Achieving a State of Healthy Weight
ASHW 2015
April 2016

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

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

University of Colorado Anschutz Medical Campus

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Note:
The *ASHW 2015 Supplement: State Profiles* (released April 2016) contains additional details and state-specific information.

ACKNOWLEDGMENTS

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Achieving a State of Healthy Weight

ASHW 2015

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INTRODUCTION

The current report is the fifth annual update to *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010* (*ASHW 2010).*[1] The ASHW series rates state child care licensing regulations on 47 indicators based upon the standards included in *Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs,* 3rd Edition.[2] (*CFOC3).* More specifically, the indicators are derived from the *CFOC3* standards for healthy weight practices (HWPs) compiled in the publication *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards*[3] (*PCO*), and a later revision, *PCO2*.[4] ASHW indicators are the 47 practices (among a pool of 273 *CFOC3* HWPs) that were designated in 2010 by a 21-person expert advisory panel as high in impact upon prevention of childhood obesity if routinely implemented in child care programs.[1]

ASHW 2010, the baseline study, established a national overview of the treatment of the indicators in child care regulations, as well as a profile for each state and the District of Columbia (collectively, the *states*). States' licensing rules for child care centers, large or group family homes, and small family child care homes were rated on indicators in the domains (topic areas) of Infant Feeding, Nutrition, and Physical Activity/Screen Time. (See Appendix A. Source of ASHW Indicators in *PCO2/CFOC3* Standards.) The rating scale (1 to 4 points) examined the degree to which state regulations: 1) contradict, 2) do not address, 3) partially, or 4) fully support implementation of the healthy weight practices (i.e., meet the selected *CFOC3* standards). As states introduced new and revised regulations, related content was rated in ASHW updates each year since the 2010 baseline study. Previous ASHW Assessments: 2010 -2014 (on the right), displays key findings of each of the preceding reports, which may be accessed in their entirety at http://nrckids.org/default/index.cfm/products/achieving-a-state-of-healthy-weight1/.

Previous ASHW Assessments: 2010-2014

The following table identifies key aspects and findings from previous ASHW assessments.[i]

ASHW 2010 & ASHW 2011

- 2010 baseline study rated all states' regulations for HWPs in Nutrition, Infant Feeding, & Physical Activity/Screen Time
- In both 2010 & 2011:
  - o No care type was substantially better regulated for HWPs than the others
  - o Only 13% of all ratings nationally indicated regulations fully consistent with HWPs
  - o More than half of all ratings indicated that no HWP text (nor contradictory text) was identified
  - o Physical Activity/Screen Time was the least regulated domain (67% of ratings showed indicators were not addressed)
  - o Leading states (regulations with strongest HWPs) were DE & MS
- Three states (AZ, AR & ND) enacted 2011 regulatory changes—74% of these 2011 new/revised regulations rated for ASHW improved HWPs

ASHW 2012

- 12 states (CA, CO, FL, IA, KS, MD, NV, NM, NC, TX, WA & WY) enacted regulatory changes—89% of these 2012 new/revised regulations rated for ASHW improved HWPs
- 15% of all ratings nationally indicated regulations fully consistent with HWP
- Physical Activity/Screen Time HWPs remained largely unregulated
- Child and Adult Care Food Program (CACFP) guidelines were newly consistent with 2 indicators:
  - o *Serve 1% or skim milk to children 2 and older*—30 states were assigned higher ratings
  - o *Make water available both inside and outside*—25 states were assigned higher ratings
- Leading states were DE, MS

ASHW 2013

- 10 states (FL, KS, KY, MS, NE, NJ, NC, ND, RI & WY) enacted regulatory changes—94% of these 2013 new/revised regulations rated for ASHW improved HWPs
- 16% of all ratings nationally indicated regulations fully consistent with HWPs
- Physical Activity/Screen Time HWPs remained least regulated
- COPR scores, weight summary scores, were introduced for comparisons of states regulations and treatment of indicators
- Leading states were DE, MS, NC & RI

ASHW 2014

- 7 states made regulatory changes (GA, IL, MI, NM, NY, TX & WV)—100% of these 2014 new/revised regulations rated for ASHW improved HWPs
- 17% of all ratings nationally indicated regulations fully consistent with HWPs
- Most improved HWPs were ensuring infant tummy time and prohibiting feeding juice to infants
- Physical Activity/Screen Time HWP remained largely unregulated
- Leading states remained DE, MS, NC & RI
- 10 states' regulations related to HWP remained unchanged (were not updated) since 2010

[i] Prior to 2015, ASHW assessments were supported by Grant Number U46MC09810 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

INTRODUCTION

Pediatric obesity remains an active area of public health concern and research nationally and internationally. In the year since the *ASHW 2014* report, the evidence base related to ASHW indicators of HWPs continues to accrue. For example, in recent findings:

- Exclusive breastfeeding had protective effects on overweight/obesity risks.[5,6]
- Early introduction of sugar-sweetened beverages (SSB) increased the risk for obesity/overweight as children grow (up to age 5 years,[6] and later, at ages 8-14 years).[7]
- Daily juice consumption by two year old children resulted in higher likelihood of being overweight through age four years.[8]
- Analysis of 240 commonly retailed, commercially-prepared baby and toddler foods revealed that 58% were either high in sodium or in calories from sugar, such that toddler entrees had the highest sodium levels and more than half of the high sugar foods were targeted towards babies.[9] This is of concern if providers are feeding these products to young children in their care.

Childcare caregiver/teacher training and behaviors related to HWPs are included in the ASHW indicators, but often are either not or are minimally addressed in regulations. Some recent findings offer support for their importance, while others provide insight into current provider practices and attitudes that pose challenges to instituting HWPs.

- Engagement of children in food preparation (via explanations and activities) was associated with increased consumption of fruits and vegetables.[10]
- A statewide survey of Rhode Island family child-care home providers revealed that the majority (about 68%) had few (0 – 3) trainings in nutrition in the past three years, although most (65%) regarded them as worthwhile. Providers reported they sat with children at mealtimes, but did not engage them in meal planning or preparation activities. They also encouraged children to consume all of the food on their plates. Participation in the Child and Adult Care Food Program (CACFP), a food subsidy program, did not differentiate reported behaviors.[11]
- Rural low-income child care centers in 7 states did not routinely implement HWPs, neglecting to: offer a variety of fruits and vegetables and more whole grains; limit sugar, salt and fatty foods; prohibit use of food as reward or punishment; and, to a lesser extent, failing to afford sufficient opportunities for physical activity (including staff-led activities), or to avoid screen media.[12]
- Observational studies of preschoolers in childcare reported an average of only 48 minutes per 8-hour day of physical activity (versus the ASHW indicator of the 90-120 minutes daily for 3 - 5 year-old children) and few caregiver-led physical activities[13] and an average of only nine minutes of moderate to vigorous physical activity under optimal condition (weather permitting time for outdoor play).[14]
- Caregiver attitudes regarding screen media and use of technology in childcare are complex. Caregivers shared perceived benefits associated with early digital exposure, and regarded print and digital books as equivalent. However, caregivers' differing sociodemographic lenses led those serving children of low-income families to view digital exposure in childcare as offsetting some low-income disadvantages.[15]

Recent literature also provided evidence that regulatory policy may promote HWPs and have favorable economic impact in society:

- In a comparison of pre- (2008) and post- (2012) policy change surveys, 2011-12 state (California) and CACFP policy changes were associated with more child care programs serving water with meals and snacks, and making child self-service of water readily available both inside and out-of-doors.[16]
- A modeling study of the expected national economic impact of obesity prevention policy changes for child care programs nationally focused upon implementation of HWPs for preschoolers (generally consistent with ASHW indicators regarding water accessibility, SSB prohibition, use of low fat milk, requirements for physical activity, and limited screen time). The resulting model forecasted reasonable implementation costs overall, savings to providers, and modest BMI reductions and health gains for children.[17]

Indeed, the Society of Behavioral Medicine adopted a 2015 policy position encouraging states to strengthen childcare licensing regulations consistent with obesity prevention standards and guidelines. They cited CFOC3 standards (source of the ASHW indicators), *Let's Move!* Child Care, and the CACFP meal pattern guidelines.[18] The Society recommends that the states develop "profile worksheets" to track the status of their regulations relative to CFOC3 standards (p.124). We posit that the ASHW individual states' pages, included in the accompanying ASHW 2015 Supplement: State Profiles, can serve as the basis for such "profile worksheets." Furthermore, the ASHW 2015 update (this report) provides context (i.e., national overview, relevant 2015 regulatory changes, the comparative status of all the states, and status of individual HWPs) for using the individual states' pages of the ASHW Supplement. This may enable a state to target HWPs for inclusion or improvement in their child care licensing regulations.

METHOD

The ASHW study methodology, as developed in 2010 and used in each annual assessment to date, includes the following essential steps:

1. *Identification of new and revised documents.* Documents were identified through phone/email contact with all states' licensing agencies and monitoring of states' child care licensing websites.
2. *Screening of documents for content pertinent to obesity prevention.* New documents were screened for key search terms related to the study indicators. Revised documents were compared with the version examined for *ASHW 2010*, using Adobe® Acrobat® X Pro. Revised documents were searched similarly for terminology related to HWPs, using advanced Boolean search methods. (See Appendix C: State Documents Searched: 2015.) Table 1, Assessment Years for Each State (below), displays years in which each state's regulations were rated, for the 2010 baseline study and thereafter as new or revised rules pertinent to ASHW indicators were made effective, 2011-2015.
3. *Re-training of an experienced rater dyad for high inter-rater reliability.* As in all previous assessments, the raters achieved high inter-rater reliability for *ASHW 2015* ($r_s >$. 0.99).
4. *Rating of pertinent documents and data entry.* Two raters independently rated each document on the 47 indicators, using a set of indicator-specific guidelines to assign values on a four-point scale in which, ratings of:

   1 = Regulation contradicts the standard

   2 = Regulation does not address the standard

   3 = Regulation partially meets the standard

   4 = Regulation fully meets the standard

   Data generated by each rater were entered into NRC's ASHW database (in Microsoft ACCESS).
5. *Resolution of discrepant ratings*. The text each rater recorded as the basis for the numerical rating was reviewed by the raters with the NRC Evaluator to resolve the few differences in assigned values.
6. *Establishment of "final ratings."* A single score for each indicator for each regulated care type was assigned in cases where multiple documents regulate a given care type in a state (see *ASHW 2010*).
7. *Data analysis and exportation to Excel* (for further analysis and generation of charts and graphics). In 2013, the NRC introduced Childcare Obesity Prevention Regulation Scores, or COPR Scores, which are weighted summary scores that facilitate comparisons of ratings across states and across indicators. In 2015, a modification was made to the COPR formula, as described later, to enhance the readability of charts using the calculations.

