Using the Spectrum of Opportunities to Support Childhood Obesity Prevention In Early Care & Education Settings

South Florida Case Study

Nemours. Children's Health System

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Thanks to the following authors for their contributions to the case studies:

Kevin Cataldo
Katey Halaz
Alex Hyman
Roshelle Payes
Kelly Schaffer
Julie Shuell

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National Early Care and Education Learning Collaboratives (ECELC) Integration of Childhood Obesity Prevention into State/Local ECE Systems

Executive Summary and Overview as of July 2017

National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to prevent childhood obesity through the spread of impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to healthy eating, physical activity, breastfeeding and screen time (HEPA).

Childhood obesity is a national epidemic and obesity prevention is an increasing focus for states supporting the healthy development of young children. Studies have shown that in the United States, approximately 23% of children ages 2 to 5 years old are overweight or obese.

Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814.

The ECELC project partners with organizations in states and communities to 1) provide an intensive 'learning collaborative' obesity prevention intervention to groups of center and home-based ECE providers (child care, Head Start, pre-kindergarten), and 2) better integrate national obesity prevention standards[1] and implementation support for these standards into components of state and local ECE systems.

As of July 2017, eight states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and four communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention[1] typically consists of five in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

Integrating Obesity Prevention into ECE Systems Using CDC's Framework

Through this project, partners worked intentionally to understand the extent to which support for standards has been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC's 'Spectrum of Opportunities for Obesity Prevention in the ECE Setting' as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and build upon the main objectives of ECELC—increase number of ECE programs meeting standards, and increase the proportion of young children in programs that meet these standards.

Many factors influence how and when integration of best practice support into ECE systems can be achieved. This case study series explores some of

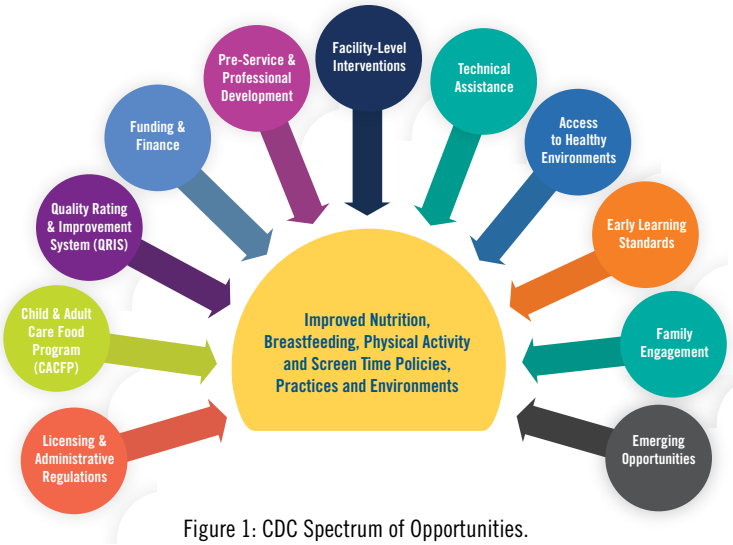

Figure 1: CDC Spectrum of Opportunities.

the integration opportunities pursued by each state/community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important contextual factor for integration activities.

Development and Purpose of State Case Studies

In fall 2016, Nemours gathered information from its ECELC partners, reviewed monthly progress and integration plans, and complied case studies describing each partner's integration efforts. Reports for several states/communities and reports by Spectrum area where completed in July 2017 and posted on www.healthykidshealthyfuture.org. [2]These case studies provide real-life examples of how partners have leveraged initiatives (i.e. ECELC), funding, stakeholder engagement, and other factors to integrate HEPA practices/activities into ECE systems. The reports discuss how federal funding streams/initiatives (e.g., CACFP, Child Care Development Fund, State Public Health Actions—1305) are leveraged in a variety of ways *alongside* state or local resources to achieve integration activities across the Spectrum. Case studies serve multiple purposes: reflection, information sharing, and planning.

Reflection. Development of case study reports provided an opportunity for National ECELC partners to reflect on their pathway, progress, key challenges and lessons learned. This also allowed reflection on what was accomplished, how it was achieved and who was involved. All partners continue their integration activities and case studies will be updated as needed.

Information sharing. Case study reports provide valuable information at multiple levels. In the participating state or community, the case study may be a communication tool for partners' information sharing with stakeholders. For other participating ECELC states or communities, they provide an opportunity to learn about the impact driven by participation in the National ECELC project. For stakeholders in non-ECELC states and communities, the case studies are an opportunity to learn how others have integrated HEPA into ECE systems.

Planning. For National ECELC partners, their case study reports may help to serve as a planning tool for continued improvement and momentum. By reflecting on challenges and lessons learned, partners can celebrate the successes while focusing on filling gaps and continuing to integrate ECE obesity prevention efforts. For states and communities that have not participated in ECELC but are working on childhood obesity prevention via state or local ECE systems, case study reports provide a roadmap for possible change. Case study reports from those that have traveled a similar journey will help others consider a systems perspective for integration from the beginning.

The ECELC case study series explores some of the integration opportunities pursued by each state and community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. Integration activities are characterized by their primary focus within the Spectrum of Opportunities. This summary report describes information learned, reflections, and recommendations from across the case studies.

Summary of Obesity Prevention Integration Activities Across States and Communities

Over the course of their participation in the National ECELC project, partners pursued integration activities across the Spectrum of Opportunities. Certain areas have risen to the top among partners' work. In particular, pre-service and professional development, licensing and administrative regulations, and QRIS. Many partners' activities touched multiple areas of the Spectrum of Opportunities despite being characterized under one primary area. The most prominent areas for each state or community are highlighted in their report.

The following summarizes partner activities within each area of the Spectrum of Opportunities. Additional detail about each area is available in the *Spectrum of Opportunities State Integration Highlights* reports, available at www.healthykidshealthyfuture.org.

