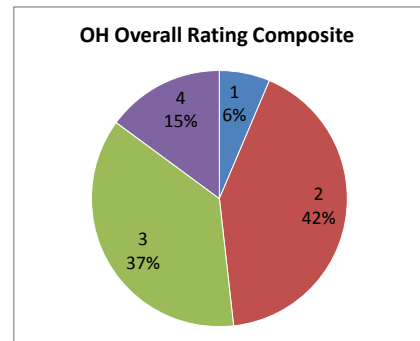
Ratings	1	2	3	4
I - Count	0	28	4	1
N - Count	0	42	12	9
P - Count	0	33	9	3



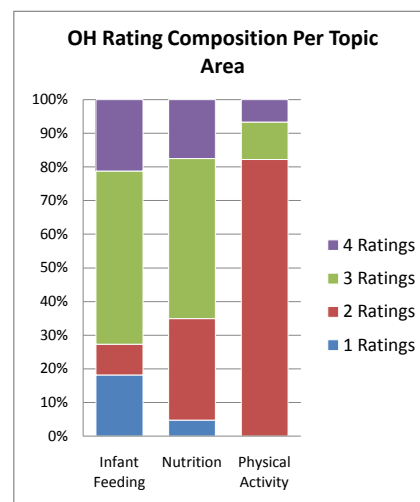
### Ohio

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	4	3	3	3.33
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>2.82</b>	<b>2.73</b>	<b>2.73</b>	<b>2.76</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		3	3	3	3.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	4	4	4	4.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	3	3	2	2.67
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	3	3.67
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.81</b>	<b>2.81</b>	<b>2.71</b>	<b>2.78</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	2	3	2.67
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.20</b>	<b>2.27</b>	<b>2.24</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.64</b>	<b>2.60</b>	<b>2.57</b>	<b>2.60</b>



Ratings	1	2	3	4
I - Count	6	3	17	7
N - Count	3	19	30	11
P - Count	0	37	5	3

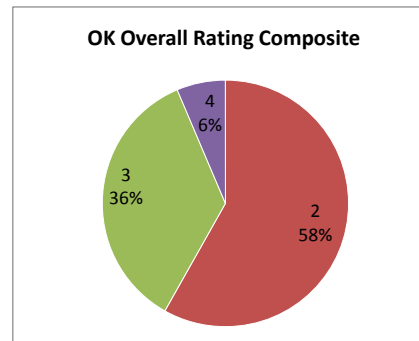




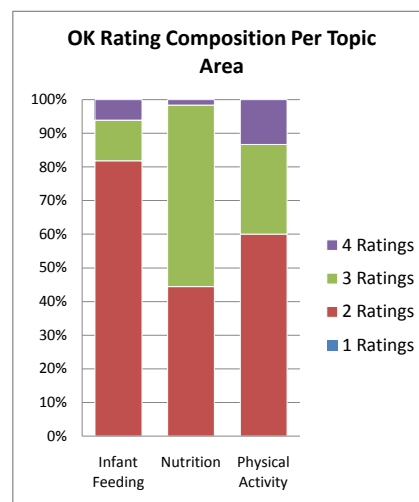
### Oklahoma

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		4	2	2	2.67
IB1	How to feed fluids	4	2	2	2.67
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	2	2	2.33
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.55	2.09	2.09	2.24
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	3	3	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	3	3	3	3.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	2	3	3	2.67
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.57	2.57	2.57	2.57
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	4	4	4.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.53	2.53	2.53	2.53
<b>Grand Average for Care Types &amp; Components</b>		2.55	2.45	2.45	<b>2.48</b>



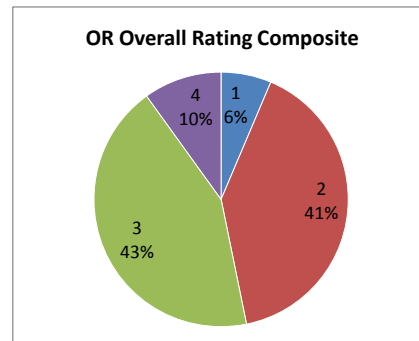
Ratings	1	2	3	4
I - Count	0	27	4	2
N - Count	0	28	34	1
P - Count	0	27	12	6



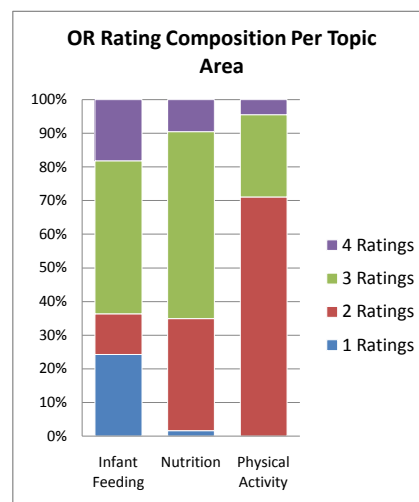
## Oregon

### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	3	3	2.67
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		1	1	3	1.67
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>2.45</b>	<b>2.55</b>	<b>2.73</b>	<b>2.58</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	3	3	2	2.67
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	3	3	2	2.67
NG2		3	3	1	2.33
NH1	Misuse of food	3	3	2	2.67
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.81</b>	<b>2.81</b>	<b>2.57</b>	<b>2.73</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	2	3.33
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	3	3	2.67
PB2		2	3	3	2.67
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	2	2.67
PC3		3	3	2	2.67
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.33</b>	<b>2.47</b>	<b>2.20</b>	<b>2.33</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.57</b>	<b>2.64</b>	<b>2.49</b>	<b>2.57</b>



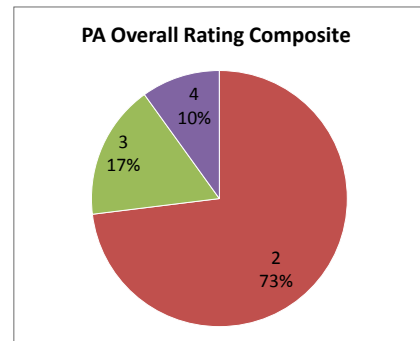
Ratings	1	2	3	4
I - Count	8	4	15	6
N - Count	1	21	35	6
P - Count	0	32	11	2



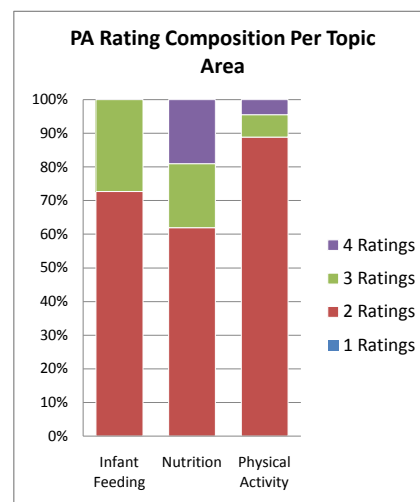
### Pennsylvania

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	3	3	3	3.00
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.27</b>	<b>2.27</b>	<b>2.27</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		4	4	4	4.00
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	2	2	2	2.00
NH2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.57</b>	<b>2.57</b>	<b>2.57</b>	<b>2.57</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	2	3.33
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.20</b>	<b>2.20</b>	<b>2.07</b>	<b>2.16</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.38</b>	<b>2.38</b>	<b>2.34</b>	<b>2.37</b>



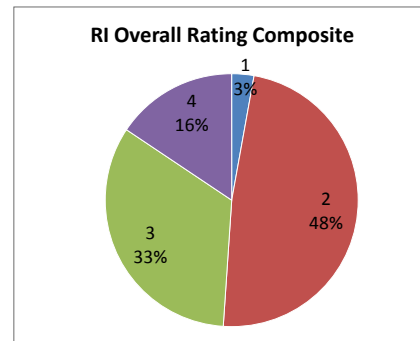
Ratings	1	2	3	4
I - Count	0	24	9	0
N - Count	0	39	12	12
P - Count	0	40	3	2