New ratings from six states that made regulatory changes in 2015 were made to the cumulative ASHW national database, as was a correction to eliminate Arizona ratings for small family child care homes. One document, mistakenly included in the 2010 baseline study, applied to only Arizona childcare homes participating in the child care subsidy program. As a class, small family child care homes are not regulated in Arizona. The impact upon national data of the removal of these erroneous ratings was small but perceptible. The correction is also reflected in tables of national data and the Arizona state pages in the ASHW 2015 Supplement.

Calculation of Childcare Obesity Prevention Regulation Scores (COPR Scores)

COPR Scores summarize the strength of regulatory language across all child care types that states choose to regulate. COPR Scores are calculated to assess the strength of:

- Each state's body of childcare regulations;
- The national body of childcare regulations (i.e., the states cumulatively);
- Each ASHW indicator (i.e., each healthy weight practice) across all states' rules that pertain to the specific indicator.

The equation for calculation of COPR Scores is based on the assumptions listed below:

Assumptions in COPR Score Computation

- ASHW ratings = 1 (regulations that contradict the standard) are weighted "-1," as they weaken regulatory promotion of healthy weight.
- ASHW ratings = 2 (missing, i.e., regulations do not address the standard) are weighted "0" as they don't contribute to promotion of health weight.
- ASHW ratings = 3 (regulations partially meet the standard) are weighted ("+1), as they somewhat strengthen promotion of healthy weight.
- ASHW ratings = 4 (regulations fully meet the standard) are weighted "+2," as they fully promote healthy weight.

Thus, COPR Scores are the sum of weighted ratings of regulations that either strengthen or weaken rules about HWPs. In the formula, there is no reference to *ratings = 2*. ASHW ratings that equal "2" indicate that no content was found to contribute positively or negatively to the strength of the regulations, so they are weighted "0." No matter how

METHOD

large or small the proportion of *ratings = 2* in the total number of ratings, when multiplied by the weight of "0," they always contribute "0" to the sum. The possible range of COPR Score values as computed in 2013 and 2014 was -1 to +2. This narrow range resulted in data displays that were very compressed and hard to read. To enhance the readability of charts of the COPR Scores for national-, state-, and indicator-level data in 2015, the computation of COPR scores now includes a multiplier of 50, as shown in the formula box.

Therefore, theoretically, if a state's regulations contradicted all 47 HWPs, 100% of the ASHW *ratings = 1.* When entered into the COPR Score formula, the outcome would be a score of "-1 x 50 (the constant multiplier)" or "-50." In contrast, were a state's regulations fully consistent with HWPs, 100% of ASHW *ratings = 4*, the resulting COPR score would be "2 x 50" (the constant multiplier) or, "100"). Similarly, for indicators, if a given HWP was rated "4" in every state, the outcome would be a COPR Score of "2 x 50" (the constant multiplier), or "100." Therefore, *COPR Scores = 100 are the goal both for states and for indicators*, which signifies maximizing the capacity of early childhood education as a resource to support children's healthy weight.

The COPR Scores are calculated for 2015 by applying the following formula:

$$\boldsymbol{COPR\ Score} = \left(\left(\frac{No.ratings = 1}{Total\ no.ratings} \times -1\right) + \left(\frac{No.ratings = 3}{Total\ no.ratings} \times 1\right) + \left(\frac{No.ratings = 4}{Total\ no.ratings} \times 2\right)\right) \times 50$$

METHOD

Table 1. Assessment Years for Each State (all states at baseline, and updated ratings when states made pertinent changes to their licensing regulations)

State	Year Rated						State	Year Rated					
	2010	2011	2012	2013	2014	2015		2010	2011	2012	2013	2014	2015
Alabama	X		X				Montana	X		X			
Alaska	X		X				Nebraska	X		X	X		
Arizona	X	X					Nevada	X		X			
Arkansas	X	X				X	New Hampshire	X					
California	X		X				New Jersey	X			X		
Colorado	X		X			X	New Mexico	X		X		X	
Connecticut	X		X				New York	X				X	X
Delaware	X		X			X	North Carolina	X		X	X		
District of Columbia	X						North Dakota	X	X	X	X		
Florida	X		X	X			Ohio	X		X			
Georgia	X		X		X		Oklahoma	X					
Hawaii	X		X				Oregon	X		X			
Idaho	X						Pennsylvania	X					
Illinois	X				X		Rhode Island	X		X	X		
Indiana	X						South Carolina	X		X			
Iowa	X		X				South Dakota	X					
Kansas	X		X	X			Tennessee	X					
Kentucky	X			X			Texas	X		X		X	
Louisiana	X		X			X	Utah	X		X			
Maine	X		X				Vermont	X					
Maryland	X		X			X	Virginia	X		X			
Massachusetts	X		X				Washington	X		X			
Michigan	X		X		X		West Virginia	X		X		X	
Minnesota	X		X				Wisconsin	X		X			
Mississippi	X		X	X			Wyoming	X		X	X		
Missouri	X												

Legend:

X	Baseline Rating in 2010 (all states, all regulated child care types, all variables)
X	Assessed new or changed rules in year indicated
X	Changed ratings due ONLY to automatic application of CACFP changes
X	Assessed new or changed rules and revised 2010 baseline ratings due to retirement of MyPyramid
	Revised 2010 baseline ratings only due only to retirement of MyPyramid

RESULTS

ASHW 2015 findings are presented in four sections: National Overview, New and Revised Regulations, Status of States, and Status of Healthy Weight Practices.

RESULTS: Key Findings 2015

Below, key findings from the 2015 assessment are identified, along with the locations where the data are displayed.

National Overview P 7

- Since 2010, cumulative regulatory changes constitute a 5% increase in full support of healthy weight practices, from 12% (790) to 17% (1177) (Figure 1, p. 7).
- Among child care types, small family child care continues to have fewer regulations fully supporting healthy weight (46%) than centers and large family homes (≥51%) (Figure 2, p. 7).

New and Revised Regulations P 8, 21

- In 2015, 6 states (Arkansas, Colorado, Delaware, Louisiana, Maryland, and New York) enacted regulatory changes affecting healthy weight practices (Table 2, p. 8)—96% of these changes strengthened obesity prevention (Table 3, p. 8).
- In these states, full support of healthy weight practices increased by 7% and partial support increased by 4% (Figure 3, p. 8).
- For the first time, more new and revised regulations (42%) improved indicators in the domain of physical activity and screen time, rather than nutrition or infant feeding (Appendix B, p. 21).

Status of States P 9

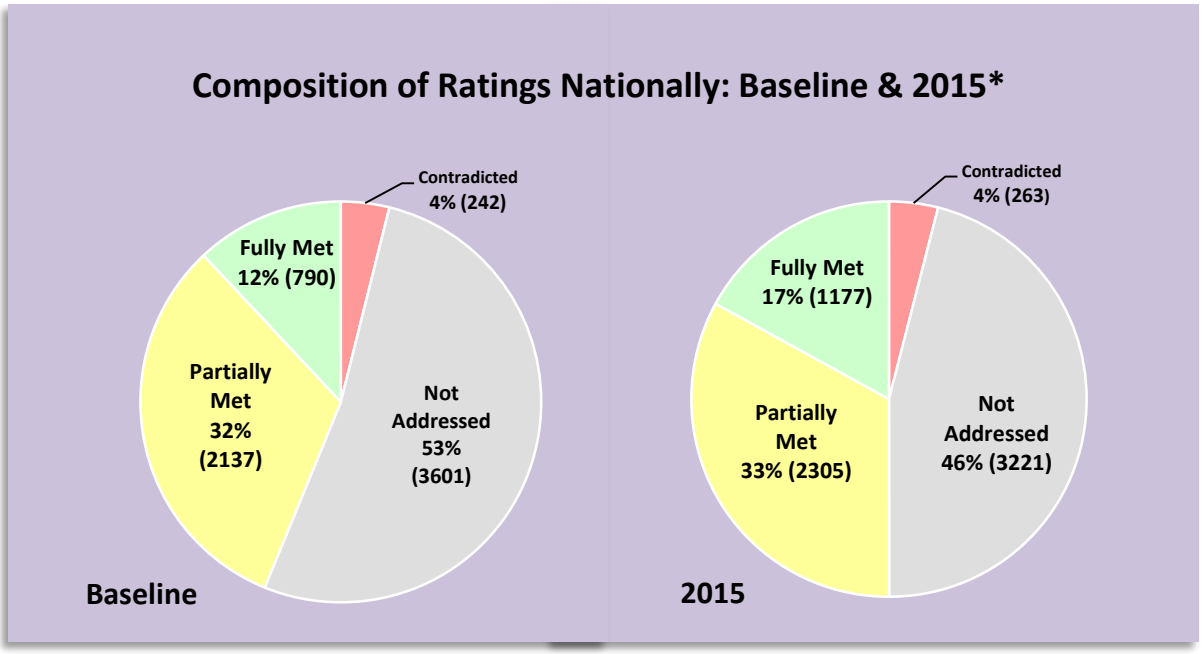
- States leading the nation in regulation of healthy weight practices are: Delaware, Mississippi, North Carolina, & Rhode Island (Figure 4, p. 9).
- States making the most improvements since baseline are: North Dakota & New Jersey (Figures 5a & 5b, p. 10-11).
- Mississippi fully supports the most healthy weight practices (15) across all three care types (Figure 6, p. 12).
- Most states (40) contradict at least one healthy weight practice (Figure 7, p. 13).

Status of Healthy Weight Practices P 14

- Three practices remain frequently contradicted: limiting sugar, and feeding juice and fruit to infants (Figure 8, p. 14).
- The most improved practices since 2010 remain serving low fat milk from age 2 and free access to water (due to 2012 CACFP changes) (Figure 9, p. 15).
- Practices focused on caregiver/teacher engagement in modeling behaviors remain poorly regulated (Appendix D, pp. 24-26).