Pre-Service and Professional Development

Pre-service and Professional Development was the area of the Spectrum of Opportunities most frequently leveraged by partners participating in the National ECELC. Eight out of ten used Pre-service and Professional development to integrate HEPA activities. Partners in Arizona and Kentucky created ***online modules aligned to HEPA standards***, and in Kentucky technical assistance packages accompany those modules and enhance trainers' ability to support ECE programs to make changes. Other partners created ***new trainings*** to meet needs identified by ECE providers or stakeholders. For example, an infant/toddler feeding training was developed in Indiana, and parent trainings in Los Angeles.

The ***development of toolkits*** was another commonly used strategy to help large numbers of ECE providers make and sustain HEPA changes. In Los Angeles partners developed a Breastfeeding Friendly Child Care Toolkit, and Indiana partners created a Family Engagement Toolkit which is now an online module for ECE providers. Similarly, the partner in New Jersey developed ***Policy Packets and Kits*** to help give ECE providers the tools and language needed to make HEPA changes in their programs. In Virginia, ***'supply kits'*** were provided to technical assistance providers to share with ECE providers to encourage them to focus on HEPA changes.

Many partners that focused on Pre-service and Professional Development as an integration strategy strived to ***ensure that continuing education units (CEUs) and licensing clock hours/in-service hours were available for ECE providers*** participating in the learning collaboratives and in new and existing HEPA trainings.

Licensing and Administrative Regulations

Five partners focused on Licensing and Administrative Regulations as a primary integration strategy. In Kentucky, Los Angeles, CA, Missouri, and New Jersey this centered on ***promoting the inclusion of HEPA standards in licensing regulations***. In each of the states, the effort is ongoing; it is a lengthy administrative process to update licensing regulations. Arizona has a highly visible HEPA initiative (Empower) in place tied to state licensing regulations and the ***National ECELC was co-branded*** to align with the program as Empower PLUS+. The partner in Arizona leverages licensing and QRIS support and ***aligns training and data collection*** for a coordinated strategy to support the achievement of HEPA practices in ECE settings. In California, stakeholders ***built upon legislation that requires new licensed providers participating in Preventive Health and Safety Practices (PHSP) Training to receive a 1-hour training on child nutrition***. Partners aligned curricula and existing training with the new child nutrition training to ensure providers are up-to-date with current information.

Quality Rating and Improvement Systems (QRIS)

Five partners in Indiana, Kansas, Los Angeles, CA, New Jersey and South Florida, focused on QRIS as a primary integration strategy. Partners in these states have ***engaged with stakeholders—public and private***—to leverage the reach and potential of QRIS to weave HEPA topics into broader quality improvement strategies. Four of the five partners that focused on QRIS did so from the perspective of ***integrating HEPA standards into QRIS, either through the launch of a new QRIS or revisions to an existing QRIS***. In New Jersey, the partner successfully ***included a HEPA-focused self-assessment (Let's Move! Child Care) in the state's QRIS***. In three of these states, South Florida, Kansas, and New Jersey—as well as Virginia[3]—the partner made efforts to ***train QRIS technical assistants*** to enhance their ability to assist ECE programs in their efforts to achieve HEPA best practice standards.

Emerging Opportunities

Emerging opportunities do not fit neatly into any one area of the Spectrum and are often unique. Partners in Arizona, Indiana, North/Central Florida and South Florida are pursuing emerging opportunities for integration. In South Florida, stakeholders partnered with Help Me Grow[4] and YMCA of South Florida to further ***integrate obesity prevention into existing systems and to promote consistent obesity prevention messages*** to ECE programs and families across South Florida. In North/Central Florida and Indiana, partners collaborated with Head Start grantees to successfully ***modify the National ECELC approach to meet the specific needs of Head Start programs***. The approach in Arizona focused extensively on the partner leveraging multiple avenues to elevate obesity prevention across the state system—from the state level to ECE provider-level change.

Child and Adult Care Food Program (CACFP)

Partners in Missouri and Virginia are using CACFP as a primary integration strategy. In Missouri, the state's existing CACFP recognition program *Eat Smart* and *MOve Smart*, was aligned to the National ECELC around ***messaging and supports***. *Eat Smart*, in particular, focuses on supporting ECE programs to meet nutrition standards, including CACFP for those meeting more advanced standards. The National ECELC project helped to ***add bandwidth through learning collaboratives to provide technical assistance to help ECE programs implement best practice nutrition standards and receive recognition***.

The partner in Virginia is similarly focused on ***expanding the bandwidth of technical assistance, and in particular state CACFP and Infant Toddler Specialists, to assist ECE providers in their efforts to meet or exceed HEPA standards***. Stakeholders in Virginia held a ***CACFP Summit*** that resulted in the formation of workgroups to address barriers to ECE provider enrollment in CACFP and how these barriers can be overcome so that more eligible providers will participate.

Technical Assistance

Two partners (in Kansas and Virginia) focused on Technical Assistance as a primary integration activity.[5] The partner in Kansas ***collaborated with stakeholders to enhance the collective capacity*** to increase healthy lifestyles in ECE. They supported a stakeholder initiative by ***providing technical assistance for ECE programs to complete HEPA assessments and plan for change***. In Virginia, HEPA is incorporated into a variety of technical assistance supports. Technical assistance strategies accompanied implementation of a CDC-funded Go NAP SACC pilot, a "Rev Your Bev" campaign to engage children 0-5 in healthy lifestyles, as well as implementation of a breastfeeding friendly child care environments initiative.

Family Engagement

The partner in Kentucky was the only one that had integration activities that fell primarily in the Family Engagement area of the Spectrum. In Kentucky, there is an active 5-2-1-0 campaign to educate families on healthy, active living for young children. With 1305 funds, the state partner ***developed a train the trainer course for ECE credentialed trainers to support their ability to deliver a 2-hour 5-2-1-0 training to ECE providers and families***. A similar online training on how to use 5-2-1-0 with parents was also developed.

Although the partner in Kentucky was the only to focus on Family Engagement as a primary integration strategy, others implemented changes that included family engagement but might have had a more prominent focus in a different area of the Spectrum. For example, the state partner in Indiana developed a self-assessment tool for ECE programs, *Indiana Early Childhood Family Engagement Toolkit* to help programs understand their current level of engagement and how they can improve practices and policies to engage families. The tool was initially implemented as part of the National ECELC project and was integrated into each learning session to bridge HEPA topics with family engagement strategies.