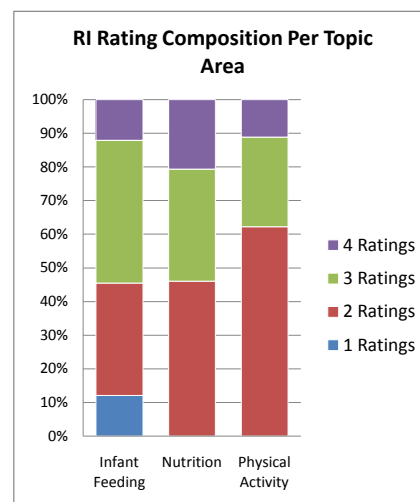
### Rhode Island

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	3	3	2.67
IA2		3	4	4	3.67
IB1	How to feed fluids	3	4	4	3.67
IB2		2	3	3	2.67
IB3		3	2	2	2.33
IC1	Introducing solids	3	3	3	3.00
IC2		2	3	3	2.67
IC3		2	3	3	2.67
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	1	1	1.33
ID3		2	1	1	1.33
<b>Average Rating Per CC Type</b>		2.36	2.64	2.64	2.55
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	3	3	2.67
NA3		2	3	3	2.67
NA4		2	3	3	2.67
NA5		2	3	3	2.67
NB1	Serve nutrient-dense whole foods	2	3	3	2.67
NB2		2	3	3	2.67
NB3		2	3	3	2.67
NC1	Wholeness & quantity of juice	2	4	4	3.33
NC2		2	4	4	3.33
NC3		2	4	4	3.33
NC4		2	4	4	3.33
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	4	4	3.33
NF2		2	3	3	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	3	3	2.67
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.14	3.05	3.05	2.75
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	4	4	3.33
PB1	Screen time	2	3	3	2.67
PB2		2	3	3	2.67
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	2	3	3	2.67
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.27	2.60	2.60	2.49
<b>Grand Average for Care Types &amp; Components</b>		2.23	2.81	2.81	<b>2.62</b>



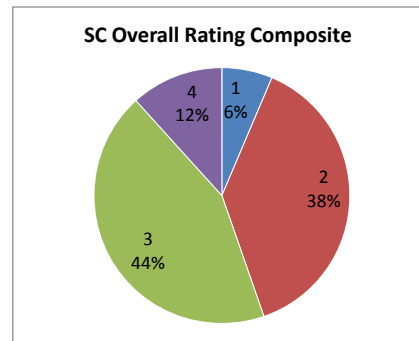
Ratings	1	2	3	4
I - Count	4	11	14	4
N - Count	0	29	21	13
P - Count	0	28	12	5



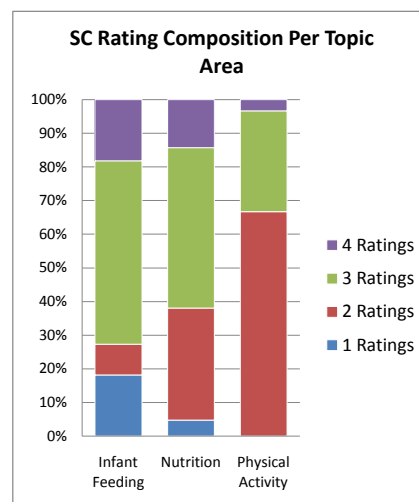
### South Carolina

#### State Overall Ratings

Components by Topic Area		Child Care	Large Family	Small Family	Average Rating Per Component
		Center	Child Care Home	Child Care Home	
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	N/A	3.00
IA2		4	4	N/A	4.00
IB1	How to feed fluids	4	4	N/A	4.00
IB2		3	3	N/A	3.00
IB3		3	3	N/A	3.00
IC1	Introducing solids	3	3	N/A	3.00
IC2		3	3	N/A	3.00
IC3		3	3	N/A	3.00
ID1	Appropriate complementary foods	2	2	N/A	2.00
ID2		1	1	N/A	1.00
ID3		1	1	N/A	1.00
<b>Average Rating Per CC Type</b>		2.73	2.73	N/A	2.73
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	N/A	2.00
NA2		3	3	N/A	3.00
NA3		3	3	N/A	3.00
NA4		2	2	N/A	2.00
NA5		2	2	N/A	2.00
NB1	Serve nutrient-dense whole foods	3	3	N/A	3.00
NB2		3	3	N/A	3.00
NB3		3	3	N/A	3.00
NC1	Wholeness & quantity of juice	4	4	N/A	4.00
NC2		2	2	N/A	2.00
NC3		3	3	N/A	3.00
NC4		3	3	N/A	3.00
ND1	Water availability	4	4	N/A	4.00
NE1	Nutrition instruction by word & example	2	2	N/A	2.00
NE2		2	2	N/A	2.00
NF1	Age and individual nutritional requirements	4	4	N/A	4.00
NF2		3	3	N/A	3.00
NG1	Limit sugar and salt	2	2	N/A	2.00
NG2		1	1	N/A	1.00
NH1	Misuse of food	3	3	N/A	3.00
NH2		3	3	N/A	3.00
<b>Average Rating Per CC Type</b>		2.71	2.71	N/A	2.71
<b>Physical Activity</b>					
PA1	General promotion of activity	4	3	N/A	3.50
PA2		2	2	N/A	2.00
PA3		2	2	N/A	2.00
PA4		2	2	N/A	2.00
PA5		2	2	N/A	2.00
PB1	Screen time	3	3	N/A	3.00
PB2		3	3	N/A	3.00
PB3		2	2	N/A	2.00
PB4		2	2	N/A	2.00
PC1	Age-specific activity	3	3	N/A	3.00
PC2		2	2	N/A	2.00
PC3		2	2	N/A	2.00
PD1	Caregiver/teacher involvement	2	2	N/A	2.00
PE1	Infant-specific activity	2	2	N/A	2.00
PE2		3	3	N/A	3.00
<b>Average Rating Per CC Type</b>		2.40	2.33	N/A	2.37
<b>Grand Average for Care Types &amp; Components</b>		2.62	2.60	N/A	<b>2.61</b>



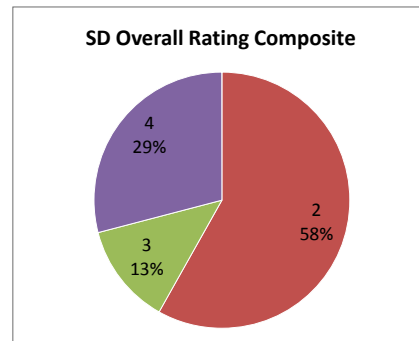
Ratings	1	2	3	4
I - Count	4	2	12	4
N - Count	2	14	20	6
P - Count	0	20	9	1



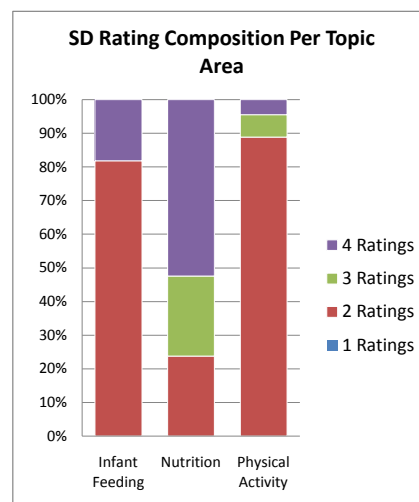
### South Dakota

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	4	4	4	4.00
IB2		2	2	2	2.00
IB3		4	4	4	4.00
IC1	Introducing solids	2	2	2	2.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.36	2.36	2.36	2.36
<b>Nutrition</b>					
NA1	Limit dietary fats	4	4	4	4.00
NA2		4	4	4	4.00
NA3		4	4	4	4.00
NA4		2	2	2	2.00
NA5		4	4	4	4.00
NB1	Serve nutrient-dense whole foods	4	4	4	4.00
NB2		4	4	4	4.00
NB3		4	4	4	4.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		2	2	2	2.00
NG1	Limit sugar and salt	4	4	4	4.00
NG2		3	3	3	3.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		3.29	3.29	3.29	3.29
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	2	3.33
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	2	2	2.33
PC2		3	2	2	2.33
PC3		3	2	2	2.33
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.33	2.13	2.00	2.16
<b>Grand Average for Care Types &amp; Components</b>		2.77	2.70	2.66	<b>2.71</b>



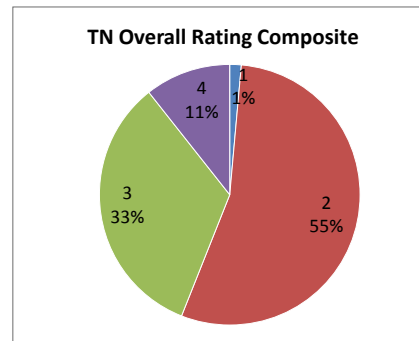
Ratings	1	2	3	4
I - Count	0	27	0	6
N - Count	0	15	15	33
P - Count	0	40	3	2