Results: National Overview

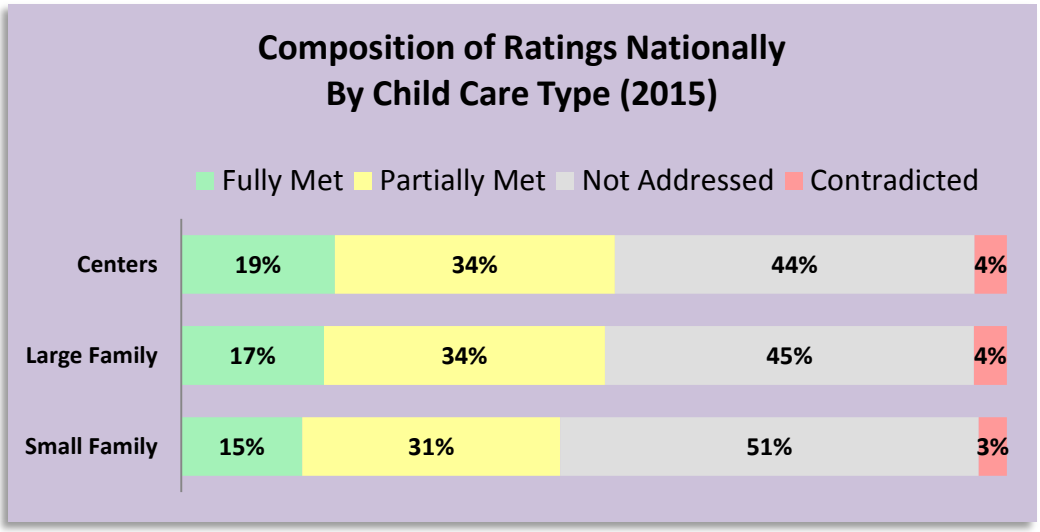
Figure 1



*Total pool of ratings of regulations across all states and all of their regulated child care types. (Baseline 2010 N=6770, 2015 N=6919.)

NOTE: Sum of percentages may not equal 100 due to rounding.

Figure 2



NOTE: Sum of percentages may not equal 100 due to rounding.

Results: New and Revised Regulations

Table 2

States with New Ratings in 2015			
STATE	CTR	LRG	SML
Arkansas	X	X	X
Colorado	X	X	X
Delaware	X	X	X
Louisiana	X	X	
Maryland	X	X	X
New York	X	X	X

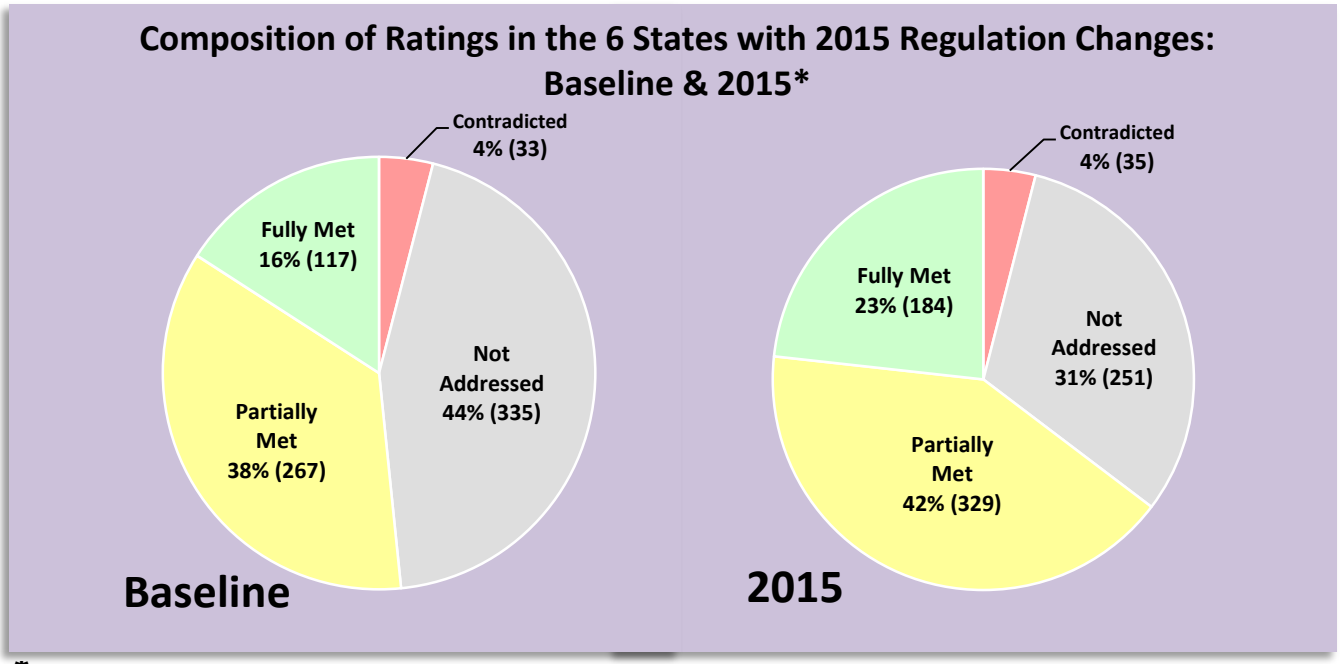
Table 3

Summary of Ratings Improved and Lowered in 2015

	ARKANSAS			COLORADO			DELAWARE			LOUISIANA			MARYLAND			NEW YORK			Totals		
2015 Ratings	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	+	-	%
Total Improved	9	7	6	3	5	4	7	2	2	10	47	0	8	9	8	20	12	11	170		96%
Total Lowered	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4	0	0		8	4%
Improved/All	22	/	22	12	/	12	11	/	11	57	/	61	25	/	25	43	/	47			

Abbreviation Key: CTR=Centers, LRG=Large Family Child Care Home, SML=Small Family Child Care Home

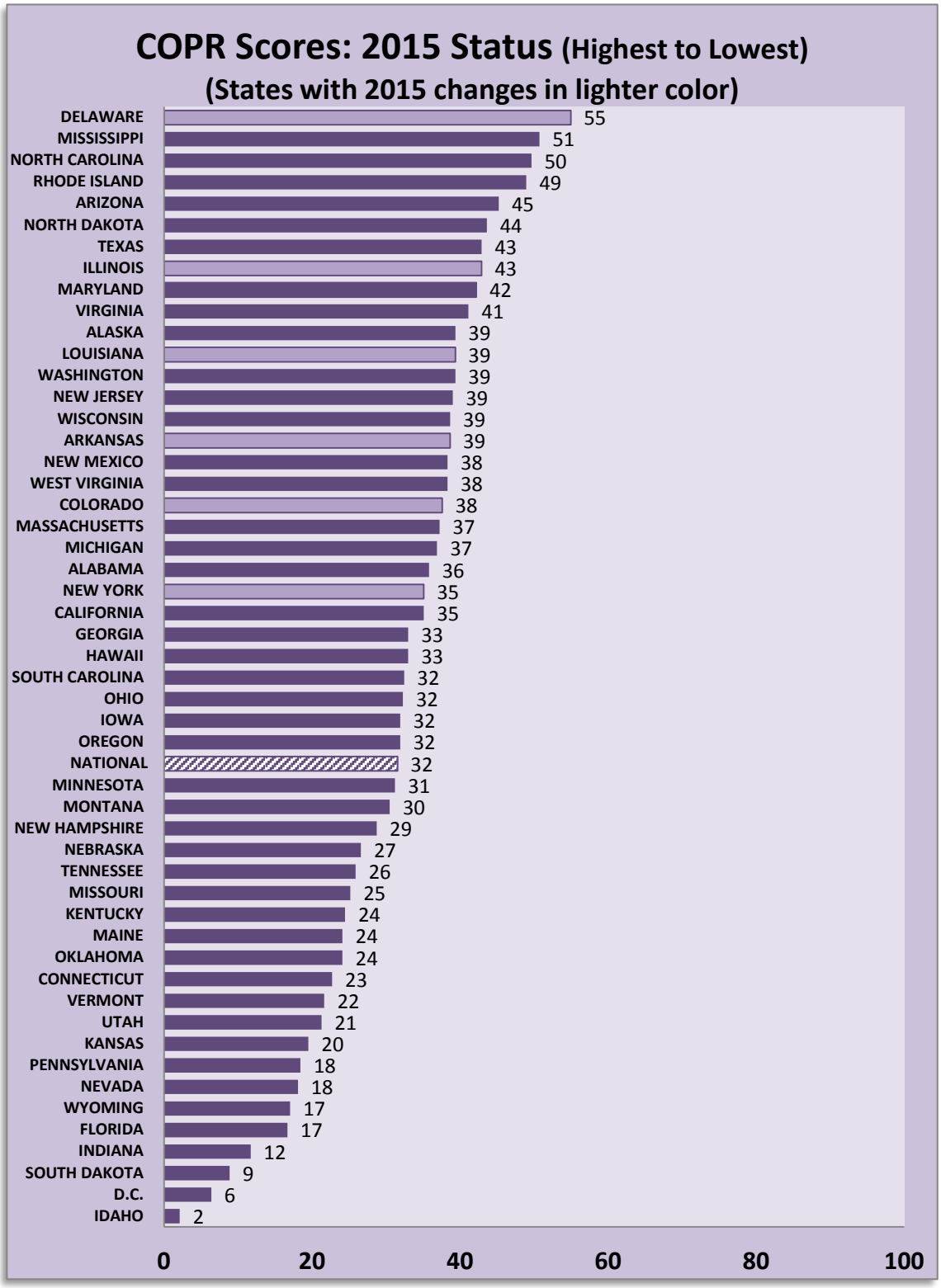
NOTE: For 2015 rating details see Appendix B



* Comparison of composition of ratings 2010 baseline to 2015 only in states that made changes in their regulations related to health weight practices in 2015. (Baseline 2010 N=752, 2015 N=799.)

NOTE: Sum of percentages may not equal 100 due to rounding.