Exploring Challenges and Lessons Learned

When looking across states it becomes apparent that the challenges and lessons partners experience while working toward integration activities are quite similar and fall into the following categories:

Pace

Partners find that changes to the ECE system—most notably QRIS and licensing regulations—take significant time. The pace of change is slow due to administrative processes, changing priorities, staff turnover or other factors that cause delays in finalizing and implementing revised systems.

Navigating funding streams

Funding can be a barrier to change, and partners experience this from multiple perspectives. There is no dedicated funding stream for HEPA program improvement in ECE. Often partners have to seek grant funding to support integration activities or fight for public funds for HEPA versus other program improvement areas. Other funding-related challenges include having to weave together multiple funding sources to support integration activities, balancing the uncertainty of state budgets and the longevity of funded projects. Partners also depend on funding to maintain momentum and struggle to enhance existing initiatives with static funding.

Creating change within voluntary systems

As it relates to QRIS or other voluntary statewide initiatives (e.g., Arizona's Empower program) partners have had to consider the depth of impact within voluntary systems. In some states, the QRIS reaches only a small number of ECE providers. In other states, exemptions to licensing requirements mean many ECE providers operate outside the regulatory system. With a focus on encouraging implementation of best practice HEPA standards across all ECE settings, some partners have had to balance that expectation with what is feasible within the existing systems.

Coordination among multiple partners or stakeholders

In many states multiple projects, initiatives, stakeholder groups, or public and private entities touch the ECE system and childhood obesity prevention. Creating shared goals and a coordinated path forward is a challenge for some partners, and particularly those that did not have an active ECELC stakeholder group or other group of key individuals already with buy-in and focused on creating an aligned strategy.

Staff and leadership turnover

When staff who were deeply involved in a particular effort left their position there were periods of having to restart collaborations or reconfirm priorities and paths forward. This also proved true with turnover at the state leadership level. Changes in administration and the political climate within a state may translate into changes in statewide priorities or funding allocations.

Technical assistance resources

Many of the integration efforts focus on *Spectrum of Opportunities* areas where technical assistance resources are available. For example, partners may access information about state licensing regulations and language for HEPA standards. They are also able to get ideas of how to build and integrate HEPA areas into QRIS. At the same time, there are few resources available on building new technical assistance networks or strategies to train existing networks not already knowledgeable on HEPA.

Course correction

As partners work toward integration activities, it is not uncommon to change course. A variety of factors (e.g., stakeholder buy-in, leadership priorities, staffing, funding) impact the degree to which partners were able to maintain course on particular strategies. Maintaining flexibility and adaptability have proven important factors for successfully integrating HEPA into state systems. Similarly, many partners targeted 'easy wins' alongside bigger, more challenging changes. This allowed them to celebrate successes while simultaneously navigating the course to more significant (and often time-consuming and more resource driven) changes to the ECE system.

Reflections and Recommendations

When considering the factors that contributed to partners' success integrating HEPA activities into ECE systems, a few themes emerged. The partners themselves agree that these are the roadblocks encountered and paths forward. The following recommendations lay out suggested steps for consideration on the journey to fully integrate HEPA best practices into ECE systems.

Recommendation 1: Establish a system to become aware of new or unexplored funding opportunities and have an ability to respond to opportunities when they arise.

Successful partners had an ability to respond to external opportunities when they presented themselves. This is particularly evident related to funding, whether to expand the reach of provider level initiatives (e.g., North/Central Florida leveraging 1305 fund collaboratives in an underserved region), launch new programs (e.g., South Florida's Early Childhood Education Structured Physical Activity (ECESPA) project), campaigns (e.g. Kentucky's 5-2-1-0) or training. Continuously re-scan the environment to determine if there are new or unexplored opportunities.

Recommendation 2: Maintain flexibility with integration pathways and understand priorities, timing, and potential roadblocks.

The timing of external opportunities played an important role in partners' ability to create change. In states or communities where certain systems-level changes were already in process, for instance revisions to QRIS or licensing regulations, partners took advantage of the opportunity to weave HEPA into existing change efforts. Given the complexity and time required to update QRIS standards and/or licensing regulations, leaders can only make significant headway when there is already momentum towards revision. This was also true when certain strategies (e.g. licensing) may have been politically sensitive and a non-starter in certain political climates.

Recommendation 3: Be strategic about convening and using a stakeholder group and maintaining relationships with key individuals and organizations.

Convening and using a stakeholder group—whether tapping into an existing group or forming a new one—can serve important purposes, including enhancing buy-in, understanding stakeholders' priorities, aligning efforts, highlighting potential roadblocks, and identifying cross-sector opportunities for integration. Convene a stakeholder group and maintain strong relationships outside of the stakeholder group. Given at times slow pace of change and turnover in staff positions, it is possible for integration planning to hit roadblocks. Focus on relationship building because work may not sustain if and when key individuals or change-leaders leave an organization.

Recommendation 4: Manage planning, expectations of stakeholders, and communication with providers with respect to the pace of change.

The at-times slow pace of change, particularly related to QRIS and licensing regulations, proved challenging for partners. To the extent possible, manage expectations with stakeholders and providers about the pace of change, and plan accordingly for delays in development or implementation of updated systems. Acknowledge with stakeholders that many integration activities are ongoing and take time. Stakeholders should remain advocates for change throughout the process, and in particular, when there are changes in leadership or staff that may require a 're-start' on aspects of integration pathways. In other cases, it might be necessary need to wait for the right timing, buy-in, or funding to address particular integration activities. Be aware of those factors from the beginning and plan accordingly.

Recommendation 5: Determine from the onset where change takes place and put the appropriate resources and people in place to support the effort.