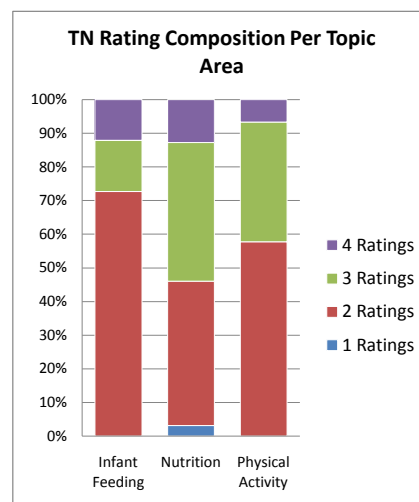
### Tennessee

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	2	2	2.33
IA2		2	2	4	2.67
IB1	How to feed fluids	4	4	4	4.00
IB2		2	2	2	2.00
IB3		3	2	3	2.67
IC1	Introducing solids	3	3	2	2.67
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.45	2.27	2.45	2.39
<b>Nutrition</b>					
NA1	Limit dietary fats	3	2	2	2.33
NA2		3	3	3	3.00
NA3		2	1	1	1.33
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	3	3	2.67
NB2		3	3	3	3.00
NB3		3	4	3	3.33
NC1	Wholeness & quantity of juice	2	4	4	3.33
NC2		2	2	2	2.00
NC3		2	3	3	2.67
NC4		2	3	3	2.67
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	4	4	3.33
NF2		2	3	3	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		4	3	3	3.33
NH1	Misuse of food	4	3	3	3.33
NH2		4	3	3	3.33
<b>Average Rating Per CC Type</b>		2.52	2.71	2.67	2.63
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	3	3.67
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	2	2	2.67
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		3	3	3	3.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	2	2	2.33
PC3		3	2	2	2.33
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		2.73	2.40	2.33	2.49
<b>Grand Average for Care Types &amp; Components</b>		2.57	2.51	2.51	<b>2.53</b>



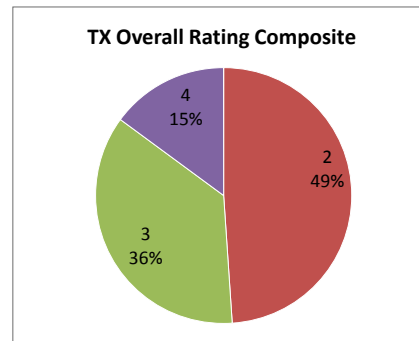
Ratings	1	2	3	4
I - Count	0	24	5	4
N - Count	2	27	26	8
P - Count	0	26	16	3



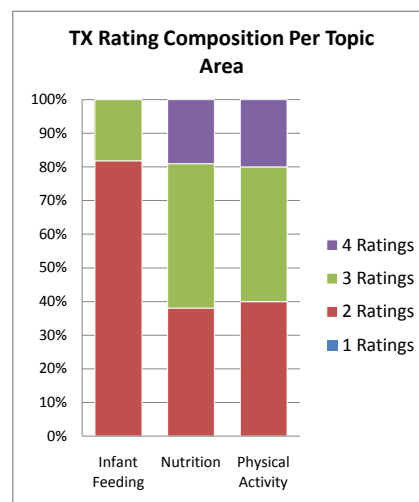
### Texas

#### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	3	3	3	3.00
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	2	2	2	2.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.18	2.18	2.18	2.18
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		3	3	3	3.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	4	4	4.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	3	3	3	3.00
NH2		4	4	4	4.00
<b>Average Rating Per CC Type</b>		2.81	2.81	2.81	2.81
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	4	4	4.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	4	4	4	4.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.80	2.80	2.80	2.80
<b>Grand Average for Care Types &amp; Components</b>		2.66	2.66	2.66	<b>2.66</b>



Ratings	1	2	3	4
I - Count	0	27	6	0
N - Count	0	24	27	12
P - Count	0	18	18	9

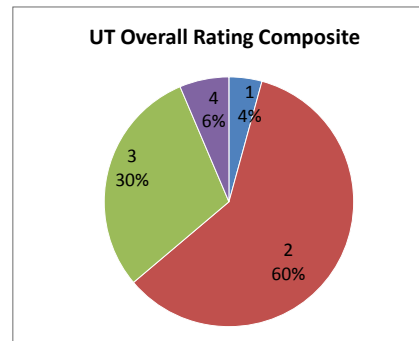




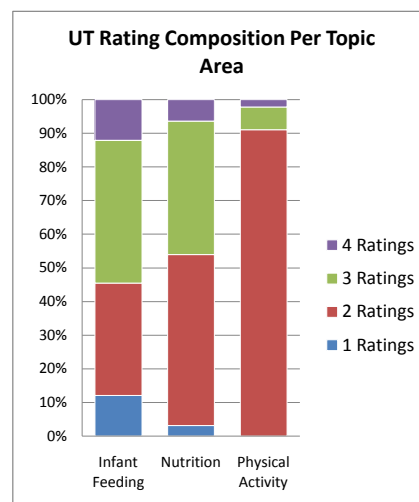
## Utah

### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	2	2.67
IA2		4	4	3	3.67
IB1	How to feed fluids	4	4	2	3.33
IB2		3	3	2	2.67
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	2	2.67
IC2		3	3	2	2.67
IC3		3	3	2	2.67
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	2	1.33
ID3		1	1	2	1.33
<b>Average Rating Per CC Type</b>		<b>2.73</b>	<b>2.73</b>	<b>2.18</b>	<b>2.55</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	2	2.67
NA3		3	3	2	2.67
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		3	3	2	2.67
NB3		3	3	2	2.67
NC1	Wholeness & quantity of juice	4	4	2	3.33
NC2		3	3	2	2.67
NC3		3	3	2	2.67
NC4		3	3	2	2.67
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	2	3.33
NF2		3	3	2	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	2	1.33
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.67</b>	<b>2.67</b>	<b>2.14</b>	<b>2.49</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	2	2	2.67
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	2	2	2.33
PC2		2	2	3	2.33
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.00</b>	<b>2.07</b>	<b>2.11</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.55</b>	<b>2.47</b>	<b>2.13</b>	<b>2.38</b>



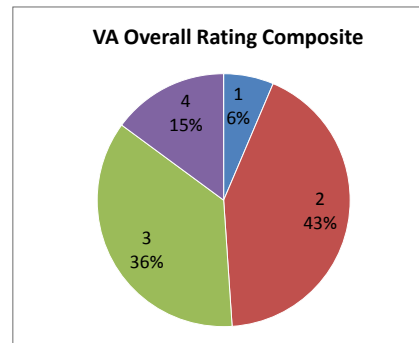
Ratings	1	2	3	4
I - Count	4	11	14	4
N - Count	2	32	25	4
P - Count	0	41	3	1



