



Partnering with California's Early Care and Education Community to Prevent Childhood Obesity

A Guidebook for Public Health Professionals



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Many thanks to the following people for their contributions:

ADVISORY COMMITTEE:

Gail Brodie, California Department of Education (CDE), Early Learning and Care Division (ELCD)

Lucy Chaidez, California Emergency Medical Services Authority

Stephanie Clarke, Alameda County, Community Child Care Council

Melissa Cannon, California Food Policy Advocates

Pat Crawford, Nutrition Policy Institute

Cecelia Asher-Falk, California Department of Social Services, Child Care Licensing Program

Courtney Hardoin, CDE, Nutrition Services Division

Paula James, Contra Costa County, Cocokids

Moira Kenney, First 5 Association of California

Patty Kimbrell, San Diego State University

Judith Kunitz, Marin County, Head Start/Early Head Start

Stephanie Myers, CDE, Head Start State Collaboration Office

Kim Nall, Tribal Child Care Association of California

Raegan Sales, San Francisco County, Children's Council of San Francisco

Franny Wong, San Francisco County, Children's Council of San Francisco

California Department of Public Health Project Manager: Monet Parham-Lee

California Childcare Health Program Contributing Staff: Abbey Alkon, Mira Liao, Bobbie Rose



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Introduction

Overweight and obesity among children has been on the rise for more than three decades. Survey data from the National Health and Nutrition Examination Survey (NHANES) show an increase in the percentage of children ages 2-19 years who are considered obese (body mass index at or above the 95th percentile of growth charts), from 5% in the 1970s to 17% in the 2010s.¹ Data from the NHANES study has also shown higher rates of obesity among Hispanic and non-Hispanic black children ages 2-19 years, in comparison to non-Hispanic white and Asian children of the same age.²

In California, data on overweight and obesity comes from the California Health Interview Survey (CHIS), which measures the number of children considered “overweight for age,” defined as at or above the 95th percentile in weight. CHIS results for 2011-2014 indicate that 13.3% of children ages 2-11 years were overweight for age. Echoing the national data, rates of overweight for children ages 2-11 years were higher for Latino (16.2%) and non-Latino African-American (19.7%) than for non-Latino white (8.5%) and non-Latino Asian (7.7%).* Rates of overweight vary greatly by location; for example, the percentage of children ages 2-11 years who were overweight for age was 25.2% in Kern County and 8.1% in similarly-sized Sacramento County.³

The fields of public health and early care and education (ECE) are a natural fit for collaboration. Both disciplines recognize the potential for experiences in early childhood to affect a person’s entire lifetime. Weight problems that arise in early childhood tend to persist into adulthood, and obesity is associated with higher rates of chronic disease.^{4,5} Healthy habits learned in childhood have the potential to reduce the risk of chronic health problems.⁶ Indeed, the early years are an optimal time to influence children’s learning and health trajectories and to engage families and other caregivers.

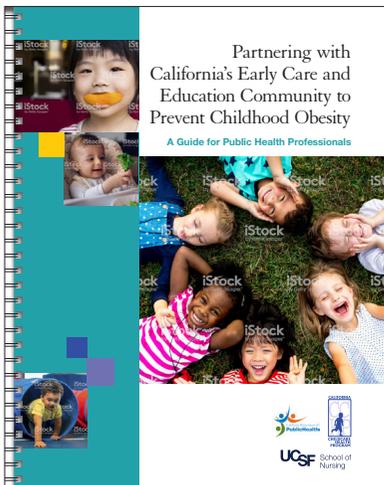
Recommendations for healthy eating and physical activity in ECE from professional and expert panels address opportunities for partnerships between the fields of public health and ECE.⁷⁻¹¹ In California, stakeholders from various state and local agencies have been working on systems and policies to support children’s growth and healthy weight for years.¹⁰

How to Use this Guidebook

The *Partnering with California’s Early Care and Education Community to Prevent Childhood Obesity Guidebook (ECE Guidebook)* provides an overview of California’s ECE environment that can help guide public health professionals in engaging with ECE partners.

Specifically, the *ECE Guidebook* assists public health professionals such as health educators, registered dietitians, nurses, and others in understanding ECE in California. It provides information about the ECE landscape, funding, laws, best practices, advocacy, and quality improvement. It builds on existing strategies to reduce childhood obesity and provides ideas for collaboration.

* NHANES uses the ethnicity category “Hispanic” and the race category “black,” while CHIS uses the ethnicity category “Latino” and the race category “African-American.”



RESOURCES INCLUDE:

- Information on the ECE workforce, funding, laws, and regulations in California
- Examples of successful partnerships between public health and ECE
- Suggestions for forming partnerships at the local level
- A template for identifying potential partners with a sample letter of introduction
- A list of emerging opportunities for working across disciplines
- A glossary of ECE terms

Early Care and Education in California

Background

Young children throughout California live in many different kinds of families: families with parents, extended family, foster parents, or legal guardians. Early care and education programs are a vital support for families with young children. More than 60 percent of children ages birth to five years live in households where both parents (or a single parent) are in the labor force.¹² When families have access to reliable, high-quality child care they can attend school, go to work, or look for work knowing their child is in a safe place to learn and grow. A well-functioning early learning system benefits families, local communities, and the economy.¹³

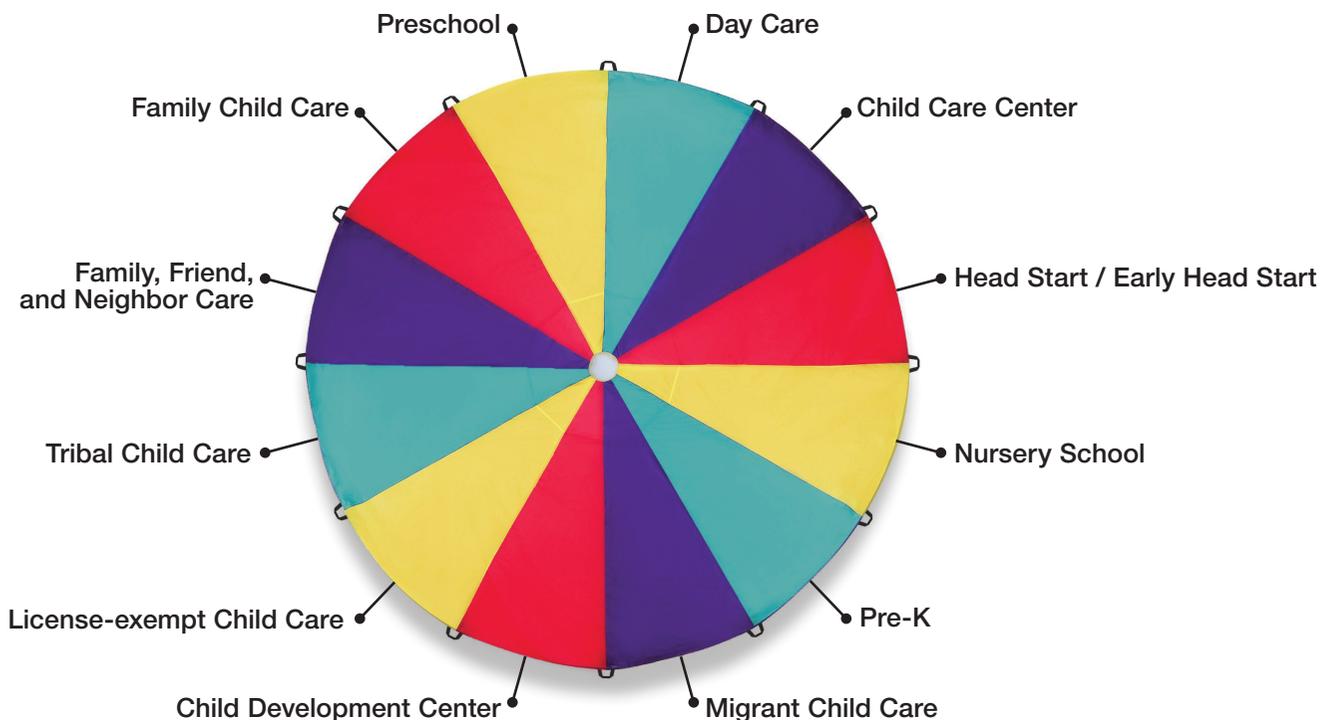
ECE is a field of professional expertise dedicated to providing care and education from birth to kindergarten entry.¹⁴ California's ECE infrastructure is more complicated than most other states' because of its cultural, linguistic,

social, political, economic, and geographic diversity in addition to multiple funding and regulatory agencies. The ECE systems in California continue to evolve in response to an increased demand for high-quality child care.¹⁴ Being familiar with the complexities of ECE in California lays the foundation for effective collaboration and partnership.

Early care and education (ECE)* is an umbrella term that includes many kinds of care and education for young children in a variety of settings. Nevertheless, the term ECE is not used universally. For example, families will often use the term "day care" and the Child and Adult Care Food Program (CACFP) refers to "day care homes." The Community Care Licensing Division at the California Department of Social Services uses the terms child care, family child care homes, and child care centers. See Appendix IV for more terms and definitions.