When planning integration activities, determine which stakeholder(s) is in the best position to lead the work. The type of organization may help or hinder integration activities. For example, in some cases a state agency may be the best fit given administrative oversight of key systems, whereas in other instances a private stakeholder may be better suited to advocate for change needed within a state agency. This ties back to the importance of having a dedicated stakeholder group that can identify the best champion(s) for integration activities and having the right people/agencies at the table to support change. Regardless of where changes is taking place within the system, have a person focused on policy change and navigating the 'pre-work' to ensure proper procedures and timelines are followed.

Looking Ahead—A Continued Focus on Integration

By using the case studies to understand and learn from the unique journey of states and communities in the National ECELC project, others interested in implementing the National ECELC model or a similar initiative can establish an integration pathway from the onset. Case studies share real-life examples of integration activities. While state infrastructure, stakeholders, funding, priorities, and context differ from state to state, themes emerging from case studies help to paint a picture of how to successfully integrate HEPA into systems. Case studies showcase that variety and highlight the pathways partners traveled as they worked to integrate HEPA into their ECE systems.

Integration activities are evolving and ongoing, and thus, the National ECELC case study reports will be updated in the future to reflect new ideas, activities, and accomplishments. There is opportunity for continued learning and improvements in system building for National ECELC partners as they reflect on their own journey and the journeys of their peers.

National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to spread impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to nutrition, breastfeeding support, physical activity, and screen time in order to prevent childhood obesity.

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Integrating Obesity Prevention into State ECE System Components Using CDC's Framework

Through this project, partners worked intentionally to understand the extent to which support for standards has been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC's 'Spectrum of Opportunities for Obesity Prevention in the ECE Setting' as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and build upon the main objectives of ECELC—increase number of programs meeting these standards, and increase the proportion of young children in programs that meet these standards.

Many factors influence how and when integration of best practice support into ECE system can be achieved. Standards and implementation support for these standards can be successfully integrated into the various components of an ECE system. This case study series explores the integration opportunities pursued by each state, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important factor for integration success.

CDC Spectrum of Opportunities

CDC's *Spectrum of Opportunities* framework (Figure 1; the Spectrum) identifies several ways that states, and to some extent communities, can support ECE programs in their abilities to achieve recommended standards and best practices for obesity prevention.[7] Many states implement a coordinated approach to integration, drawing from multiple opportunities to reach providers. The avenues chosen by states and communities for integration efforts may depend on resources, costs, partnerships, stakeholder support, as well as provider needs.

National Efforts and Factors for Integration

In addition to factors at the state level (e.g., licensing, QRIS, professional development systems), states' and communities' ability to achieve integration of childhood obesity prevention components within ECE systems is often influenced by national policy, funding, and initiatives. Examples of such factors are listed below. While there is some direct overlap with the *Spectrum of Opportunities* (e.g., CACFP), these factors are generally broader than the avenues illustrated in the Spectrum and may impact multiple feathers or different feathers for each state. The major federal funding streams/initiatives that follow are consistent across all states and serve as the backdrop for state ECE systems. State case study reports describe how these funding streams/initiatives are leveraged in a variety of ways (alongside state resources) to achieve integration activities across the Spectrum.

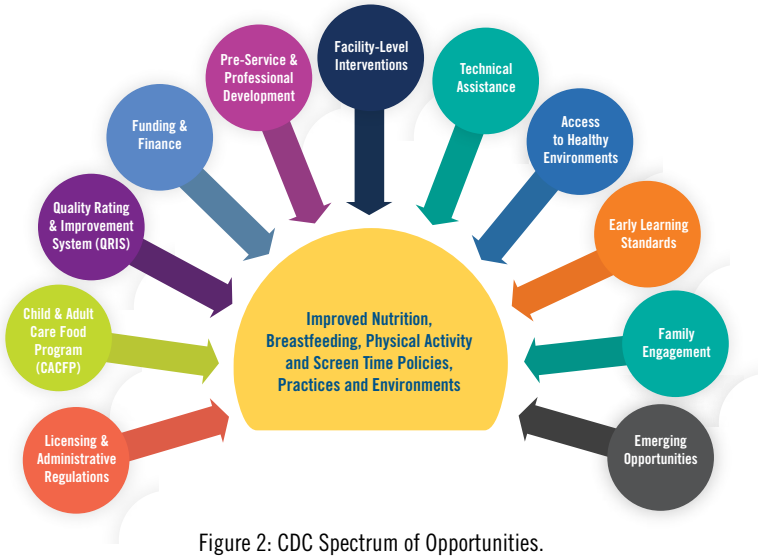

Figure 2: CDC Spectrum of Opportunities.

Child and Adult Care Food Program (CACFP)[8]**—** CACFP is a federal program that provides funding reimbursement for meals and snacks served to low-income children in ECE settings. Participating ECE programs follow CACFP standards regarding meal patterns and portions. Many states provide training or technical assistance to ECE providers related to CACFP, and some use CACFP as a guide for licensing regulations, QRIS standards, or other state-based programs. In early 2016 CACFP standards were revised, providing an opportunity and increased need for training and supports from states to ECE providers on implementation of nutrition best practices.

Child Care and Development Fund (CCDF)[9]**—**CCDF funding to states supports subsidized child care services, and also includes a portion of funding which must be used to improve the quality of care in ECE settings. The minimum amount of funding which states must use to support quality activities was increased as part of the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG). Quality funds may support professional development, training, grants, or programs to providers, along with systemic improvements to enhance the quality of care for young children. Children's health and wellness may be a central focus of CCDF-funded efforts in states.

State Public Health Actions—1305[10]: CDC supports efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. Through a federal grant (1305), all 50 states and the District of Columbia receive funds to help prevent these chronic diseases. 1305 focuses on healthy environments in workplaces, schools, early childhood education facilities, and in the community. This program also focuses on working through health systems and communities to reduce complications from multiple chronic diseases such as diabetes, heart disease, and stroke. The goal is to make healthy living easier for all Americans. Recently, CDC added a new 1305 requirement for states around physical activity in ECE settings. Since all states receive 1305 funding (basic and/or enhanced) and are required to set goals and performance measures, the new requirement forced state health departments to develop strategies for ECE providers.