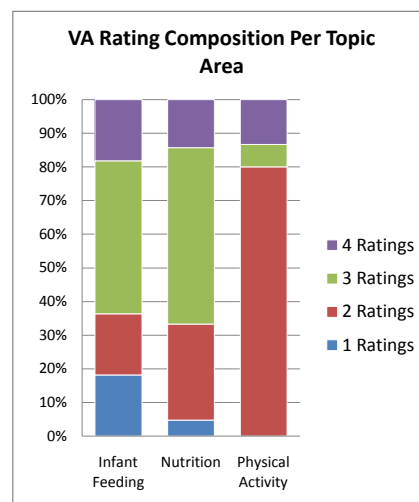
### Virginia

State Overall Ratings

Components by Topic Area		Child Care	Large Family	Small Family	Average Rating Per Component
		Center	Child Care Home	Child Care Home	
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	N/A	N/A	3.00
IA2		4	N/A	N/A	4.00
IB1	How to feed fluids	4	N/A	N/A	4.00
IB2		2	N/A	N/A	2.00
IB3		3	N/A	N/A	3.00
IC1	Introducing solids	3	N/A	N/A	3.00
IC2		3	N/A	N/A	3.00
IC3		3	N/A	N/A	3.00
ID1	Appropriate complementary foods	2	N/A	N/A	2.00
ID2		1	N/A	N/A	1.00
ID3		1	N/A	N/A	1.00
<b>Average Rating Per CC Type</b>		2.64	N/A	N/A	2.64
<b>Nutrition</b>					
NA1	Limit dietary fats	2	N/A	N/A	2.00
NA2		3	N/A	N/A	3.00
NA3		3	N/A	N/A	3.00
NA4		2	N/A	N/A	2.00
NA5		2	N/A	N/A	2.00
NB1	Serve nutrient-dense whole foods	3	N/A	N/A	3.00
NB2		3	N/A	N/A	3.00
NB3		3	N/A	N/A	3.00
NC1	Wholeness & quantity of juice	4	N/A	N/A	4.00
NC2		2	N/A	N/A	2.00
NC3		3	N/A	N/A	3.00
NC4		3	N/A	N/A	3.00
ND1	Water availability	4	N/A	N/A	4.00
NE1	Nutrition instruction by word & example	3	N/A	N/A	3.00
NE2		2	N/A	N/A	2.00
NF1	Age and individual nutritional requirements	4	N/A	N/A	4.00
NF2		3	N/A	N/A	3.00
NG1	Limit sugar and salt	2	N/A	N/A	2.00
NG2		1	N/A	N/A	1.00
NH1	Misuse of food	3	N/A	N/A	3.00
NH2		3	N/A	N/A	3.00
<b>Average Rating Per CC Type</b>		2.76	N/A	N/A	2.76
<b>Physical Activity</b>					
PA1	General promotion of activity	4	N/A	N/A	4.00
PA2		2	N/A	N/A	2.00
PA3		2	N/A	N/A	2.00
PA4		2	N/A	N/A	2.00
PA5		2	N/A	N/A	2.00
PB1	Screen time	2	N/A	N/A	2.00
PB2		2	N/A	N/A	2.00
PB3		2	N/A	N/A	2.00
PB4		2	N/A	N/A	2.00
PC1	Age-specific activity	3	N/A	N/A	3.00
PC2		2	N/A	N/A	2.00
PC3		2	N/A	N/A	2.00
PD1	Caregiver/teacher involvement	2	N/A	N/A	2.00
PE1	Infant-specific activity	4	N/A	N/A	4.00
PE2		2	N/A	N/A	2.00
<b>Average Rating Per CC Type</b>		2.33	N/A	N/A	2.33
<b>Grand Average for Care Types &amp; Components</b>		2.60	N/A	N/A	<b>2.60</b>



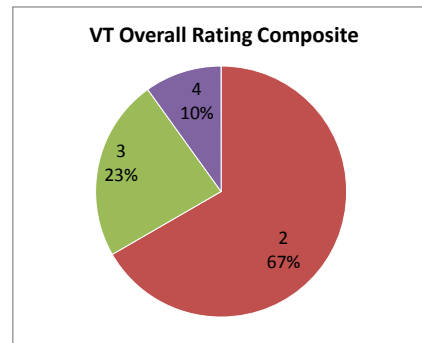
Ratings	1	2	3	4
I - Count	2	2	5	2
N - Count	1	6	11	3
P - Count	0	12	1	2



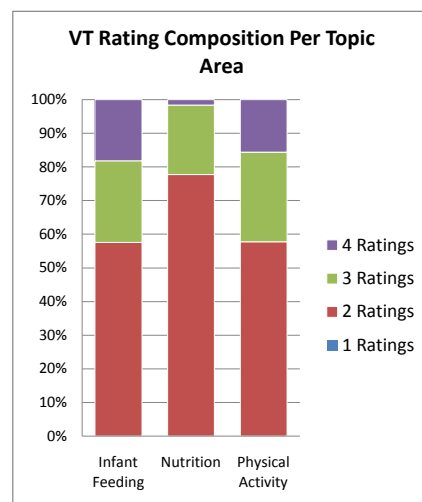
### Vermont

State Overall Ratings

Components by Topic Area		Child Care	Large Family	Small Family	Average Rating Per Component
		Center	Child Care Home	Child Care Home	
<b>Infant Feeding</b>					
IA1	Appropriate fluids	4	4	4	4.00
IA2		3	3	3	3.00
IB1	How to feed fluids	4	4	4	4.00
IB2		2	2	2	2.00
IB3		3	3	3	3.00
IC1	Introducing solids	2	2	2	2.00
IC2		3	2	2	2.33
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		3	2	2	2.33
<b>Average Rating Per CC Type</b>		2.73	2.55	2.55	2.61
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	2	2	2.00
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		2	2	2	2.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	3	3	3	3.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	2	2	2.00
NF2		2	2	2	2.00
NG1	Limit sugar and salt	2	2	4	2.67
NG2		2	2	3	2.33
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.19	2.19	2.33	2.24
<b>Physical Activity</b>					
PA1	General promotion of activity	4	2	3	3.00
PA2		2	2	2	2.00
PA3		4	4	4	4.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		4	4	4	4.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	2	3	2.67
PC2		3	2	2	2.33
PC3		3	2	2	2.33
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		2.80	2.40	2.53	2.58
<b>Grand Average for Care Types &amp; Components</b>		2.51	2.34	2.45	<b>2.43</b>



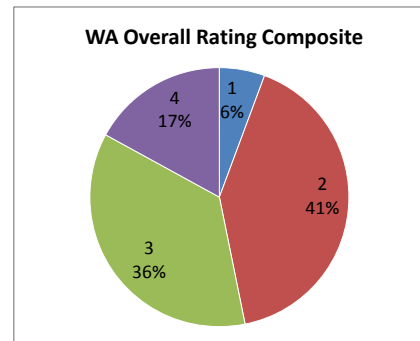
Ratings	1	2	3	4
I - Count	0	19	8	6
N - Count	0	49	13	1
P - Count	0	26	12	7



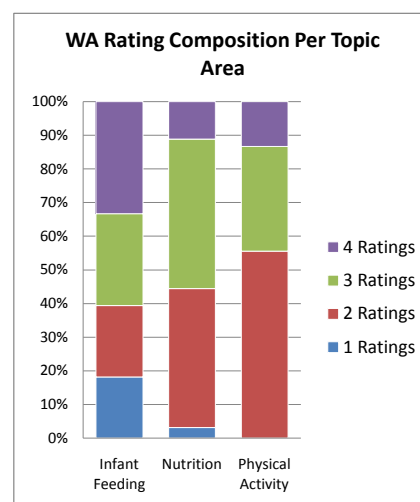
### Washington

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Home	Small Family Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		2	3	3	2.67
IB3		4	4	4	4.00
IC1	Introducing solids	4	3	3	3.33
IC2		3	3	3	3.00
IC3		4	3	3	3.33
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		<b>2.82</b>	<b>2.73</b>	<b>2.73</b>	<b>2.76</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		3	3	3	3.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	3	3	2.67
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		2	3	3	2.67
ND1	Water availability	2	4	4	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	4	4	3.33
NF2		2	3	3	2.67
NG1	Limit sugar and salt	2	2	2	2.00
NG2		3	1	1	1.67
NH1	Misuse of food	2	2	2	2.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.48</b>	<b>2.71</b>	<b>2.71</b>	<b>2.63</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		2	2	2	2.00
PB1	Screen time	2	3	3	2.67
PB2		2	3	3	2.67
PB3		2	4	4	3.33
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	4	2	2	2.67
PE2		3	2	2	2.33
<b>Average Rating Per CC Type</b>		<b>2.53</b>	<b>2.60</b>	<b>2.60</b>	<b>2.58</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.57</b>	<b>2.68</b>	<b>2.68</b>	<b>2.65</b>



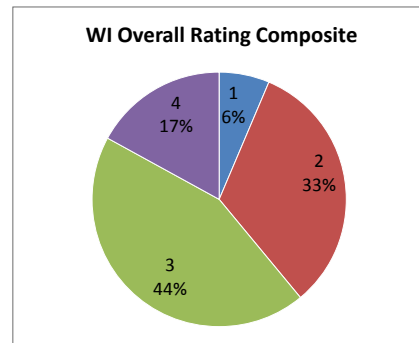
Ratings	1	2	3	4
I - Count	6	7	9	11
N - Count	2	26	28	7
P - Count	0	25	14	6



