



ACHIEVING A STATE OF HEALTHY WEIGHT 2018 REPORT



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



 University of Colorado
Anschutz Medical Campus

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

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Note: The [ASHW 2018 Supplement: State Profiles](#) (released August 2019) contains additional details and state-specific information.

INTRODUCTION

The prevalence of overweight and obesity remains a public health problem,^{1,2,3} disproportionately affecting children from lower-income households and certain racial and/or ethnic minorities.^{4,5} Obesity is more prevalent among American Indian and/or Native Alaskan (31.2%), non-Hispanic black (20.8%), and Hispanic (22%) children compared with their white (15.9%) and Asian (12.8%) peers.⁶ Among children younger than age 18 years, obesity is consistently associated with elevated blood pressure and other serious health complications.⁷ Examples include poorer cognitive performance,⁸ asthma in some populations,⁹ and later use of mental health services, especially among girls.¹⁰

Early onset of obesity bodes poorly for attaining future healthy weight status. For example, recent evidence indicates few children who were obese by age three years returned to a normal weight range in adolescence.¹¹ By age six years, overweight and obese children often present elevated blood pressure and indicators of insulin resistance.¹² Early childhood clearly remains a critical timeframe for establishment of the habits to achieve and sustain healthy weight status.

More than 11 million young children spend significant time each week in non-parental child care,¹³ where many typically are served meals and snacks daily.¹⁴ This makes early care and education (ECE) programs crucial but under-utilized environments for developing healthy weight habits.^{15,16} States may strengthen the role of ECE programs in obesity prevention by establishing child care licensing regulations that promote healthy weight. Child care licensing regulations can help to create environments that foster development of healthy eating and physically active lifestyles that may last a lifetime.

In 2010, the National Resource Center for Health and Safety in Child Care and Early Education (NRC) released the baseline report *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010* (ASHW 2010).¹⁷ Regulations for

child care centers, large or group family homes, and small family homes in the 50 states and the District of Columbia (collectively “the states”) were rated on the degree to which they aligned with 47 recommended healthy weight practices (HWPs). The HWPs are nutrition and physical activity components of the Caring for Our Children (CFOC) health and safety standards.^{18,19} The HWPs were first assembled in 2010 as a CFOC special collection, *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)*.^{a,20} The HWPs are in the domains of a) Infant Feeding, b) Nutrition and c) Physical Activity and Screen Time.

Subsequently, annual ASHW reports rated new and revised state licensing regulations to assess how well they align to the 47 high-impact HWPs and prevent childhood obesity in ECE settings (as shown in Table 1, below). *Achieving a State of Healthy Weight: 2018 Update* (ASHW 2018) is the eighth such update to the baseline report. Although there has been national progress with inclusion of obesity prevention in licensing regulations since 2010, intervening ASHW reports confirm that there is still room for states to make significant improvements and provide a comprehensive regulatory framework that supports obesity prevention in licensed ECE programs (see Appendix A: Key Findings in ASHW Assessments: 2010-2017).

In 2018, five states, Alabama, Kentucky, Nevada, North Carolina, and Tennessee, promulgated new or revised child care licensing regulations. All of these regulatory changes affected obesity prevention efforts in licensed ECE facilities. The current report describes 2018 regulatory changes, including the extent to which state licensing regulations support ASHW HWPs and help to prevent childhood obesity.

^a. The National Resource Center for Health and Safety in Child Care and Early Education maintains the most up-to-date version of the Caring for Our Children standards in an online database @ <https://nrckids.org/CFOC>. A free pdf of the current print edition of the standards (CFOC4) may be downloaded there as well and a pdf of the PCO standards also may be created. Information for purchase of the January 2019 print version of CFOC4 from the American Academy of Pediatrics is also available on the site. A new print version of PCO3 will be available for purchase from AAP in summer 2019.

INTRODUCTION

Table 1. NRC Assessment Years for Each State

State	Year Rated									State	Year Rated								
	2010	2011	2012	2013	2014	2015	2016	2017	2018		2010	2011	2012	2013	2014	2015	2016	2017	2018
Alabama	X		X						X	Montana	X		X					X	
Alaska	X		X					X		Nebraska	X		X	X				X	
Arizona	X	X								Nevada*	X		X					X	
Arkansas	X	X				X		X		New Hampshire	X							X	
California	X		X					X		New Jersey	X			X				X	
Colorado	X		X			X	X	X		New Mexico	X		X		X			X	
Connecticut	X		X					X		New York	X				X	X		X	
Delaware	X		X			X		X		North Carolina**	X		X	X				X	
District of Columbia	X						X	X		North Dakota	X	X	X	X					
Florida	X		X	X				X		Ohio	X		X				X		
Georgia	X		X		X			X		Oklahoma	X						X	X	
Hawaii	X		X					X		Oregon	X		X						
Idaho	X									Pennsylvania	X								
Illinois	X				X					Rhode Island	X		X	X				X	
Indiana	X									South Carolina	X		X					X	
Iowa	X		X					X		South Dakota	X								
Kansas	X		X	X						Tennessee	X							X	
Kentucky	X			X				X		Texas	X		X		X				
Louisiana	X		X			X		X		Utah	X		X					X	
Maine	X		X					X		Vermont	X						X	X	
Maryland	X		X			X		X		Virginia	X		X					X	
Massachusetts	X		X							Washington	X		X					X	
Michigan	X		X		X			X		West Virginia	X		X		X				
Minnesota	X		X					X		Wisconsin	X		X						
Mississippi	X		X	X						Wyoming	X		X	X					
Missouri	X						X												

Legend:

X
X
X

- Baseline Rating in 2010 (all states, all regulated child care types, all Healthy Weight Practices)
- Assessed new or changed rules in year indicated
- Changed ratings due to national CACFP updates

* Nevada revised regulations in 2017 that were posted too late for inclusion in *ASHW 2017*. They were held for rating in *ASHW 2018*. Nevada introduced a new CACFP requirement that earned the CACFP improved ratings established in 2017.

** A 2016 revised North Carolina document that was not rated previously was compared with the 2018 revision of the same document. The documents did not differ with regard to ASHW content, although both differed from the earlier version rated by the NRC. The new ratings are included in 2018 ASHW data.

RESULTS

KEY 2018 FINDINGS are identified below, along with locations where the data are presented.

Status of New & Revised State Licensing Regulations in 2018

- Five states (Alabama, Kentucky, Nevada, North Carolina, and Tennessee) made changes to child care licensing regulations that affected Healthy Weight Practices (HWPs).
 - a. HWPs were strengthened by 83% of state changes
 - b. HWPs were weakened by 17% of state changes (Table 4)
- HWPs were most **fully** supported in:
 - a. Tennessee (22 out of 47)
 - b. North Carolina (21 out of 47)
 - c. Nevada (15 out of 47) (Appendix F)
- Regulatory changes in Alabama negatively affected Infant Feeding HWPs and Nutrition HWPs (Appendix F).

National Overview (2010 vs. 2018)

- Since 2010, 39 states have adopted licensing regulations that affect Healthy Weight Practices (HWPs) and help prevent childhood obesity in ECE facilities.
- From 2010 to 2018:
 - a. Full regulatory support of HWPs increased from 12% to 26%
 - b. Partial regulatory support of HWPs remained constant at ~30%
 - c. Licensing regulations contradicting HWPs decreased from 3% to 1%
 - d. Failure to address HWPs in licensing regulations declined from 55% to 43% (Figure 2)

Status of Healthy Weight Practices (HWPs) in 2018

- Nationally, HWPs are most supported in:
 - a. Center-based child care licensing regulations (61%)
 - b. Large/group child care licensing regulations (57%)
 - c. Small family child care homes licensing regulations (52%) (Figure 3)
- The least supported HWPs are: (Figure 6)
 - a. *Limit oils by choosing mono-unsaturated and polyunsaturated fats and avoiding trans fats, saturated fats and fried foods (NA1)*
 - b. *Limit salt by avoiding salty foods such as chips or pretzels (NG1)*
 - c. *Provide orientation and annual training opportunities for caregivers/teachers to learn age-appropriate gross motor activities and games that promote physical activity (PA2)*
 - d. *Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation (PA3)*
 - e. *Require caregivers/teachers to promote children's active play, and participate in active games (PA4)*
- The most supported HWPs are: (Figure 6)
 - a. *Feed infants on cue (IB1)*
 - b. *Use only 100% juice with no added sweeteners (NC1)*
 - c. *Make water available both inside and outside (ND1)*
 - d. *Serve small-sized, age-appropriate portions (NF1)*
 - e. *Provide children with adequate space for inside/outside play (PA1)*

RESULTS: 2018 New & Revised Regulations

Table 2

States with New Ratings in 2018			
STATE	CTR	LRG	SML
Alabama	X	X	X
Kentucky	X	X	X
Nevada	X	X	X
North Carolina	X	X	X
Tennessee	X	X	X

Table 3

Annual Positive and Negative Changes from the Prior Year's Ratings			
YEAR	No. States rated for reg. changes	Number of New Positives	Number of New Negatives
2011	3	37 (by 3 rated states)	4 (by 3 rated states)
2012*	12	188 (by 12 rated & 20 CACFP states)	11 (by 3 of 12 rated states)
2013	10	173 (by 9 of 10 rated states)	11 (by 3 of 10 rated states)
2014	7	77 (by 7 rated states)	0 (by 0 of 7 rated states)
2015	6	95 (by 6 rated states)	15 (by 2 of 6 rated states)
2016	6	231 (by 6 rated states)	81 (by 5 of 6 rated states)
2017*	7	758 (by 7 rated & 24 CACFP states)	54 (by 6 of 7 rated states)
2018	5	187 (by 5 rated states)	64 (by 5 rated states)

13 states' regulations that relate to ASHW indicators remain unchanged since 2010.

* Included in 2012 and 2017 rows are CACFP improvements assigned to states that made no new child care licensing regulatory changes related to HWPs in those years. They were ratings for the HWPs: IC2, IC3, ID2, ID3, NA4, NA5, NC2, NC3, NC4, ND1, and /or NG2.

Table 4

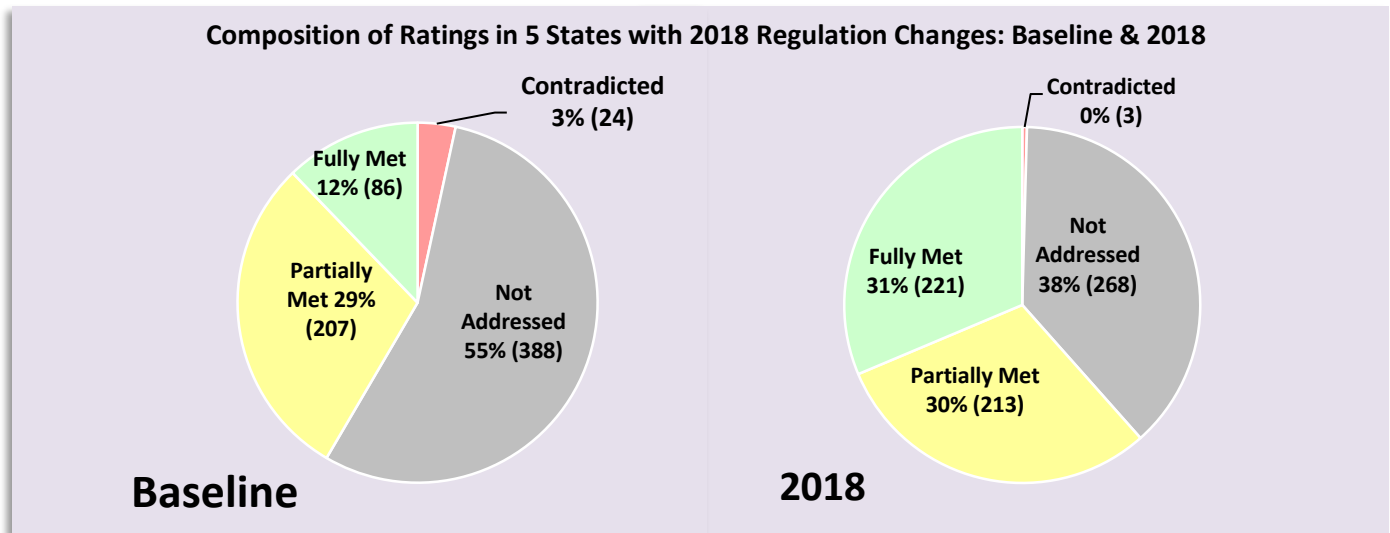
The table below shows that most changes made by four of the five states rated this year improved support of HWPs compared to 2010 data. Note: Total pluses and minuses for the current year as reported in tables 3 and 4 may not match. Table 3 reports changes only from the last time the state was rated (or changed for CACFP), which may be more recent than 2010.

	Summary of Ratings Improved and Lowered in 2018 vs 2010																	
	ALABAMA			KENTUCKY			NEVADA			NORTH CAROLINA			TENNESSEE			Totals		
2018 Ratings	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	CTR	LRG	SML	+	-	%
Total Improved	4	3	3	14	14	13	22	22	22	15	16	16	28	27	28	247		83%
Total Lowered	12	13	13	1	1	4	1	1	1	0	0	0	4	1	0		52	17%
Improved/All	10 / 48			41 / 47			66 / 69			47 / 47			83 / 88					
% Improved	21%			87%			96%			100%			94%					

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

Figure 1

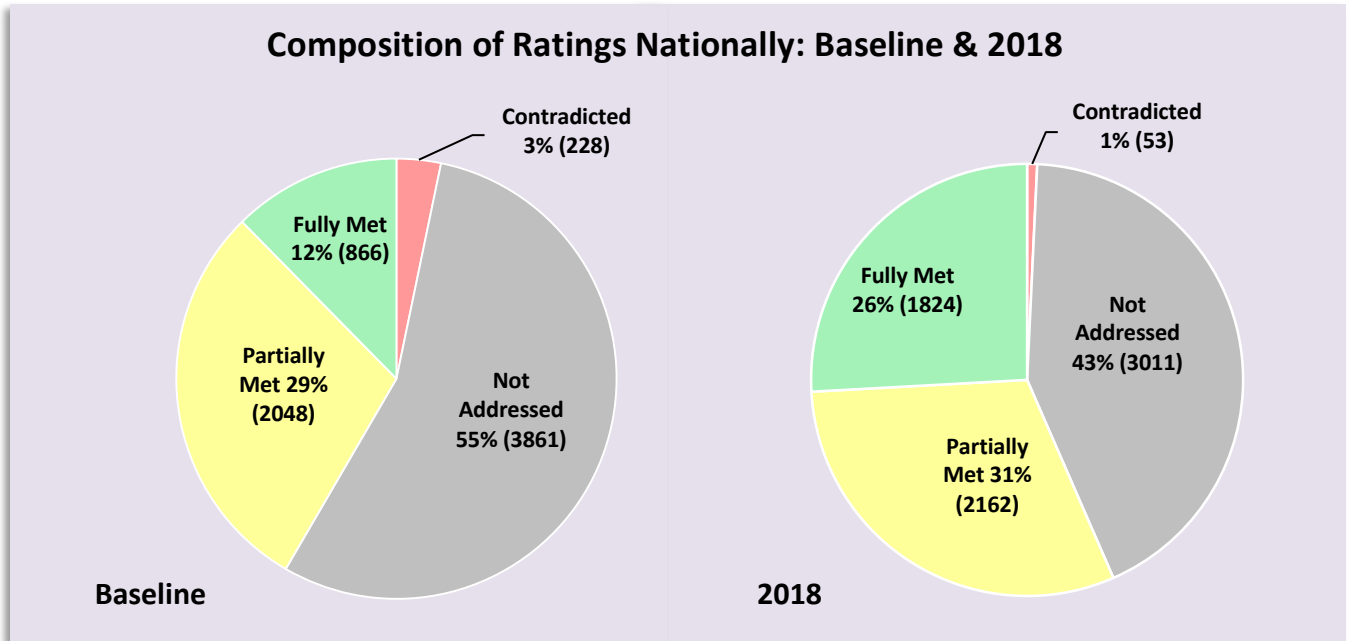
Figure 1 shows the 5 states rated in 2018 increased full support of HWPs and decreased contradictory child care regulations vs. 2010.