South Florida
Implementation Partner: Early Learning Coalition of Miami-Dade/Monroe
Case Study

Participation in National ECELC: 2013-2017

ECE programs trained[11]: 259

Children served by trained programs: 20,559

Spectrum of Opportunities areas of focus:

- ***Facility Level Interventions*** – Obtained funding from Health Foundation of South Florida to launch the Early Childhood Education Structured Physical Activity (ECESPA) project, providing physical activity training and materials to past and current ECELC participants as well as additional ECE providers not reached through the ECELC project.
- ***Quality Rating and Improvement System (QRIS)*** – Coordinated with QRIS administrator to plan for the integration of health and wellness into Quality Counts, South Florida's QRIS, and provided training to Quality Improvement Specialists and ECELC trainers to assess and provide technical assistance to ECE programs related to structured physical activity.
- ***Emerging Opportunities*** – Partnered with regional initiatives and stakeholders (Help Me Grow, YMCA of South Florida) to maximize childhood obesity prevention efforts through the integration of existing systems and developing coordinated communication strategies.

Setting the Stage

Nemours identified Florida as a state implementation partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). Florida had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, and existing efforts by Nemours' Florida Prevention Initiative to prevent childhood obesity via ECE settings. Given Nemours' large clinical presence in North/Central Florida there was a unique opportunity to leverage the organization's reach and thus, Nemours Children's Health System served as the State Implementation Partner for that area. Recognizing the unique differences between North/Central and South Florida, as well as the regional administration of ECE systems in the state, Nemours partnered with the Early Learning Coalition of Miami-Dade/Monroe (ELCMDM) as the state implementation partner for South Florida.

Did you know?

In Florida, among low-income children aged 2 years to 5 years old, 14.8% are overweight and 13.4% are obese.

Source: CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS).

State Efforts Addressing Childhood Obesity

Florida Department of Children and Families (DCF) offers Healthy Eating and Physical Activity (HEPA) training for ECE programs through its PREVENT Obesity initiative.[12] This training provides ECE programs with education on best practices and tools to support program improvements related to nutrition, physical activity and screen time. The training is available for free and is available on demand online. It is a one-time 2-hour training, and participants can earn up to 2.0 in-service hours for participation.

The Florida Department of Health (DOH) supports baby-friendly worksites and safe routes to school initiatives. The baby-friendly worksite initiative aims to increase breastfeeding-friendly environments (including schools and state agencies) and support the inclusion of breastfeeding in employee wellness policies. The Safe Routes to School initiative provides materials and funding for communities to create safe routes for children traveling to school.

Florida DOH is also the administrator of the state's 1305 funding, a portion of which has been allocated to support National ECELC project implementation in North/ Central Florida (via a grant to Nemours and described further in the sections that follow). Through this funding, Nemours also developed a webinar for DOH staff members statewide to enhance their knowledge and ability to support ECE programs' achievement of HEPA best practices. The webinar was completed in December 2016 and focuses on strategies to engage local stakeholders to coordinate support for ECE providers in each county.

In the private sector, FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth), established in 2005, promotes nutrition and physical education programs. The organization focuses primarily on "healthy food preparation, food security, physical education, and worksite wellness."[13] FLIPANY provides a wide range of programs, including training to ECE and after school programs, interventions with children and families, parent/child classes, and cooking demonstrations. Since 2005 FLIPANY has trained approximately 550 child care providers who receive in-service hours for participation.

Timeline

2013

- South Florida selected to join National ECELC project and first cohort launched.

2014

- Second cohort of National ECELC implemented.

2015

- Third cohort of National ECELC implemented
- ELCMDM and Help Me Grow (HMG) partner to integrate HEPA into HMG's referral services.

2016

- ELCMDM awarded grant from HFSF to provide HEPA training to ELCMDM Trainers, Quality Counts QIS, ECE providers and their families.
- ELCMDM and the YMCA of South Florida partnered to augment the Y's HEPA standards and develop a HEPA standards advocacy campaign.
- ELCMDM and Quality Counts partnered to provide Quality Counts QIS with training that will enable them to monitor their Quality Counts centers for best practices in physical activity.

In 2013 Florida stakeholders, including Nemours, participated in Florida's Pioneering Healthier Communities initiative, led by the YMCA of the USA (Y-USA) and supported by the Robert Wood Johnson Foundation. The initiative brought together public and private stakeholders and community leaders to promote HEPA best practices statewide through policy and systems integration. Y-USA provided funding and technical assistance throughout the project. However, after two years of convening (in September 2015) funding for the initiative was no longer available and the group ceased to move forward. The work of the group culminated with a statewide HEPA Summit hosted by Florida's Park and Recreation Association and attended by 200 participants.

Between 2000 and 2013, the University of Miami School of Medicine conducted a randomized control trial, funded by USDA, called Healthy Caregivers/Healthy Children. The project included a curriculum focusing specifically on healthy food choices, increased exercise, and role modeling. The program targets food policy changes throughout the school, and via the child, caregiver, and teacher. In 2015-2016, the project was expanded to focus on training Miami's Quality Rating and Improvement staff. Both projects have shown effective in affecting children in child care as compared to a control group.

Finally, in South Florida specifically, a 2010 Communities Putting Prevention to Work (CPPW) grant from CDC jump-started the ECE/childhood obesity work in the state. Miami-Dade County Health Department received $14.7 million from CDC for tobacco cessation, to increase awareness of the importance of healthy eating and physical activity and increase availability of nutritious foods and beverages at schools, worksites and in communities. One of the goals of the initiative was to "increase access to and promote consumption of healthy foods and beverages and reduce availability of nutrient poor, calorie dense foods; require daily physical activity, and reduce screen time among children 2-5 years of age through the adoption of policy, environment and systems changes in child care centers across Miami-Dade."[14] Through CPPW, the Consortium For A Healthier Miami-Dade Children's Issues Committee[15] facilitated collaboration among stakeholders to educate the legislature on the *Caring for Our Children, Preventing Childhood Obesity* standards and advocate to ECE programs in Florida to adapt these standards. As a result, approximately 1,100 ECE programs in Miami-Dade County received a copy of the standards and the University of Miami trained more than 2,700 staff members in approximately 960 programs on nutrition, physical activity and screen time standards.