**Early Care and Education is sometimes called Early Childhood Education. Early Childhood Education can include children up to age 8 (or third grade). This document focuses on birth to kindergarten entry.*

Early Care and Education (ECE) Programs



Early Care and Education Workforce

The ECE workforce is made up primarily of women with educational backgrounds ranging from advanced degrees in child development to experience-based training and mentoring. These professionals often work long days with few breaks in order to accommodate the schedules of busy families. A wide base of knowledge is required to effectively care for young children including the following competencies: child development and developmental screening; health, safety, and nutrition; culture, diversity, and equity; and special needs and inclusion. To view the California Early Childhood Educator Competencies, visit <https://www.cde.ca.gov/sp/cd/re/ececomps.asp>.

People working in the ECE field generally earn lower wages than workers with similar experience, education, and work demands in other fields.¹⁵ The burden of pay inequities in ECE makes it hard to retain early childhood and infant care teachers. Frequent staff turnover can adversely affect the quality of ECE programs.

Licensed Child Care

In California, a child care program must have a license to provide care and supervision to children in a group setting. The California Department of Social Services (CDSS), Community Care Licensing Division (CCLD) provides oversight for licensed child care under the California Code of Regulations, Title 22. Child Care Licensing (CCL) is a program of the CCLD that monitors compliance with Title 22 health and safety regulations by inspecting child care facilities and providing technical assistance. There are 14 Regional Child Care Licensing Offices that perform this role.

Child care facilities are licensed as Child Care Centers (which include Infant Centers, Day Care Centers, and Child Care Centers for Mildly Ill Children) and Family Child Care Homes.

- **Child Care Centers:** Center-based programs are typically organized by classrooms serving different ages. Center-based programs include child development centers, nursery schools, preschools, Head Start/Early Head Start, pre-Kindergarten programs, Infant Centers (serving children ages birth to two years), and Child Care Centers for Mildly Ill Children.



- **Family Child Care Homes (FCCH):** Care is provided in the homes of the person or people who provide care for children (who are not family members of the provider). Often FCCH providers care for children of mixed ages. FCCHs typically enroll more infants and toddlers than child care centers.¹⁶
 - Large Family Child Care Homes are licensed to care for up to 14 children, providing staffing requirements and child age limits are met.
 - Small Family Child Care Homes are licensed to care for up to 8 children, providing child age limits are met.

Table 1: Licensed Child Care Facilities and Capacity in California¹⁷

	Licensed Child Care Facilities	Capacity (Number of Slots)
Child Care Centers	12,570	644,280
Family Child Care Homes	28,679	298,026
Total	41,249	942,306

Throughout California, the availability of licensed child care does not meet the needs of working families. In families with parents in the labor force, the availability of licensed child care only meets the needs of three out of four children. This number is based on the number of licensed slots and the number of children whose parents (both parents or their single parent) are in the labor force.^{14,18}

License-exempt Child Care

Some child care arrangements are not regulated or licensed and by California law are exempt from Title 22 regulations.

- **Family, Friend, and Neighbor Care:** License-exempt care for a child or children from the same family may be provided by a relative or non-relative. It may be in the child's home or in the home of the child care provider. Care provided by relatives is more common than non-relative care, especially for infants and toddlers. Grandmothers are the most common relative to provide care.¹² Families with low incomes are more likely to rely on license-exempt child care arrangements.¹⁹
- **Tribal Child Care:** Tribally-regulated ECE programs, both on and off tribal lands, serve tribal families, children, and communities and provide culturally relevant child care. As part of sovereign nations, Tribal child care programs are exempt from Title 22 regulations. State and federal funding is available to federally recognized tribes for ECE programs.

Combination Child Care

Many families use more than one type of child care arrangement when a provider's hours do not cover all of their needs. For example, shift workers and weekend staff may need to augment their regular child care with informal arrangements with family, friends, and neighbors. Also, some children may participate in two types of publicly funded programs (such as Head Start and Title 5), sometimes known as wrap-around, blended, or braided care.

Finding Child Care

Most families struggle to find affordable, stable, high-quality child care.²⁰ Availability of licensed child care is limited throughout California.¹⁴ Despite the demand, many families with children under two years of age cannot find licensed child care. Many children from low-income families do not have access to publicly funded programs even when they meet eligibility requirements.¹⁶

The following organizations play a role in helping families find and pay for child care:

LOCAL CHILD CARE AND DEVELOPMENT PLANNING COUNCILS

Local Planning Councils (LPCs) can be part of a local educational agency (for example, School Superintendent or County Office of Education), community-based organization (CBO), or other government agency. Each has a Coordinator, Chair, and Manager. LPCs are responsible for identifying child care needs (private or publicly funded) in their local communities and planning for child care based on those needs. There are currently LPCs representing each county in California.

LPCs facilitate partnerships within the local child care community by bringing together representatives from local agencies and organizations such as First 5, county welfare departments, human service agencies (including public health departments), regional centers, job training programs, employers, parent organizations, family child care home providers, local offices of education, disability advocates, local child care resource and referral agencies, and other interested parties. LPCs receive state funds through the California Department of Education, Early Learning and Care Division to carry out the provisions stated in the Education Code (*Education Code*, Chapter 2.3, Article 1, Section 8499 and Article 2, Sections 8499.3, 8499.5 and 8499.7).

For a full list of LPCs, visit:

www.cde.ca.gov/sp/cd/re/lpccontacts.asp

CHILD CARE RESOURCE AND REFERRAL

Child Care Resource and Referral (R&R) agencies are located in every county in California. In some counties, Child Care Resource and Referral is a program of the County Office of Education (COE). Local R&Rs support parents, child care providers, and local communities in finding, planning for, and improving the quality of affordable child care. R&R agencies and programs maintain comprehensive databases of child care providers in their communities (licensed centers, licensed family child care homes, and license-exempt providers). R&Rs track licensing status, languages spoken, age groups served, hours of operation, and child care availability. Funding through the California Department of Education, Early Learning and Care Division allows local R&Rs to provide many services free of charge.

The California Child Care Resource and Referral Network (R&R Network) is a statewide membership organization of local R&Rs across California. The R&R Network provides support to local R&Rs and plays a lead role in raising awareness about child care issues through professional development, data collection, reports, and advocacy.¹⁴

For a full list of R&R agencies and programs, visit: <https://www.cde.ca.gov/sp/cd/re/rragencylist.asp>.

CHILD CARE ONLINE FACILITY SEARCH TOOL AND REGIONAL CHILD CARE LICENSING OFFICES

The Child Care Online Facility Search Tool and Regional Child Care Licensing Offices provide information to help families find child care and learn about a licensed child care facility they might be considering. Users can search the tool by child care type and zip code, county, or name. Information related to family child care is restricted by law. To obtain additional information about family child care or

center-based care, consumers can contact a Regional Child Care Licensing Office or their local R&R agency.

For a full list of Regional Child Care Licensing Offices, <http://www.cdss.ca.gov/Portals/9/CCLD/Community%20Care%20Licensing%20Division%20Child%20Care%20Offices%202017.pdf?ver=2018-01-19-150103-170>

For the Child Care Online Facility Search Tool, visit: <https://secure.dss.ca.gov/CareFacilitySearch/Search/ChildCare>

Cost and Affordability

The high cost of living in California contributes to a child poverty rate of approximately 22 percent, and the cost of high-quality child care is more than most families can afford.²¹ There are not enough low-cost or publicly funded child care slots to meet the needs of all eligible families. This leaves many children out of a system that could positively influence their learning and health.¹⁴



Who Pays for Early Care and Education?

Private Pay for Early Care and Education

Most families in California pay tuition or fees for ECE. Even though child care tax credits are available, child care costs are typically a large part of a family's budget, often more than housing.²⁰ In-kind support, such as providing space, utilities, and janitorial services, in faith-based or employer-based programs can help keep ECE site costs lower, yet most child care programs run on tight budgets to stay affordable.²²

Sometimes called "Title 22 programs," private child care programs must be licensed and comply with California's Title 22 regulations. Private ECE can be nonprofit or for-profit, faith-based, or follow a particular educational philosophy (for example, Montessori, Waldorf, Reggio Emilia).

Public Funding for Early Care and Education

Publicly funded ECE services for children from low-income families in California draw from a mix of state and federal funds (see Appendix I). Family eligibility is defined in the California Code of Regulations (CCR) Title 5.