Results: National Overview

Figure 2

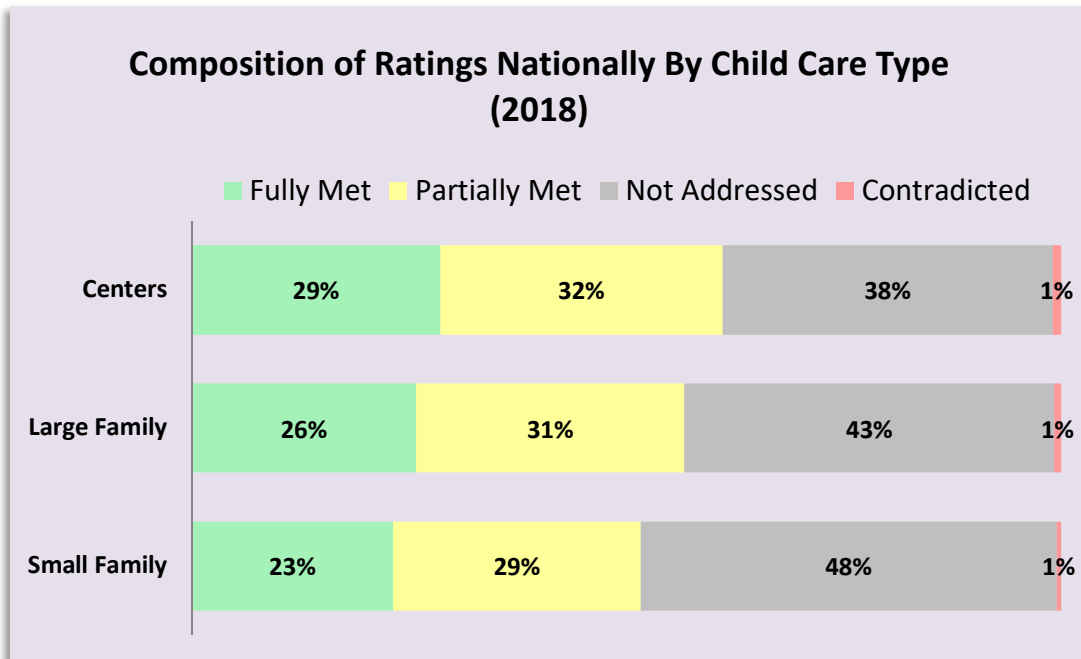
As seen in Figure 2, full and partial regulatory support for HWPs rose from 41% in 2010 to 57% in 2018, due largely to growth in the full support category (i.e., rating = 4). Contradictory regulations decreased from 3% to 1% of ratings nationally.



* Total pool of ratings of regulations across all states and all of their regulated child care types. (Baseline 2010 N=7003, 2018 N=7050.)

Figure 3

Figure 3 shows that, among the three child care types examined, the fewest child care licensing regulations affecting HWPs are in place nationwide for small family child care programs.



RESULTS: Status of States' Healthy Weight Practices (HWPs)

Table 5

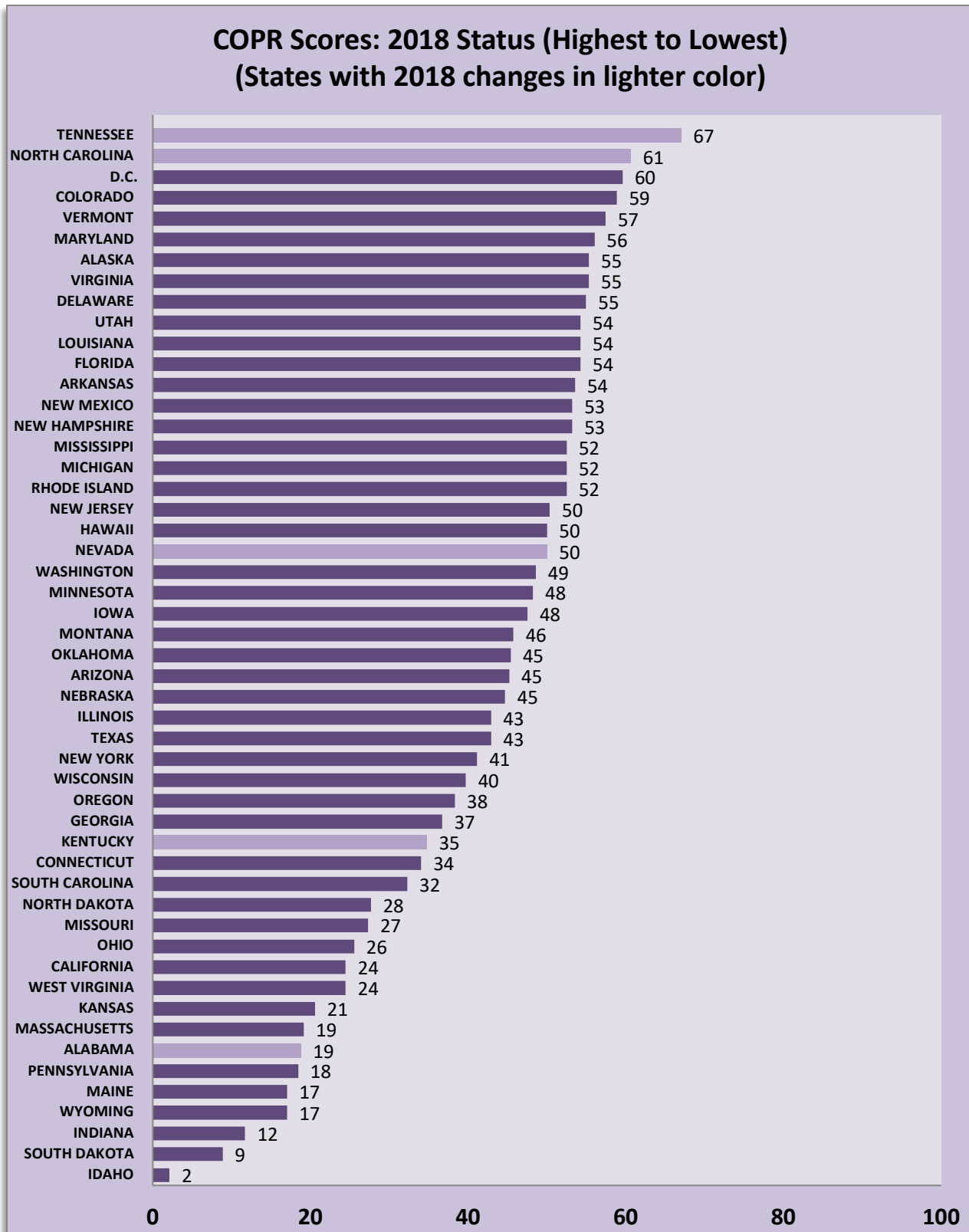
Table 5 shows an overview of how states' ratings differ in support of HWPs as percentages of ratings that a) contradict HWPs; b) fail to address HWPs; c) partially support HWPs; and d) fully support HWPs.

STATE	Contradict HWPs	Fail to Address HWPs	Partially Support HWPs	Fully Support HWPs
ALABAMA	0 (0%)	103 (73.0%)	23 (16.3%)	15 (10.6%)
ALASKA	0 (0%)	36 (25.5%)	54 (38.3%)	51 (36.2%)
ARIZONA	2 (2.1%)	31 (33.0%)	35 (37.2%)	26 (27.7%)
ARKANSAS	0 (0%)	37 (26.2%)	57 (40.4%)	47 (33.3%)
CALIFORNIA	0 (0%)	94 (66.7%)	25 (17.7%)	22 (15.6%)
COLORADO	0 (0%)	30 (21.3%)	56 (39.7%)	55 (39.0%)
CONNECTICUT	0 (0%)	77 (54.6%)	32 (22.7%)	32 (22.7%)
DELAWARE	3 (2.1%)	31 (22%)	56 (39.7%)	51 (36.2%)
DISTRICT OF COLUMBIA	0 (0%)	27 (19.1%)	60 (42.6%)	54 (38.3%)
FLORIDA	0 (0%)	40 (28.4%)	49 (34.8%)	52 (36.9%)
GEORGIA	0 (0%)	45 (47.9%)	29 (30.9%)	20 (21.3%)
HAWAII	0 (0%)	49 (34.8%)	43 (30.5%)	49 (34.8%)
IDAHO	0 (0%)	137 (97.2%)	2 (1.4%)	2 (1.4%)
ILLINOIS	8 (5.7%)	45 (31.9%)	47 (33.3%)	41 (29.1%)
INDIANA	2 (1.4%)	112 (79.4%)	19 (13.5%)	8 (5.7%)
IOWA	0 (0%)	52 (36.9%)	44 (31.2%)	45 (31.9%)
KANSAS	3 (2.1%)	86 (61.0%)	43 (30.5%)	9 (6.4%)
KENTUCKY	3 (2.1%)	69 (48.9%)	37 (26.2%)	32 (22.7%)
LOUISIANA	2 (2.1%)	20 (21.3%)	40 (42.6%)	32 (34.0%)
MAINE	0 (0%)	102 (72.3%)	30 (21.3%)	9 (6.4%)
MARYLAND	0 (0%)	34 (24.1%)	56 (39.7%)	51 (36.2%)
MASSACHUSETTS	0 (0%)	102 (72.3%)	24 (17.0%)	15 (10.6%)
MICHIGAN	0 (0%)	40 (28.4%)	54 (38.3%)	47 (33.3%)
MINNESOTA	0 (0%)	45 (31.9%)	56 (39.7%)	40 (28.4%)
MISSISSIPPI	6 (4.3%)	31 (22.0%)	54 (38.3%)	50 (35.5%)
MISSOURI	0 (0%)	82 (58.2%)	41 (29.1%)	18 (12.8%)
MONTANA	0 (0%)	54 (38.3%)	45 (31.9%)	42 (29.8%)
NEBRASKA	0 (0%)	57 (40.4%)	42 (29.8%)	42 (29.8%)
NEVADA	0 (0%)	45 (31.9%)	51 (36.2%)	45 (31.9%)
NEW HAMPSHIRE	0 (0%)	42 (29.8%)	48 (34.0%)	51 (36.2%)
NEW JERSEY	0 (0%)	48 (34.0%)	44 (31.2%)	49 (34.8%)
NEW MEXICO	0 (0%)	42 (29.8%)	48 (34.0%)	51 (36.2%)
NEW YORK	0 (0%)	59 (41.8%)	48 (34.0%)	34 (24.1%)
NORTH CAROLINA	0 (0%)	33 (23.4%)	45 (31.9%)	63 (44.7%)
NORTH DAKOTA	0 (0%)	86 (61.0%)	32 (22.7%)	23 (16.3%)
OHIO	0 (0%)	90 (63.8%)	30 (21.3%)	21 (14.9%)
OKLAHOMA	2 (1.4%)	50 (35.5%)	48 (34.0%)	41 (29.1%)
OREGON	6 (4.3%)	50 (35.5%)	56 (39.7%)	29 (20.6%)
PENNSYLVANIA	0 (0%)	103 (73.0%)	24 (17.0%)	14 (9.9%)
RHODE ISLAND	0 (0%)	42 (29.8%)	50 (35.5%)	49 (34.8%)
SOUTH CAROLINA	0 (0%)	77 (54.6%)	37 (26.2%)	27 (19.1%)
SOUTH DAKOTA	0 (0%)	124 (87.9%)	9 (6.4%)	8 (5.7%)
TENNESSEE	0 (0%)	18 (12.8%)	57 (40.4%)	66 (46.8%)
TEXAS	0 (0%)	60 (42.6%)	41 (29.1%)	40 (28.4%)
UTAH	0 (0%)	36 (25.5%)	57 (40.4%)	48 (34.0%)
VERMONT	0 (0%)	33 (23.4%)	54 (38.3%)	54 (38.3%)
VIRGINIA	0 (0%)	36 (25.5%)	54 (38.3%)	51 (36.2%)
WASHINGTON	3 (2.1%)	43 (30.5%)	50 (35.5%)	45 (31.9%)
WEST VIRGINIA	4 (2.8%)	82 (58.2%)	37 (26.2%)	18 (12.7%)
WISCONSIN	9 (6.4%)	42 (29.8%)	59 (41.8%)	31 (22.0%)
WYOMING	0 (0%)	102 (72.3%)	30 (21.3%)	9 (6.4%)
All States	53 (0.8%)	3011 (42.7%)	2162 (30.7%)	1824 (25.8%)

RESULTS: Status of States' Healthy Weight Practices (HWPs)