State Efforts to Improve Early Care and Education

Florida DCF licenses child care centers and family child care homes in 62 of the 67 counties[16] in Florida. DCF also houses the Florida Child Care Professional Credential Training Program for ECE providers that helps them meet licensing regulations. The training includes at least 120 hours of early childhood instruction and 480 contact hours with young children, leading to a professional certification for ECE providers in either "Birth through Five" or "School Age." DCF-approved training providers offer trainings throughout the state.[17]

The Florida Office of Early Learning (OEL), a division of the Florida Department of Education, oversees the operation of statewide early learning programs and administers federal and state child care funds. OEL further supports children, families, and ECE providers by contracting with 30 early learning coalitions (ELCs) to deliver services across the state using CCDF block grant funds. ELCs are non-profit organizations that may also partner with public and private entities to meet the needs of children and families.[18] Each year OEL allocates funding to the ELCs based on number of children and ECE programs in each county. Each ELC provides state and county-specific training and administers county-specific programs (e.g., QRIS, child care subsidy assistance). Additionally, ELCs help to provide access to high-quality ECE services for children in each county by connecting parents with resources, assisting with enrollment into child care and Florida's Voluntary Prekindergarten (VPK) program. The ELCs partner with parents, ECE providers, and public and private community stakeholders to build a strong foundation for Florida's youngest children.

Statewide strategies for best practices in healthy eating and physical activity (HEPA) are limited in Florida's 2016-2018 CCDF plan. The U.S. Department of Health and Human Services requires each state to have a written plan for ECE programs to have professional development opportunities with physical activity and child nutrition. OEL is minimally addressing this requirement by offering a 3-hour instructor-led training and a 5-hour online training on the Florida Early Learning and Developmental Standards and how they can be used to support implementing developmentally appropriate practices. As stated in the CCDF plan, the training promotes the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity.[19]

The Gold Seal Quality Care Program, established by the Florida Legislature in 1996 and overseen by DCF, acknowledges ECE programs, including family child care homes, that are "accredited by nationally recognized agencies and whose standards reflect quality in the level of care and supervision provided to children."[20] ECE programs that earn the Gold Seal designation and are participating in the state subsidized child care program receive a higher per child reimbursement rate than providers that have not earned the designation. The Gold Seal program serves as an incentive for ECE programs to achieve accreditation and provides increased funds to help them maintain quality services.

Florida does not have a state-wide Quality Rating and Improvement System (QRIS); several counties have their own locally designed systems. The QRIS in Miami-Dade County is Quality Counts which is funded by The Children's Trust in partnership with ELCMDM. It is administered in collaboration with Florida International University, Family Central Inc., Devereux Florida, The Children's Forum, and the United Way Center for Excellence in Early Education. Quality Counts addresses two main areas: Learning Environment and Staff Qualifications

Establishing a Path to Success—A Plan for Integration

South Florida's integration activities were driven by regional opportunities, partnerships, and funding to support embedding and aligning HEPA standards into the South Florida ECE system. South Florida has worked in multiple areas of the CDC Spectrum of Opportunities, though the focus has been predominately in three areas.

1. **Facilities Level Interventions** to train child care providers about healthy eating and structured physical activity and build a cadre of trainers equipped to provide technical assistance and referral to HEPA trainings.
2. Integrate HEPA criteria into Quality Counts, the county's **Quality Rating and Improvement System (QRIS)**.
3. Collaborate with community partners through **Emerging Opportunities** designed to align standards and messages and maximize resources.

Figure 3: State Areas of Focus within the CDC Spectrum of Opportunities

ELCMDM leveraged the Consortium for a Healthier Miami-Dade's Children Issues Committee in lieu of convening a formal stakeholder group to guide ECELC integration activities. The ECELC Project Coordinator for South Florida is a member of the Committee, allowing ELCMDM to leverage existing relationships to support implementation of the ECELC project. The Committee is composed of approximately 30 public and private stakeholders in the fields of health and wellness who meet monthly to address health-related issues, including childhood obesity prevention.

Integration Activities

FACILITY LEVEL INTERVENTIONS

Soon after ELCMDM began its implementation of the National ECELC project, the organization identified Health Foundation of South Florida (HFSF) as a possible funder of integration activities. HFSF has a history of awarding moderate size grants, and one of their priority areas, Healthy Eating Active Communities, aligned directly with the goals of the National ECELC project.

ELCMDM submitted a proposal for the Early Childhood Education Structured Physical Activity (ECESPA) project, which uses the Coordinated Approach to Child Health (CATCH) program. ELCMDM proposed to provide 165 low-income child care centers in Miami-Dade and Broward Counties with portable play equipment and CATCH training. The project goal is to provide ECELC participants with more physical activity training and materials and to serve more ECE programs than could otherwise be reached by the ECELC. In December 2015, HFSF awarded ELCMDM a $160,089 two-year grant.

The ECESPA project launched in March 2016 and will include five (5) learning sessions in 24 months for 165 ECE providers (~33 providers per session). Providers will be trained on the CATCH curriculum aimed at producing at least 60 minutes of daily structured physical activity for preschoolers. The training is open to any ECE program with at least 50 children, including past or current ECELC participants. In addition, the ECESPA project will provide each center with portable play equipment, 2-hour family training workshops, and 2 hours of on-site follow up technical assistance. ECELC trainers and Quality Counts Quality Improvement

Factors for Success in South Florida

- County stakeholders' support of the National ECELC project and collaboration to support alignment of messages and HEPA standards
- Additional funding opportunities for expansion of ECELC
- QRIS in place and readiness of administrators for re-launch of the standards

Specialists (QIS) provide the follow up technical assistance. ECE staff will receive CEUs for the training as an incentive to participate. Trainers and specialists are trained on how to teach the CATCH curriculum and provide center-based health and wellness monitoring and technical assistance. This approach will build a cadre of trained staff that will sustain the availability of ECE specific health and wellness training beyond the length of the HFSF grant.