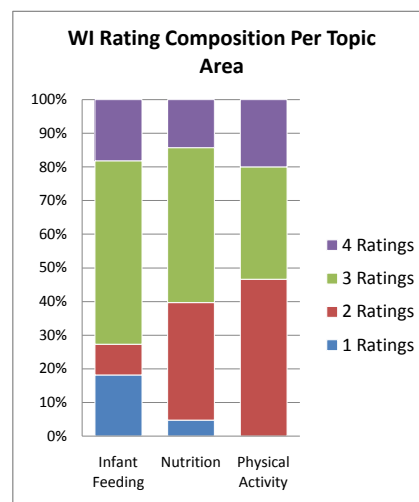
### Wisconsin

State Overall Ratings

Components by Topic Area		Child Care	Large Family	Small Family	Average Rating Per Component
		Center	Child Care Home	Child Care Home	
<b>Infant Feeding</b>					
IA1	Appropriate fluids	3	3	3	3.00
IA2		4	4	4	4.00
IB1	How to feed fluids	4	4	4	4.00
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	3	3	3	3.00
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.73	2.73	2.73	2.73
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	4	3.33
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		2	2	2	2.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	4	2	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		1	1	1	1.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.71	2.71	2.67	2.70
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	4	4	4.00
PB1	Screen time	3	3	3	3.00
PB2		3	3	3	3.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	4	4	4	4.00
PE2		2	2	2	2.00
<b>Average Rating Per CC Type</b>		2.73	2.73	2.73	2.73
<b>Grand Average for Care Types &amp; Components</b>		2.72	2.72	2.70	<b>2.72</b>



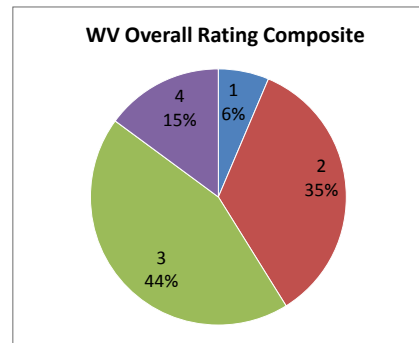
Ratings	1	2	3	4
I - Count	6	3	18	6
N - Count	3	22	29	9
P - Count	0	21	15	9



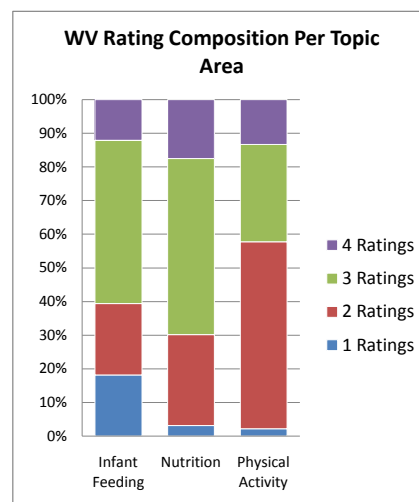
### West Virginia

State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		3	3	4	3.33
IB1	How to feed fluids	4	2	4	3.33
IB2		3	3	3	3.00
IB3		3	3	3	3.00
IC1	Introducing solids	4	3	3	3.33
IC2		3	3	3	3.00
IC3		3	3	3	3.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		1	1	1	1.00
ID3		1	1	1	1.00
<b>Average Rating Per CC Type</b>		2.64	2.36	2.64	2.55
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		3	3	3	3.00
NA3		3	3	3	3.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	3	3	3	3.00
NB2		3	3	3	3.00
NB3		3	3	3	3.00
NC1	Wholeness & quantity of juice	4	4	4	4.00
NC2		3	3	3	3.00
NC3		3	3	3	3.00
NC4		3	3	3	3.00
ND1	Water availability	4	2	4	3.33
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		4	2	2	2.67
NF1	Age and individual nutritional requirements	4	4	4	4.00
NF2		3	3	3	3.00
NG1	Limit sugar and salt	2	4	2	2.67
NG2		1	4	1	2.00
NH1	Misuse of food	3	3	3	3.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		2.86	2.90	2.76	2.84
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		2	2	2	2.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		4	4	4	4.00
PB1	Screen time	3	3	2	2.67
PB2		3	3	2	2.67
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	3	3	3	3.00
PC2		3	3	3	3.00
PC3		3	3	3	3.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		2	1	2	1.67
<b>Average Rating Per CC Type</b>		2.60	2.53	2.47	2.53
<b>Grand Average for Care Types &amp; Components</b>		2.72	2.66	2.64	<b>2.67</b>



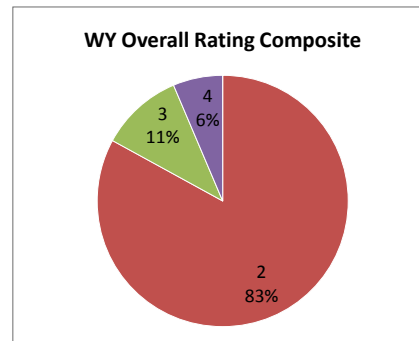
Ratings	1	2	3	4
I - Count	6	7	16	4
N - Count	2	17	33	11
P - Count	1	25	13	6



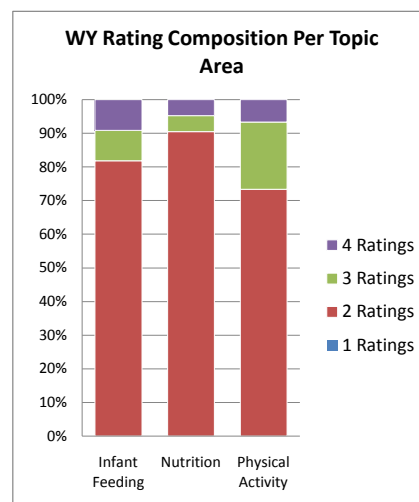
## Wyoming

### State Overall Ratings

Components by Topic Area		Child Care Center	Large Family Child Care Home	Small Family Child Care Home	Average Rating Per Component
<b>Infant Feeding</b>					
IA1	Appropriate fluids	2	2	2	2.00
IA2		2	2	2	2.00
IB1	How to feed fluids	4	4	4	4.00
IB2		2	2	2	2.00
IB3		2	2	2	2.00
IC1	Introducing solids	3	3	3	3.00
IC2		2	2	2	2.00
IC3		2	2	2	2.00
ID1	Appropriate complementary foods	2	2	2	2.00
ID2		2	2	2	2.00
ID3		2	2	2	2.00
<b>Average Rating Per CC Type</b>		<b>2.27</b>	<b>2.27</b>	<b>2.27</b>	<b>2.27</b>
<b>Nutrition</b>					
NA1	Limit dietary fats	2	2	2	2.00
NA2		2	2	2	2.00
NA3		2	2	2	2.00
NA4		2	2	2	2.00
NA5		2	2	2	2.00
NB1	Serve nutrient-dense whole foods	2	2	2	2.00
NB2		2	2	2	2.00
NB3		2	2	2	2.00
NC1	Wholeness & quantity of juice	2	2	2	2.00
NC2		2	2	2	2.00
NC3		2	2	2	2.00
NC4		2	2	2	2.00
ND1	Water availability	2	2	2	2.00
NE1	Nutrition instruction by word & example	2	2	2	2.00
NE2		2	2	2	2.00
NF1	Age and individual nutritional requirements	2	2	2	2.00
NF2		2	2	2	2.00
NG1	Limit sugar and salt	2	2	2	2.00
NG2		2	2	2	2.00
NH1	Misuse of food	4	4	4	4.00
NH2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.14</b>	<b>2.14</b>	<b>2.14</b>	<b>2.14</b>
<b>Physical Activity</b>					
PA1	General promotion of activity	4	4	4	4.00
PA2		3	3	3	3.00
PA3		2	2	2	2.00
PA4		2	2	2	2.00
PA5		3	3	3	3.00
PB1	Screen time	2	2	2	2.00
PB2		2	2	2	2.00
PB3		2	2	2	2.00
PB4		2	2	2	2.00
PC1	Age-specific activity	2	2	2	2.00
PC2		2	2	2	2.00
PC3		2	2	2	2.00
PD1	Caregiver/teacher involvement	2	2	2	2.00
PE1	Infant-specific activity	2	2	2	2.00
PE2		3	3	3	3.00
<b>Average Rating Per CC Type</b>		<b>2.33</b>	<b>2.33</b>	<b>2.33</b>	<b>2.33</b>
<b>Grand Average for Care Types &amp; Components</b>		<b>2.23</b>	<b>2.23</b>	<b>2.23</b>	<b>2.23</b>



Ratings	1	2	3	4
I - Count	0	27	3	3
N - Count	0	57	3	3
P - Count	0	33	9	3



### Component Subgroup Analysis

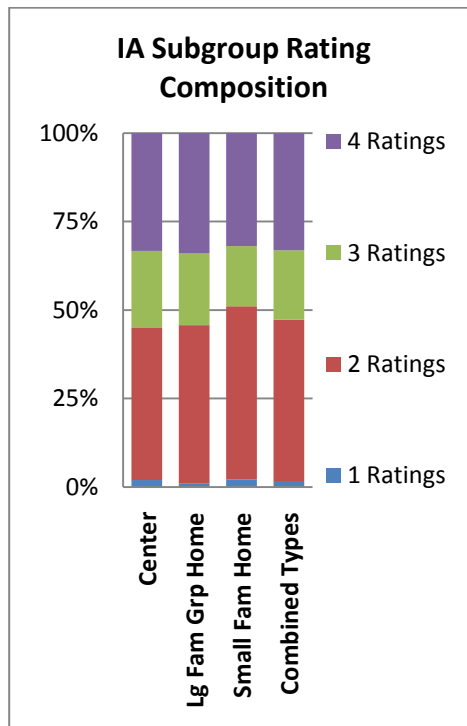
The following are tables and charts by subgroup of component topic areas.