CDE is the lead agency for the Federal Child Care Development Fund (CCDF), Child Care and Development Block Grant (CCDBG) under the Administration for Children and Families (ACF). The CCDBG provides a large share of the public funding for child care. CDE has over 1,300 contracts with more than 700 agencies and provides child care services to approximately 400,000 children. These services include State Preschools, Child Development Programs, Tribal Child Care, and California's Temporary Assistance to Needy Families (TANF, also known as CalWORKs) Stages 2 and 3.²³

The CDE Early Learning and Care Division (ELCD) also administers many quality improvement activities such as the California Preschool Instructional Network (CPIN) that functions to improve the quality of preschool through professional development; the Child Care Initiative Project (CCIP) that functions to improve licensed family child care through professional development and technical assistance; and the California Preventive Health and Safety Practices (CPHSP) training program that functions to expand access to the health and safety training required to become a licensed child care provider (including one hour of nutrition). ELCD also offers a wide range of training programs for child care providers at no cost or reduced cost (including Healthy and Active Preschoolers which provides basic nutrition information to make healthful food choices to benefit children's health and well-being).

For a list of ELCD training programs, visit: www.cde.ca.gov/sp/cd/re/compatraining.asp

For a list of ELCD quality improvement activities, visit: www.cde.ca.gov/sp/cd/re/qiactivities1213.asp

Federal funds are provided by ACF to directly fund local Head Start programs. Head Start programs provide a high-quality early learning program coupled with health, nutrition, and family services for children ages birth to five years and their families. Family eligibility is based on the federal poverty guidelines. Federal poverty guidelines are also used to determine eligibility for other programs such as the Supplemental Nutrition Assistance Program (SNAP), CACFP, and the Children's Health Insurance Program (CHIP).

Head Start programs are locally administered by various agencies and organizations (for example, local education agencies, faith-based organizations, private and nonprofit agencies). California has the largest number of Head Start grantees in the nation with 191 grantees and 88 delegate agencies and a total enrollment of 102,198 children and pregnant women.²⁴ A grantee is the entity that applies for

and is awarded the grant and may or may not provide the services. Some grantees assign, or have an agreement with, delegate agencies to operate one or more of their Head Start programs. Many Head Start grantees (and delegates) have contracts with CDE to layer state and federal funding and offer full-day, year round, early learning programs. For more information about Head Start visit: <https://eclkc.ohs.acf.hhs.gov>

Alternative Payment (AP) (also known as vouchers) pays for child care expenses through CalWORKs. Individuals who provide license-exempt child care services, licensed child care centers, and licensed family child care homes can receive AP for child care services. CalWORKs Stage 1 AP is administered through CDSS, and CalWORKs Stages 2 and 3 AP are administered through CDE. To be eligible families must meet income criteria and be working, looking for work, participating in job training, homeless, or incapacitated.

Despite the variety of publicly funded ECE programs, only a fraction of eligible children receive subsidized ECE in California. According to the Learning Policy Institute's *Understanding California's Early Care and Education System*, just 33% of children in California ages birth to five years, whose families meet income and other requirements, are served by subsidized ECE.¹⁶

Federal Subsidy for Meals and Snacks in Child Care Programs

The United States Department of Agriculture (USDA) provides federal funding through the CACFP for licensed child care programs (centers and family child care homes), license-exempt afterschool programs, and emergency



shelters to serve healthy meals and snacks to infants and children. The goals of CACFP are to improve children's access to healthy food and beverages and to foster good eating habits.

A variety of public and private nonprofit child care centers, infant centers, Head Start programs, family child care homes, preschools, emergency shelters, and afterschool programs (for example, At-risk Afterschool Care centers) participate in CACFP as operators. For-profit licensed centers may also be eligible to participate if 25% of participating children qualify as low-income.

Children may be eligible for free meals when their families participate in one or more federally subsidized programs (for example, SNAP, Food Distribution Program on Indian Reservations (FDPIR), or TANF). Children who participate in Head Start programs are automatically eligible for free meals without further application or eligibility determination. Foster children and children who are experiencing homelessness are automatically eligible for free meals.

CACFP provides reimbursement to CACFP operators for serving nutritious meals and snacks that meet the CACFP meal pattern requirements. In order to receive reimbursement for meals and snacks, participating providers must serve food according to the meal patterns found in Title 7, Code of Federal Regulations, Section 226.20. The meal patterns were updated on October 1, 2017 for the first time since 1968. For guidance on the CACFP meal pattern requirements, visit: www.cde.ca.gov/ls/hu/he/cacfpresource.asp.

CACFP is administered through the CDE Nutrition Services Division. Child care centers, At-risk Afterschool Care centers, and emergency shelters receive reimbursement directly from the CDE for meals and snacks. However, family child care home providers, also known as day care homes (DCH), must sign an agreement with an approved CACFP DCH sponsor who will monitor compliance and provide resources, professional development, and technical assistance. For a list of CACFP DCH sponsors in California by county, visit: www.cde.ca.gov/ds/sh/sn/cacfpssponsormap.asp.

Laws and Regulations about Nutrition and Physical Activity in Early Care and Education

Federal and state laws, standards, and regulations provide the foundation for the policies, systems, and environments impacting nutrition and physical activity in ECE (see Appendix II).

State Level

Title 22: The California Code of Regulations requires licensed child care centers (not family child care homes) that serve meals and snacks to follow the CACFP meal patterns stated in federal law.

Additionally, each infant in a licensed infant care center must have an individual feeding plan as part of the Infant Needs and Services Plan. A discussion between the family and infant care center director (or assistant director) about current infant feeding theory is required and must be documented. If requested, arrangements for privacy shall be made for any mother who has reached an agreement with the infant care center to breastfeed her infant in the center.

Healthy Beverages in Child Care Law (AB 2084): This law went into effect in 2012. It is now part of the California Health and Safety Code (Section 1596.808) that requires licensed child care providers to comply with the following:

- When milk is served, serve only low fat (1 percent) milk or nonfat (0 percent) milk to children two years of age or older.
- Limit juice to not more than one serving per day of 100 percent juice.
- Serve no beverages with added sweeteners, either natural or artificial.
- Make clean and safe drinking water readily available and accessible for consumption throughout the day.

Title 5: State-funded Title 5 child care programs are required to serve nutritious meals and snacks during the time children are in the program. The meals and snacks must be culturally and developmentally appropriate and meet the nutritional requirements specified by the federal CACFP. Title 5 programs are required to promote each child's physical development by providing sufficient time, indoor and outdoor space, equipment, materials, and guidelines for active play and movement.

Emergency Medical Services Authority (EMSA) approved Health and Safety Training: A one-time training on Preventive Health is required to become a licensed child care provider in California. One hour of nutrition education is part of the 8-hour Preventive Health training. The EMSA approved training must be consistent with the USDA Dietary Guidelines for Americans and must include information on CACFP, including how child care providers can participate. For information and resources on the EMSA approved nutrition training, visit: <https://emsa.ca.gov/childcare-nutrition/>



Federal Level

Head Start Program Performance Standards: Head Start Program Performance Standards are established by the Office of Head Start, under the United States Department of Health and Human Services (HHS). Head Start was originally established to provide preschool instruction and nutritious meals to low-income children, and nutrition is one of the founding principles of Head Start. Because of the concerning rate of childhood obesity, especially among low-income children, current health and nutrition requirements are aimed at obesity prevention. Head Start Program Performance Standards address children's nutrition and physical activity. Teachers are required to integrate intentional movement and physical activity into daily routines in ways that support health and learning. Family-style meals are encouraged. A program is not allowed to use physical activity as a reward or punishment. The *I Am Moving, I Am Learning* program is an early childhood obesity prevention initiative from the Office of Head Start.

Americans with Disabilities Act (ADA): As a place of public accommodation, child care programs are required to follow disabilities rights laws such as the ADA. Among other things, this means a child cannot be discriminated against for having special needs related to diet, feeding, or physical activity. All child care programs (including family child care providers) must comply with the ADA. For information on the ADA from the Child Care Law Center visit: <http://childcarelaw.org/resource/know-the-law-about-the-americans-with-disabilities-act-ada-and-child-care-in-california/>

For frequently asked questions from the U. S. Department of Justice on the ADA in child care centers visit: <https://www.ada.gov/childganda.htm>

Additional information on specific laws and regulations with opportunities for policy and systems change can be found in Appendix II.

Who sets the standards...



Best Practices, Recommendations, and Guidance on Nutrition and Physical Activity in Early Care and Education

“Best practices” combine significant research findings published in peer-reviewed professional journals with expert and professional opinions from clinicians, providers, and leaders in the field. Best practice recommendations for nutrition and physical activity in ECE help identify effective strategies for working with children, families, and child care providers.



High-quality early care and education helps children start strong!

National Best Practice Recommendations

Preventing Childhood Obesity in Early Care and Education Programs; 2012

Selected standards from *Caring for Our Children National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs, 3rd Edition* (CFOC3) including nutrition and meal service; breastfeeding and infant feeding; healthy beverages; food brought from home; physical activity; professional development; and screen time limits.