In July 2016, in partnership with the CATCH Train-the-Trainer Academy, the first of five learning sessions was held. As of February 2017, 55 centers have been trained, 22 of which are participating in Quality Counts and 26 of which are present or former ECELC participants. ECE programs will continue to be trained through early 2018.

QUALITY RATING & IMPROVEMENT SYSTEM (QRIS)

In summer 2015, the National ECELC project coordinator began to collaborate with Quality Counts administrators within ELCMDM about the possibility of enhancing the QRIS by integrating a Health and Wellness component. Quality Counts administrators, as well as staff from The Children's Trust, agreed to develop a framework for a Health & Wellness component for Quality Counts. An initial framework for the Health & Wellness component was developed in spring 2016, and the project coordinator met with the Director of Quality Counts to review criteria and supports. Planning discussions are ongoing and it was determined that Health & Wellness will be added to Quality Count's Supplemental Guidelines for Quality Improvement[21] when Quality Counts launches its 3.0 standards in late 2017. Currently, there are 397 Quality Counts sites in Miami-Dade County. The new standards, as well as the new Health & Wellness Supplemental Guidelines (voluntary, best practice recommendations), will apply to both existing and new Quality Counts programs. The project coordinator is currently drafting the Level of Quality guidelines to prepare for the launch.

To leverage QRIS and integrate health and wellness into Quality Counts in the meantime, the project coordinator identified opportunities to train and provide resources to Quality Counts Quality Improvement Specialists (QIS), as well as participating Quality Counts centers, on HEPA topics. In April 2016, the project coordinator proposed to Quality Counts partners (United Way, Family Central and Florida International University) that the new HFSF grant funding be leveraged to train Quality Counts QIS staff on how to observe and report whether Quality Counts centers are engaging their preschoolers in 60 minutes of daily structured physical activity and providing healthy nutrition. Then, if a QIS observes that centers are not implementing these practices, they will be equipped to offer TA to centers that have participated in a health and wellness training (e.g., ECESPA project, ECELC project) or refer them to health and wellness training if they have not already participated in one. QIS will share information learned (via completed checklists) with the project coordinator for data collection and analysis to understand TA needs in HEPA areas.

Seven QIS staff and three ECELC trainers have been trained, and QIS will observe their Quality Counts providers as a part of their regularly scheduled technical assistance/monitoring visits beginning in March 2017. These trained QIS will monitor, assess and refer centers for additional training related to structured physical activity. The remaining five QIS who have not undergone training will receive training in August 2017.

EMERGING OPPORTUNITIES

Help Me Grow (HMG)

HMG is a national initiative that helps to identify children at-risk for developmental or behavioral disabilities and connects their families with community-based programs. In South Florida, HMG is a division of Switchboard 211 Miami, administered by the Jewish Community Services of South Florida. In February 2016, the South Florida project coordinator and the ELCMDM Director of Research, Evaluation & Assessment met with the HMG leadership team to discuss the integration of childhood obesity prevention/intervention into referral services. This strategy will allow the National ECELC project influence a broad referral system that connects families, ECE programs, health care providers and community agencies to support children's healthy weight.

After the early 2016 meeting with HMG, the South Florida Project Coordinator developed a framework for the referral system. The framework includes: 1) the development and use of a Miami-Dade County online Childhood Obesity Prevention/Intervention Resource Guide listing organizations providing services related to HEPA best practices, health care providers and practitioners, and 2) advocacy for Miami-Dade County pediatricians to refer families to HMG if their 0-5 year old is identified as overweight or obese. HMG has added a question to their intake: "Are you concerned about your child's weight, level of physical activity, and/or eating habits?" If a parent

answers "yes," and the child is 0-5 years old, then HMG will conduct a needs assessment. Based upon that needs assessment, the parent will be warm-transferred to one or more of the organizations listed in the Childhood Obesity Prevention/Intervention Resource Guide for follow-up services. Follow-up may include HEPA Training (for both family and provider) and/or group consultation with a dietitian/nutritionist.

In summer/fall 2016, HMG experienced leadership changes resulting in a delay. ELCMDM remains committed to partnering with HMG to move forward, and in January 2017, established a partnership with Hope for Miami, FLIPANY and the Consortium For A Healthier Miami Dade's Children Issues Committee to develop the Childhood Obesity Prevention/Intervention Resource Guide. This group will continue to work toward integrating obesity intervention referral services for 0-5 year olds into HMG.

YMCA of South Florida
In March 2016 leaders from ELCMDM and YMCA of South Florida met to discuss how to maximize childhood obesity prevention efforts in South Florida. The organizations explored adapting the YMCA's HEPA Standards to align with *Caring for Our Children, Preventing Childhood Obesity* standards. The group also discussed how to share training on those standards with ECE programs and community partners. The organizations aimed to start work locally that could expand statewide and nationally.

In fall 2016 ELCMDM, developed a HEPA standards adaptation for infant, toddlers and preschoolers. In follow up meetings with the YMCA of South Florida, it was determined that ELCMDM and the YMCA would co-brand the adapted standards and seek funding to provide a "circle of services" that will target ECE programs, teachers and families, including:

- **Training:** 2 hour, quarterly, community-based informational trainings for Miami-Dade, Monroe and Broward County ECE providers designed to promote the implementation of HEPA standards to providers who have not participated in ECELC or ECESPA. Participants at the community-based trainings will be presented an overview of HEPA standards, hear how HEPA standards have been implemented and helped to improve ECE programs, and will learn about incentives available for participating in HEPA training. Participants will also be provided an overview of ongoing HEPA trainings taking place in South Florida (e.g., ECELC, ECESPA) and information about how to register. The training providers for each of the counties and associated CEUs for participation are being determined.
- **Incentives for providers and families:** YMCA discounted health and wellness services will be provided to ECE teachers and families that participate in HEPA training, with the purpose of providing an opportunity for teachers and families to improve their health and model healthy lifestyle behaviors to children. ECE programs that participate in HEPA training will be listed in the state-wide recognition program currently being developed. The recognition will provide incentive for providers to undergo HEPA training and provide families with a list of centers to choose from that are meeting HEPA best practices.
- **Public awareness campaign:** In 2017, YMCA and ELCMDM will develop a public awareness campaign to promote the revised HEPA standards to families and communities. The campaign will include: public service announcements, billboards, social media, posters and flyers.