#### Infant Feeding Topic Area

##### IA Subgroup

IA Components				
Child Care Type	1	2	3	4
Center	2 1.96%	44 43.14%	22 21.57%	34 33.33%
Lg Fam Grp Home	1 1.06%	42 44.68%	19 20.21%	32 34.04%
Small Fam Home	2 2.13%	46 48.94%	16 17.02%	30 31.91%
Combined Types	5 1.72%	132 45.52%	57 19.66%	96 33.10%
<b>Mean Rating = 2.84</b>				

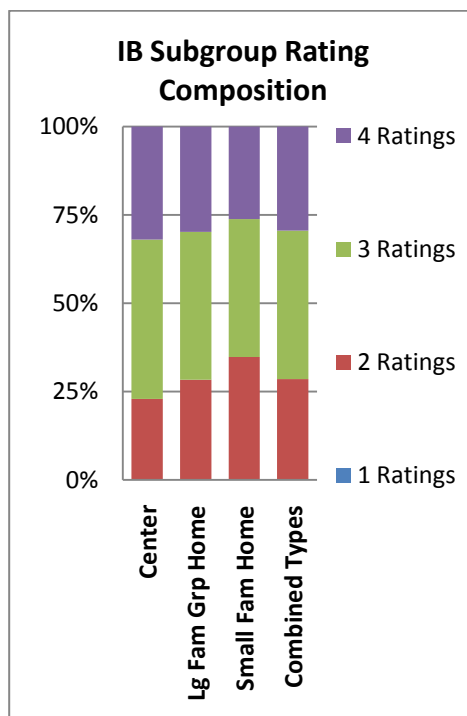
IA - Appropriate fluids for young infants



##### IB Subgroup

IB Components				
Child Care Type	1	2	3	4
Center	0 0.00%	35 22.88%	69 45.10%	49 32.03%
Lg Fam Grp Home	0 0.00%	40 28.37%	59 41.84%	42 29.79%
Small Fam Home	0 0.00%	49 34.75%	55 39.01%	37 26.24%
Combined Types	0 0.00%	124 28.51%	183 42.07%	128 29.43%
<b>Mean Rating = 3.01</b>				

IB - How to feed fluids to young infants

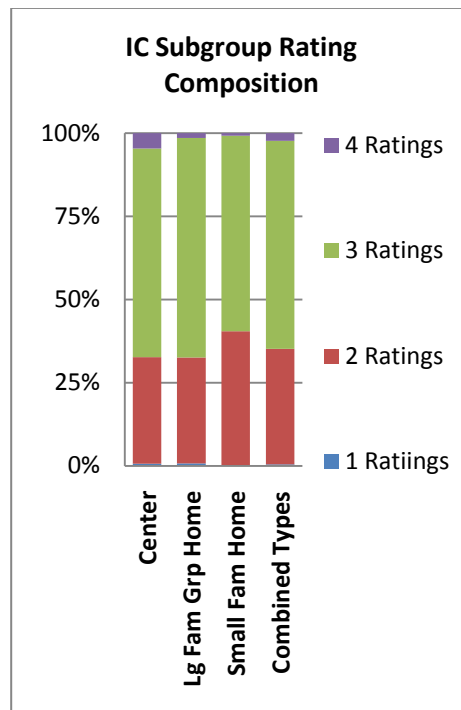




**IC Subgroup**

<i>IC Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	1 0.65%	49 32.03%	96 62.75%	7 4.58%
Lg Fam Grp Home	1 0.71%	45 31.91%	93 65.96%	2 1.42%
Small Fam Home	0 0.00%	57 40.43%	83 58.87%	1 0.71%
Combined Types	2 0.46%	151 34.71%	272 62.53%	10 2.30%
<b>Mean Rating = 2.67</b>				

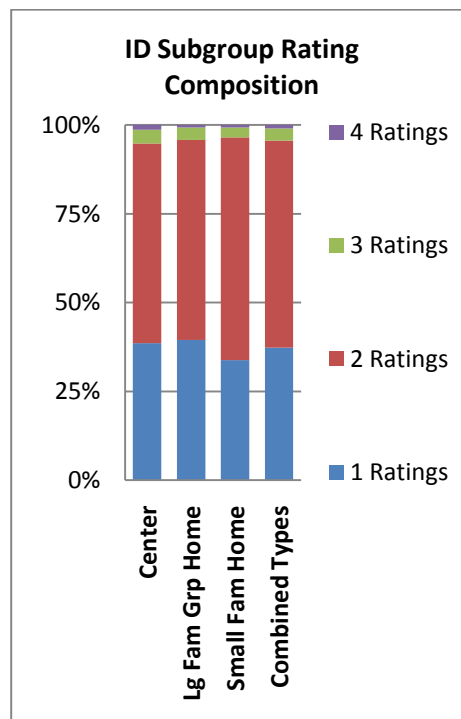
IC - Introduction of solids to infants



**ID Subgroup**

<i>ID Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	59 38.56%	86 56.21%	6 3.92%	2 1.31%
Lg Fam Grp Home	56 39.44%	80 56.34%	5 3.52%	1 0.70%
Small Fam Home	48 33.80%	89 62.68%	4 2.82%	1 0.70%
Combined Types	163 37.30%	255 58.35%	15 3.43%	4 0.92%
<b>Mean Rating = 1.68</b>				

ID - Appropriate complementary foods for infants

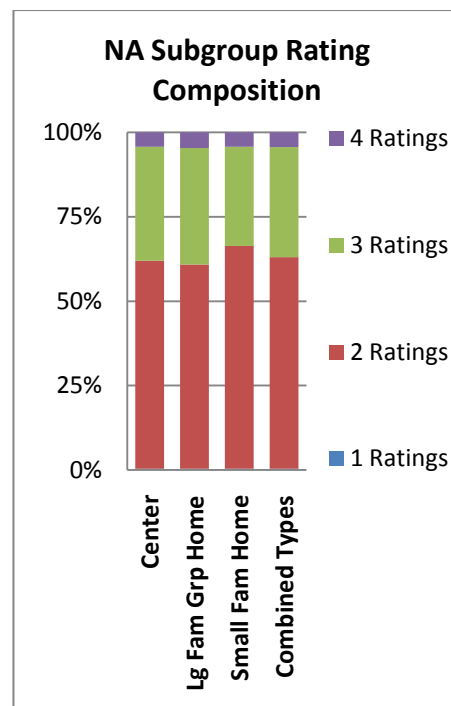


**Nutrition Topic Area**

**NA Subgroup**

<i>NA Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	1 0.39%	157 61.57%	86 33.73%	11 4.31%
Lg Fam Grp Home	1 0.43%	142 60.43%	81 34.47%	11 4.68%
Small Fam Home	1 0.43%	155 65.96%	69 29.36%	10 4.26%
Combined Types	3 0.41%	454 62.62%	236 32.55%	32 4.41%
<b>Mean Rating = 2.41</b>				