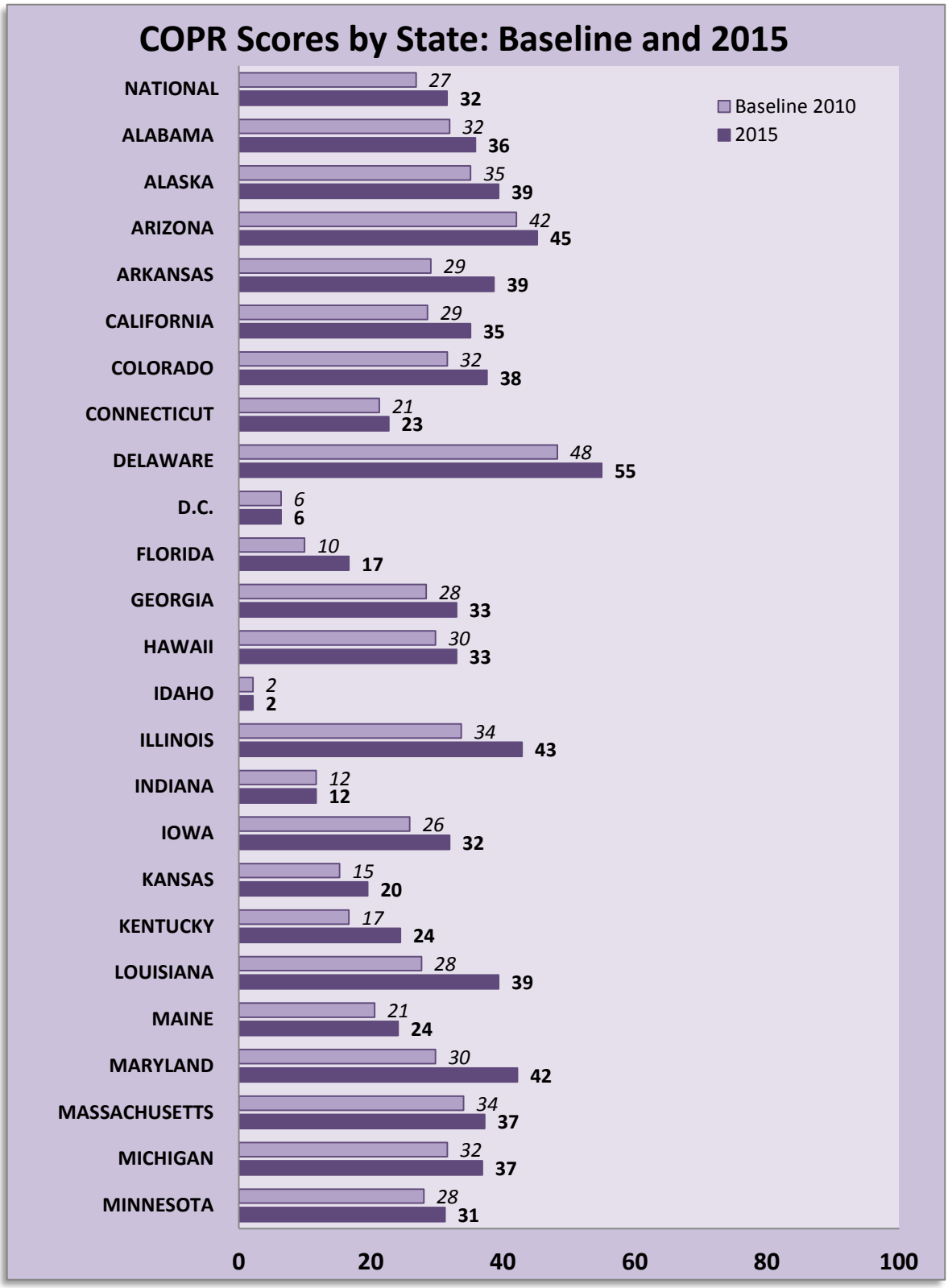
Figure 4



NOTE: State COPR scores are weighted summary scores for each state across all healthy weight practices (indicators). The COPR Scores are calculated by applying the formula below and may range from -50 to 100.

$$\textbf{\textit{COPR Score}} = \left(\left(\frac{No.ratings = 1}{Total\ no.ratings} \times -1\right) + \left(\frac{No.ratings = 3}{Total\ no.ratings} \times 1\right) + \left(\frac{No.ratings = 4}{Total\ no.ratings} \times 2\right)\right) \times 50$$

Figure 5a



NOTE: State COPR scores are weighted summary scores for each state across all healthy weight practices (indicators). The COPR Scores are calculated by applying the formula and may range from -50 to 100.

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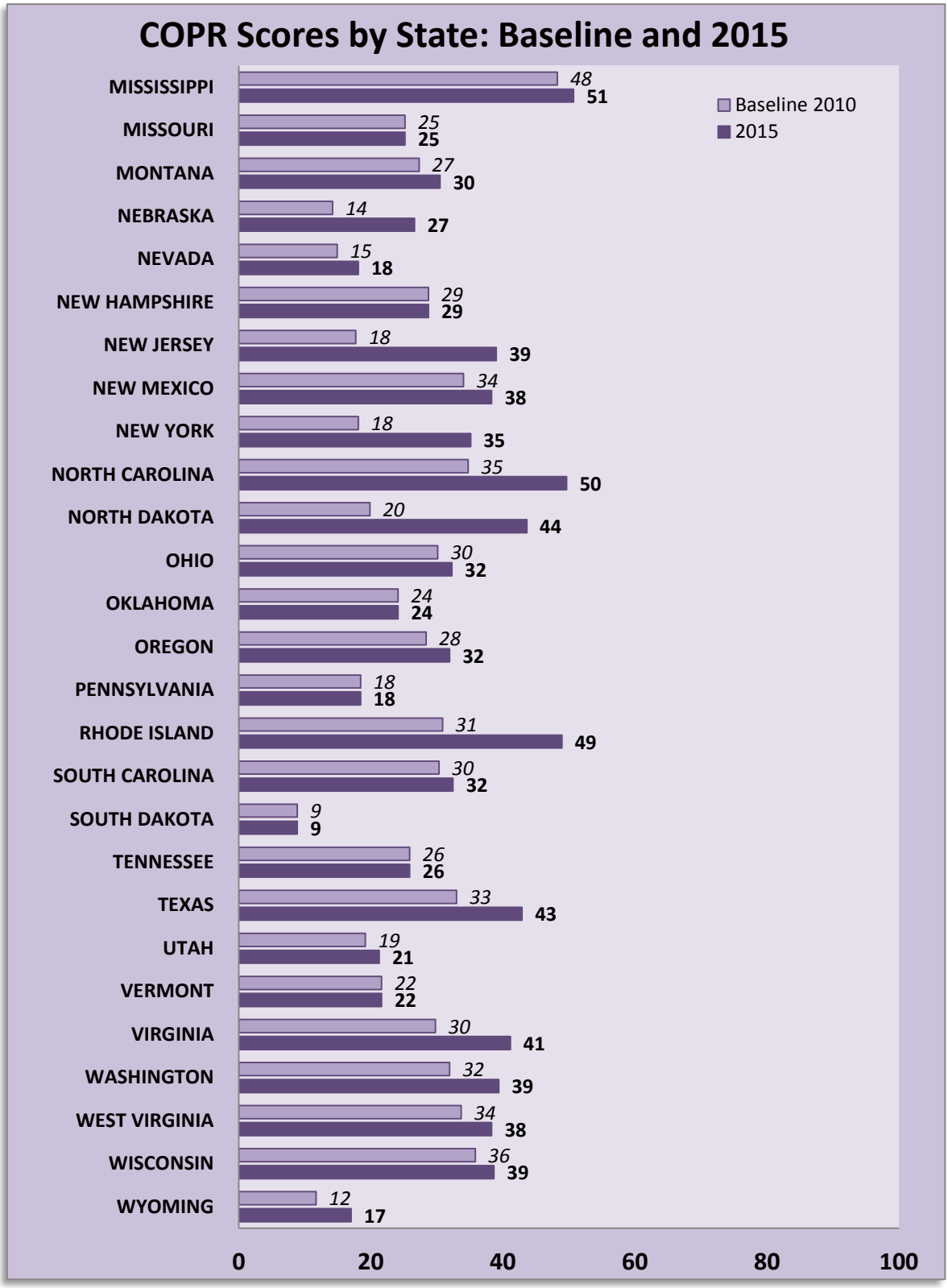
Figure 5b



NOTE: State COPR scores are weighted summary scores for each state across all healthy weight practices (indicators). The COPR Scores are calculated by applying the formula and may range from -50 to 100.

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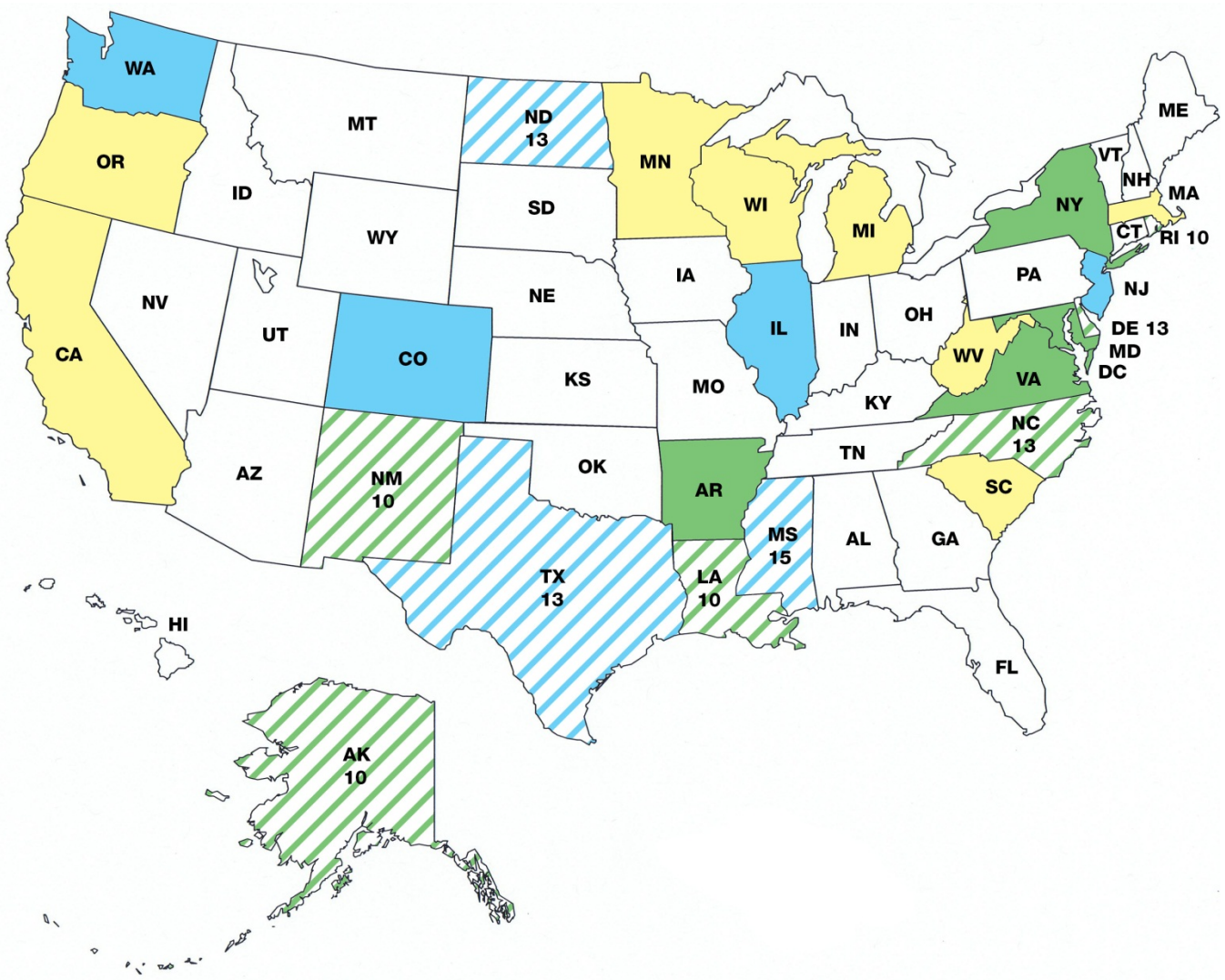
Figure 6