Figure 4

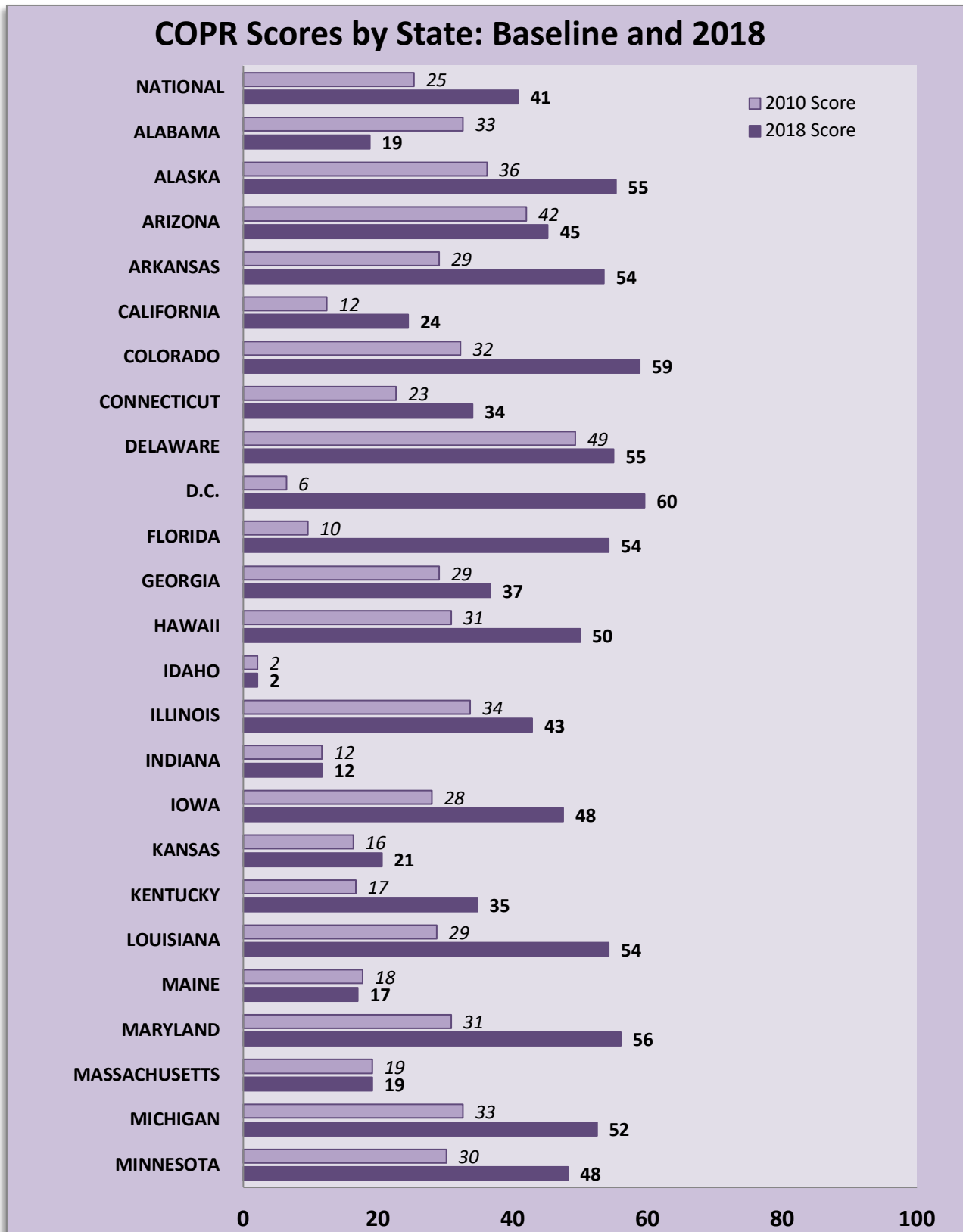
Figure 4 shows the states with child care licensing regulations that most to least support HWPs, ranked by COPR scores (Childcare Obesity Prevention Regulation scores). A state's COPR score summarizes all of that state's ratings across the 47 HWPs for all child care types regulated. *NOTE: See Appendix C for information on the COPR score calculation.*



RESULTS: Status of States' Healthy Weight Practices (HWPs)

Figure 5 (continues next page)

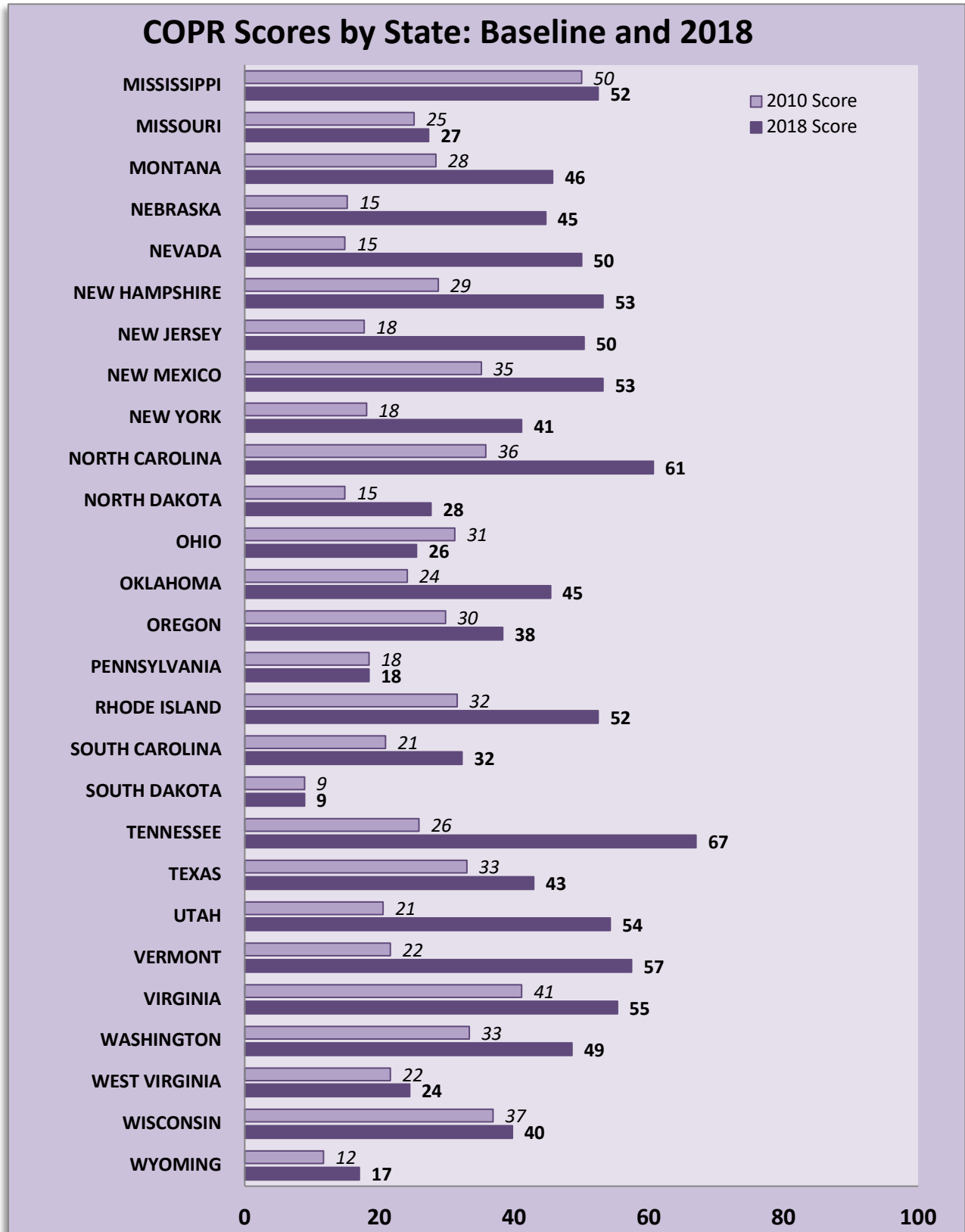
Figure 5 shows changes in states' child care licensing regulations that support HWPs in 2010 vs. 2018, using states' COPR scores (Childcare Obesity Prevention Regulation scores). A state's COPR score summarizes all of that state's ratings across the 47 HWPs for all child care types regulated. *NOTE: See Appendix C for information on the COPR score calculation.*



RESULTS: Status of States' Healthy Weight Practices (HWPs)

Figure 5 (continued)

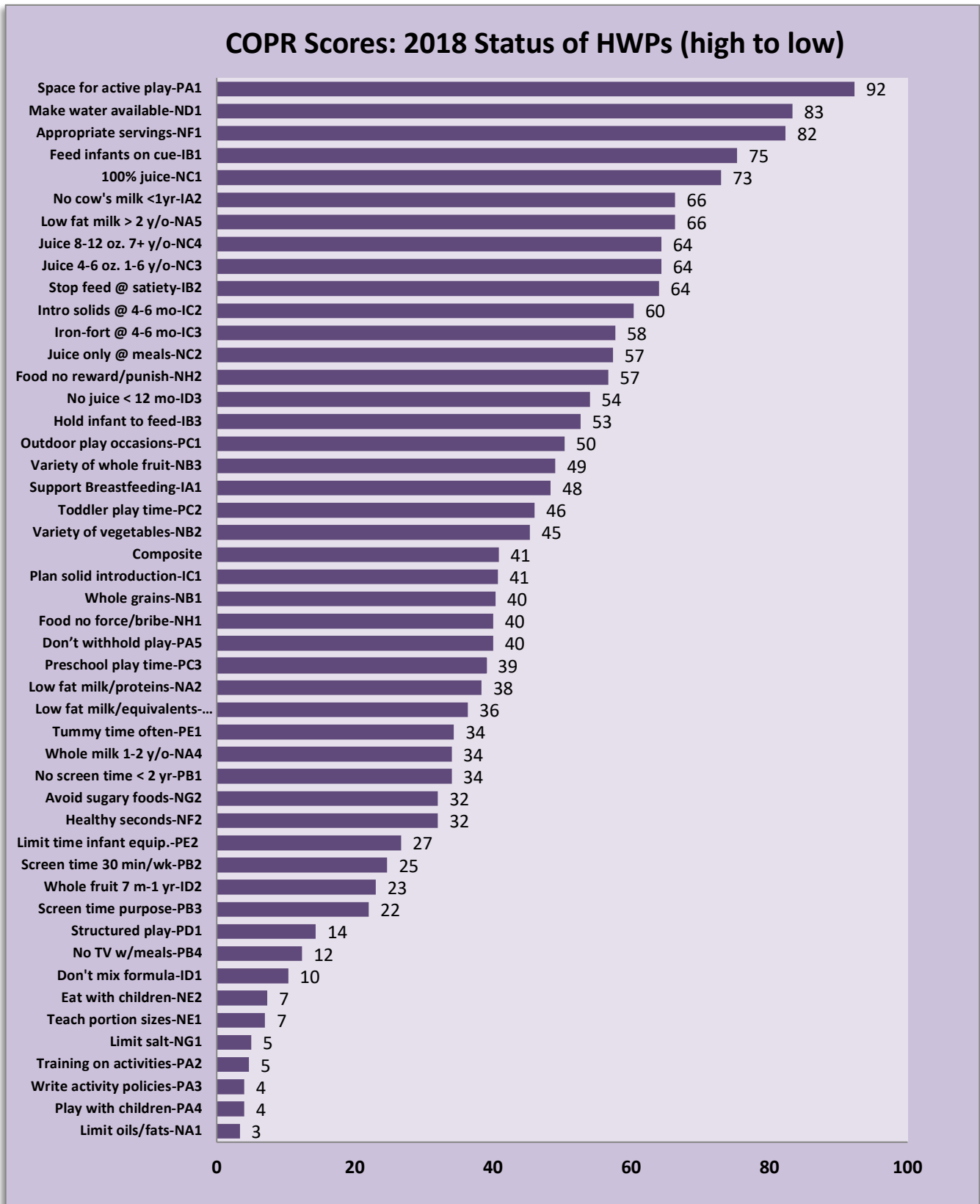
Figure 5 shows changes in states' child care licensing regulations that support HWPs in 2010 vs. 2018, using states' COPR scores (Childcare Obesity Prevention Regulation scores). A state's COPR score summarizes all of that state's ratings across the 47 HWPs for all child care types regulated. *NOTE: See Appendix C for information on the COPR score calculation.*



RESULTS: Status of Healthy Weight Practices (HWPs)

Figure 6

Figure 6 shows the most to least-well supported HWPs across the nation, using HWP COPR scores (Childcare Obesity Prevention Regulation scores). A HWP COPR score summarizes all ratings across the 50 states (plus DC) for that HWP. *NOTE: See Appendix C for information on the COPR score calculation.*

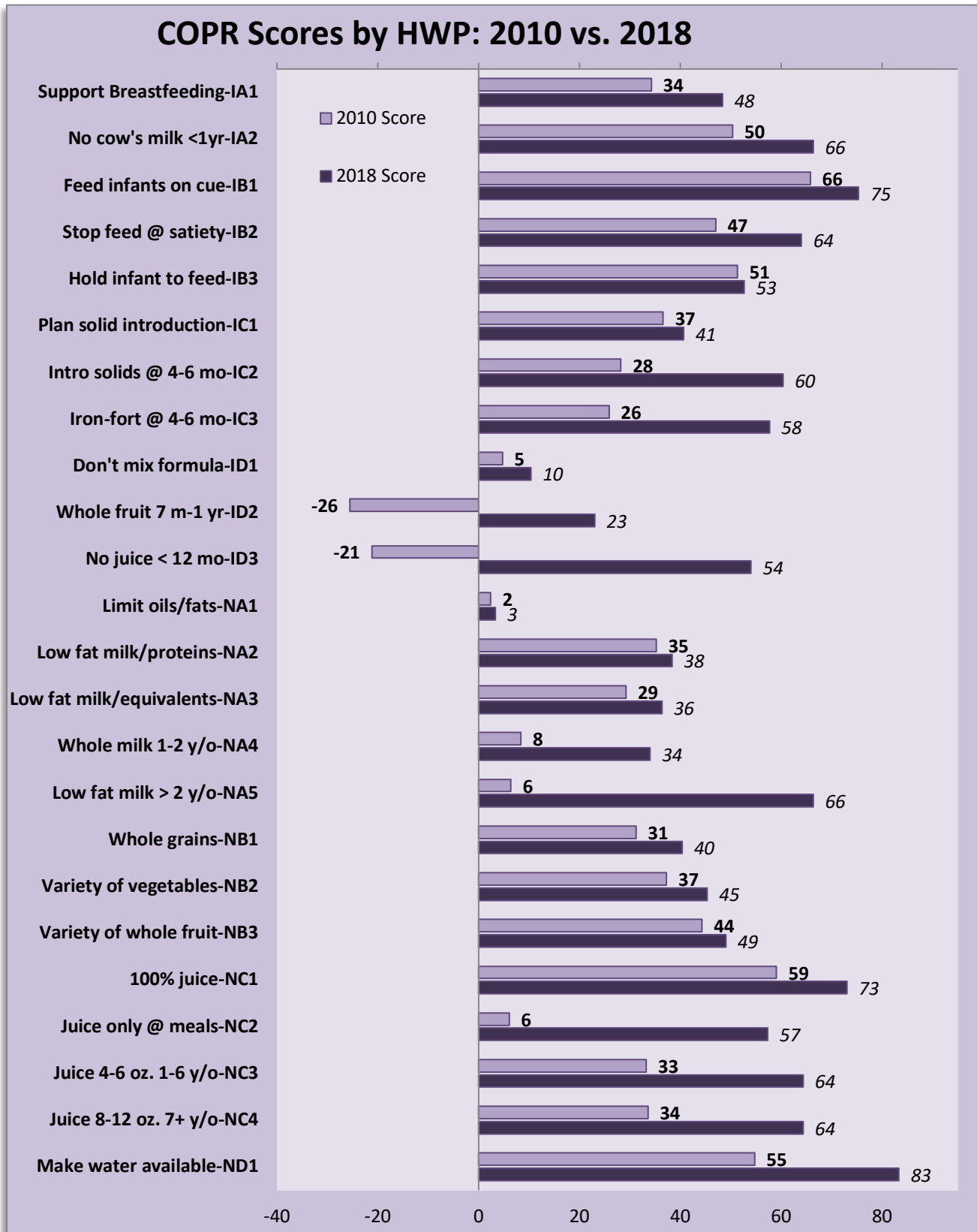


RESULTS: Status of Healthy Weight Practices (HWP)

Figure 7 (continues next page)

Figure 7 shows changes in support of HWPs across the nation in 2010 vs. 2018, using HWP COPR scores (Childcare Obesity Prevention Regulation scores). A HWP COPR score summarizes all ratings across the 50 states (plus DC) for that HWP.

NOTE: See Appendix C for information on the COPR score calculation.