Developed through a public-private partnership: the American Public Health Association (APHA), the American Academy of Pediatrics (AAP), the National Resource Center for Health and Safety in Child Care and Early Education (NRC), and the U.S. Department of Health and Human Services, Maternal and Child Health Bureau (MCHB).

http://nrckids.org/CFOC/Childhood_Obesity

Early Childhood Obesity Prevention Policies; 2011

The report outlines goals, recommendations and potential actions for child care providers and regulators, health-care professionals, and directors of federal and local child care and nutrition programs to address children’s growth and development outside the home.

Institute of Medicine (National Academy of Medicine)

<http://www.nationalacademies.org/hmd/-/media/Files/Report%20Files/2011/Early-Childhood-Obesity-Prevention-Policies/Young%20Child%20Obesity%202011%20Recommendations.pdf>

Weight of the Nation Obesity Prevention in ECE Policy Review; 2011

State-by-state report on legislation enacted in response to recommendations for healthy eating and physical activity in ECE.

Centers for Disease Control and Prevention

https://www.cdc.gov/obesity/downloads/Early-Care-and-Education-Policy-Review-FINAL_web508.pdf

Spectrum of Opportunities

This framework for obesity prevention in ECE identifies ways that states, and to some extent communities, can support child care and early education facilities to achieve recommended standards and best practices for obesity prevention.

Healthy Kids, Healthy Future and Centers for Disease Control and Prevention

<http://www.eceobesityprevention.org/spectrum/>

Child and Adult Care Food Program (CACFP) Meal Patterns; 2017

A federally-funded program administered by states. Participating providers and centers receive financial assistance for meals and snacks, resources, professional development, and technical assistance. The meal patterns represent best practices and can be followed even if not participating in CACFP.

United States Department of Agriculture

www.cde.ca.gov/ls/nu/he/cacfpresource.asp

A Statement of Physical Activity Guidelines for Children from Birth to Age 5, 2nd Edition; 2009

The guidelines for infants (ages birth to 12 months), toddlers (ages 12 to 36 months), and preschoolers (ages 3 to 5 years) provide parents and caregivers with developmentally appropriate standards about physical activity practices, policies, and environments.

Society of Health and Physical Educators (SHAPE America), National Association for Sport and Physical Education (NASPE) Active Start

<https://www.shapeamerica.org/standards/guidelines/activestart.aspx>

California Best Practice Recommendations

California Early Childhood Educator Competencies

Physical Development and Health Domains for what educators should know.

California Department of Education (CDE), Early Learning and Care Division (ELCD)

www.cde.ca.gov/sp/cd/re/documents/ececompetencies2011.pdf

California Infant/Toddler Learning and Development Foundations

The Gross Motor Foundation lists the behaviors leading up to the development of physical skills in different age ranges (for example sitting, walking, pushing, running, pedaling, kicking).

CDE ELCD

<https://www.cde.ca.gov/sp/cd/re/documents/itfoundations2009.pdf>

California Preschool Learning Foundations, Volume 2

Physical Development and Health Domains for school readiness goals for preschool-aged children.

CDE ELCD

www.cde.ca.gov/sp/cd/re/documents/psfoundationsvol2.pdf

California Preschool Curriculum Framework Volume 2

Physical Development and Health Domains have strategies and information to enrich learning and development in nutrition and physical activity.

CDE ELCD

www.cde.ca.gov/sp/cd/re/psframework.asp#psframevol1

Desired Results Developmental Profile (DRDP)

Physical Development and Health Domain measures track developmental and learning milestones for children.

CDE ELCD

<https://www.desiredresults.us/>



What Are Other States Doing?

NORTH CAROLINA

North Carolina is a state with a strong history of supporting policies, systems, and environments for nutrition and physical activity in ECE. The North Carolina Department of Health and Human Services, Division of Child Development and Early Education, is the agency responsible for licensing child care programs in North Carolina.

SYSTEMS AND POLICIES

Laws, standards, and regulations: North Carolina's Division of Child Development and Early Education has laws and rules that include requirements for nutrition, physical activity, and screen time for child care centers and family child care homes. Physical activity requirements include a scheduled activity plan with minimum daily outdoor time that allows for vigorous physical activity (activity that is done with "force and energy"). Meals and snacks served to children in licensed child care centers must comply with CACFP meal patterns. There are also standards for beverages served in child care centers and family child care homes.

Quality Rating and Improvement System (QRIS):

North Carolina has a star rated license system based on program standards (program environment, staff-child ratios, and interactions) and education standards (college course work, teaching credentials, and experience). Programs that choose to participate have their star rating on their license.

Child Care Health Consultants (CCHC): In North Carolina, CCHCs are employed by local health departments and other agencies. CCHCs are health professionals specializing in health and safety in child care settings who work collaboratively with child care directors and staff to interpret child care rules and the National Health and Safety Performance Standards (CFOC3) to assess and improve the health and safety practices and environment.

PARTNERSHIPS

Integrating Healthy Opportunities for Play and Eating (I-HOPE) is a statewide advisory committee for early care and education (ECE) settings. This advisory committee includes health professionals, administrators, regulators, researchers, educators, and related stakeholders who share information about efforts to address healthy eating and physical activity in the ECE setting. I-HOPE has advised the state's child care licensing division on proposed changes to required outdoor time and allowable foods at celebration events. For more information about I-HOPE, visit <https://www.eatsmartmovemorenc.com/I-HOPE/portal/>.

PROGRAM-LEVEL ACTIVITIES

Shape NC: Healthy Starts for Young Children was created to help children start kindergarten at a healthy weight and ready to learn. Participating child care programs receive financial incentives, technical assistance, and materials. Shape NC implements three evidence-based programs that promote best practices in nutrition and active play. It is an initiative of the Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation, The North Carolina Partnership for Children, Inc. (NCPC), and the Corporation for Community and National Service.

NEW YORK

Like California, the state of New York has a large and diverse population. New York has a strong commitment to the health of its citizens. Every five years, the New York State Department of Health creates the Prevention Agenda encompassing a broad range of goals and priorities. Prevention Agenda 2019-2024 focus areas address obesity and chronic disease risk reduction, including the promotion of ECE environments that support physical activity and incorporate quality nutrition.

SYSTEMS AND POLICIES

Laws, standards, and regulations: In 2006, New York City's Board of Health added requirements for nutrition, physical activity, and screen time to child care licensing regulations. New York City has leveraged USDA and SNAP-Ed funds to train providers on the CACFP meal patterns.

In 2016, New York State enacted *Public Health Law, Section 2505-a, Breastfeeding Mothers' Bill of Rights*, which includes the following: "You have a right to breastfeed your baby at your place of employment or child day care center in an environment that does not discourage breastfeeding or the provision of breast milk." Additionally, the Breastfeeding Friendly Child Care Initiative set standards for centers and homes to support mothers who are breastfeeding.

QRIS: New York State's QRIS is called QUALITYstarsNY and its standards of quality include developmentally-appropriate opportunities for physical activity for infants, toddlers, and preschoolers, screen time limits, nutrition standards (following the CACFP meal patterns), and staff training in obesity prevention.

PARTNERSHIPS

New York State has an Early Childhood Advisory Council that provides advice to the governor on issues related to young children and their families. The Obesity Prevention in Child Care Partnership (Partnership) is a workgroup within the Early Childhood Advisory Council. The Partnership works with the Department of Health to improve nutrition and physical activity in ECE settings by developing policies for the CACFP and promoting healthy activity in ECE.

PROGRAM-LEVEL ACTIVITIES

- The Office of Children and Family Services Early Childhood Education and Training Program offers videoconference professional development for ECE providers on healthy beverages, meal planning, feeding, and screen time.
- "Eat Well, Play Hard" is a grant program for child care centers and day care homes participating in the CACFP. It gives participating centers and homes grants to implement a nutrition and physical activity program targeting children and their parents.
- ECE providers can receive a Breastfeeding Friendly Child Care Certificate from the New York Department of Health, and qualifying programs are listed on the Department of Health website to help parents choose breastfeeding friendly care.

DELAWARE

Delaware is a small state, with a population smaller than many of California's counties. Partnerships and multidisciplinary efforts are the backbone for improving the ECE nutrition and physical activity landscape in Delaware.

SYSTEMS AND POLICIES

Laws, standards, and regulations: As Delaware's QRIS was being developed, licensing regulations were updated to set a higher standard for nutrition and physical activity in child care settings. Key changes include regular bouts of moderate to vigorous physical activity for children; limiting the time awake infants spend in confining equipment (strollers, swings), and screen time limits. Licensing regulations were tied to the CACFP requirements so they would have the same force as other licensing regulations. Early Learning Foundations from the Delaware Department of Education are embedded into the QRIS.

QRIS: Delaware Stars for Early Success is the name of Delaware's QRIS. The Delaware Department of Education administers the program, providing assessments and technical assistance to QRIS participants. QRIS began as a public-private partnership between state departments (Education, Health and Social Services, Services for Children, Youth, and Their Families) and private organizations (Nemours, United Way, Children and Families First).