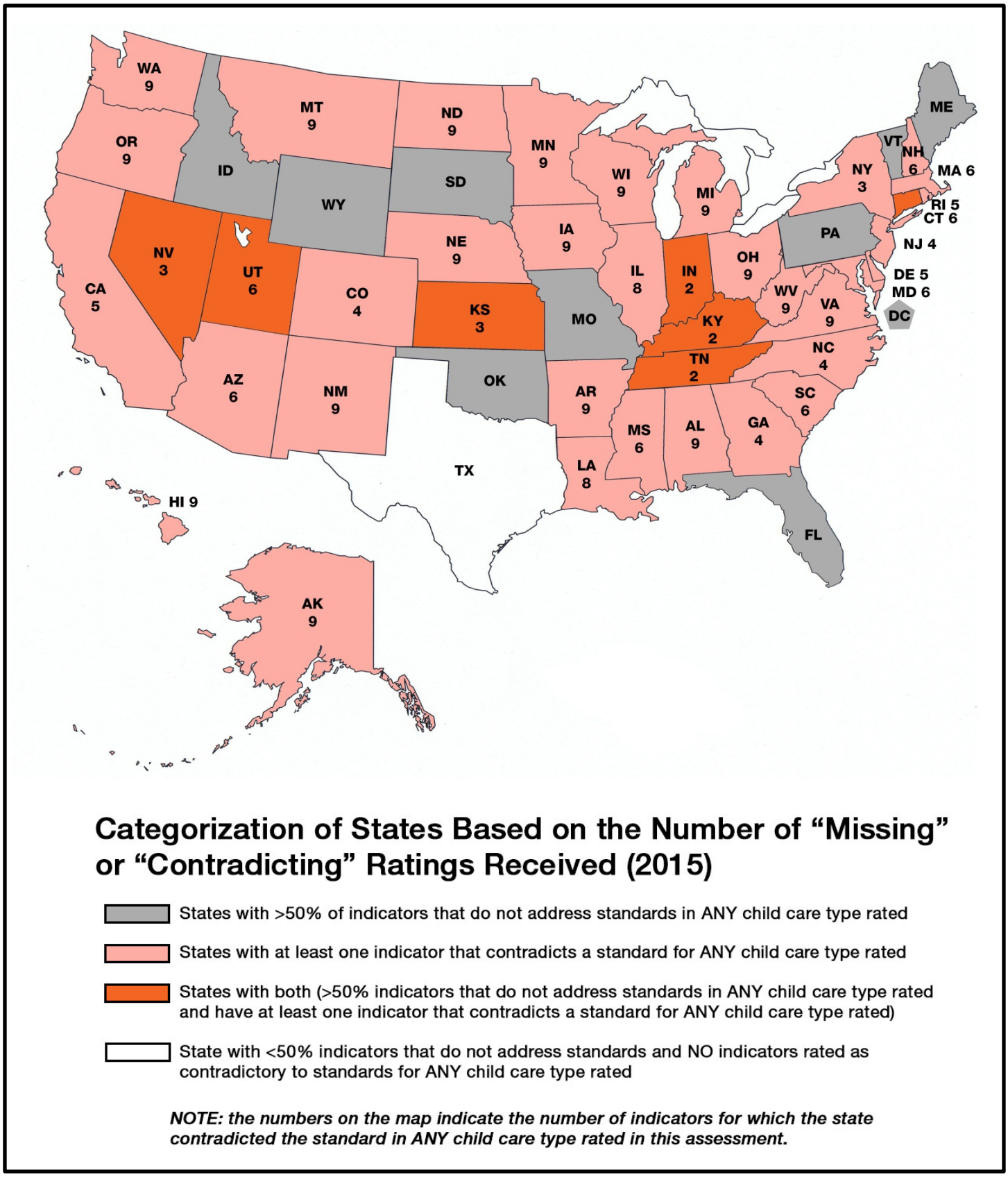


Categorization of States Based on the Number of "Partially" or "Fully Meeting Standards" Ratings Received (2015)

- States with >40% of indicators partially meeting standards for ANY child care type
- States with >20% of indicators fully meeting standards for ANY child care type
- States with both (>40% indicators partially meeting standards and >20% of indicators fully meeting standards for ANY child care type)
- States with >20% of indicators fully meeting standards for ALL rated child care types
- States with >20% of indicators fully meeting standards for ALL rated child care types plus >40% of indicators partially meeting standards for ANY rated child care type

NOTE: the numbers on the map indicate the number of indicators for which the state fully met the standard in ALL regulated child care types rated in this assessment.

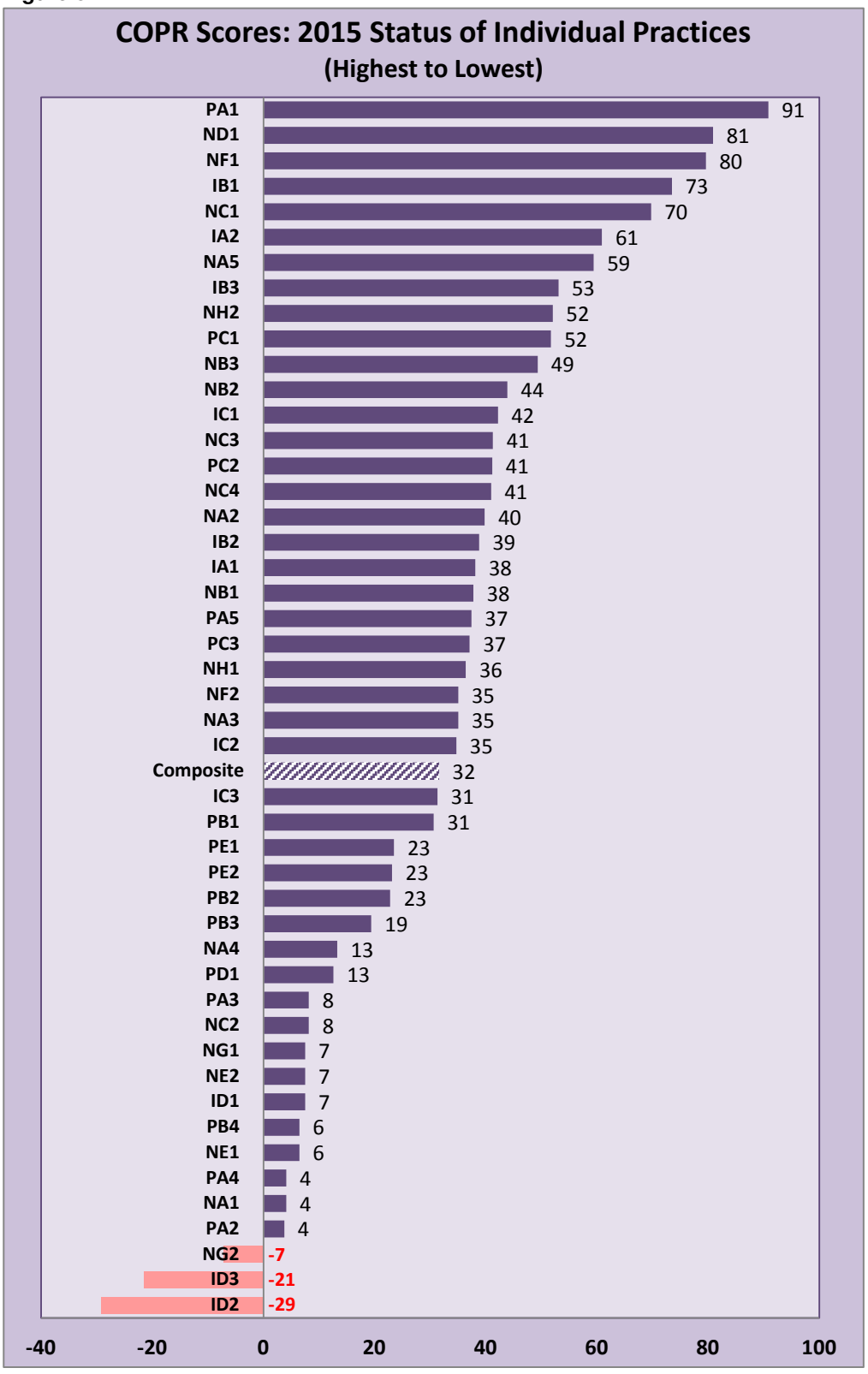
Figure 7


WA 9
OR 9
CA 5
ID
NV 3
MT 9
WY
UT 6
AZ 6
CO 4
NM 9
ND 9
SD
NE 9
KS 3
OK
TX
MN 9
IA 9
MO
AR 9
LA 8
WI 9
IL 8
MS 6
MI 9
IN 2
KY 2
TN 2
AL 9
OH 9
WV 9
GA 4
FL
SC 6
NC 4
VA 9
PA
NY 3
VT
NH 6
ME
MA 6
RI 5
CT 6
NJ 4
DE 5
MD 6
DC
HI 9
AK 9
Categorization of States Based on the Number of "Missing" or "Contradicting" Ratings Received (2015)
States with >50% of indicators that do not address standards in ANY child care type rated
States with at least one indicator that contradicts a standard for ANY child care type rated
States with both (>50% indicators that do not address standards in ANY child care type rated and have at least one indicator that contradicts a standard for ANY child care type rated)
State with <50% indicators that do not address standards and NO indicators rated as contradictory to standards for ANY child care type rated
NOTE: the numbers on the map indicate the number of indicators for which the state contradicted the standard in ANY child care type rated in this assessment.

RESULTS: Status of Healthy Weight Practices

Childcare Obesity Prevention Practices Quick Reference Chart	
IA1	Support breastfeeding
IA2	No cow's milk < 1yr
IB1	Feed infants on cue
IB2	Stop feed @ satiety
IB3	Hold infant to feed
IC1	Plan solid introduction
IC2	Intro solids @ 4-6 mo
IC3	Iron-Fort @ 4-6 mo
ID1	Don't mix formula
ID2	Whole fruit 7 m-1 yr
ID3	No juice < 12 mo
NA1	Limit oils/fats
NA2	Low fat meat/proteins
NA3	Low fat milk equivalents
NA4	Whole milk 1-2 y/o
NA5	Low fat milk > 2 y/o
NB1	Whole grains
NB2	Variety of vegetables
NB3	Variety of whole fruit
NC1	100% juice
NC2	Juice only @ meals
NC3	Juice 4-6 oz. 1-6 y/o
NC4	Juice 8-12 oz. 7+ y/o
ND1	Make water available
NE1	Teach portion sizes
NE2	Eat with children
NF1	Appropriate servings
NF2	Healthy seconds
NG1	Limit salt
NG2	Avoid sugary foods
NH1	Food no force/bribe
NH2	Food no reward/punish
PA1	Space for active play
PA2	Training on activities
PA3	Write activity policies
PA4	Play with children
PA5	Don't withhold play
PB1	No screen time < 2 yr
PB2	Screen time 30 min/wk
PB3	Screen time purpose
PB4	No TV w/meals
PC1	Outdoor play occasions
PC2	Toddler play time
PC3	Preschool play time
PD1	Structured play
PE1	Tummy time often
PE2	Limit time infant equip.

