

State Profile Template for Obesity Prevention in Early Care and Education (ECE)

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

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

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

Regulation/Licensing – How well do state regulations align with *Caring for Our Children (CFOC)* (3rd ed.) obesity prevention standard components for nutrition, infant feeding, physical activity and screen time?
Use the Worksheet for State Licensing Regulations Assessment (p. 26) to complete this activity.

In 2010, the National Resource Center for Health and Safety in Early Care and Education began reviewing state regulations for child care centers and family child care homes to assess alignment with 47 “high-impact” CFOC obesity prevention standard components. This assessment is being updated annually over the next several years. The most recent version of this assessment, called *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations*, can be found at <http://nrckids.org/index.cfm/products/achieving-a-state-of-healthy-weight1/>. Review the most recent assessment report available and, taking into consideration any regulatory changes that have occurred since that report was published, determine the following:

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

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

CACFP

TANF

Child Care Block Grants

Others

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

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

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

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

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

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

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

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

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

State Contacts and Partners

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

Worksheet for State Licensing Regulations Assessment

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

GREEN = Component is fully present in regulations

YELLOW = Component is partially present in regulations

GRAY = Component is missing from regulations

RED = Component is contradicted in regulations

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

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

Nutrition	NA1	Limit oils by choosing mono- and polyunsaturated fats and avoiding trans fats, saturated fats and fried foods.			
	NA2	Serve meats and/or beans, avoiding fried meats.			
	NA3	Serve other milk equivalent products (yogurt, cottage cheese) using low-fat variants for 2 years and older.			
	NA4	Serve whole milk to 12- to 24-month olds who are not breastfed, or serve reduced-fat milk to those at risk for hypercholesterolemia or obesity.			
	NA5	Serve skim or 1% milk to 2 years and older.			
	NB1	Serve whole grain breads, cereals and pastas.			
	NB2	Serve vegetables (dark green, orange, deep yellow, and root, such as potatoes and viandas).			
	NB3	Serve fruits of several varieties, especially whole.			

	NC1	Offer only 100% juice (no added sweeteners).			
	NC2	Offer juice (100%) only during meal times.			
	NC3	No more than 4–6 ounces juice/day for 1- to 6-year-olds.			
	NC4	No more than 8–12 ounces juice/day for 7- to 12-year-olds.			
	ND1	Make water available inside and outside.			
	NE1	Teach children appropriate portion sizes by using plates, bowls and cups that are developmentally appropriate to nutritional needs.			
	NE2	Adults eat meals with children and eat items that meet standards.			
	NF1	Serve small-sized, age-appropriate portions.			
	NF2	Permit children to have one or more additional servings of nutritious foods that are low in fat, sugar and sodium as needed to meet the caloric needs of the child. Teach children who require limited portions about portion size and monitor their portions.			
	NG1	Limit salt by avoiding salty foods (chips, pretzels).			
	NG2	Avoid sugar, including concentrated sweets (candy, sodas, sweetened drinks, fruit nectars, flavored milk).			
	NH1	Do not force or bribe children to eat.			
	NH2	Do not use food as a reward or punishment.			

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

Code: Standard Component Code abbreviation from the National Resource Center for Health and Safety in Early Care and Education's most recent *Achieving a State of Healthy Weight* Report available at www.nrckids.org .