PARTNERSHIPS

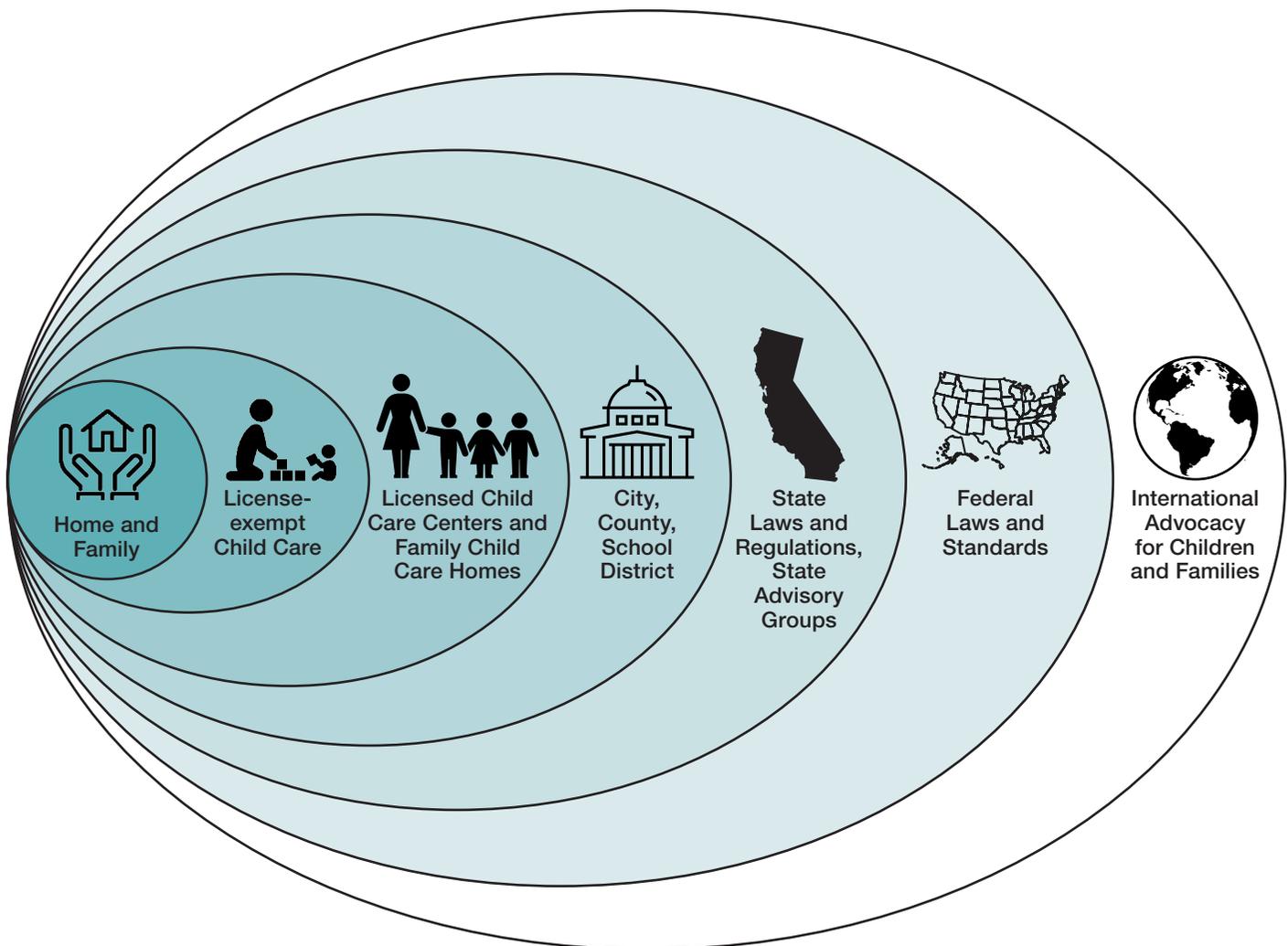
The Delaware Department of Education leads a multi-level partnership comprised of a variety of professional disciplines, agencies and organizations. For example, the United Way provided funds for QRIS implementation and Nemours Health and Prevention Services developed obesity prevention training and technical assistance programs to educate ECE providers throughout the state.

PROGRAM-LEVEL ACTIVITIES

Delaware's Early Learning Foundations are implemented on the program level. The Physical Development and Health domain of the Early Learning Foundations includes standards for gross motor skill building, healthy eating behaviors, and experiences preparing healthy food.

Advocacy and Policy to Improve Nutrition and Physical Activity for Young Children

Efforts to improve nutrition and physical activity for young children take place on many different levels, starting with family meals in the home; including local, state, and federal laws; and extending to international organizations that address global topics such as breastfeeding, the food supply, and the environment.



Adapted from "What Are Our Environments" WE ACT for Environmental Justice, 2005

Here are some examples:



In the home, families can adopt household policies or family rules around family meals, screen time, active play, beverages, lunches brought from home to ECE settings, and celebrations. Health professionals and advocates can promote these family level policies through media campaigns, educational events and materials, and one-on-one counseling.



License-exempt child care arrangements tend to be informal and in the home of the child's family or the home of a family member, friend, or neighbor. Policies for nutrition, physical activity, and screen time are made in partnership with children's families and are highly influenced by cultural practices and traditions.



Licensed child care centers and family child care homes are required to follow licensing regulations and can voluntarily participate in QRIS. Publicly funded programs such as Head Start and Title 5 have additional requirements. Centers and family child care homes can fill in the gaps with program level policies for nutrition and physical activity topics that either aren't covered in regulations or could be expanded such as screen time, breastfeeding, opportunities for physical activity, and healthy eating behaviors.



Cities and counties may establish laws and ordinances that affect the nutrition and physical activity practices in local child care programs. This could include equitable access to safe drinking water, access to public play spaces, and safe routes to school. School districts may have wellness policies that affect preschools and child development centers on their school sites. Health professionals and other advocates can work with local organizations such as school boards, city councils, county boards of education, local public health departments, and LPCs to leverage resources and maximize opportunities for change on the city, county, or school district level.



On the state level, nutrition advocacy and policy organizations such as the California Food Policy Advocates (CFPA), the Nutrition Policy Institute (NPI), and the Child Care Food Program Roundtable work to improve nutrition for children in child care programs. CFPA and NPI were instrumental in passing the Healthy Beverages in Child Care Act (AB 2084) and in adding nutrition content to the Preventive Health training required to become a licensed child care provider. Public health professionals can assist at the state level by providing information and data during the regulatory process; providing subject matter expertise during the legislative process; and working with state and national organizations to improve access to and participation in food programs like CACFP. Other avenues for involvement include coordinating obesity prevention messages with the DRDP, California Preschool Learning Foundations, QRIS activities, and professional development for early childhood educators.



On the federal level, organizations like the American Heart Association, the American Academy of Pediatrics, Nemours, and the United Way advocate for policies and laws that improve access to healthy food and promote healthy environments. The reauthorization of the Child Care and Development Fund (CCDF), Head Start Program Performance Standard updates, and the revised CACFP meal patterns called for input from stakeholders and advocates from the fields of health and education.



On the international level, organizations such as the World Health Organization (WHO) and UNICEF advocate for policies that improve health outcomes for children and families worldwide.

Examples of Partnerships between Early Care and Education and Public Health in California

The increase in childhood obesity is now recognized as a public health crisis and many organizations and agencies are focusing obesity prevention efforts on improving nutrition and physical activity in the ECE setting.⁹ At the same time, multiple organizations on the federal, state, and local levels are funding, regulating, and providing opportunities for overall quality improvement in ECE (see Appendix V for programs and tools to improve nutrition and physical activity in ECE).

Creating the policy, systems, and environmental change necessary to help support the development of children's healthy habits requires strong partnerships among a diverse group of stakeholders. CDC's Spectrum of Opportunities identifies these types of partnerships as essential (see Appendix III).²⁵ Research studies have shown that the most successful programs combine a variety of components and multi-level approaches.^{26,27}

On the following pages are a few examples of successful partnerships in California...



Healthy Apple Program, San Francisco

Healthy Apple is a multi-level program for ECE providers, using evidence-based practices to help prevent overweight and obesity among preschool-aged children. It consists of five parts:

1. Self-assessment (based on Go NAP SACC, a research-supported assessment tool)
2. Goal-setting and formation of an action plan
3. Resources such as curriculum, handouts, newsletters, and videos
4. Training and workshops (held on nights and weekends to make it easier for providers to attend)
5. Technical assistance and support by email, phone, or in-person

In addition, Healthy Apple publicly celebrates success with annual Healthy Apple Awards to encourage providers to conduct regular self-assessments for continuous improvement.