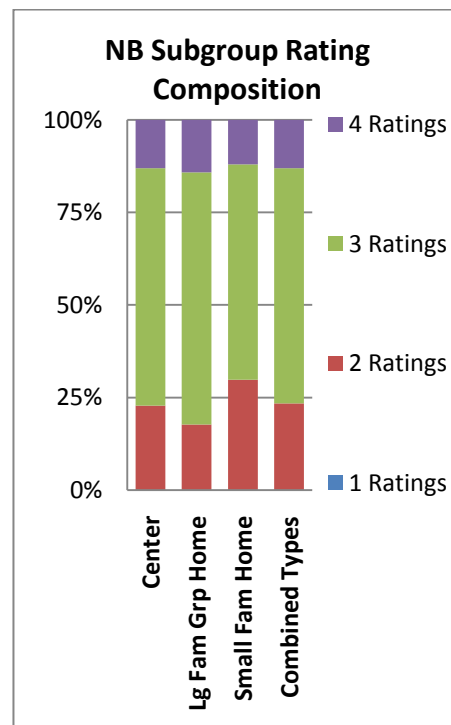
NA - Limit dietary fats



**NB Subgroup**

<i>NB Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	35 22.88%	98 64.05%	20 13.07%
Lg Fam Grp Home	0 0.00%	25 17.73%	96 68.09%	20 14.18%
Small Fam Home	0 0.00%	42 29.79%	82 58.16%	17 12.06%
Combined Types	0 0.00%	102 23.45%	276 63.45%	57 13.10%
<b>Mean Rating = 2.90</b>				

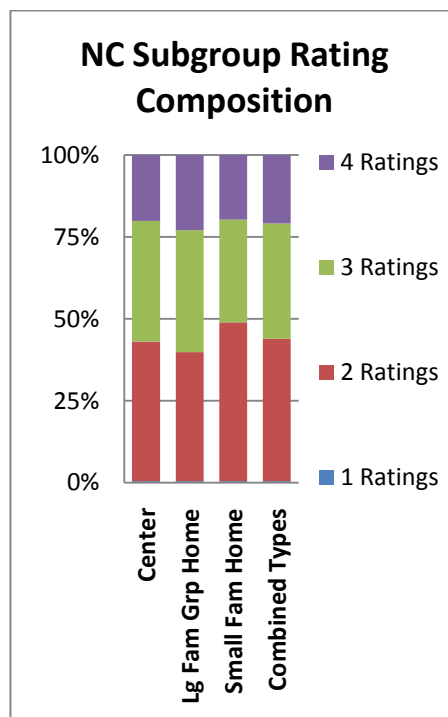
NB - Serve nutrient-dense whole foods



**NC Subgroup**

<i>NC Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	1 0.49%	87 42.65%	75 36.76%	41 20.10%
Lg Fam Grp Home	1 0.53%	74 39.36%	70 37.23%	43 22.87%
Small Fam Home	1 0.53%	91 48.40%	59 31.38%	37 19.68%
Combined Types	3 0.52%	252 43.45%	204 35.17%	121 20.86%
<b>Mean Rating = 2.76</b>				

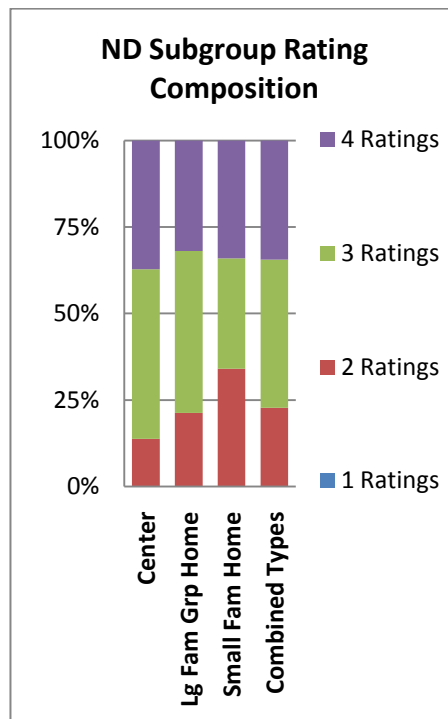
NC - Wholeness and quantity of juice



**ND Subgroup**

<i>ND Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	7 13.73%	25 49.02%	19 37.25%
Lg Fam Grp Home	0 0.00%	10 21.28%	22 46.81%	15 31.91%
Small Fam Home	0 0.00%	16 34.04%	15 31.91%	16 34.04%
Combined Types	0 0.00%	33 22.76%	62 42.76%	50 34.48%
<b>Mean Rating = 3.12</b>				

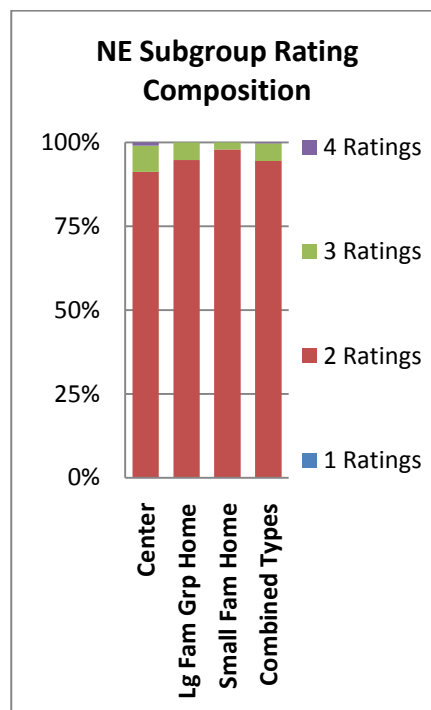
ND - Water availability



**NE Subgroup**

<i>NE Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	93 91.18%	8 7.84%	1 0.98%
Lg Fam Grp Home	0 0.00%	89 94.68%	5 5.32%	0 0.00%
Small Fam Home	0 0.00%	92 97.87%	2 2.13%	0 0.00%
Combined Types	0 0.00%	274 94.48%	15 5.17%	1 0.34%
<b>Mean Rating = 2.06</b>				

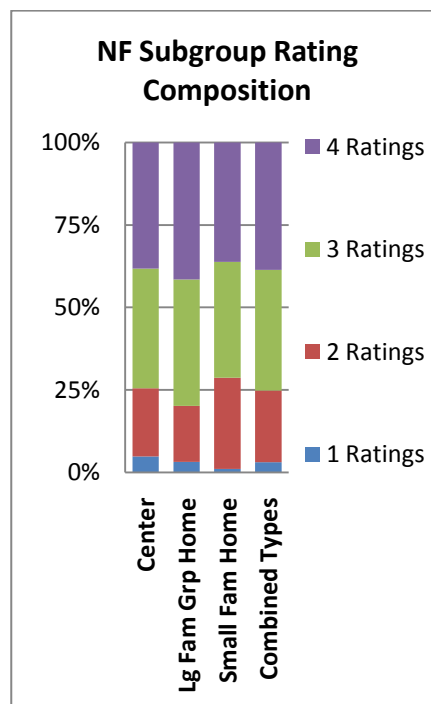
NE - Nutrition instruction by word and example



**NF Subgroup**

<i>NF Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	5 4.90%	21 20.59%	37 36.27%	39 38.24%
Lg Fam Grp Home	3 3.19%	16 17.02%	36 38.30%	39 41.49%
Small Fam Home	1 1.06%	26 27.66%	33 35.11%	34 36.17%
Combined Types	9 3.10%	63 21.72%	106 36.55%	112 38.62%
<b>Mean Rating = 3.11</b>				

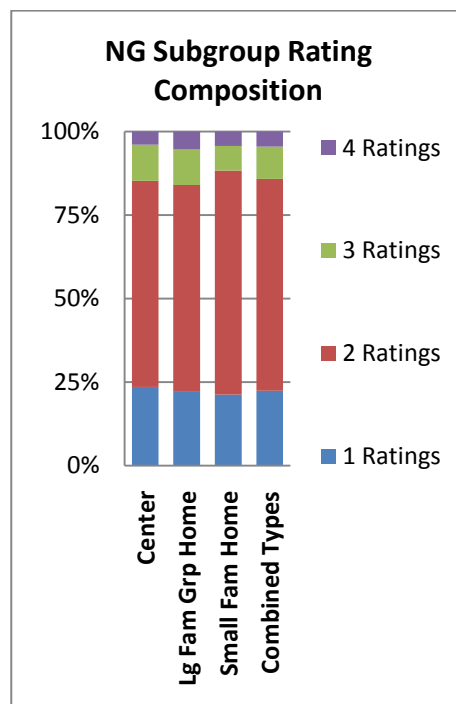
NF - Age and individual nutritional requirements



**NG Subgroup**

NG Components				
Child Care Type	1	2	3	4
Center	24 23.53%	63 61.76%	11 10.78%	4 3.92%
Lg Fam Grp Home	21 22.34%	58 61.70%	10 10.64%	5 5.32%
Small Fam Home	20 21.28%	63 67.02%	7 7.45%	4 4.26%
Combined Types	65 22.41%	184 63.45%	28 9.66%	13 4.48%
<b>Mean Rating = 1.96</b>				