Figure 8



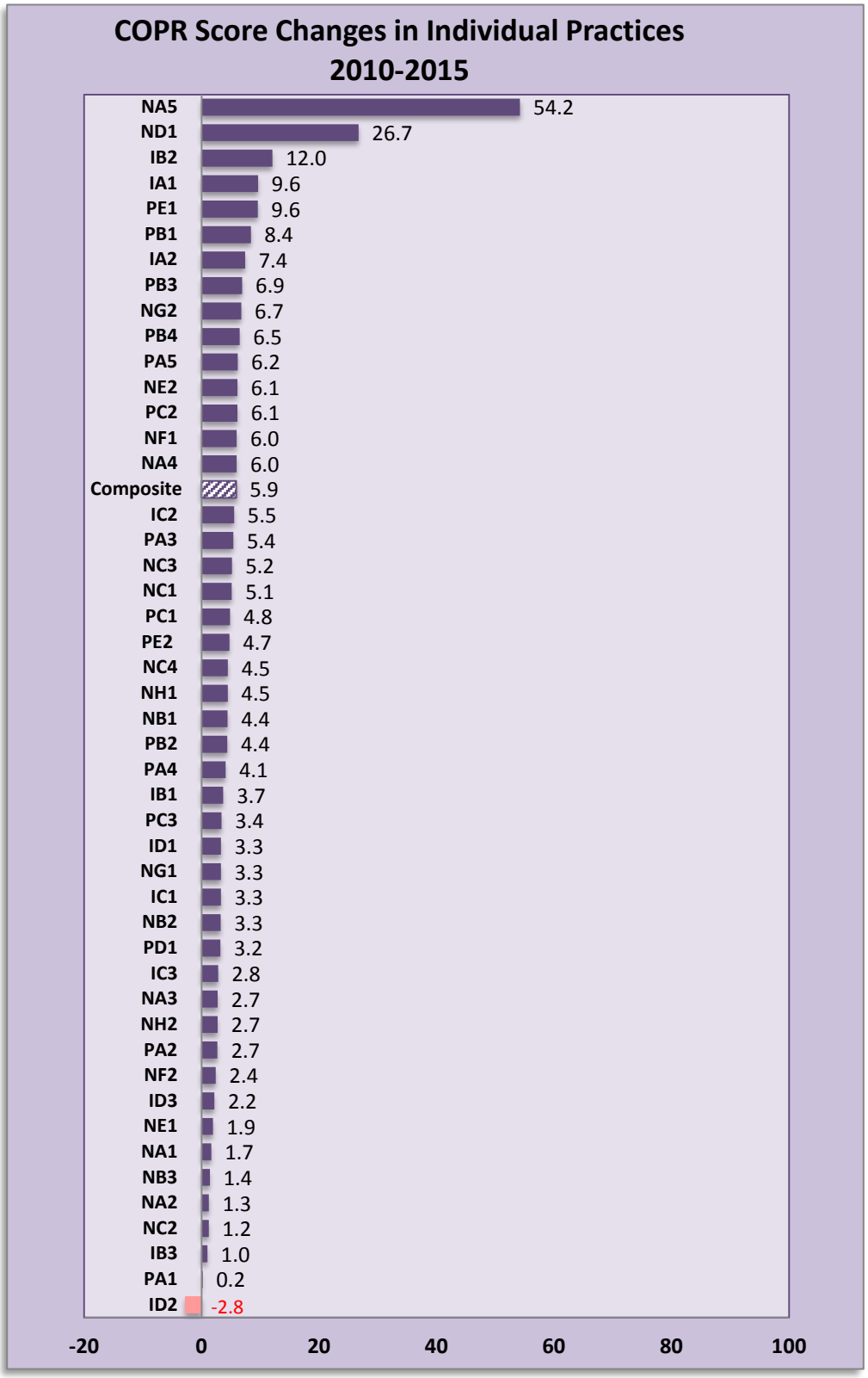
NOTE: COPR scores for Healthy Weight Practices are weighted summary scores for each practice across all states and care types. The COPR Scores are calculated by applying the formula and may range from -50 to 100.

$$\boldsymbol{COPR\ Score} = \left(\left(\frac{No.ratings = 1}{Total\ no.ratings} \times -1\right) + \left(\frac{No.ratings = 3}{Total\ no.ratings} \times 1\right) + \left(\frac{No.ratings = 4}{Total\ no.ratings} \times 2\right)\right) \times 50$$

RESULTS: Status of Healthy Weight Practices

Childcare Obesity Prevention Practices Quick Reference Chart	
IA1	Support breastfeeding
IA2	No cow's milk < 1yr
IB1	Feed infants on cue
IB2	Stop feed @ satiety
IB3	Hold infant to feed
IC1	Plan solid introduction
IC2	Intro solids @ 4-6 mo
IC3	Iron-Fort @ 4-6 mo
ID1	Don't mix formula
ID2	Whole fruit 7 m-1 yr
ID3	No juice < 12 mo
NA1	Limit oils/fats
NA2	Low fat meat/proteins
NA3	Low fat milk equivalents
NA4	Whole milk 1-2 y/o
NA5	Low fat milk > 2 y/o
NB1	Whole grains
NB2	Variety of vegetables
NB3	Variety of whole fruit
NC1	100% juice
NC2	Juice only @ meals
NC3	Juice 4-6 oz. 1-6 y/o
NC4	Juice 8-12 oz. 7+ y/o
ND1	Make water available
NE1	Teach portion sizes
NE2	Eat with children
NF1	Appropriate servings
NF2	Healthy seconds
NG1	Limit salt
NG2	Avoid sugary foods
NH1	Food no force/bribe
NH2	Food no reward/punish
PA1	Space for active play
PA2	Training on activities
PA3	Write activity policies
PA4	Play with children
PA5	Don't withhold play
PB1	No screen time < 2 yr
PB2	Screen time 30 min/wk
PB3	Screen time purpose
PB4	No TV w/meals
PC1	Outdoor play occasions
PC2	Toddler play time
PC3	Preschool play time
PD1	Structured play
PE1	Tummy time often
PE2	Limit time infant equip.

Figure 9



NOTE: COPR scores for Healthy Weight Practices are weighted summary scores for each practice across all states and care types. The COPR Scores are calculated by applying the formula below and may range from -50 to 100.

$$\boldsymbol{COPR\ Score} = \left(\left(\frac{No.ratings = 1}{Total\ no.ratings} \times -1\right) + \left(\frac{No.ratings = 3}{Total\ no.ratings} \times 1\right) + \left(\frac{No.ratings = 4}{Total\ no.ratings} \times 2\right)\right) \times 50$$

DISCUSSION

ASHW 2015 results document the continuing, gradual improvement of the states' regulation of the *CFOC3*-based healthy weight practices (HWPs) encompassed in the ASHW indicators. As in 2014, the states that lead the nation with the strongest regulation of HWP are Delaware, Mississippi, North Carolina and Rhode Island. However, even these four states have ample room to more fully support HWPs through regulations consistent with *CFOC3*.

Nearly all of the rated changes (96%) from new or revised rules enacted in 2015 by six states (i.e., Arkansas, Colorado, Delaware, Louisiana, Maryland, and New York) were improvements that strengthened their regulations. It is notable that the 2015 changes were the first set of annual changes in which the plurality of improvements were made to indicators in the domain of Physical Activity and Screen Time, consistently the topic area least often addressed in regulations nationwide.

Previously, the greatest single year increment in strengthened regulations occurred in large part as a consequence of the systemic 2011 changes to the Child and Adult Care Food Program (CACFP), reported in ASHW 2012. The CACFP changes better aligned with two ASHW indicators— pertaining to the percentage of fat in milk and availability of water. Improved ASHW ratings for those indicators were assigned to states that required licensed child care to adhere to the CACFP guidelines, as long as no compromising state-specific text existed. Revised CACFP Meal Patterns were announced April 22, 2016 by the USDA Food and Nutrition Service. The changes will produce substantial improvements to several nutrition and infant feeding indicators. As a result, ASHW ratings will improve for many states, provided those states address the new CACFP Meal Patterns (i.e., by reproducing in their regulations the updated Meal Patterns, or by including the correct hyperlink or URL, or other instructions to view the revised Meal Patterns).

While some states rely entirely upon CACFP to address regulation of infant feeding and nutrition practices, ASHW indicators are broader, including HWPs that require caregiver/teacher modeling and active engagement with children. Indicators also address screen time and physical activity. States are encouraged to explore the feasibility of regulations that foster these important practices (e.g., require adults eating meals with children to eat items that meet nutrition standards, and to avoid use of screen media during meals and snacks).

The Society of Behavioral Medicine 2015 policy statement supports strengthened childcare licensing regulations for obesity prevention and recommends states utilize "profile worksheets" to assess their regulations for alignment with related CFOC3 standards.[18] We reiterate that the ASHW assessment substantially accomplishes that task for the states, as presented in the accompanying ASHW 2015 Supplement: States Profiles. We also concur with the Society's policy position that such an assessment may usefully inform a state's strategy to identify target areas for stronger obesity prevention text in child care licensing. Furthermore, for the majority of HWPs, perusal of the ASHW 2015 Supplement enables identification of high ratings for specific indicators in any state. Licensors thereby may identify peers for potential consultation who already have accomplished targeted improvements. We strongly encourage states to use the resources of the ASHW assessments to focus their strategies for the improvement of HWPs in licensed early childhood programs.

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APPENDIX A: **Source of ASHW Indicators in *PCO2/CFOC3* Standards**

The tables in this appendix display the source standards in *PCO2* and *CFOC3* from which the *ASHW* study indicators were derived. The link to the NRC's searchable *CFOC3* data base (http://cfoc.nrckids.org/index.cfm) enables viewing the complete standard(s), rationale, references and related standards for each indicator assessed. The page numbers of source standards in the print copies of *PCO2* and *CFOC3* also are provided.