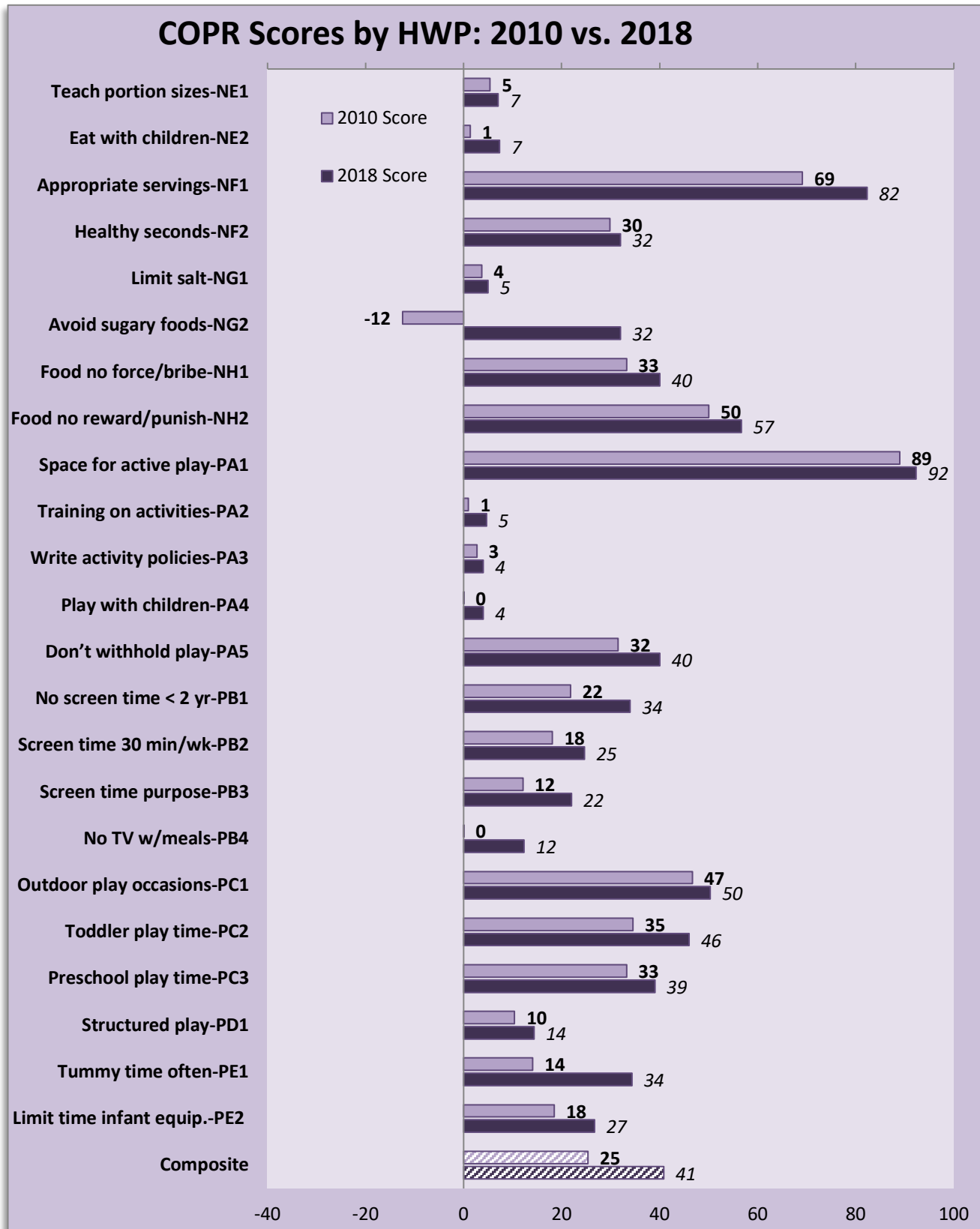


RESULTS: Status of Healthy Weight Practices (HWPs)

Figure 7 (continued)

Figure 7 shows changes in support of HWPs across the nation in 2010 vs. 2018, using HWP COPR scores (Childcare Obesity Prevention Regulation scores). A HWP COPR score summarizes all ratings across the 50 states (plus DC) for that HWP.

NOTE: See Appendix C for information on the COPR score calculation.



DISCUSSION

Analyses of 2018 ASHW data show gradual, but significant improvement, in states' efforts to strengthen child care licensing regulations and prevent childhood overweight and obesity.

In 2018, Alabama, Kentucky, Nevada, North Carolina, and Tennessee made changes to state Early Care and Education (ECE) licensing regulations that affect ASHW Healthy Weight Practices (HWP). The majority of these changes, approximately 83 percent, strengthened child care licensing regulations impacting obesity prevention, while 17 percent weakened obesity prevention practices and policies. Tennessee made the most positive changes, followed by North Carolina and Nevada.

Tennessee's 2018 licensing revisions catapulted the state from 39th in the nation for strength of ECE licensing regulations supportive of HWPs, to number 1 (see Figure 4). The state made positive changes in all three ASHW domains: infant feeding, nutrition, and physical activity/screen time. To uniformly strengthen obesity prevention policies and practices across all three licensed child care types (i.e., centers, large or group child care homes, and small child care homes), Tennessee chose to combine different regulatory documents into one consolidated set of licensing regulations. As a result, positive changes simultaneously affected all three child care types in 2018. In part, the high number of improvements is attributable to Tennessee's adoption of the CACFP Meal and Snack Patterns as a requirement for all licensed child care types, regardless of CACFP reimbursement status. For example, the *Rules of Tennessee Department of Human Services, Community and Social Services Division, Chapter 1240-04-01, Licensure Rules for Child Care Agencies* specify: "If the child care agency provides food, it shall be in accordance with the USDA's Child and Adult Care Food Program (CACFP) nutritional guidelines." ^{21,p42} In Physical Activity/Screen Time, the state added new or improved regulations that increase support of 10 HWPs across all three child care types, eight of which were previously unregulated among large and small family child care homes. The new requirements fully support tummy time for infants and limit use of confining infant equipment (PE1 and PE2). The required durations of moderate-to-vigorous active play for both toddlers and preschoolers newly meet recommendations (PC2 and PC3). Three of four ASHW HWPs for screen time exposure age and usage limitations now are fully supported (i.e., PB1, PB3, PB4), while the fourth (PB2) remains partially supported. Three other improvements partially support HWPs for teacher/caregiver orientation and annual training (PA2) and for active teacher engagement in physical activities with children

(i.e., PA4 and PD2). Even with the dramatic improvements, six of the 47 ASHW HWPs remain unaddressed by Tennessee's 2018 revisions, and several are only partially supported. Nonetheless, Tennessee's licensing regulations are currently the most supportive of obesity prevention and HWPs in the nation.

NRC staff inquired of the state child care licensing agency, the Tennessee Department of Child Care Services, about the strategy and resources behind the exceptional improvements observed this year. The reply revealed that the 2018 nutrition, physical activity and screen time revisions were the cumulative outcome of work in progress since 2010. The new rule package was responsive to Tennessee's Customer-Focused Government Goals,²² and "directly influenced by national and state initiatives to reduce childhood obesity" (David Shirk, Coordinator II, Child Care Services, e-mail communication, June 2019). The reply further indicated that the regulations were informed by consultation with the Tennessee Department of Health and by use of "the National Health and Safety Performance Standards" (the subtitle to *Caring for Our Children*, 3rd ed., CFOC3). The response also noted that Tennessee had strengthened the state QRIS system, called the Gold Sneaker Initiative (housed at the Tennessee Department of Health), to encourage further voluntary obesity prevention measures, including new policies for healthy eating and physical activity.²³

It is noteworthy that Tennessee Child Care Services identified Health Department consultation as influencing the 2018 regulatory revisions. In recent years, states have received substantial technical assistance from the Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity and Obesity (DNPAO). Under the Spectrum of Opportunities Framework,²⁴ CDC funded and explored incorporation of recommended standards, policies, practices, and supportive environments for obesity prevention in state ECE systems.^{25,26,27,28} The Tennessee Department of Health received several years of such CDC funding and technical assistance.^{29,30} Thus, it seems probable that the dramatic improvements achieved by TN are the result of a focused partnership between the state public health department and TN's childcare-licensing administrators. This high impact collaboration illustrates how other states can potentially support

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the inclusion of healthy eating and physical activity policies and practices into an existing regulatory framework. Effectively exposing millions of young children attending licensed child care to healthy eating and physical activity habits early in life.

Similar to Tennessee, in 2018 Nevada made licensing revisions that mandated licensed child care facilities operating in the state to follow CACFP nutrition and infant feeding guidelines. Nevada *Chapter 432A - Services and Facilities for Care of Children States* (February 2018 revisions),³¹ nutrition section, states: “A licensee of a facility shall follow the current nutrition standards for meals and snacks which are applicable to children of ages receiving care at the facility as issued by the Child and Adult Care Food Program of the United States Department of Agriculture.” The clear and specific identification of CACFP earned Nevada the ratings associated with CACFP as of 2017. However, only two HWPs in Physical Activity were changed in the 2018 revisions.

Since 2010, North Carolina ECE licensing regulations were rated three times for ASHW updates. These revisions included 2012 and 2013 updates of state licensing regulations, and adjustments for 2012 and 2017 CACFP improvements. Although most of the 2018 changes strengthened obesity prevention practices and policies (for HPWs NH1, NH2 and PA5), improvement was not uniform. For example, 2013 family child care home regulations stated: *Food that does not meet the nutritional requirements...such as cookies, chips, donuts; etc. shall be available only for special occasions such as holidays, birthdays and other celebrations.*^{32,p63} The inclusion of “chips” as a food to be limited was rated as partial support of HWP NG1, *Limit salt by avoiding salty foods such as chips and pretzels.* However, the version rated in 2018 deleted “chips” from the list, so that the NG1 rating declined.³³ This illustrates that improvements in HWPs can easily be undone with new rule revisions.

Kentucky, a state that does not require alignment with CACFP Meal and Snack Patterns, received updated ASHW ratings based on state-specific regulatory improvements in infant feeding, nutrition, physical activity and screen time. The majority increased support of HWPs among all three child care types. Positive changes included new or increased support for: three of 11 infant feeding HWPs (IA1, IA2 and IB2); seven of 21 nutrition HWPs (NA4, NA5, NB1, NC2, ND1, NE1, and NH2); and, five of 15 HWPs in physical activity and screen time (PA1, PB1, PB2, PB3, and PB4). However, a few regulatory revisions weakened support of HWPs, specifically for small family child care homes. Deletions affected introduction of

solid foods for infants (IC1 and IC2), and nutrition HWPs related to the size and number of portions served to meet caloric needs (NF1 and NF2). Although the majority of 2018 licensing changes were positive, there is room for significant improvement. As of 2018, nearly half of HWPs still are not addressed in Kentucky’s licensing regulations (see the Kentucky State Profile).³⁴

The majority of Alabama’s 2018 licensing revisions weakened support for HWPs. This is in sharp contrast to the Tennessee, Nevada, and Kentucky ECE licensing updates in 2018. The decreased ratings are largely due to the deletion of tables that previously accounted for several positive ratings in infant feeding and nutrition. The 2009 versions of the tables included the language: “Meals and snacks provided by the licensee shall comply with meal and snack patterns of the Food and Nutrition Service, USDA.”^{35,36} With the 2018 revised regulations,^{37,38} the language and tables were deleted and Alabama fell from 31st in 2017 to 45th in the nation for support of ASHW HWPs.

Implications

ASHW 2018 data reveal steady, yet sometimes inconsistent, state-level progress towards regulatory support of healthy weight practices in licensed child care programs. For three of the five states rated in 2018, mandatory compliance with CACFP nutrition guidelines fortified healthy weight practices in infant feeding and nutrition. These states achieved higher ratings by explicitly requiring adherence to Child and Adult Care Food Program, or 7 CFR § 226.20, as CACFP as set forth in the Code of Federal Regulations.³⁹ It is possible that several other states’ reference to the “USDA guidelines” is similarly intended. However, such regulatory language--in the absence of additional text, links or current tables--falls short of direct and meaningful program guidance.

There is promising evidence that CACFP program participation may be associated with improved nutrition and provider mealtime behavior.^{40,41,42,43,44,45} However, mandatory compliance with CACFP Meal and Snack Patterns must be followed-up with professional development, training, and enforcement. The evidence indicates that ECE providers often remain unaware of CACFP licensing requirements, and subsequently there is a lack of adherence to nutrition standards and mealtime practices.^{46,47,48}

Nationally, ECE licensing regulations generally lack requirements to promote physical activity practices and limit screen time. For example, the three least-supported physical activity practices (PA2, PA3 and PA4), have in common a need for both program and individual caregiver recognition

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of physical activity as key to support healthy weight among young children--rather than as an alternative to structured learning activities and quiet play periods. ECE regulations can specify that physical activity is planned, included in facility-level policy, and addressed in professional development opportunities. Implementation efforts should focus on caregiver engagement with children, and not

physical activity oversight or supervision.^{49,50} Evidence indicates that programs often fail to have written policies and training requirements,^{44,51,52,53} and that investment in young children's physical activity is highly variable.^{44,54} Nationwide, there is a need for greater regulatory attention to these HWP's.

For licensing agencies that intend to promulgate some or all of rules in state-specific text, the Caring for Our Children (CFOC) standards are a nationally recognized resource used by many states to inform regulatory text. The CFOC standards included in the special collection Preventing Childhood Obesity address all ASHW domains (and are available for free download @ <https://nrckids.org/CFOC/Collections>). New national physical activity guidelines are available as a resource as well,⁵⁵ although they do not include physical activity recommendations for the youngest children.⁵⁶

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Findings for regulations and regulatory changes related to ASHW Healthy Weight Practices (HWPs) are reported below.

(Several states made changes each year that were not pertinent to ASHW.)

See prior ASHW reports @ <https://nrckids.org/HealthyWeight/Archives>

(Note: Annual %s of positive change listed below may differ from reports accessed above, as %s were recalculated to account for data adjustments described in ASHW 2017, Appendix C.)