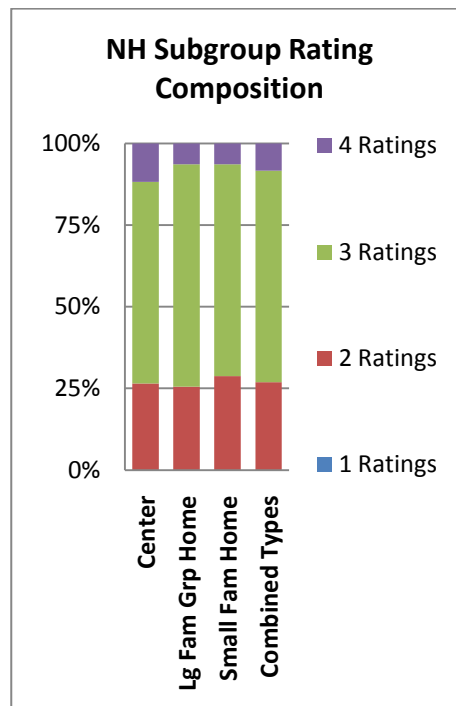
NG - Limit sugar and salt



**NH Subgroup**

NH Components				
Child Care Type	1	2	3	4
Center	0 0.00%	27 26.47%	63 61.76%	12 11.76%
Lg Fam Grp Home	0 0.00%	24 25.53%	64 68.09%	6 6.38%
Small Fam Home	0 0.00%	27 28.72%	61 64.89%	6 6.38%
Combined Types	0 0.00%	78 26.90%	188 64.83%	24 8.28%
<b>Mean Rating = 2.81</b>				

NH - Misuse of food

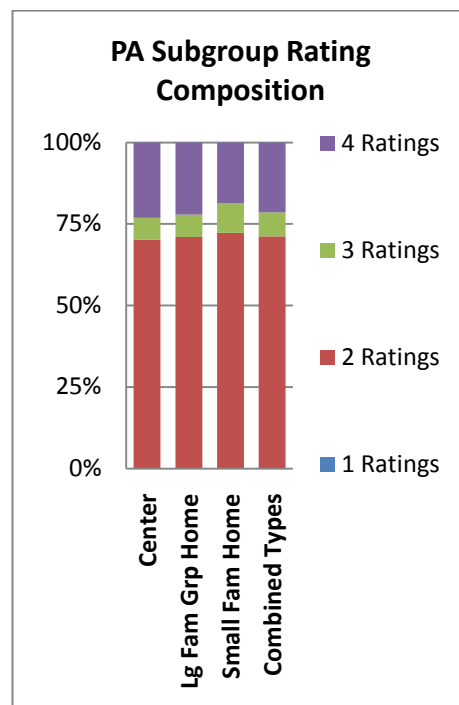


**Physical Activity/Screen Time Topic Area**

**PA Subgroup**

<i>PA Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	179 70.20%	17 6.67%	59 23.14%
Lg Fam Grp Home	0 0.00%	167 71.06%	16 6.81%	52 22.13%
Small Fam Home	0 0.00%	170 72.34%	21 8.94%	44 18.72%
Combined Types	0 0.00%	516 71.17%	54 7.45%	155 21.38%
<b>Mean Rating = 2.50</b>				

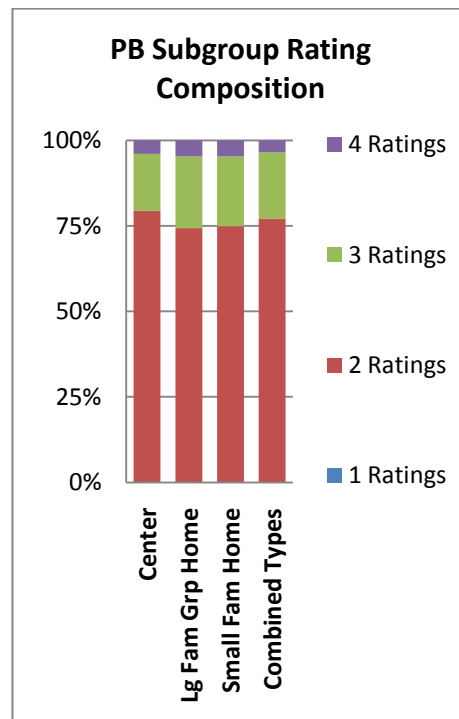
PA - General promotion of activity



**PB Subgroup**

<i>PB Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	162 79.41%	34 16.67%	8 3.92%
Lg Fam Grp Home	0 0.00%	142 74.35%	40 20.94%	9 4.71%
Small Fam Home	0 0.00%	143 74.87%	39 20.42%	9 4.71%
Combined Types	0 0.00%	447 77.07%	113 19.48%	20 3.45%
<b>Mean Rating = 2.24</b>				

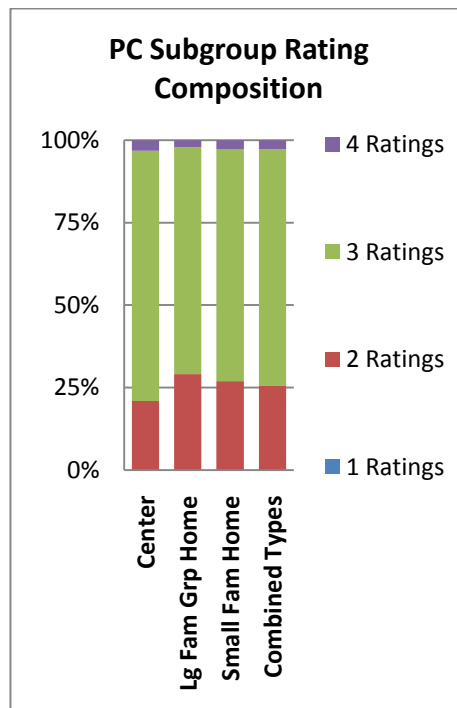
PB - Screen time



**PC Subgroup**

<i>PC Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	32 20.92%	116 75.82%	5 3.27%
Lg Fam Grp Home	0 0.00%	41 29.08%	97 68.79%	3 2.13%
Small Fam Home	0 0.00%	38 26.95%	99 70.21%	4 2.84%
Combined Types	0 0.00%	111 25.52%	312 71.72%	12 2.76%
<b>Mean Rating = 2.77</b>				

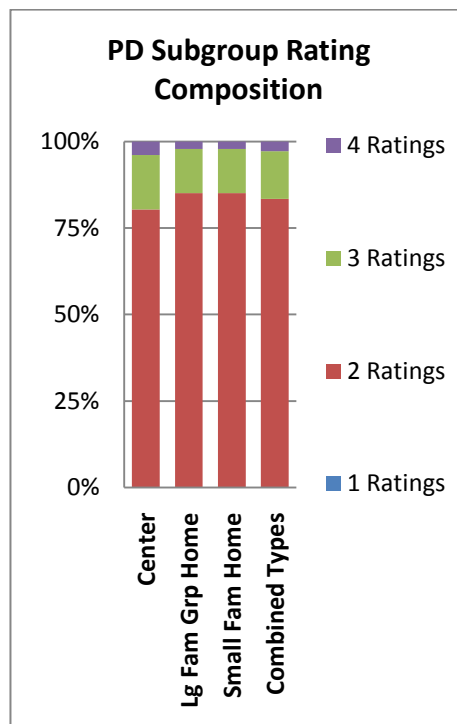
PC - Age specific activity



**PD Subgroup**

<i>PD Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	41 80.39%	8 15.69%	2 3.92%
Lg Fam Grp Home	0 0.00%	40 85.11%	6 12.77%	1 2.13%
Small Fam Home	0 0.00%	40 85.11%	6 12.77%	4 2.13%
Combined Types	0 0.00%	121 83.45%	20 13.79%	4 2.76%
<b>Mean Rating = 2.15</b>				

PD - Caregiver/teacher involvement in children's activities



**PE Subgroup**

<i>PE Components</i>				
<i>Child Care Type</i>	1	2	3	4
Center	0 0.00%	111 72.55%	30 19.61%	12 7.84%
Lg Fam Grp Home	1 0.71%	111 78.72%	20 14.18%	9 6.38%
Small Fam Home	1 0.69%	115 79.86%	18 12.50%	10 6.94%
Combined Types	2 0.46%	337 77.47%	68 15.63%	28 6.44%
<b>Mean Rating = 2.26</b>				

PE - Infant specific activity