***Multiple source indicators.* The concepts captured in some *ASHW* indicators are present in different contexts in more than one *PCO2/CFOC3* standard. For example, the Infant Feeding indicator IB2: do not feed beyond satiety, is a core concept that is addressed slightly differently in two standards: Standard 4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher ("observing satiety cues can limit overfeeding") and Standard 4.3.1.8 - Techniques for Bottle Feeding ("Allow infant to stop the feeding"). The table below identifies those *ASHW* indicators that were informed by more than one standard, including the numbers and names of the standards.**

INFANT FEEDING			*Print copy pg #*	
Indicator #	ASHW Indicator Text	Source of Indicator in *CFOC3* Standards	*PCO2*	*CFOC3*
IA1	Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.	4.3.1.1 - General Plan for Feeding Infants	26	162
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.	4.3.1.7 - Feeding Cow's Milk & 4.2.0.4 - Categories of Foods	39 & 18	169 & 155
IB1	Feed infants on cue.	4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher & 4.3.1.8 - Techniques for Bottle Feeding	27 & 33	164 & 170
IB2	Do not feed infants beyond satiety; Allow infant to stop the feeding.	4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher & 4.3.1.8 - Techniques for Bottle Feeding	27 & 33	164 & 170
IB3	Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.	4.3.1.8 - Techniques for Bottle Feeding	33	170
IC1	Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants	35	172
IC2	Introduce age-appropriate solid foods (128 a) no sooner than 4 months of age, and preferably around 6 months of age.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants	35	172
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.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants	35	172
ID1	Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction.	4.3.1.5 - Preparing, Feeding, and Storing Infant Formula	31	167
ID2	Serve whole fruits, mashed or pureed, for infants 7 months up to one year of age.	4.2.0.4 - Categories of Foods	18	155
ID3	Serve no fruit juice to children younger than 12 months of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice	18 & 21	155 & 157

NUTRITION			*Print copy pg #*	
Indicator #	**ASHW Indicator Text**	**Source of Indicator in *CFOC3* Standards**	***PCO2***	***CFOC3***
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.	4.2.0.4 - Categories of Foods	18	155
NA2	Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.	4.2.0.4 - Categories of Foods	18	155
NA3	Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older.	4.2.0.4 - Categories of Foods	18	155
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	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers	39	175
NA5	Serve skim or 1% pasteurized milk to children two years of age and older.	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers	39	175
NB1	Serve whole grain breads, cereals, and pastas.	4.2.0.4 - Categories of Foods	18	155
NB2	Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas.	4.2.0.4 - Categories of Foods	18	155
NB3	Serve fruits of several varieties, especially whole fruits.	4.2.0.4 - Categories of Foods	18	155
NC1	Use only 100% juice with no added sweeteners.	4.2.0.7 - 100% Fruit Juice	21	157
NC2	Offer juice only during meal times.	4.2.0.7 - 100% Fruit Juice	21	157
NC3	Serve no more than 4 to 6 oz juice/day for children 1-6 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice	17 & 21	155 & 157
NC4	Serve no more than 8 to 12 oz juice/day for children 7-12 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice	18 & 21	155 & 157
ND1	Make water available both inside and outside.	4.2.0.6 - Availability of Drinking Water	20	157
NE1	Teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.7.0.1 - Nutrition Learning Experiences for Children	38 & 46	174 & 183
NE2	Require adults eating meals with children to eat items that meet nutrition standards.	4.5.0.4 - Socialization During Meals	41	179
NF1	Serve small-sized, age-appropriate portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers	38	174
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; Teach children who require limited portions about portion size and monitor their portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.5.0.4 - Socialization During Meals	38 & 41	174 & 179
NG1	Limit salt by avoiding salty foods such as chips and pretzels.	4.2.0.4 - Categories of Foods	18	155
NG2	Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	4.2.0.4 - Categories of Foods	18	155
NH1	Do not force or bribe children to eat.	4.5.0.11 - Prohibited Uses of Food	43	182
NH2	Do not use food as a reward or punishment.	4.5.0.11 - Prohibited Uses of Food	43	182

PHYSICAL ACTIVITY/SCREEN TIME			*Print copy pg #*	
Indicator #	**ASHW Indicator Text**	**Source of Indicator in *CFOC3* Standards**	***PCO2***	***CFOC3***
PA1	Provide children with adequate space for both inside and outside play.	**3.1.3.1 - Active Opportunities for Physical Activity**	51	90
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.	**3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity**	57	95
PA3	Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation.	**9.2.3.1 - Policies and Practices that Promote Physical Activity**	58	353
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.	**3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity**	57	95
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.	**3.1.3.1 - Active Opportunities for Physical Activity**	51	90
PB1	Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than two years.	**2.2.0.3 - Limiting Screen Time – Media, Computer Time**	59	66
PB2	Limit total media time for children two years and older to not more than 30 minutes once a week. Limit screen time (TV, DVD, computer time).	**2.2.0.3 - Limiting Screen Time – Media, Computer Time** & **3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity**	59 & 57	66 & 95
PB3	Use screen media with children age two years and older only for educational purposes or physical activity.	**2.2.0.3 - Limiting Screen Time – Media, Computer Time**	59	66
PB4	Do not utilize TV, video, or DVD viewing during meal or snack time.	**2.2.0.3 - Limiting Screen Time – Media, Computer Time**	59	66
PC1	Provide daily for all children, birth to six years, two to three occasions of active play outdoors, weather permitting.	**3.1.3.1 - Active Opportunities for Physical Activity**	51	90
PC2	Allow toddlers sixty to ninety minutes per eight-hour day for vigorous physical activity.	**3.1.3.1 - Active Opportunities for Physical Activity**	51	90
PC3	Allow preschoolers ninety to one-hundred and twenty minutes per eight-hour day for vigorous physical activity.	**3.1.3.1 - Active Opportunities for Physical Activity**	52	90
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.	**3.1.3.1 - Active Opportunities for Physical Activity** & **3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity**	51 & 57	90 & 95
PE1	Ensure that infants have supervised tummy time every day when they are awake.	**3.1.3.1 - Active Opportunities for Physical Activity**	51	90
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.	**3.1.3.1 - Active Opportunities for Physical Activity**	51	90

APPENDIX B: **2015 At-A-Glance**

This table shows where healthy weight practice regulations were improved or lowered in states that made changes in 2015, as well as where states "Fully Meet" standards (Ratings = 4).

		ARKANSAS			COLORADO			DELAWARE			LOUISIANA			MARYLAND			NEW YORK			Δ Totals		
Indicator	Short Description	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	+	-	4s
IA1	Support breastfeeding	+	+	+								+		+	+	+		+		8	0	8
IA2	No cow's milk < 1yr										+	+					+			3	0	13
IB1	Feed infants on cue											+					+			2	0	15
IB2	Stop feed @ satiety	+	+	+				+			+	+					+			7	0	7
IB3	Hold infant to feed										-	+					-			1	2	3
IC1	Plan solid introduction					+	+					+			+		+	+	+	7	0	3
IC2	Intro solids @ 4-6 mo											+					+			2	0	3
IC3	Iron-Fort @ 4-6 mo											+					+			2	0	0
ID1	Don't mix formula				+	+						+								3	0	3
ID2	Whole fruit 7 m-1 yr											+					-			1	1	0
ID3	No juice < 12 mo											+					-			1	1	0
NA1	Limit oils/fats											+								1	0	0
NA2	Low fat meat/proteins											+					+			2	0	0
NA3	Low fat milk equivalents											+					+			2	0	0
NA4	Whole milk 1-2 y/o											+								1	0	0
NA5	Low fat milk > 2 y/o					+	+	+	+	+	+	+		+	+	+	+	+	+	13	0	7
NB1	Whole grains											+					+			2	0	0
NB2	Variety of vegetables											+					+			2	0	2
NB3	Variety of whole fruit										-	+					+			2	1	3
NC1	100% juice											+					+	+	+	4	0	13
NC2	Juice only @ meals											+								1	0	0
NC3	Juice 4-6 oz. 1-6 y/o											+								1	0	2
NC4	Juice 8-12 oz. 7+ y/o											+								1	0	2
ND1	Make water available		+						+	+		+		+	+	+				7	0	15
NE1	Teach portion sizes											+								1	0	0
NE2	Eat with children	+						+				+								3	0	1
NF1	Appropriate servings											+								1	0	16
NF2	Healthy seconds										+	+								2	0	3
NG1	Limit salt											+								1	0	0
NG2	Avoid sugary foods							+				+		+	+	+	-			5	1	0
NH1	Food no force/bribe	+	+	+							+	+						+	+	7	0	5
NH2	Food no reward/punish											+						+	+	3	0	2
PA1	Space for active play											+								1	0	15
PA2	Training on activities							+				+					+	+	+	5	0	0
PA3	Write activity policies	+	+	+				+			+	+								6	0	0
PA4	Play with children	+										+								2	0	1
PA5	Don't withhold play										+	+								2	0	8
PB1	No screen time < 2 yr	+									+	+		+	+	+	+			7	0	6
PB2	Screen time 30 min/wk	+	+	+							+	+		+	+	+				8	0	0
PB3	Screen time purpose	+	+	+							-	+		+	+	+	+	+	+	10	1	9
PB4	No TV w/meals											+		+	+	+	+	+	+	7	0	6
PC1	Outdoor play occasions										-	+								1	1	4
PC2	Toddler play time											+					+	+	+	4	0	0
PC3	Preschool play time											+					+	+	+	4	0	0
PD1	Structured play										+	+								2	0	1
PE1	Tummy time often				+	+	+	+				+					+	+	+	8	0	5
PE2	Limit time infant equip.				+	+	+					+								4	0	3

Abbreviation Key: CTR=Centers, LRG=Large Family Child Care Home, SML=Small Family Child Care Home

Color Code:

- CACFP required for some types
- CACFP required for all types
- **4** = Regulation fully meets standard
- Most frequently "fully met" indicator

Δ (Change) Code:

- + Improved Rating
- - Lowered Rating

APPENDIX C: State Documents Searched (2015)

Although the NRC makes extensive efforts to discover new and revised documents each year through website searches and calls to state child care licensing agencies, a new regulation may go undiscovered and unrated in the year it is made effective. In such a case, the document will be screened and rated as appropriate for inclusion in the ASHW report for the year it is discovered. If state licensing personnel are aware of any such documents in their state's regulatory set, please inform the NRC at info@nrckids.org. Child care types: CTR=Centers, LRG=Large Family Homes, SML=Small Family Homes.

Documents rated in 2015 are highlighted in green.