HEALTHY APPLE PROGRAM PARTNERS

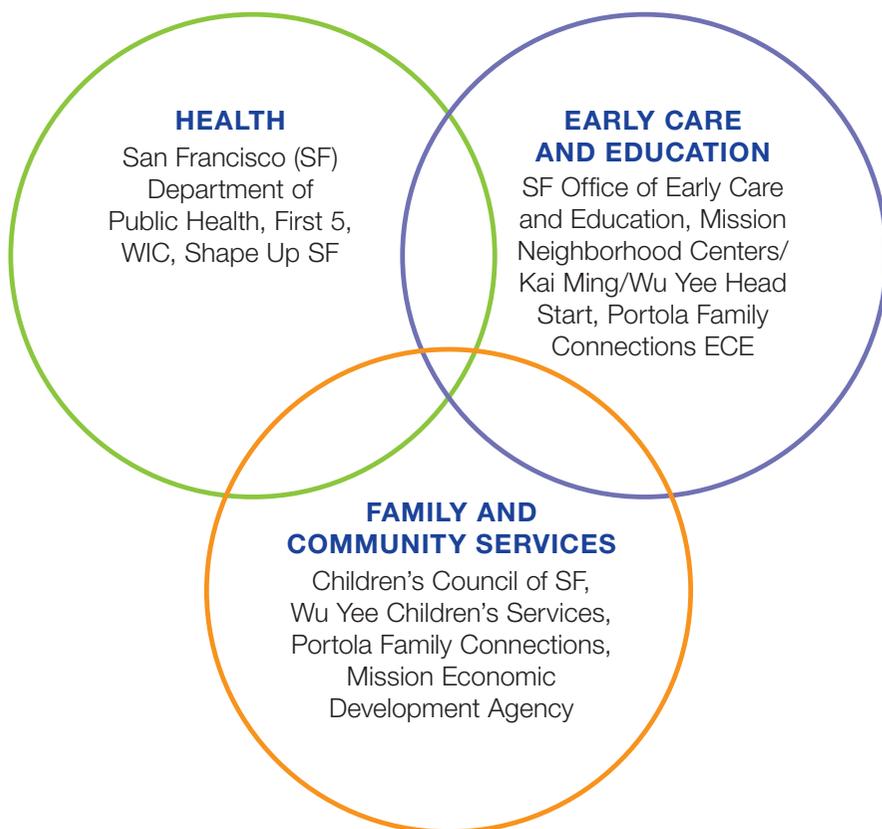


This partnership was formed with the mission of increasing opportunities for health and decreasing obesity among children ages birth to five years in ECE programs.

Additional partners have provided funding to develop, implement, and evaluate the Healthy Apple Program. These partners represent both federal and local organizations and include USDA SNAP-Ed, U.S. Department of Education Mission Promise Neighborhood, Mission Economic Development Agency, CDC Community Transformation Initiative, SF Department of Public Health, Healthy Hearts SF, SF Office of Early Care and Education, and Kaiser Permanente-SF Community Benefit Program.

Public Health Nurses from the SF Department of Public Health Child Care Health Program provided the Healthy Apple Program to ECE providers, and also took body mass index (BMI) measurements of children in their care. The Children's Council of San Francisco, a Child Care Resource and Referral agency, provided Healthy Apple participants with additional training, technical assistance, and resources.

The program was evaluated by the SF Department of Public Health. Preliminary results of the Healthy Apple Program evaluation have been published in a peer-reviewed journal.²⁸



Supporting Breastfeeding Families: A Toolkit for Child Care Providers, Alameda County

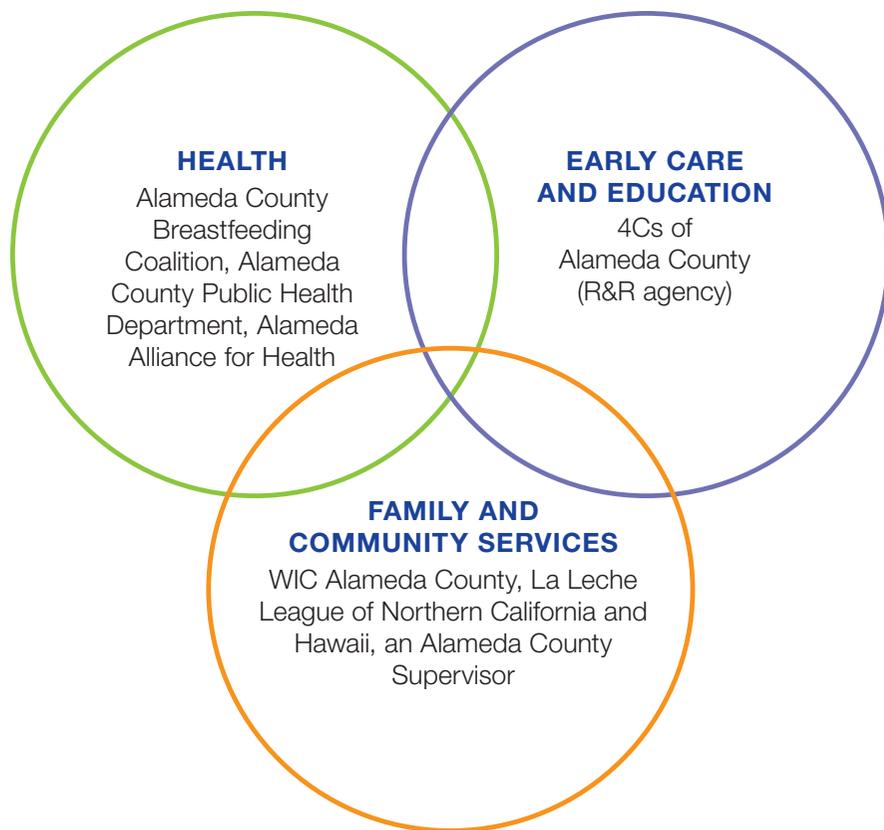
Recognizing the nutritional benefits of breastfeeding, and at the same time the barriers to continued breastfeeding for families whose children are in ECE programs, the Alameda County Breastfeeding Coalition published *Supporting Breastfeeding Families: A Toolkit for Child Care Providers* in August 2015. The document is intended to help ECE providers create an environment that supports mothers to continue breastfeeding. The multi-level approach combines:

1. Creating policies
2. Changing the ECE environment
3. Staff development on procedures for safe storage, handling, and feeding of pumped milk
4. Parent education

The Toolkit includes a resource developed by the Carolina Global Breastfeeding Institute: *Ten Steps to Breastfeeding Friendly Child Care*.

SUPPORTING BREASTFEEDING FAMILIES: A TOOLKIT FOR CHILD CARE PROVIDERS PARTNERS

One of the benefits of multidisciplinary partnerships is broader dissemination. The Toolkit is available on the Alameda County Breastfeeding Coalition website. The Alameda County Public Health Department website links to the resource on its breastfeeding webpage. To access the toolkit, visit: http://californiabreastfeeding.org/wp-content/uploads/2012/09/Breastfeeding_Toolkit_Alameda_updated.pdf



San Diego County Childhood Obesity Initiative

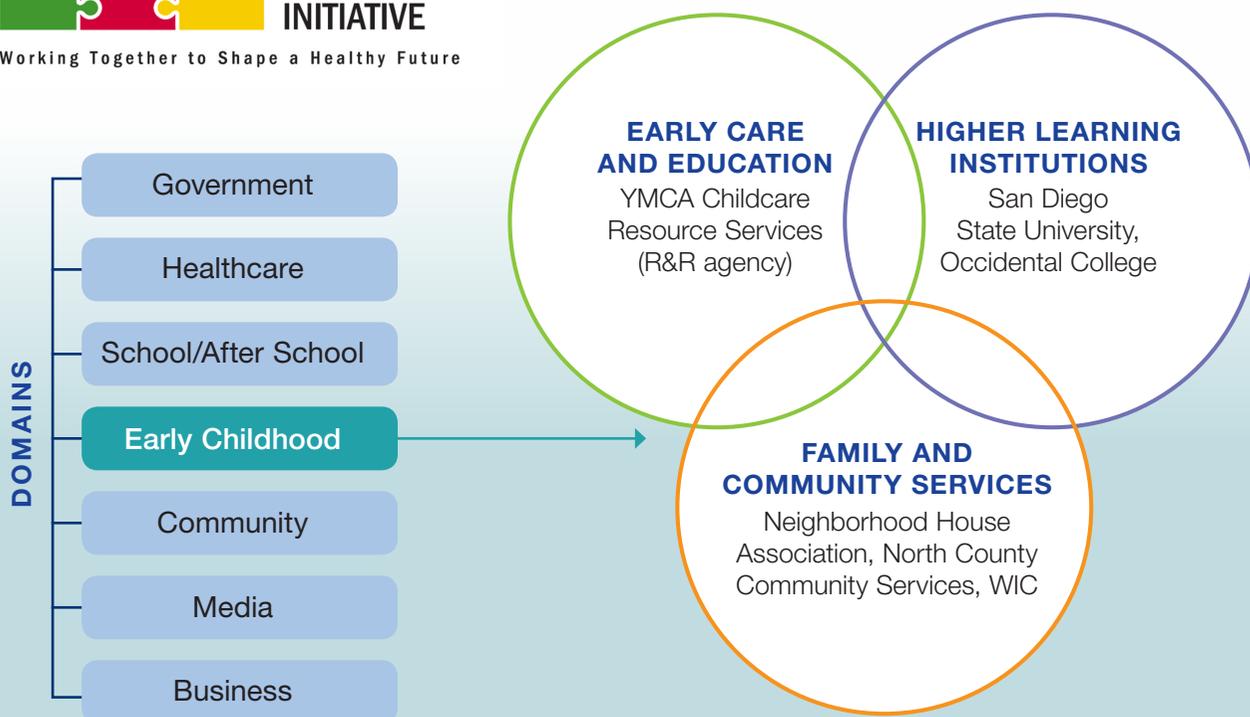
Established in 2006, the San Diego County Childhood Obesity Initiative (Initiative) is a county-wide partnership of public and private organizations, divided into “domains” of stakeholders from local government, health care, education (school, afterschool, and ECE), community, media, and business. Representatives of each of these domains meet regularly to work on policy, systems and environmental changes to reduce the prevalence of childhood obesity.