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:
 - HWPs were not substantially better regulated for one care type vs. others
 - Only 13% all ratings nationally indicated regulations fully supporting HWPs
 - More than ½ of ratings indicated no relevant HWP text was identified
 - Physical Activity/Screen Time was the least regulated domain
 - Leading states (with strongest HWP regulations) were DE & MS
- AZ, AR & ND enacted 2011 regulatory changes—88% of changes improved HWPs

ASHW 2012

- 12 states (CA, CO, FL, IA, KS, MD, NV, NM, NC, TX, WA & WY) enacted regulatory changes—94% of rated changes improved HWPs
- 15% of all ratings nationally indicated regulations fully supporting HWP
- Physical Activity/Screen Time HWPs remained largely unregulated
- Child and Adult Care Food Program (CACFP) guidelines newly supported 2 HWPs:
 - *Serve 1% or skim milk to children 2 and older*—30 states received higher ratings
 - *Make water available both inside and outside*—25 states received 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 rated changes improved HWPs
- 16% of all ratings nationally indicated regulations fully supporting HWPs
- Physical Activity/Screen Time HWPs remained least regulated
- COPR scores (weighted summary scores) were introduced to compare states regulations and treatment of HWPs
- Leading states were DE, MS, NC & RI

ASHW 2014

- 7 states (GA, IL, MI, NM, NY, TX & WV) enacted regulatory changes—100% of rated changes improved HWPs
- 17% of all ratings nationally indicated regulations fully supporting HWPs
- Most improved HWPs were for infant tummy time and prohibiting juice for infants
- Physical Activity/Screen Time HWP remained largely unregulated
- Leading states remained DE, MS, NC & RI
- 23 states’ regulations re: HWPs were unchanged since 2010

APPENDIX A: Key Findings in ASHW Assessments: 2010-2017

ASHW 2015

- 6 states (AR, CO, DE, LA, MD & NY) enacted regulatory changes—91% of rated changes improved HWPs
- 17% of all ratings nationally indicated regulations fully supporting HWPs
- Most improved HWPs were serving low-fat milk for children 2+, and use screen media only for educational and physical activity purposes
- Leading states remained DE, MS, NC & RI
- 23 states' regulations re: HWPs remained unchanged since 2010
- Physical Activity/Screen Time changed more than Infant Feeding and Nutrition

ASHW 2016

- 6 states (CO, DC, MO, OH, OK & VT) enacted regulatory changes—76% of rated changes improved HWPs
 - DC's HWP changes yielded vast "state" improvements
- 18% of all ratings nationally indicated regulations fully supporting HWPs
- Leading states: DE, MS, NC, & CO
- Regulations often contradict 3 HWPs
 - *Avoid sugar*
 - *No juice under 12 mos.*
- *Serve mashed/pureed whole fruit 7 - 12 mos.*

ASHW 2017

- 7 states (DE, FL, ME, NH, NJ, RI & UT) enacted regulatory changes—83% of rated changes improved HWPs
- 24% of all ratings nationally indicated regulations fully supporting HWPs; 1% contradict HWPs
- Leading "states" were DC, NC, CO, VT & MD
- Most improved states since 2010 were DC, FL, NJ, VT & UT
- 29* states earned nearly 600 positive changes in 2017 to due to mandatory CACFP Meal Pattern improvements
- Most improved HWPs were *Serve no juice before age 12 mos.* (ID3) and *Serve low-fat milk age 2+ (NA5)*, due to CACFP changes since 2010
- 15 states' regulations re: HWPs remained unchanged 2010-2017

**Reflects correction to national dataset in which 2017 CACFP improved ratings were applied for OR Small Family Child Care Home regulations that were not reported in ASHW 2017*

**See next page for CACFP 2017 Update Summary Table: Corrected 2018*

APPENDIX A: Key Findings in ASHW Assessments: 2010-2017

CACFP 2017 Update Summary Table: Corrected 2018

The table below shows the states that received CACFP 2017 updates. (States in blue had additional changes due to NRC-rated 2017 document revisions.) *This table includes 2017 CACFP updates for Oregon Small Family Child Care Homes that were not reported previously.*

(Abbreviation Key: C=Centers, L=Large Family Child Care Home; S=Small Family Child Care Home; No. CACFP +s = total improved ratings)

STATE	IC2			IC3			ID2			ID3			NA4			NC2			NC3			NC4			NG2			No. 2017 CACFP +s			
	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S				
Alaska	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
Arkansas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
California	+			+			+			+			+			+			+			+			+			+			9
Colorado	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+			+			+									19
Connecticut	+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		18
District of Columbia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
Florida	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
Georgia	+			+			+			+			+			+			+			+									8
Hawaii	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
Iowa	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	26
Louisiana	+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		18
Maryland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+				24
Michigan	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	26
Minnesota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
Montana	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	26
Nebraska	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
New Hampshire	+	+	+	+	+	+	+	+	+	+	+	+							+	+	+	+	+	+	+	+	+	+	+	+	21
New Jersey				+	+		+	+		+	+					+	+		+	+		+	+		+	+					12
New Mexico	+	+	+	+	+	+	+	+	+	+	+	+				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	24
New York	+			+			+			+			+			+			+			+			+			+			9
North Carolina	+	+	+	+	+	+	+	+	+	+	+	+				+	+	+				+									16
Oklahoma													+			+			+			+			+			+			5
Oregon			+			+			+			+			+			+			+			+			+			+	9
Rhode Island	+	+	+	+	+	+	+	+	+	+	+	+				+															12
South Carolina	+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		+	+		18
Utah	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	27
Vermont	+	+	+	+	+	+	+	+	+	+	+	+				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	24
Virginia	+			+	+	+	+	+	+	+	+	+	+			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	23
Washington		+	+		+	+		+	+		+	+					+	+		+	+		+	+		+	+		+	+	16
Total No. 2017 CACFP Positive Changes																								579							

Origin of the Achieving a State of Healthy Weight Series

The National Resource Center for Health and Safety in Child Care and Early Education (NRC) designed *Achieving a State of Healthy Weight* in 2010 to assess the degree to which the states embed requirements consistent with recommended practices to reduce early childhood overweight and obesity in their child care licensing regulations. The first study, *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010*,¹ and four following updates (2011-2014), were funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources Services Administration.^a The Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity and Obesity (DNPAO), funded subsequent ASHW updates (ASHW 2015-2018, to date).^b

The first ASHW study was an outgrowth of NRC's work in revising comprehensive health and safety standards for early care and education (ECE) programs for development of *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, 3rd Edition (CFOC3).^a Since 1995, the NRC has maintained CFOC standards online, and published successive print editions of CFOC (now in its fourth edition), with the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA). In 2010, in conjunction with the emerging national campaign to combat the rising child obesity epidemic, MCHB and the Administration for Children and Families, Child Care Bureau (now Office of Child Care) funded NRC to accelerate revision of CFOC standards most relevant to obesity prevention--standards in nutrition and physical activity—resulting publication 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 (PCO).

Immediately following release of PCO, the NRC convened a meeting in Denver of a group of health and ECE experts, the NRC Healthy Weight Advisors, to make recommendations for additional resource development to support obesity prevention in ECE programs nationally. In one assignment, the workgroup rated nearly 300 component policies and practices of the PCO standards for their expected impact upon childhood obesity if fully implemented in ECE programs nationally. This yielded a subset of high impact components of the standards in the content areas of infant feeding, nutrition, and physical activity/screen time. The MCHB then approved the NRC's plan to examine states' child care licensing regulations for inclusion of these high impact components, resulting in ASHW 2010. Thereafter, the MCHB expanded the NRC scope of work to include annual ASHW updates. (See ASHW 2010 for a more detailed discussion of the origin of the ASHW studies.)

NOTES

- ^a From 1995 to October 2015, the Maternal and Child Health Bureau (MCHB) of the Health Resources Services Administration funded the National Resource Center for Health and Safety in Child Care and Early Education (NRC). Part of the NRC mission under the MCHB cooperative agreement (Grant Number U46MC09810) included ongoing revision of Caring for Our Children standards to incorporate new policies and emerging evidence, and to make web-based versions of the CFOC standards and standards-based products available to the public free of charge. Since October 2015, NRC continues the CFOC standards revision and public access components of its mission as a collaborator in the National Center for Early Childhood Health and Wellness under a contract with the American Academy of Pediatrics.
- ^b The ASHW studies since ASHW 2015 were funded by McKing Consulting Corporation, Prime Contractor with the Department of Health and Human Services, Centers for Disease Control and Prevention, currently under McKing's prime contract number 200-2012-F53729.

ASHW Methodology

The methodology used in Achieving a State of Health Weight (ASHW) studies was developed by the National Resource Center for Health and Safety in Child Care and Early Education (NRC) in 2010 to assess all states' licensing regulations that were in effect during calendar 2010. Regulations for child care centers, large or group family child care homes, and small family child care homes were reviewed for potential rating. From 2011 forward, new and revised licensing documents were screened each year. Documents that contained changes related to ASHW variables (or Healthy Weight Practices, HWPs) were rated. The NRC repeated the key steps of the method in each annual assessment to date as described below. (Modifications are noted with the year of adoption).

1. **Identification of each state's new and revised child care regulations.** Documents that regulate licensed child care centers, large or group family child care homes and small family child care homes (for either licensure or mandatory registration) are assessed in ASHW studies. New and revised documents containing rules made effective January 1 – December 31 of the study year (e.g., December 31, 2018 for ASHW 2018) are identified by monitoring the states' child care licensing websites and through NRC outreach via phone and/or email contacts with state licensing agencies, as needed. For convenience, "the states" refers to the 50 states plus the District of Columbia, so that the NRC monitors 51 "states." ASHW team members record their contacts with state licensing personnel in a contact database. Regulations posted by mid-January of the following year (e.g., January 2019 for ASHW 2018) are screened for inclusion in the study. Rules made effective during a specific ASHW year, but posted to the state's child care licensing website after January of the following year typically are held for screening in the next study year (e.g., ASHW 2019) unless the state has made a final version available to the NRC ASHW team. Additional routine checks are made of the state licensing webpages of the National Center for Early Childhood Quality Assurance for new/revised or previously missed documents (practice formally adopted 2018). NRC downloads regulatory documents directly from the state website. Any document that was missed in a prior study is rated and reported in the year it is discovered.
2. **Document screening.** New regulatory documents are screened visually and electronically using single-term and advanced Boolean searches for key terms for Healthy Weight Practices (HWPs). The NRC compares revised documents to the version of the document most recently rated for an ASHW study using the most current version of Adobe® Acrobat Pro to identify new and altered text. When revisions are extensive, the Adobe comparison document may be extremely difficult to decipher. In these instances, the revised document also may be screened using additional searches for terminology related to HWPs and/or for selected short text from the previously rated version. As states frequently revise their regulations, many new and revised documents are screened each year that contain no new, revised, or deleted content changes relevant to HWPs. Therefore, a state may issue several intervening rule versions between NRC ratings, as documents lacking ASHW-pertinent content or changes are not rated. The NRC maintains the ratings from the prior rated version in the ASHW database as the active ratings for the state (as they would not differ from the newer revisions).
3. **Rater training.** Rating teams, consisting of two experienced raters, or an experienced and a new rater, are trained until high inter-rater reliability is achieved (typically $r_s > 0.90$). New raters are trained by rating previously-assessed documents and/or by observing and discussing decisions made by an experienced rater. In the latter case, the new rater would not be assigned to rate the observed documents.

4. **Document rating and data entry.** Two raters independently rate each regulatory document on 47 ASHW HWP (see description of the ASHW HWP in Appendix B. Origin of ASHW Studies and Appendix D, Source of ASHW Healthy Weight Practices in PCO/CFOC Online Standards), guided by the NRC’s *ASHW Rating Manual* (last updated October, 2018). The rating manual defines rules for assignment of rating values, with specific guidelines for each HWP. The manual uses a four-point scale (1 to 4), where:

- 1 = Regulation contradicts the HWP
- 2 = Regulation does not address the HWP
- 3 = Regulation partially supports the HWP
- 4 = Regulation fully supports the HWP

If a state does not regulate a specific child care type, ratings = 0 are displayed for the care type for all HWPs on the state profile page in the ASHW Supplement. Some states have more than one document with rules that pertain to ASHW HWP for a given child care type. In these instances, all pertinent documents are rated and entered into the database. Each rater records her/his ratings for a document in the ASHW database, along with the related text from the document. The ASHW Database is built in the Microsoft Access database management system.

5. **Resolution of discrepant ratings.** When raters disagree on a rating for a HWP, the raters review with the NRC Evaluator the text that each rater recorded as the basis for the numerical to determine the appropriate rating value.
6. **“CACFP States”** Since 2010, NRC has regarded as “CACFP states” those states that align their licensing regulations for infant feeding and nutrition with the US Department of Agriculture (USDA) Food and Nutrition Service (FNS) Child and Adult Care Food Program (CACFP). That is, they are states that require licensed child care programs to follow the CACFP Meal and Snack Patterns, whether or not the program participates in the subsidy aspect of CACFP. As CFOC standard 4.2.0.3 (Use of US Department of Agriculture Child and Adult Care Food Program Guidelines) encourages following CACFP guidelines, the NRC rated the CACFP Meal Patterns in 2010 on the ASHW infant feeding and nutrition HWPs. The Meal and Snack Patterns included explicit and inferred content that influenced ratings for 9 of 11 Infant Feeding and 10 of 21 Nutrition HWPs. For the remaining Infant Feeding and Nutrition HWPs, CACFP earned ratings = 2 (no content). Most elements of the Meal and Snack Patterns were in at least partial support of the HWPs (i.e., ratings = 3 or 4), although a few elements contradicted HWPs (i.e., ratings = 1). States that required a given care type to serve meals and snacks aligned with CACFP were awarded the ratings assigned to CACFP, unless the state’s own regulatory text rated higher or compromised the CACFP rating.

CACFP improved requirements for two additional nutrition HWPs in 2011 that were added to the rating manual for ASHW 2012. The CACFP states were awarded the improved ratings for the two HWPs in 2012, with the same adjustments noted for the state’s own text.

In October 2017, the USDA FNS made updated CACFP Meal and Snack Patterns mandatory for participating programs. NRC rated the updated versions and revised the *ASHW Rating Manual* to reflect CACFP changes in HWPs. Ratings were improved for nine ASHW HWPs: four in Infant Feeding and five in Nutrition (including elements that previously earned ASHW ratings =1). No CACFP ASHW ratings declined. The improved ratings were assigned to CACFP states in ASHW 2017 as long as state regulations could lead a child care program or provider to the updated versions of the Meal and Snack Patterns. Therefore, the NRC established decision rules to determine to which states the CACFP improvements would be assigned. Improvements were assigned to states that:

- a) Reproduce the new patterns or cite the new requirements in regulatory text;
- b) Direct the reader to a source for the updated materials (either a state source or the USDA FNS CACFP website);
- c) Cite the need to follow the current or most up-to-date Meal Patterns (or similar verbiage), regardless of any out-of-date reproductions or text; or,
- d) Cite only the CACFP program name or identification in Federal Code (7 CFR § 226.20 - Requirements for meals), requiring the reader to seek the information.

States with older regulations that included only reproduced versions of the earlier Meal Patterns, or only outdated text, with no additional information encouraging the reader to seek out updates, did not receive the 2017 CACFP improvements, but retained their ratings based on CACFP as of 2012. The NRC’s 2017 CACFP decision rules remain in effect for regulatory revisions going forward (adopted 2018).

7. **Establishment of annual “final ratings.”** ASHW calculations based upon a single score for each HWP for each regulated care type. In cases where multiple documents regulate a given care type in a state, and the ratings differ, the highest rating prevails according to an ASHW policy established in the 2010 baseline assessment. This is based on the rationale that providers must observe all existing regulations, so the practice with the higher ASHW rating is the bar set for providers, despite the existence of a lower bar in another document.
8. **Data corrections.** When the NRC identifies past erroneous ratings, the NRC updates the ASHW database to reflect the correction in the year in which the error was made so that the corrected rating appears for all subsequent years until a new rating supplants it. Three types of past errors constitute the majority of reasons for corrections: 1) single rating errors (e.g., data entry errors); 2) missed documents; and, 3) incorrect award of CACFP values in 2010 (primarily for reference to “USDA Dietary Guidelines” rather than “CACFP”). When 2010 baseline ratings are corrected, they contribute to national charts and graphs in ensuing years and are presented as baseline data in the state’s profile page in the ASHW Supplement. A corrected value from a later year (after 2010) will remain the state’s most up-to-date rating (contributing to national charts and graphs and the state’s profile) until a new rating supplants it. Previous ASHW reports posted on the NRC website (<https://nrckids.org/HealthyWeight/Archives>) do not reflect subsequently corrected data.
9. **Data analysis.** Final ratings are exported from the ASHW Database to Excel for analysis, the generation of charts and tables, and comparison of current year data to baseline 2010 data. In 2017, in an effort to minimize human error, Excel code replaced earlier manual “cut and paste” procedures used to create tables and charts of the ASHW Supplement. The automated and manual procedures were run in tandem to determine the accuracy of the code to replicate manually produced results. The same tandem process was conducted for ASHW 2018 for new Excel code that produces tables and charts of the main report. In 2019, the NRC implemented a new Data Quality Assurance Plan to minimize human errors in the ASHW data procedures. The plan includes both automated and manual checks of data and output.
10. **COPR Scores.** The NRC introduced Childcare Obesity Prevention Regulation Scores (COPR Scores), weighted summary scores, in 2013 to facilitate comparisons of ratings. The COPR score are based on the following assumptions.