STATE & Document Status	Document Title	New 2015 Document Date	Revision Date	Previous rated version	Child care types covered by document		
					CTR	LRG	SML
AZ	**ARIZONA**						
Screened	R9-5. Arizona Administrative Code and Arizona Revised Statutes for Child Care Facilities		03/2015	01/2014	X	X	
AR	**ARKANSAS**						
Rated	Minimum Licensing Requirements for Child Care Centers		1/1/2015	1/1/2011	X		
Rated	Minimum Licensing Requirements for Licensed Child Care Family Homes		1/1/2015	1/1/2011		X	
Rated	Minimum Licensing Requirements for Registered Child Care Family Homes		1/1/2015	1/1/2011			X
CA	**CALIFORNIA**						
Screened	Title 22, Division 12, Chapter 1, Article 3 - Child Care Centers Application Procedures		06/2015	11/1998	X		
Screened	Title 22, Division 12, Chapter 1. Article 6 (Cont.) - Child Care Center General Licensing Requirements		06/2015	06/2005	X		
Screened	Title 22, Division 12, Chapter 1. Subchapters 2, 3 – Child Care Infant Centers and School Age Day Care		06/2015	11/1/1998	X		
CO	**COLORADO**						
Rated	General Rules for Child Care Facilities		10/1/2015	5/1/2010	X	X	X
Screened	7.707 Rules Regulating Family Child Care Homes		4/1/15	6/1/2012		X	X
Screened	7.702 Rules Regulating Child Care Centers		4/1/15	7/1/2012	X		
CT	**CONNECTICUT**						
Screened	Statutes and Regulations for licensing Child Day Care Centers and Group Day Care Homes		02/2015	07/2009	X	X	
Screened	Statutes and Regulations for licensing Family Day Care Homes		02/2015	07/2009			X
DE	**DELAWARE**						
Rated	Regulations for Early Care and Education and School-Age Centers		7/1/2015	1/1/2007	X		
FL	**FLORIDA**						
Screened	Chapter 65C-20 Family Day Care Standards and Large Family Child Care Homes		07/2015	01/2010		X	X
Screened	Chapter 65C-22 Child Care Standards		07/2015	01/2010	X		
IA	**IOWA**						
Screened	Chapter 109: Child Care Centers		1/7/2015	12/11/2013	X		
Screened	Chapter 110: Child Development Homes		4/1/2015	09/04/2013		X	X
LA	**LOUISIANA**						
Rated	Bulletin 137—Louisiana Early Learning Center Licensing Regulations	7/1/2015			X	X	

MD	**MARYLAND**						
Rated	Title 13A State Board of Education Subtitle 16 Child Care Centers		07/20/2015	04/14/2014	X		
Rated	Title 13A State Board of Education Subtitle 18 Large Family Child Care Homes		07/20/2015	04/14/2014		X	
Rated	Title 13A State Board of Education Subtitle 15 Family Child Care		07/20/2015	04/14/2014			X
Screened	Title 13A State Board of Education Subtitle 17 Child Care—Letters of Compliance		07/20/2015	04/14/2014	X	X	X
MO	**MISSOURI**						
Screened	Chapter 61 – Licensing Rules for Family Child Care Homes		11/20/2015	05/2002		x	x
NJ	**NEW JERSEY**						
Screened	NJAC 10:126 Manual of Requirements for Family Child Care Registration		08/25/2014	8/25/2009			x
NM	**NEW MEXICO**						
Screened	Title 8 Chapter 16 Child Care Licensing: Child Care Centers, Out of School Time Programs, Family Child Care Homes, and Other Early Care and Education Programs		07/2015	07/2014	X	X	X
NY	**NEW YORK**						
Rated	Part 418-1: Child Day Care Centers		06/2015	01/2005	X		
Rated	Part 418-2: Small Day Care Centers		06/2015	01/2005		X	
NC	**NORTH CAROLINA**						
Screened	Chapter 9- Child Care Rules		08/2015	01/2013	X	X	X
Screened	Family Child Care Home Requirements		07/2015	05/2013		X	X
ND	**NORTH DAKOTA**						
Screened	North Dakota Century Code Early Childhood Services Chapter 50-11.1	2015			X	X	X
OH							
Screened	Child Care Center Manual		9/2015	6/21/2010	x		
Screened	Family Child Care Manual		9/2015	2/16/10		x	x
OR	**OREGON**						
Screened	Rules for Certified Family Child Care Centers		5/3/2015	1/1/2010	X		
Screened	Rules for Certified Family Child Care Homes		5/3/2015	1/1/2010		X	
Screened	Rules for Registered Family Child Care Homes		3/20/2015	1/1/2010			X
TX	**TEXAS**						
Screened	Chapter 746: Minimum Standards for Child-Care Centers		06/2015	06/2014	X		
Screened	Chapter 747: Minimum Standards for Child-Care Homes		06/2015	06/2014		X	X
UT	**UTAH**						
Screened	R381-100 Child Care Centers		5/1/15	01/2013	X		
WA	**WASHINGTON**						
Screened	Chapter 170-295 WAC Minimum Licensing Requirements for Child Care Centers		8/19/15	04/2012	X		
Screened	Chapter 170-296A Licensed Family Home Child Care Standards		8/19/15	05/2012		X	X

APPENDIX D: Degree to which Regulations Address Indicators (2015)

Degree to which Licensing Regulations Contain Selected Components (Indicators) of the Caring for Our Children: National Health & Safety Performance Standards for Early Care & Education Programs, 3rd Ed.* by Care Type (2015)

		Code & Descriptions of CFOC Standards Components	Fully Meets			Partial			Missing			Contradicts		
			CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML
			# States			# States			# States			# States		
Infant Feeding	IA1	Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site	10	8	7	21	23	18	20	18	22	0	0	0
	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	30	31	24	6	3	3	14	14	19	1	1	1
	IB1	Feed infants on cue	37	36	31	6	3	2	7	9	13	1	1	1
	IB2	Do not feed infants beyond satiety; Allow infant to stop the feeding	8	10	7	24	22	18	19	17	22	0	0	0
	IB3	Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap	12	9	7	36	33	31	3	7	9	0	0	0
	IC1	Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider	5	4	1	36	36	32	10	9	14	0	0	0
	IC2	Introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age	4	4	3	30	27	25	16	17	19	1	1	0
	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	1	0	0	32	32	26	18	17	21	0	0	0
	ID1	Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction	4	2	2	2	3	1	45	44	44	0	0	0
	ID2	Serve whole fruits, mashed or pureed, for infants 7 months up to 1 year of age	0	0	0	1	1	1	18	17	21	32	32	26
	ID3	Serve no fruit juice to children younger than 12 months of age	2	1	1	4	3	3	16	16	20	29	29	23

Abbreviation Key: CTR=Centers, LRG=Large Family Child Care Home, SML=Small Family Child Care Home

Degree to which Licensing Regulations Contain Selected Components (Indicators) of the Caring for Our Children: National Health & Safety Performance Standards for Early Care & Education Programs, 3rd Ed.* by Care Type (2015)

		Code & Descriptions of CFOC Standards Components	Fully Present			Partial			Missing			Contradicts		
			CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML
			# States			# States			# States			# States		
Nutrition	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	1	0	0	4	4	2	46	45	45	0	0	0
	NA2	Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats	1	1	1	40	39	32	10	9	14	0	0	0
	NA3	Serve other milk equivalent products (yogurt, cottage cheese) using low-fat variaties for 2 years of age and older	0	0	0	38	37	30	13	11	16	0	1	1
	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	3	2	1	11	9	7	37	38	39	0	0	0
	NA5	Serve skim or 1% pasteurized milk to children two years of age and older	31	31	24	2	3	2	16	16	22	2	0	0
	NB1	Serve whole grain breads, cereals, and pastas	4	4	3	31	32	26	16	13	18	0	0	0
	NB2	Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas	5	7	3	36	33	30	10	9	14	0	0	0
	NB3	Serve fruits of several varieties, especially whole fruits	9	9	7	34	33	28	8	7	12	0	0	0
	NC1	Use only 100% juice with no added sweeteners	36	36	29	2	2	2	12	10	15	1	1	1
	NC2	Offer juice (100%) only during meal times	3	2	2	4	4	2	44	43	43	0	0	0
	NC3	Serve no more than 4 to 6 oz juice/day for children 1-6 years of age	5	6	5	31	33	27	15	11	16	0	0	0
	NC4	Serve no more than 8 to 12 oz juice/day for children 7-12 years of age	4	6	5	32	33	27	15	11	16	0	0	0
	ND1	Make water available both inside and outside	39	36	32	7	10	10	5	4	6	0	0	0
	NE1	Teach children appropriate portion sizes by using plates, bowls & cups that are developmentally appropriate to their nutritional needs	0	0	0	9	6	4	42	43	43	0	0	0
	NE2	Require adults eating meals with children to eat items that meet nutrition standards	3	2	2	5	2	1	43	45	44	0	0	0
	NF1	Serve small-sized, age-appropriate portions	38	40	33	4	3	5	9	6	9	0	0	0
	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; Teach children who require limited portions about portion size and monitor their portions	2	2	2	34	35	30	11	9	14	4	3	1
	NG1	Limit salt by avoiding salty foods such as chips and pretzels	4	3	2	1	2	1	46	44	44	0	0	0
	NG2	Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk	3	1	0	12	12	9	14	15	19	22	21	19
	NH1	Do not force or bribe children to eat	4	2	2	29	33	29	18	14	16	0	0	0
	NH2	Do not use food as a reward or punishment	12	7	6	33	36	34	6	6	7	0	0	0

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Degree to which Licensing Regulations Contain Selected Components (Indicators) of the Caring for Our Children: National Health & Safety Performance Standards for Early Care & Education Programs, 3rd Ed.* by Care Type (2015)

		Code & Descriptions of CFOC Standards Components	Fully Present			Partial			Missing			Contradicts		
			CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML
			# States			# States			# States			# States		
Physical Activity & Screen Time	PA1	Provide children with adequate space for both inside and outside play	50	44	35	0	2	7	1	3	5	0	0	0
	PA2	Provide orientation and annual training opportunities for caregivers/teachers to learn age-appropriate gross motor activities and games that promote physical activity	0	0	0	5	3	3	46	46	44	0	0	0
	PA3	Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation	2	2	2	4	5	3	45	42	42	0	0	0
	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	3	1	1	0	1	1	48	47	45	0	0	0
	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	14	12	11	13	12	11	24	25	25	0	0	0
	PB1	Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than 2 years	11	4	3	15	20	19	25	25	25	0	0	0
	PB2	Limit total media time for children 2 years and older to not more than 30 minutes once a week	0	0	0	22	24	21	29	25	26	0	0	0
	PB3	Use screen media with children age two years and older only for educational purposes or physical activity	10	8	7	3	3	3	37	37	37	1	1	0
	PB4	Do not utilize TV, video, or DVD viewing during meal or snack time	4	3	2	1	0	0	46	46	45	0	0	0
	PC1	Provide daily for all children, birth to 6 years, two to three occasions of active play outdoors, weather permitting	8	6	7	40	36	34	3	7	6	0	0	0
	PC2	Allow toddlers 60-90 minutes per 8-hour day for vigorous physical activity	4	4	3	36	31	32	11	14	12	0	0	0
	PC3	Allow preschoolers 90-120 minutes per 8-hour day for vigorous physical activity	0	0	0	40	35	34	11	14	13	0	0	0
	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	3	2	2	10	8	5	38	39	40	0	0	0
	PE1	Ensure that infants have supervised tummy time every day when they are awake	14	9	8	2	3	2	35	37	37	0	0	0
	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	3	2	2	25	16	14	23	30	31	0	1	0

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