In late 2017, ELCMDM and the YMCA will work together to finalize the adapted HEPA standards and will co-brand materials. The organizations will also seek funding for the campaign and explore what other opportunities may exist within Florida to further leverage the initiative.

Challenges to Integration

In South Florida, the pace of integration activities has been slow. In some instances (e.g., HMG), leadership changes have necessitated regrouping with new staff and confirming priorities. With other integration activities, the pace has been determined based on previously determined timelines. For example, ELCMDM's collaboration to integrate Health & Wellness into Quality Counts will take place with the full re-launch of Quality Counts in late 2017.

Florida's county-by-county administration of ECE systems makes it to influence state-level ECE systems. The differences that exist from one county to the next create challenges to collaboration as each county is working within a different set of priorities and programs. Influencing systems-level change in a regionally and local-driven context (e.g., QRIS) makes it difficult to integrate HEPA best practices and opportunities that will influence ECE

providers statewide. ELCMDM has made progress influencing initiatives and systems regionally in South Florida, with an eye towards bringing those changes or information to the state level to help overcome this challenge.

Finally, ELCMDM attempted to implement ECELC in Miami Public Schools as a strategy to reach more providers and children and to integrate HEPA practices into the public school system, a segment of the ECE system not previously impacted by the ECELC project. Challenges were encountered and important lessons were learned. Most notable, there were gaps in communication between program administrators and the teachers participating in the ECELC project. Many teachers were unclear about expectations of participation. This, coupled with inconsistent attendance at learning sessions and limited availability to participate in technical assistance, posed challenges for the project. ELCMDM will use these lessons learned to refine the approach for working with public school systems in the future.

Lessons Learned

While it has been possible for ELCMDM and stakeholders to leverage partnerships and systems to integrate HEPA best practices, the progress has been regional and not statewide. It will be important for stakeholders to remain informed about state-level proposals and plans as they align and integrate local and county effort, and to help advocate for deepening the commitment to supporting HEPA best practices on the state level. Taking successes and lessons learned from South Florida's regional implementation could be an important advocacy tool for change statewide.

With the intersection of ECE and childhood obesity prevention, there is a strong need for coordinating agencies to be strategic about the convening and use of a stakeholder group to support the integration of HEPA best practices into systems. The stakeholder group will need concrete areas of focus for which they can provide insight and recommendations, and will also need to be kept aware of all state level activities to ensure a coordination approach for planning and integration.

In working with pre-kindergarten classrooms located in public schools, it may be necessary to work first at the administration level to impact things like school menus, feeding approaches in elementary schools, physical education for children under 5 and teacher training. Depending on the level of control a principal has, it may be difficult to implement best practices within any given elementary building without a larger, district-wide approach to all pre-kindergarten classrooms.

Finally, in Miami it has been demonstrated that partnering with other child and family serving programs such as YMCAs and HMG, may be integral to sustainability.

Glossary of Key Terms

1. ***Early Learning Coalition (ELC)*** – A county level entity that provides training, subsidy administration and information to ECE programs, parents and stakeholders in the community.
2. ***Florida Department of Children and Families (DCF)*** – The Florida state agency overseeing child care licensing and training requirements for ECE providers.
3. ***Florida Office of Early Learning (OEL)*** – The Florida state agency overseeing the 30 county early learning coalitions
4. ***Florida Department of Health (DOH)*** – The Florida state agency overseeing chronic prevention and disease.
5. ***Quality Counts (QC)*** – Miami-Dade County quality rating and improvement system.

1. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCO), included in Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, (3rd ed.).
2. Case studies were written for Arizona, North/Central Florida, South Florida, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey. For the purpose of the summary, there are 10 states/regions highlighted which include Los Angeles, CA. Alabama is in the preliminary stages of integrating HEPA in to its state system and thus not included in this report. Contra Costa, CA did not include integration work in their ECELC activities.
3. In Virginia, the state partner's activities fall primarily into the Pre-Service and Professional Development area of the Spectrum.
4. Help Me Grow is a national initiative that helps to identify children at-risk for developmental or behavioral disabilities and connects children and families with community-based programs for health-related services. In South Florida, Help Me Grow is administered by Switchboard Miami.
5. Other states' strategies included a focus on technical assistance (TA) as part of other change strategies. For example, TA offered as part of a new initiative or to accompany trainings or use of toolkits.
6. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCvO), included in Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, (3rd ed.).
7. The avenues for change illustrated in the Spectrum are described in detail in the Spectrum of Opportunities document, available on the CDC's website - https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-for-obesity-prevention-in-early-care-and-education-setting_tabriefing.pdf
8. http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program
9. http://www.acf.hhs.gov/occ/fact-sheet-occ
10. http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm
11. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
12. http://www.myflfamilies.com/service-programs/child-care/prevent-obesity
13. http://flipany.org
14. http://www.miamidadematters.org/index.php?module=Tiles&controller=index&action=display&alias=MDCPPWGoal3
15. The Consortium for a Healthier Miami-Dade is a consortium of over 400 organizations committed to strengthening "policies, systems and environments' in Miami-Dade. The Children's Issues Committee focuses specifically on the health and wellness of children and promoting healthy lifestyles. (http://www.healthymiamidade.org)
16. If a county's licensing standards meet/exceed those set by DCF then they may administer their own licensing programs.
17. http://www.myflfamilies.com/service-programs/child-care/fccpc
18. http://www.floridaearlylearning.com/coalitions.aspx
19. http://www.floridaearlylearning.com/sites/www/Uploads/14-Draft-FY2016-2018%20CCDF%20Plan%20Preprint%20%2012-17-15_final_markup_SC_Comments_CLEAN_PDF_ADA.pdf
20. http://www.myflfamilies.com/service-programs/child-care/goldseal
21. Currently, the Supplemental Guidelines address only Health & Safety, Ratio & Group Size, and Program Administration.

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