Assumptions in COPR Score Computation

- ASHW ratings = 1 (regulations that contradict the HWP) are weighted “-1,” as they weaken regulatory promotion of healthy weight.
- ASHW ratings = 2 (missing, i.e., regulations do not address the HWP) have no weight (are weighted “0”) as they do not contribute to promotion of health weight.
- ASHW ratings = 3 (regulations partially support the HWP) are weighted “+1,” as they somewhat strengthen promotion of healthy weight.
- ASHW ratings = 4 (regulations fully support the HWP) are weighted “+2,” as they fully promote healthy weight.

Applying these assumptions, COPR scores are calculated according to the following formula, which includes multiplying the weighted score by 50 to enhance the readability of COPR charts (a modification made in 2015):

The COPR Scores are calculated by applying the following formula:

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

Thus, COPR Scores summarize the weighted ratings of regulations that either strengthen or weaken rules about HWPs. The formula makes no reference to ratings = 2. ASHW ratings = 2 indicate that no content was found to contribute positively or negatively to the strength of the regulations, so they are weighted “0.” That is, no matter how large or small the proportion of ratings = 2, when multiplied by the weight of “0,” they contribute nothing to the score. The potential range of COPR scores is R = -50 to +100. That is, 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 full support HWPs (100% of ASHW ratings = 4), the resulting COPR score would be “2 x 50” (the constant multiplier) or, “100.”

COPR Scores are used to assess the strength of:

- Each state’s body of child care regulations
- Each HWP across all states’ rules that pertain to the practice

The scores allow for the comparison of the strength of regulations among the states, as well as the strength of the comparative treatment of HWPs across the nation.

Source of ASHW Healthy Weight Practices in PCO/CFOC Online Standards

The tables below display ASHW Healthy Weight Practices (HWPs) in PCO/CFOC standards. Links to the NRC searchable CFOC Online Standards Database (@ <https://nrckids.org/CFOC/Database>) enable viewing the complete standard, rationale, references and related standards for each HWP.

Multiple-sourced HWPs. The concepts captured in some ASHW HWPs appear in different contexts in more than one PCO/CFOC standard. For example, the Infant Feeding HWP IB2: *do not feed beyond satiety*, is a core concept that is addressed slightly differently in two standards: [4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher](#) (“observing satiety cues can limit overfeeding”) and [4.3.1.8 - Techniques for Bottle Feeding](#) (“Allow infant to stop the feeding”). Therefore, some ASHW HWPs have more than one linked standard in the tables below.

INFANT FEEDING		
HWP	ASHW HWP Text	Source of HWP in PCO/CFOC Standards
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
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
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
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
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
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
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
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
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
ID2	Serve whole fruits, mashed or pureed, for infants 7 months up to one year of age.	4.2.0.4 - Categories of Foods 4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
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

APPENDIX D: Source of ASHW Healthy Weight Practices in PCO/CFOC Online Standards

NUTRITION		
HWP	ASHW HWP Text	Source of HWP in PCO/CFOC Standards
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
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
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
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
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
NB1	Serve whole grain breads, cereals, and pastas.	4.2.0.4 - Categories of Foods
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
NB3	Serve fruits of several varieties, especially whole fruits.	4.2.0.4 - Categories of Foods
NC1	Use only 100% juice with no added sweeteners.	4.2.0.7 - 100% Fruit Juice
NC2	Offer juice only during meal times.	4.2.0.7 - 100% Fruit Juice
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
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
ND1	Make water available both inside and outside.	4.2.0.6 - Availability of Drinking Water
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
NE2	Require adults eating meals with children to eat items that meet nutrition standards.	4.5.0.4 - Socialization During Meals
NF1	Serve small-sized, age-appropriate portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers
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
NG1	Limit salt by avoiding salty foods such as chips and pretzels.	4.2.0.4 - Categories of Foods
NG2	Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	4.2.0.4 - Categories of Foods
NH1	Do not force or bribe children to eat.	4.5.0.11 - Prohibited Uses of Food
NH2	Do not use food as a reward or punishment.	4.5.0.11 - Prohibited Uses of Food

APPENDIX D: Source of ASHW Healthy Weight Practices in PCO/CFOC Online Standards

PHYSICAL ACTIVITY/SCREEN TIME		
HWP	ASHW HWP Text	Source of HWP in PCO/CFOC Standards
PA1	Provide children with adequate space for both inside and outside play.	3.1.3.1 - Active Opportunities for Physical Activity
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
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
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
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
PB1	Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than two years.	2.2.0.3 - Screen Time/Digital Media Use
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 - Screen Time/Digital Media Use & 3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity
PB3	Use screen media with children age two years and older only for educational purposes or physical activity.	2.2.0.3 - Screen Time/Digital Media Use
PB4	Do not utilize TV, video, or DVD viewing during meal or snack time.	2.2.0.3 - Screen Time/Digital Media Use
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
PC2	Allow toddlers sixty to ninety minutes per eight-hour day for vigorous physical activity.	3.1.3.1 - Active Opportunities for Physical Activity
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
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
PE1	Ensure that infants have supervised tummy time every day when they are awake.	3.1.3.1 - Active Opportunities for Physical Activity
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

APPENDIX E: State Documents Searched (2018)

Although the NRC makes extensive efforts to discover new and revised documents each year through website searches, email request, 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 cases, NRC will screen and/or rated the document as appropriate for inclusion in the ASHW report for the year of discovery. If state licensing personnel are aware such missed documents, please inform the NRC at Natl.Child.Res.Ctr@ucdenver.edu. Child care types: CTR=Centers, LRG=Large Family Homes, SML=Small Family Homes.

Documents rated in 2018 are highlighted in purple.

STATE & Document Status	Document Title	New Document Date	Revision Date	Previous rated version**	Child care types covered by document		
					CTR	LRG	SML
AL	ALABAMA						
Rated	MINIMUM STANDARDS FOR DAY CARE CENTERS AND NIGHTTIME CENTERS: REGULATIONS AND PROCEDURES		11/30/18	1/22/2001	X		
Rated	MINIMUM STANDARDS FOR FAMILY DAY CARE HOMES, FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES, GROUP NIGHTTIME HOMES: REGULATIONS AND		11/30/18	1/22/2001		X	X
AK	ALASKA						
Screened	7 AAC 57 CHILD CARE FACILITIES LICENSING		9/30/2018	6/23/2006	X	X	X
CA	CALIFORNIA						
Screened	TITLE 22, DIVISION 12, CHAPTER 1. ARTICLE 6 – CHILD CARE CENTERS		4/11/2018	6/8/2005	X		
Screened	TITLE 22, DIVISION 12, CHAPTER 1. SUBCHAPTER 2 CHILD CARE CENTERS - INFANT CENTERS AND SUBCHAPTER 3. CHILD CARE CENTERS - SCHOOL-AGE DAY CARE		4/11/2018	11/1/1998	X		
CO	COLORADO						
Screened	GENERAL RULES FOR CHILD CARE FACILITIES		9/30/2018	10/1/2015	X	X	X
GA	GEORGIA						
Screened	RULES FOR CHILD CARE LEARNING CENTERS CHAPTER 591-1-1		10/1/2018	3/2014	X		
Screened	RULES AND REGULATIONS FAMILY CHILD CARE LEARNING HOMES CHAPTER 290-2-3		10/1/2018	3/2014			X
IA	IOWA						
Screened	CHAPTER 109 CHILD CARE CENTERS		11/7/2018	5/1/2012	X	X	
Screened	CHAPTER 110 CHILD DEVELOPMENT HOMES		11/7/2018	11/1/2009		X	X
KS	KANSAS						
Screened	KANSAS LAWS AND REGULATIONS FOR LICENSING PRESCHOOLS AND CHILD CARE CENTERS		6/2018	2/3/2012	X		
Screened	KANSAS LAWS AND REGULATIONS FOR LICENSING DAY CARE HOMES AND GROUP DAY CARE HOMES FOR CHILDREN		6/2018	2/3/2012		X	X
Screened	KANSAS LAWS FOR CHILD CARE LICENSING		1/2018	n/a for rating			
KY	KENTUCKY						
Rated	922 KAR 2:100. CERTIFICATION OF FAMILY CHILD-CARE HOMES		7/18/2018	3/2008			X
Rated	922 KAR 2:120. CHILD-CARE CENTER HEALTH AND SAFETY STANDARDS		7/18/2018	9/2013	X	X	
Screened	922 KAR 2:090. CHILD-CARE CENTER LICENSURE		8/2018	n/a for rating			

** Please note: The document date listed in this column is the last version rated for ASHW. Many states may have released intervening revisions that were screened but not rated because the intervening versions did not change rules related to ASHW Healthy Weight Practices.

APPENDIX E: State Documents Searched (2018)

STATE & Document Status	Document Title	New Document Date	Revision Date	Previous rated version**	Child care types covered by document		
					CTR	LRG	SML
LA	LOUISIANA						
Screened	TITLE 28 EDUCATION, PART CLXI, BULLETIN 137-LOUISIANA EARLY LEARNING CENTER LICENSING REQUIREMENTS		2018	7/1/2015	X	X	
ME	MAINE						
Screened	CHAPTER 33 FAMILY CHILD CARE PROVIDER LICENSING RULE		7/5/2018	9/20/2017		X	X
MT	MONTANA						
Screened	LICENSING REQUIREMENTS FOR CHILD CARE CENTERS		2018	9/1/2006	X		
Screened	REQUIREMENTS FOR REGISTRATION OF FAMILY AND GROUP CHILD CARE HOMES		2018	9/1/2006		X	X
NV	NEVADA						
Rated	CHAPTER 432A - SERVICES AND FACILITIES FOR CARE OF CHILDREN		9/21/2017	8/1/2012	X	X	X
NC	NORTH CAROLINA						
Rated	CHAPTER 9 - CHILD CARE RULES (CHANGES MISSED 2017)		10/1/2017	1/2013	X	X	X
Screened	CHAPTER 9 - CHILD CARE RULES (AS ABOVE)		6/1/2018	10/1/2017		X	X
ND	NORTH DAKOTA						
Screened	CHAPTER 75-03-08 FAMILY CHILD CARE EARLY CHILDHOOD SERVICES		4/2018	4/2011			X
Screened	CHAPTER 75-03-09 GROUP CHILD CARE EARLY CHILDHOOD SERVICES		4/2018	4/2011		X	
Screened	CHAPTER 75-03-10 CHILD CARE CENTER EARLY CHILDHOOD SERVICES		4/2018	4/2011	X		
OK	OKLAHOMA						
Screened	REQUIREMENTS FOR CHILD CARE CENTERS, DAY CAMPS, DROP-IN PROGRAMS, OUT-OF-SCHOOL TIME PROGRAMS, PART-DAY PROGRAMS AND PROGRAMS FOR SICK CHILDREN		1/2018	11/1/2016	X		
Screened	REQUIREMENTS FOR FAMILY CHILD CARE HOMES AND LARGE FAMILY CHILD CARE HOMES		1/2018	11/1/2016		X	X
OR	OREGON						
Screened	DIVISION 300 CERTIFIED CHILD CARE CENTERS		11/30/18	1/1/2010	X		
Screened	DIVISION 350 CERTIFIED FAMILY CHILD CARE HOMES		11/30/18	1/1/2010		X	
Screened	DIVISION 205 REGISTERED FAMILY CHILD CARE HOMES		11/30/18	1/1/2010			X
Re-Rated	RULES FOR REGISTERED FAMILY CHILD CARE HOMES		3/27/2017	1/1/2010			X
SC	SOUTH CAROLINA						
Screened	REGULATIONS FOR THE LICENSING OF CHILD CARE CENTERS		6/22/2018	5/16/2005	X		
TN	TENNESSEE						
Rated	CHAPTER 1240-04-01, LICENSURE RULES FOR CHILD CARE AGENCIES		7/30/2017	3/14/2009	X	X	X
Screened	CHAPTER 1240-04-05 PROCEDURES AFFECTING LICENSES OF CHILD CARE AGENCIES		7/30/2018	12/2000	X	X	X

** Please note: The document date listed in this column is the last version rated for ASHW. Many states may have released intervening revisions that were screened but not rated because the intervening versions did not change rules related to ASHW Healthy Weight Practices.

APPENDIX E: State Documents Searched (2018)

STATE & Document Status	Document Title	New Document Date	Revision Date	Previous rated version**	Child care types covered by document		
					CTR	LRG	SML
TEXAS	TEXAS						
Screened	CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS		10/2018	6/2014	X		
Screened	CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES		10/2018	6/2014		X	X
UT	UTAH						
Screened	R381-100 CHILD CARE CENTERS		8/2018	12/28/2017	X		
Screened	R430-50 RESIDENTIAL CERTIFICATE CHILD CARE		8/2018	12/28/2017		X	
Screened	R430-90 LICENSED FAMILY CHILD CARE		8/2018	12/28/2017		X	X
WA	WASHINGTON						
Screened	CHAPTER 110-300A WAC MINIMUM LICENSING REQUIREMENTS FOR CHILD CARE CENTERS		6/29/18	5/31/2008	X		
Screened	CHAPTER 110-300B WAC LICENSED FAMILY HOME CHILD CARE STANDARDS		6/29/18	5/8/2012		X	X
WV	WEST VIRGINIA						
Screened	TITLE 78 LEGISLATIVE RULE SERIES 1 CHILD CARE CENTERS LICENSING (EFFECTIVE MARCH 1 2018		3/1/2018	7/2014	X		
Screened	TITLE 78 LEGISLATIVE RULE SERIES 19 FAMILY CHILD CARE HOME REGISTRATION REQUIREMENTS		3/1/2018	7/1/2007			X
Screened	TITLE 78 LEGISLATIVE RULE SERIES 18 FAMILY CHILD CARE FACILITY LICENSING REQUIREMENTS		3/1/2018	7/1/2007		X	

**** Please note:** The document date listed in this column is the last version rated for ASHW. Many states may have released intervening revisions that were screened but not rated because the intervening versions did not change rules related to ASHW Healthy Weight Practices.

APPENDIX F: 2018 At-A-A-Glance

This table shows where healthy weight practice (HWP) regulations were improved or lowered relative to 2019 in states that made 2018 changes, as well as where states fully support HWPs (Ratings = 4).

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

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

Color Code:

- CACFP not required for care type
- CACFP required for care type

- 4 = Regulation fully meets standard
- Most frequently "fully met" indicator

Δ (Change) Code:

- + Improved Rating
- Lowered Rating

2010 and 2018 Composite Tables by ASHW Domains

The 2010 baseline report, *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010 (ASHW 2010)*, included Appendix H - Composite Table, a summary table of the treatment nationally of the three major domains (previously entitled “Component Groups”) of Healthy Weight Practices (HWPs) assessed in states’ child care licensing regulations: Infant Feeding, Nutrition, and Physical Activity/Screen Time. The table summarized, within each care type, the frequencies and percentages of all rating scores = 1 – 4, by HWP.