The activities of the Early Childhood domain reflect partnerships with local health and ECE organizations. The domain has partnered with YMCA Childcare Resource Services (an R&R agency) to create a nutrition and physical activity quality assessment and improvement program for ECE environments (the “Wellness Champion” designation). Participating providers receive training,

support, and coaching to meet the Wellness Champion standard. Those providers who become Wellness Champions are added to a preferred list for parents seeking child care referrals from the YMCA. The domain also shares materials and resources with local community colleges to strengthen nutrition and physical activity curriculum in college-level ECE courses. It is partners with the YMCA, North County Community Services, and Occidental College to establish Farm to Preschool programs in the county. In addition, it contributed to the USDA’s 2017 update of the CACFP meal pattern.

SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE PARTNERS

In 2016, the Initiative published “State of Childhood Obesity in San Diego County,” a comprehensive description of the prevalence of obesity in the county, the strategies being implemented by the different domains of the Initiative, and the progress being made toward their goals.²⁹ Core funding was provided in part by the County of San Diego, Live Well San Diego, Kaiser Permanente, and First 5 San Diego.



Collaborate for Obesity Prevention: A Road Map to Local Early Care and Education Partnerships

Follow this Road Map to make contacts, explore possible connections, and establish new partnerships in your local ECE community. Remember, the road to successful working relationships takes time and may have twists and turns along the way. Caring for young children is challenging and important work. Start by being supportive and helpful and soon you'll be on the road to productive partnerships!

STEP 1: Your local Child Care Resource and Referral (R&R) Agencies house many ECE support activities and connect families with child care programs. Reach out and let them know you are a partner in young children's health and safety. Check their website for events, professional development opportunities, and QRIS activities. Some counties have more than one R&R agency.

STEP 3: Attend a meeting of your Local Child Care and Development Planning Council (LPC). Meetings are open to the public and can loop public health professionals into local issues affecting the ECE community. This is a good place to find out what local, state, and federal funding for ECE and quality improvement is flowing into your county. Consider applying to serve on your LPC.

STEP 5: Each of California's 58 counties has a County Office of Education (COE) that provides services to the state's school districts, including local, publicly funded programs and services to support early childhood education. Find out how you can collaborate with your local COE. For a full list of the County Offices of Education in California visit: <https://www.cde.ca.gov/re/sd/co/index.asp>

STEP 2: Connect with the CACFP sponsor in your area. Your CACFP sponsor may be a community-based organization (CBO) or a local R&R agency. Sponsors administer the CACFP program and have regular contact with participating child care providers. They provide technical assistance on meal patterns and best practices for feeding young children and assist with reimbursement procedures.

STEP 4: Find out where the State Preschools and Title 5 Child Development Centers in your county or local health jurisdiction are located and the populations that are served by these programs. State Preschools are often part of local school districts.

STEP 6: Reach out to your local Head Start/Early Head Start grantee(s) or delegate(s), Health Services Manager and/or Nutrition Services Manager. The California Head Start Association website www.caheadstart.org has a link to a program locator. Attend a Head Start/Early Head Start Health Services Advisory Committee meeting. Volunteer to serve on the Health Services Advisory Committee. Ask about Regional Head Start Health Cluster meetings in your area.

STEP 7: Present at or attend ECE meetings and conferences, for example the Child Care Food Program (CCFP) Roundtable Annual Conference, First 5 Child Health, Education and Care Summit; Head Start Health Institute Annual Conference; Regional Head Start/Early Head Start Health Cluster Meetings; Annual California Association for the Education of Young Children (CAEYC), Professional Association of Childhood Educators (PACE), and Californians for Quality Early Learning (CQEL) Conference; California R&R Network/ California Alternative Payment Program Association (CAPP) Annual Conference, California Family Child Care Association Conference; and the Biennial Childhood Obesity Conference.

STEP 9: Explore the ECE Quality Rating and Improvement System (QRIS) in your county. QRIS coaching may be provided through your local R&R agency and/or First 5. Offer to provide informational materials or to be a resource for technical assistance. For more information on QRIS in California visit: <https://qualitycountsca.net>

STEP 11: Contact the Tribal Child Care Association of California (TCCAC) to find out about any Tribal Child Care activities in your county. (530)285-0013 or info@tribalchildcareca.org

STEP 13: Form a public health/ECE workgroup *within* your department with representatives from different programs with ties to ECE (for example, Immunization, Sudden Infant Death Syndrome (SIDS), Oral Health, Communicable Disease, Disaster Preparedness, Black Infant Health, Child Care Health Consultants, Healthy Homes).

STEP 8: Reach out to your local First 5. County First 5 agencies fund a variety of projects serving children from ages birth to five years and their families (for example, developmental screening, nutrition and physical activity, dental health, parenting support, arts programs). Funding varies by county depending on local needs and priorities. Find out about and connect with First 5-funded ECE projects in your county.

STEP 10: California has 14 Regional Child Care Licensing Offices. Licensing Policy Analysts (LPAs) monitor compliance and provide technical assistance with child care licensing regulations. The CCLD Advocate Program provides an additional link between child care licensing and the community. Advocates provide licensing information to parents, child care providers, employers, educators, and community groups. Make contact with your regional licensing office and your area's Advocate to share tools, information, and resources about nutrition and physical activity in ECE settings.

STEP 12: There may be research projects involving child health, gardening, nutrition, or physical activity in ECE going on near you. Be on the look-out for ECE-related local research intervention projects through the University of California (UC), California State Universities (CSU), private universities, and other research institutions in your area.

Public Health/Early Care and Education Partnership Template

Use the following template to help you organize contact information for your local ECE community.

NOTE: You can download this template as a fillable form at <https://cchp.ucsf.edu/content/partnering-on-obesity-prevention-guidebook>

Local Resource and Referral (R&R) Agency(s) – https://www.cde.ca.gov/sp/cd/re/rragencylist.asp	
Name	
Executive Director	
Training Coordinator	
Address	
Phone	Email
Local CACFP Sponsor(s) – https://www.cde.ca.gov/ls/nu/cc/cacfpcontact.asp	
Name	
Program Coordinator	
Address	
Phone	Email
Website	
Local Child Care and Development Planning Council – https://www.cde.ca.gov/sp/cd/re/lpccontacts.asp	
Name	
Director	
Address	
Phone	Email
Website	

Local State Preschools and Title 5 Child Development Centers *(find through local school district or County Office of Education)*

Name	
Director	
Address	
Phone	Email
Website	

Local Head Start/Early Head Start Grantees or Delegates – <http://caheadstart.org/>

Name	
Director	
Health Services Manager	
Nutrition Services Manager	
Address	
Phone	Email
Website	

Head Start/Early Head Start Health Cluster – http://caheadstart.org/headstart_community.html

Check one: NORTH SOUTH CENTRAL

Name of Representative	
HS/EHS Program	
Phone	Email
Website	

Note: Anyone can join a national Head Start on-line community through MyPeers. Once you're a member, you can join the community called "California Health Clusters." This allows you to post and receive posts in the community. To initially join My Peers visit <https://eclkc.ohs.acf.hhs.gov/about-us/article/mypeers-collaborative-platform-early-care-education-community>.