In 2010, ASHW variables (HWPs) were sorted into conceptually-related subgroups (e.g., *Appropriate fluids for young infants*). The following 2010 and 2018 Composite Tables include subtotals for the subgroups, as well as totals for the Domains.

Note: The 2010 Composite Table that follows differs from the version presented in *ASHW 2010*, as it was recalculated to account for the data adjustments described in *ASHW 2017*.

Composite Table Legend: The tables are organized as follows:

Column 1: Domain - Infant Feeding, Nutrition, or Physical Activity (and Screen Time)

Column 2: Domain Subgroup – e.g., *Appropriate fluids for young infants*

Column 3: ASHW variable – e.g., IA1, identifies *Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site*

Columns 4 – 6: Three care types rated - Centers, Large or Group Family Child Care Homes, and Small Family Child Care Homes; within each of these are sub-columns for the rating values 1 - 4

Column 7: Combined (All Child Care types); within which are sub-columns for the rating values 1 - 4

Rows present the data for each HWP, with additional rows totaling each subgroup, and finally, totaling across ASHW variables of the Domain.

APPENDIX G: Regulatory Treatment of ASHW Healthy Weight Practices

2010 Composite Table

Domain	Domain Subgroup	ASHW Variable	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
I) Infant Feeding	Appropriate fluids for young infants	IA1	0 0%	20 39%	23 45%	8 16%	0 0%	21 43%	22 45%	6 12%	0 0%	25 51%	19 39%	5 10%	0 0%	66 44%	64 43%	19 13%
		IA2	2 4%	18 35%	6 12%	25 49%	1 2%	20 41%	3 6%	25 51%	1 2%	24 49%	3 6%	21 43%	4 3%	62 42%	12 8%	71 48%
		IA	2 2%	38 37%	29 28%	33 32%	1 1%	41 42%	25 26%	31 32%	1 1%	49 50%	22 22%	26 27%	4 1%	128 43%	76 26%	90 30%
	How to feed fluids to young infants	IB1	0 0%	11 22%	7 14%	33 65%	0 0%	14 29%	4 8%	31 63%	0 0%	19 39%	3 6%	27 55%	0 0%	44 30%	14 9%	91 61%
		IB2	0 0%	24 47%	4 8%	23 45%	0 0%	23 47%	3 6%	23 47%	0 0%	27 55%	3 6%	19 39%	0 0%	74 50%	10 7%	65 44%
		IB3	0 0%	5 10%	32 63%	14 27%	0 0%	9 18%	31 63%	9 18%	0 0%	12 24%	30 61%	7 14%	0 0%	26 17%	93 62%	30 20%
		IB	0 0%	40 26%	43 28%	70 46%	0 0%	46 31%	38 26%	63 43%	0 0%	58 39%	36 24%	53 36%	0 0%	144 32%	117 26%	186 42%
	Introduction of solids to infants	IC1	0 0%	12 24%	35 69%	4 8%	0 0%	13 27%	35 71%	1 2%	0 0%	20 41%	29 59%	0 0%	0 0%	45 30%	99 66%	5 3%
		IC2	1 2%	21 41%	27 53%	2 4%	1 2%	22 45%	24 49%	2 4%	0 0%	24 49%	23 47%	2 4%	2 1%	67 45%	74 50%	6 4%
		IC3	0 0%	23 45%	27 53%	1 2%	0 0%	23 47%	26 53%	0 0%	0 0%	27 55%	22 45%	0 0%	0 0%	73 49%	75 50%	1 1%
		IC	1 1%	56 37%	89 58%	7 5%	1 1%	58 39%	85 58%	3 2%	0 0%	71 48%	74 50%	2 1%	2 0%	185 41%	248 55%	12 3%
	Appropriate solids for infants	ID1	0 0%	48 94%	1 2%	2 4%	0 0%	46 94%	1 2%	2 4%	0 0%	47 96%	0 0%	2 4%	0 0%	141 95%	2 1%	6 4%
		ID2	28 55%	23 45%	0 0%	0 0%	26 53%	23 47%	0 0%	0 0%	22 45%	27 55%	0 0%	0 0%	76 51%	73 49%	0 0%	0 0%
		ID3	26 51%	22 43%	3 6%	0 0%	24 49%	23 47%	2 4%	0 0%	20 41%	27 55%	2 4%	0 0%	70 47%	72 48%	7 5%	0 0%
		ID	54 35%	93 61%	4 3%	2 1%	50 34%	92 63%	3 2%	2 1%	42 29%	101 69%	2 1%	2 1%	146 33%	286 64%	9 2%	6 1%
	Domain Total	I (A-D summed)	57 10%	227 40%	165 29%	112 20%	52 10%	237 44%	151 28%	99 18%	43 8%	279 52%	134 25%	83 15%	152 9%	743 45%	450 27%	294 18%

APPENDIX G: Regulatory Treatment of ASHW Healthy Weight Practices

2010 Composite Table

Domain	Domain Subgroup	ASHW Variable	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
N) Nutrition	NA Limit dietary fats	NA1	0	49	2	0	0	46	3	0	0	47	2	0	0	142	7	0
			0%	96%	4%	0%	0%	94%	6%	0%	0%	96%	4%	0%	0%	95%	5%	0%
		NA2	0	14	36	1	0	14	34	1	0	19	29	1	0	47	99	3
			0%	27%	71%	2%	0%	29%	69%	2%	0%	39%	59%	2%	0%	32%	66%	2%
		NA3	0	18	33	0	1	18	30	0	1	22	26	0	2	58	89	0
			0%	35%	65%	0%	2%	37%	61%	0%	2%	45%	53%	0%	1%	39%	60%	0%
	NA4	0	42	9	0	0	42	6	1	0	42	6	1	0	126	21	2	
		0%	82%	18%	0%	0%	86%	12%	2%	0%	86%	12%	2%	0%	85%	14%	1%	
	NA5	1	46	2	2	0	44	2	3	0	45	2	2	1	135	6	7	
		2%	90%	4%	4%	0%	90%	4%	6%	0%	92%	4%	4%	1%	91%	4%	5%	
	NA	1	169	82	3	1	164	75	5	1	175	65	4	3	508	222	12	
		0%	66%	32%	1%	0%	67%	31%	2%	0%	71%	27%	2%	0%	68%	30%	2%	
	NB Serve nutrient-dense whole foods	NB1	0	20	29	2	0	18	29	2	0	24	23	2	0	62	81	6
			0%	39%	57%	4%	0%	37%	59%	4%	0%	49%	47%	4%	0%	42%	54%	4%
		NB2	0	14	34	3	0	14	31	4	0	19	28	2	0	47	93	9
			0%	27%	67%	6%	0%	29%	63%	8%	0%	39%	57%	4%	0%	32%	62%	6%
	NB3	0	12	30	9	0	12	29	8	0	17	25	7	0	41	84	24	
		0%	24%	59%	18%	0%	24%	59%	16%	0%	35%	51%	14%	0%	28%	56%	16%	
	NB	0	46	93	14	0	44	89	14	0	60	76	11	0	150	258	39	
		0%	30%	61%	9%	0%	30%	61%	10%	0%	41%	52%	7%	0%	34%	58%	9%	
	NC Wholeness and quantity of juice	NC1	1	16	2	32	1	16	2	30	1	22	1	25	3	54	5	87
			2%	31%	4%	63%	2%	33%	4%	61%	2%	45%	2%	51%	2%	36%	3%	58%
		NC2	0	46	3	2	0	45	2	2	0	46	1	2	0	137	6	6
			0%	90%	6%	4%	0%	92%	4%	4%	0%	94%	2%	4%	0%	92%	4%	4%
		NC3	0	19	31	1	0	17	28	4	0	22	24	3	0	58	83	8
		0%	37%	61%	2%	0%	35%	57%	8%	0%	45%	49%	6%	0%	39%	56%	5%	
	NC4	0	19	30	2	0	17	28	4	0	22	24	3	0	58	82	9	
		0%	29%	67%	4%	0%	23%	68%	9%	0%	34%	60%	6%	0%	29%	65%	6%	
	NC	1	100	66	37	1	95	60	40	1	112	50	33	3	307	176	110	
		0%	49%	32%	18%	1%	48%	31%	20%	1%	57%	26%	17%	1%	52%	30%	18%	
	ND Water availability	ND1	0	8	24	19	0	12	21	16	0	18	14	17	0	38	59	52
		0%	16%	47%	37%	0%	24%	43%	33%	0%	37%	29%	35%	0%	26%	40%	35%	
	NE Nutrition instruction by word & example	NE1	0	43	8	0	0	44	5	0	0	46	3	0	0	133	16	0
			0%	84%	16%	0%	0%	90%	10%	0%	0%	94%	6%	0%	0%	89%	11%	0%
		NE2	0	49	1	1	0	48	1	0	0	49	0	0	0	146	2	1
	0%	96%	2%	2%	0%	98%	2%	0%	0%	100%	0%	0%	0%	98%	1%	1%		
NE	0	92	9	1	0	92	6	0	0	95	3	0	0	279	18	1		
	0%	90%	9%	1%	0%	94%	6%	0%	0%	97%	3%	0%	0%	94%	6%	0%		
NF Age and individual nutritional requirements	NF1	0	12	4	35	0	12	3	34	0	16	5	28	0	40	12	97	
		0%	24%	8%	69%	0%	24%	6%	69%	0%	33%	10%	57%	0%	27%	8%	65%	
	NF2	5	14	30	2	3	14	30	2	1	20	26	2	9	48	86	6	
	10%	27%	59%	4%	6%	29%	61%	4%	2%	41%	53%	4%	6%	32%	58%	4%		
NF	5	26	34	37	3	26	33	36	1	36	31	30	9	88	98	103		
	5%	25%	33%	36%	3%	27%	34%	37%	1%	37%	32%	31%	3%	30%	33%	35%		
NG Limit sugar and salt	NG1	0	49	1	1	0	46	2	1	0	47	0	2	0	142	3	4	
		0%	96%	2%	2%	0%	94%	4%	2%	0%	96%	0%	4%	0%	95%	2%	3%	
	NG2	22	20	8	1	20	21	8	0	18	26	5	0	60	67	21	1	
	43%	39%	16%	2%	41%	43%	16%	0%	37%	53%	10%	0%	40%	45%	14%	1%		
NG	22	69	9	2	20	67	10	1	18	73	5	2	60	209	24	5		
	22%	68%	9%	2%	20%	68%	10%	1%	18%	74%	5%	2%	20%	70%	8%	2%		
NH Misuse of food	NH1	0	21	26	4	0	17	30	2	0	20	27	2	0	58	83	8	
		0%	41%	51%	8%	0%	35%	61%	4%	0%	41%	55%	4%	0%	39%	56%	5%	
	NH2	0	6	35	10	0	7	36	6	0	9	34	6	0	22	105	22	
		0%	12%	69%	20%	0%	14%	73%	12%	0%	18%	69%	12%	0%	15%	70%	15%	
NH	0	27	61	14	0	24	66	8	0	29	61	8	0	80	188	30		
	0%	26%	60%	14%	0%	24%	67%	8%	0%	30%	62%	8%	0%	27%	63%	10%		
Domain Total	N (A-H summed)	29	537	378	127	25	524	360	120	21	598	305	105	75	1659	1043	352	
		3%	50%	35%	12%	2%	51%	35%	12%	2%	58%	30%	10%	2%	53%	33%	11%	

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2010 Composite Table

Domain	Domain Subgroup	ASHW Variable	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
P) Physical Activity	General Promotion of Activity	PA1	0 0%	1 2%	0 0%	50 98%	0 0%	4 8%	2 4%	43 88%	0 0%	7 14%	7 14%	35 71%	0 0%	12 8%	9 6%	128 86%
		PA2	0 0%	50 98%	1 2%	0 0%	0 0%	48 98%	1 2%	0 0%	0 0%	48 98%	1 2%	0 0%	0 0%	146 98%	3 2%	0 0%
		PA3	0 0%	50 98%	0 0%	1 2%	0 0%	47 96%	1 2%	1 2%	0 0%	47 96%	1 2%	1 2%	0 0%	144 97%	2 1%	3 2%
		PA4	0 0%	51 100%	0 0%	0 0%	0 0%	49 100%	0 0%	0 0%	0 0%	49 100%	0 0%	0 0%	0 0%	149 100%	0 0%	0 0%
		PA5	0 0%	27 53%	16 31%	8 16%	0 0%	27 55%	12 24%	10 20%	0 0%	28 57%	12 24%	9 18%	0 0%	82 55%	40 27%	27 18%
		PA	0 0%	179 70%	17 7%	59 23%	0 0%	175 71%	16 7%	54 22%	0 0%	179 73%	21 9%	45 18%	0 0%	533 72%	54 7%	158 21%
	Screen Time	PB1	0 0%	33 65%	15 29%	3 6%	0 0%	28 57%	20 41%	1 2%	0 0%	28 57%	20 41%	1 2%	0 0%	89 60%	55 37%	5 3%
		PB2	0 0%	35 69%	16 31%	0 0%	0 0%	30 61%	19 39%	0 0%	0 0%	30 61%	19 39%	0 0%	0 0%	95 64%	54 36%	0 0%
		PB3	0 0%	44 86%	2 4%	5 10%	0 0%	42 86%	2 4%	5 10%	0 0%	42 86%	2 4%	5 10%	0 0%	128 86%	6 4%	15 10%
		PB4	0 0%	51 100%	0 0%	0 0%	0 0%	49 100%	0 0%	0 0%	0 0%	49 100%	0 0%	0 0%	0 0%	149 100%	0 0%	0 0%
		PB	0 0%	163 80%	33 16%	8 4%	0 0%	149 76%	41 21%	6 3%	0 0%	149 76%	41 21%	6 3%	0 0%	461 77%	115 19%	20 3%
	Age-Specific Activity	PC1	0 0%	5 10%	41 80%	5 10%	0 0%	9 18%	36 73%	4 8%	0 0%	10 20%	34 69%	5 10%	0 0%	24 16%	111 74%	14 9%
		PC2	0 0%	13 25%	38 75%	0 0%	0 0%	17 35%	32 65%	0 0%	0 0%	16 33%	33 67%	0 0%	0 0%	46 31%	103 69%	0 0%
		PC3	0 0%	14 27%	37 73%	0 0%	0 0%	18 37%	31 63%	0 0%	0 0%	18 37%	31 63%	0 0%	0 0%	50 34%	99 66%	0 0%
		PC	0 0%	32 21%	116 76%	5 3%	0 0%	44 30%	99 67%	4 3%	0 0%	44 30%	98 67%	5 3%	0 0%	120 27%	313 70%	14 3%
	PD Caregiver/teacher involvement in children's	PD1	0 0%	41 80%	8 16%	2 4%	0 0%	41 84%	6 12%	2 4%	0 0%	42 86%	5 10%	2 4%	0 0%	124 83%	19 13%	6 4%
	Infant-specific Activity	PE1	0 0%	42 82%	1 2%	8 16%	0 0%	41 84%	2 4%	6 12%	0 0%	43 88%	1 2%	5 10%	0 0%	126 85%	4 3%	19 13%
		PE2	0 0%	28 55%	22 43%	1 2%	1 2%	32 65%	15 31%	1 2%	0 0%	35 71%	13 27%	1 2%	1 1%	95 64%	50 34%	3 2%
		PE	0 0%	111 73%	31 20%	11 7%	1 1%	114 78%	23 16%	9 6%	0 0%	120 82%	19 13%	8 5%	1 0%	221 74%	54 18%	22 7%
	Domain Total	P (A-E summed)	0 0%	485 63%	197 26%	83 11%	1 0%	482 66%	179 24%	73 10%	0 0%	492 67%	179 24%	64 9%	1 0%	1459 65%	555 25%	220 10%

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2018 Composite Table

Domain	Domain Subgroup	ASHW Variable	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
I) Infant Feeding	Appropriate fluids for young infants	IA1	0 0%	9 18%	31 61%	11 22%	0 0%	10 20%	31 62%	9 18%	0 0%	14 29%	27 55%	8 16%	0 0%	33 22%	89 59%	28 19%
		IA2	1 2%	11 22%	4 8%	35 69%	1 2%	14 28%	1 2%	34 68%	1 2%	18 37%	1 2%	29 59%	3 2%	43 29%	6 4%	98 65%
		IA	1 1%	20 20%	35 34%	46 45%	1 1%	24 24%	32 32%	43 43%	1 1%	32 33%	28 29%	37 38%	3 1%	76 25%	95 32%	126 42%
	How to feed fluids to young infants	IB1	0 0%	6 12%	7 14%	38 75%	0 0%	10 20%	4 8%	36 72%	0 0%	14 29%	3 6%	32 65%	0 0%	30 20%	14 9%	106 71%
		IB2	0 0%	15 29%	2 4%	34 67%	0 0%	17 34%	0 0%	33 66%	0 0%	21 43%	0 0%	28 57%	0 0%	53 35%	2 1%	95 63%
		IB3	0 0%	2 4%	37 73%	12 24%	0 0%	6 12%	37 74%	7 14%	0 0%	9 18%	34 69%	6 12%	0 0%	17 11%	108 72%	25 17%
		IB	0 0%	23 15%	46 30%	84 55%	0 0%	33 22%	41 27%	76 51%	0 0%	44 30%	37 25%	66 45%	0 0%	100 22%	124 28%	226 50%
	Introduction of solids to infants	IC1	0 0%	10 20%	37 73%	4 8%	0 0%	11 22%	35 70%	4 8%	0 0%	16 33%	32 65%	1 2%	0 0%	37 25%	104 69%	9 6%
		IC2	1 2%	14 27%	6 12%	30 59%	1 2%	17 34%	4 8%	28 56%	0 0%	18 37%	6 12%	25 51%	2 1%	49 33%	16 11%	83 55%
		IC3	0 0%	16 31%	6 12%	29 57%	0 0%	19 38%	4 8%	27 54%	0 0%	22 45%	3 6%	24 49%	0 0%	57 38%	13 9%	80 53%
		IC	1 1%	40 26%	49 32%	63 41%	1 1%	47 31%	43 29%	59 39%	0 0%	56 38%	41 28%	50 34%	2 0%	143 32%	133 30%	172 38%
	Appropriate solids for infants	ID1	0 0%	43 84%	3 6%	5 10%	0 0%	43 86%	4 8%	3 6%	0 0%	44 90%	2 4%	3 6%	0 0%	130 87%	9 6%	11 7%
		ID2	7 14%	16 31%	26 51%	2 4%	5 10%	18 36%	25 50%	2 4%	4 8%	21 43%	22 45%	2 4%	16 11%	55 37%	73 49%	6 4%
		ID3	4 8%	15 29%	3 6%	29 57%	3 6%	17 34%	2 4%	28 56%	2 4%	20 41%	2 4%	25 51%	9 6%	52 35%	7 5%	82 55%
		ID	11 7%	74 48%	32 21%	36 24%	8 5%	78 52%	31 21%	33 22%	6 4%	85 58%	26 18%	30 20%	25 6%	237 53%	89 20%	99 22%
	Domain Total	I (A-D summed)	13 2%	157 28%	162 29%	229 41%	10 2%	182 33%	147 27%	211 38%	7 1%	217 40%	132 24%	183 34%	30 2%	556 34%	441 27%	623 38%

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2018 Composite Table

Domain	Domain Subgroup	ASHW Variable	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
N) Nutrition	NA Limit dietary fats	NA1	0	48	2	1	0	46	4	0	0	47	2	0	0	141	8	1
			0%	94%	4%	2%	0%	92%	8%	0%	0%	96%	4%	0%	0%	94%	5%	1%
		NA2	0	9	41	1	0	13	36	1	0	16	32	1	0	38	109	3
			0%	18%	80%	2%	0%	26%	72%	2%	0%	33%	65%	2%	0%	25%	73%	2%
		NA3	0	10	41	0	0	14	36	0	0	17	32	0	0	41	109	0
			0%	20%	80%	0%	0%	28%	72%	0%	0%	35%	65%	0%	0%	27%	73%	0%
	NA4	0	15	33	3	0	18	30	2	0	21	27	1	0	54	90	6	
		0%	29%	65%	6%	0%	36%	60%	4%	0%	43%	55%	2%	0%	36%	60%	4%	
	NA5	2	12	1	36	0	14	3	33	0	18	3	28	2	44	7	97	
		4%	24%	2%	71%	0%	28%	6%	66%	0%	37%	6%	57%	1%	29%	5%	65%	
	NA	2	94	118	41	0	105	109	36	0	119	96	30	2	318	323	107	
		1%	37%	46%	16%	0%	42%	44%	14%	0%	49%	39%	12%	0%	42%	43%	14%	
	NB Serve nutrient-dense whole foods	NB1	0	11	37	3	0	12	34	4	0	16	30	3	0	39	101	10
			0%	22%	73%	6%	0%	24%	68%	8%	0%	33%	61%	6%	0%	26%	67%	7%
		NB2	0	7	39	5	0	10	33	7	0	13	32	4	0	30	104	16
			0%	14%	76%	10%	0%	20%	66%	14%	0%	27%	65%	8%	0%	20%	69%	11%
	NB3	0	6	36	9	0	9	33	8	0	12	30	7	0	27	99	24	
		0%	12%	71%	18%	0%	18%	66%	16%	0%	24%	61%	14%	0%	18%	66%	16%	
	NB	0	24	112	17	0	31	100	19	0	41	92	14	0	96	304	50	
		0%	16%	73%	11%	0%	21%	67%	13%	0%	28%	63%	10%	0%	21%	68%	11%	
	NC Wholeness and quantity of juice	NC1	1	8	2	40	1	10	3	36	1	14	3	31	3	32	8	107
			2%	16%	4%	78%	2%	20%	6%	72%	2%	29%	6%	63%	2%	21%	5%	71%
		NC2	0	18	2	31	0	21	1	28	0	23	1	25	0	62	4	84
			0%	35%	4%	61%	0%	42%	2%	56%	0%	47%	2%	51%	0%	41%	3%	56%
		NC3	0	13	6	32	0	14	6	30	0	18	5	26	0	45	17	88
		0%	25%	12%	63%	0%	28%	12%	60%	0%	37%	10%	53%	0%	30%	11%	59%	
	NC4	0	13	6	32	0	14	6	30	0	18	5	26	0	45	17	88	
		0%	29%	67%	4%	0%	23%	68%	9%	0%	34%	60%	6%	0%	29%	65%	6%	
NC	1	52	16	135	1	59	16	124	1	73	14	108	3	184	46	367		
	0%	25%	8%	66%	1%	30%	8%	62%	1%	37%	7%	55%	1%	31%	8%	61%		
ND Water availability	ND1	0	3	6	42	0	6	7	37	0	7	5	37	0	16	18	116	
	0%	6%	12%	82%	0%	12%	14%	74%	0%	14%	10%	76%	0%	11%	12%	77%		
NE Nutrition instruction by word & example	NE1	0	42	9	0	0	44	6	0	0	43	6	0	0	129	21	0	
		0%	82%	18%	0%	0%	88%	12%	0%	0%	88%	12%	0%	0%	86%	14%	0%	
	NE2	0	45	3	3	0	46	1	3	0	46	0	3	0	137	4	9	
	0%	88%	6%	6%	0%	92%	2%	6%	0%	94%	0%	6%	0%	91%	3%	6%		
NE	0	87	12	3	0	90	7	3	0	89	6	3	0	266	25	9		
	0%	85%	12%	3%	0%	90%	7%	3%	0%	91%	6%	3%	0%	89%	8%	3%		
NF Age and individual nutritional requirements	NF1	0	5	2	43	0	8	1	41	0	9	4	36	0	23	7	120	
		0%	12%	4%	84%	0%	16%	2%	82%	0%	18%	8%	73%	0%	15%	5%	80%	
	NF2	4	9	36	2	4	13	31	2	3	16	28	2	11	38	95	6	
	8%	18%	71%	4%	8%	26%	62%	4%	6%	33%	57%	4%	7%	25%	63%	4%		
NF	4	15	38	45	4	21	32	43	3	25	32	38	11	61	102	126		
	4%	15%	37%	44%	4%	21%	32%	43%	3%	26%	33%	39%	4%	20%	34%	42%		
NG Limit sugar and salt	NG1	0	47	1	3	0	46	2	2	0	48	0	1	0	141	3	6	
		0%	92%	2%	6%	0%	92%	4%	4%	0%	98%	0%	2%	0%	94%	2%	4%	
	NG2	2	12	36	1	1	15	34	0	1	20	28	0	4	47	98	1	
	4%	24%	71%	2%	2%	30%	68%	0%	2%	41%	57%	0%	3%	31%	65%	1%		
NG	2	59	37	4	1	61	36	2	1	68	28	1	4	188	101	7		
	2%	58%	36%	4%	1%	61%	36%	2%	1%	69%	29%	1%	1%	63%	34%	2%		
NH Misuse of food	NH1	0	14	31	6	0	13	34	3	0	15	31	3	0	42	96	12	
		0%	27%	61%	12%	0%	26%	68%	6%	0%	31%	63%	6%	0%	28%	64%	8%	
	NH2	0	5	30	16	0	6	34	10	0	6	32	11	0	17	96	37	
	0%	10%	59%	31%	0%	12%	68%	20%	0%	12%	65%	22%	0%	11%	64%	25%		
NH	0	19	61	22	0	19	68	13	0	21	63	14	0	59	192	49		
	0%	19%	60%	22%	0%	19%	68%	13%	0%	21%	64%	14%	0%	20%	64%	16%		
Domain Total	N (A-H summed)	9	353	400	309	6	392	375	277	5	443	336	245	20	1188	1111	831	
		1%	33%	37%	29%	1%	37%	36%	26%	0%	43%	33%	24%	1%	38%	35%	26%	

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2018 Composite Table

Domain	Domain Subgroup	ASHW Variable	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
P) Physical Activity	PA General Promotion of Activity	PA1	0 0%	1 2%	0 0%	50 98%	0 0%	2 4%	2 4%	46 92%	0 0%	6 12%	3 6%	3 82%	40 0%	9 6%	5 3%	136 91%
		PA2	0 0%	46 90%	5 10%	0 0%	0 0%	45 90%	5 10%	0 0%	0 0%	45 92%	4 8%	0 0%	0 0%	136 91%	14 9%	0 0%
		PA3	0 0%	47 92%	4 8%	0 0%	0 0%	45 90%	5 10%	0 0%	0 0%	46 94%	3 6%	0 0%	0 0%	138 92%	12 8%	0 0%
		PA4	0 0%	47 92%	2 4%	2 4%	0 0%	48 96%	1 2%	1 2%	0 0%	47 96%	1 2%	1 2%	0 0%	142 95%	4 3%	4 3%
		PA5	0 0%	24 47%	11 22%	16 31%	0 0%	24 48%	11 22%	15 30%	0 0%	26 53%	10 20%	13 27%	0 0%	74 49%	32 21%	44 29%
		PA	0 0%	165 65%	22 9%	68 27%	0 0%	164 66%	24 10%	62 25%	0 0%	170 69%	21 9%	54 22%	0 0%	499 67%	67 9%	184 25%
	PB Screen Time	PB1	0 0%	23 45%	14 27%	14 27%	0 0%	25 50%	17 34%	8 16%	0 0%	28 57%	15 31%	6 12%	0 0%	76 51%	46 31%	28 19%
		PB2	0 0%	25 49%	26 51%	0 0%	0 0%	25 50%	25 50%	0 0%	0 0%	26 53%	23 47%	0 0%	0 0%	76 51%	74 49%	0 0%
		PB3	1 2%	35 69%	3 6%	12 24%	1 2%	36 72%	4 8%	9 18%	0 0%	37 76%	5 10%	7 14%	2 1%	108 72%	12 8%	28 19%
		PB4	0 0%	42 82%	1 2%	8 16%	0 0%	45 90%	0 0%	5 10%	0 0%	44 90%	0 0%	5 10%	0 0%	131 87%	1 1%	18 12%
		PB	1 0%	125 61%	44 22%	34 17%	1 1%	131 66%	46 23%	22 11%	0 0%	135 69%	43 22%	18 9%	2 0%	391 65%	133 22%	74 12%
	PC Age-Specific Activity	PC1	0 0%	3 6%	40 78%	8 16%	0 0%	7 14%	38 76%	5 10%	0 0%	7 14%	37 76%	5 10%	0 0%	17 11%	115 77%	18 12%
		PC2	0 0%	10 20%	32 63%	9 18%	0 0%	13 26%	29 58%	8 16%	0 0%	13 27%	29 59%	7 14%	0 0%	36 24%	90 60%	24 16%
		PC3	0 0%	10 20%	40 78%	1 2%	0 0%	13 26%	36 72%	1 2%	0 0%	13 27%	35 71%	1 2%	0 0%	36 24%	111 74%	3 2%
		PC	0 0%	23 15%	112 73%	18 12%	0 0%	33 22%	103 69%	14 9%	0 0%	33 22%	101 69%	13 9%	0 0%	89 20%	316 70%	45 10%
	PD Caregiver/teacher involvement in children's	PD1	0 0%	35 69%	14 27%	2 4%	0 0%	38 76%	10 20%	2 4%	0 0%	40 82%	7 14%	2 4%	0 0%	113 75%	31 21%	6 4%
	PE Infant-specific Activity	PE1	0 0%	29 57%	2 4%	20 39%	0 0%	33 66%	3 6%	14 28%	0 0%	33 67%	2 4%	14 29%	0 0%	95 63%	7 5%	48 32%
		PE2	0 0%	23 45%	23 45%	5 10%	1 2%	28 56%	17 34%	4 8%	0 0%	30 61%	15 31%	4 8%	1 1%	81 54%	55 37%	13 9%
		PE	0 0%	87 57%	39 25%	27 18%	1 1%	99 66%	30 20%	20 13%	0 0%	103 70%	24 16%	20 14%	1 0%	176 59%	62 21%	61 20%
	Domain Total	P (A-E summed)	1 0%	400 52%	217 28%	147 19%	2 0%	427 57%	203 27%	118 16%	0 0%	441 60%	189 26%	105 14%	3 0%	1268 56%	609 27%	370 16%