Local First 5 – <http://www.first5california.com/services-support.aspx?id=22>

Name	
Director	
Address	
Phone	Email
Website	

Quality Rating and Improvement System (QRIS) Activities – <https://qualitycountsca.net/child-care-providers/counties/>

Organization	
Coordinator	
Address	
Phone	Email
Website	

Regional Child Care Licensing Office – <http://www.cdss.ca.gov/inforesources/Child-Care-Licensing>

Name	
Director	
Address	
Phone	Email
Website	
Child Care Advocate	
Address	
Phone	Email
Website	

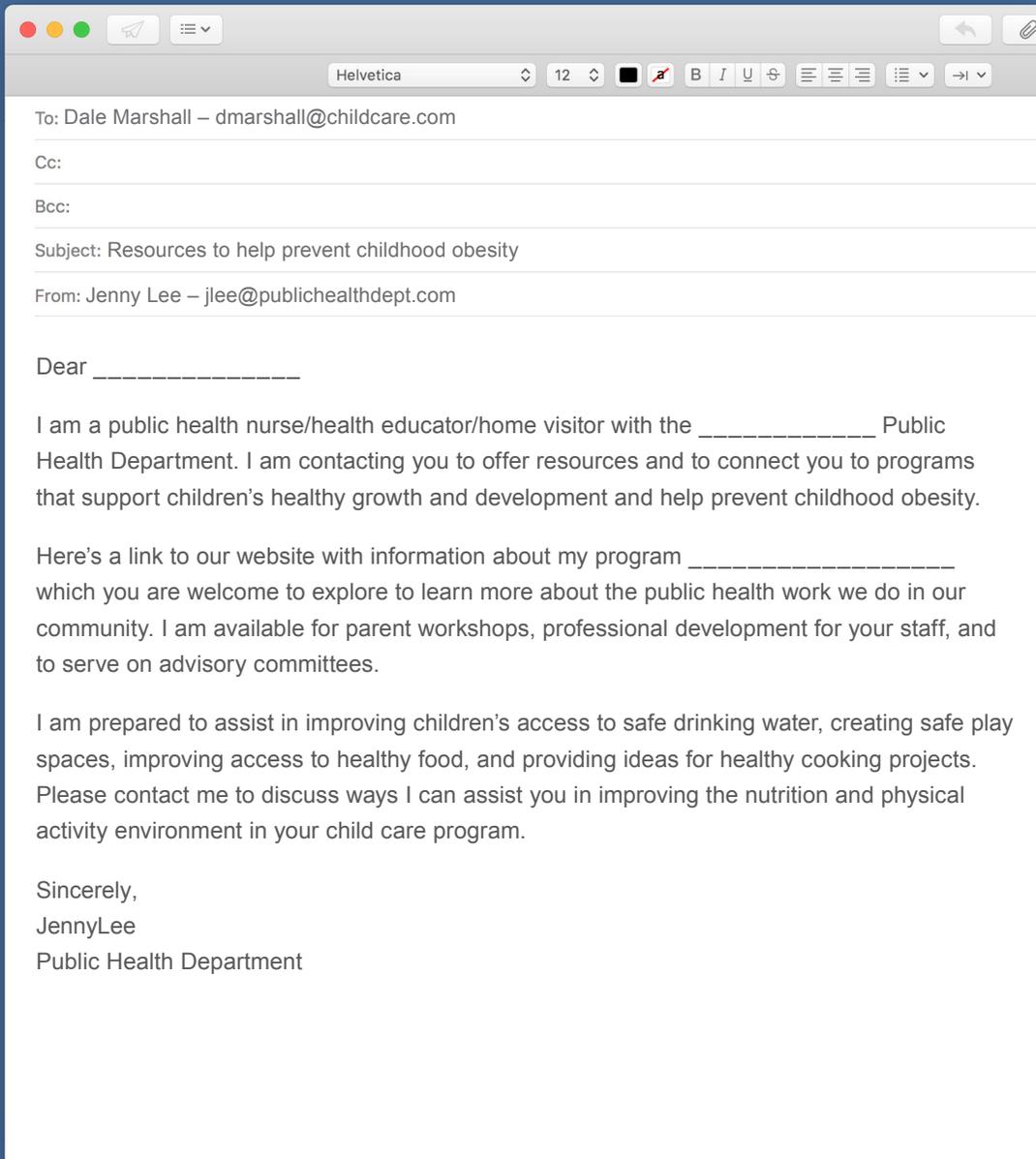
Local Tribal Child Care – <https://www.tribalchildcareca.org/>

Name	
Director	
Address	
Phone	Email
Website	

Representatives from other programs in your local health department with ties to ECE

Immunization
SIDS
Oral Health
Communicable Disease
Disaster Preparedness
Black Infant Health
Child Care Health Consultant
Healthy Homes (Childhood Lead Poisoning Prevention)
Other

Here's a sample email script to help you start the conversation:



Emerging Opportunities

Bringing together public health activities and California’s complex and diverse ECE community presents both a challenge and an opportunity. Public health professionals can play many roles such as advisor, trainer, facilitator, advocate, and consultant. Here are some ideas for advancing obesity prevention in the ECE community.

State Level

Licensing regulations can potentially impact the whole licensed child care system and influence health outcomes for many children. Legislation is one way to change child care regulations. Another is to work with the CDSS Community Care Licensing Division for regulatory change. The State Advisory Council on Early Learning and Care (SAC) is one group that invites participants to discuss and problem-solve the laws and regulations governing child care.

Licensing regulations could be updated to include:

- New regulations for food served to children in family child care homes. One possible approach is for family child care home regulations to align with current child care center regulations requiring CACFP meal patterns to be followed.
- New regulations for family child care homes reflecting best practices for physical activity and screen time limits for children.
- New regulations for child care centers reflecting best practices for physical activity and screen time limits for children.

QRIS is evolving in California and is a natural place to promote healthy practices and policies. Measures to strengthen nutrition, physical activity, screen time, and access to water in the QRIS have the potential to influence many ECE programs and the majority of young children in California.

Investments in child care facility improvements to support water availability infrastructure and safe active play would improve environments for children in ECE facilities. Funds through government agencies and foundations can help with facility improvements. For example, the Low Income Investment Fund (LIIF) is a nationwide Community Development Financial Institution (CDFI) that provides grants and loans for developing and improving child care facilities. For more information visit: <http://www.liifund.org/>

Local Level

Local obesity prevention activities in ECE are the “boots on the ground” and the best place to meet the unique needs of a community. When local public health professionals understand best practices and regulations for ECE they can better help child care providers follow them in a practical and cost-effective way.

Address tap water safety: Reach out to your community water supplier or the environmental health department of your agency to find out about services to test drinking water safety in local child care facilities. Share water safety information with providers who are hesitant to provide tap water to the children in their care.

Improve water availability: Help make drinking water more accessible by promoting the installation of modern water bottle filling stations in child care facilities so that children and staff can refill their personal water bottles.

Increase enrollment in WIC and SNAP: In most cases, children and families who qualify for publicly funded child care will also qualify for food subsidy programs such as WIC and SNAP. Reach out to your local Head Start and Title 5 programs with enrollment information for WIC and SNAP. Help WIC “graduates” transition to free and reduced priced school meals (School Breakfast and School Lunch Programs) and participation in Summer Meals programs.

Increase enrollment in CACFP: Participation in CACFP improves access to healthy food and provides technical assistance on meal planning and cost saving. CACFP contributes resources to help mitigate the cost of purchasing nutritious food and drinks.

Engage Child Care Health Consultants (CCHC): CCHCs bring public health information and resources to the ECE community. In some counties, (for example, San Francisco, Santa Clara, Ventura, Fresno) CCHCs provide visitation, technical assistance, family engagement, and professional development to child care programs.

Consider Sugar Sweetened Beverage (SSB) taxes: Four cities in California (Berkeley, San Francisco, Oakland, and Albany) collect taxes on SSBs. A 2018 law prohibits new local SSB taxes in California for 12 years, but existing local taxes will be left intact. Soda tax advocates are suggesting a future *Statewide* SSB tax. SSB taxes provide potential funding for activities to improve nutrition and physical activity environments in ECE and the greater community. For example, the Philadelphia SSB tax is designated to be spent on pre-K education, community schools, and parks and community recreation centers.

Promote farm to preschool and community gardening: Community and ECE facility-based gardens provide children with positive messages about nutrition and the environment. Make the best of the resources available in your area (see Appendix V).

Outreach to ECE professionals: Rates of overweight and obesity among ECE staff are reported to be high.³⁰⁻³³ ECE staff may benefit from overweight and obesity prevention programs targeted specifically to them. Consider how to address barriers to positive health outcomes for ECE staff (for example, access to health care insurance, access to fruits and vegetables, and participation in physical activity programs) and provide appropriate support.

Maximize participation in publicly funded ECE

programs: Children who meet the requirements for WIC also qualify for Head Start. Inquire if young children in families receiving WIC also have access to Head Start or Title 5 programs in your area.

Support license-exempt child care providers: Professional development opportunities are expanding for family, friend, and neighbor child care providers. Help connect license-exempt child care providers with learning opportunities in your local area.

Engage in promoting best practices and sharing information: There are many high-quality resources available to support your work. For example, the Healthy Kids, Healthy Future website provides an opportunity to share your successes and to access ideas from other health professionals working in the field.

To summarize, understanding the key ECE partners, funding, laws, regulations, best practices, and systems for quality improvement is foundational for influencing child care environments. Through intentional partnerships across organizational cultures, public health and ECE professionals have the opportunity to support children's growth at a healthy weight. By establishing working relationships between disciplines, on both the state and local levels, we can impact policies, systems, and environments and advance childhood obesity prevention efforts in California.



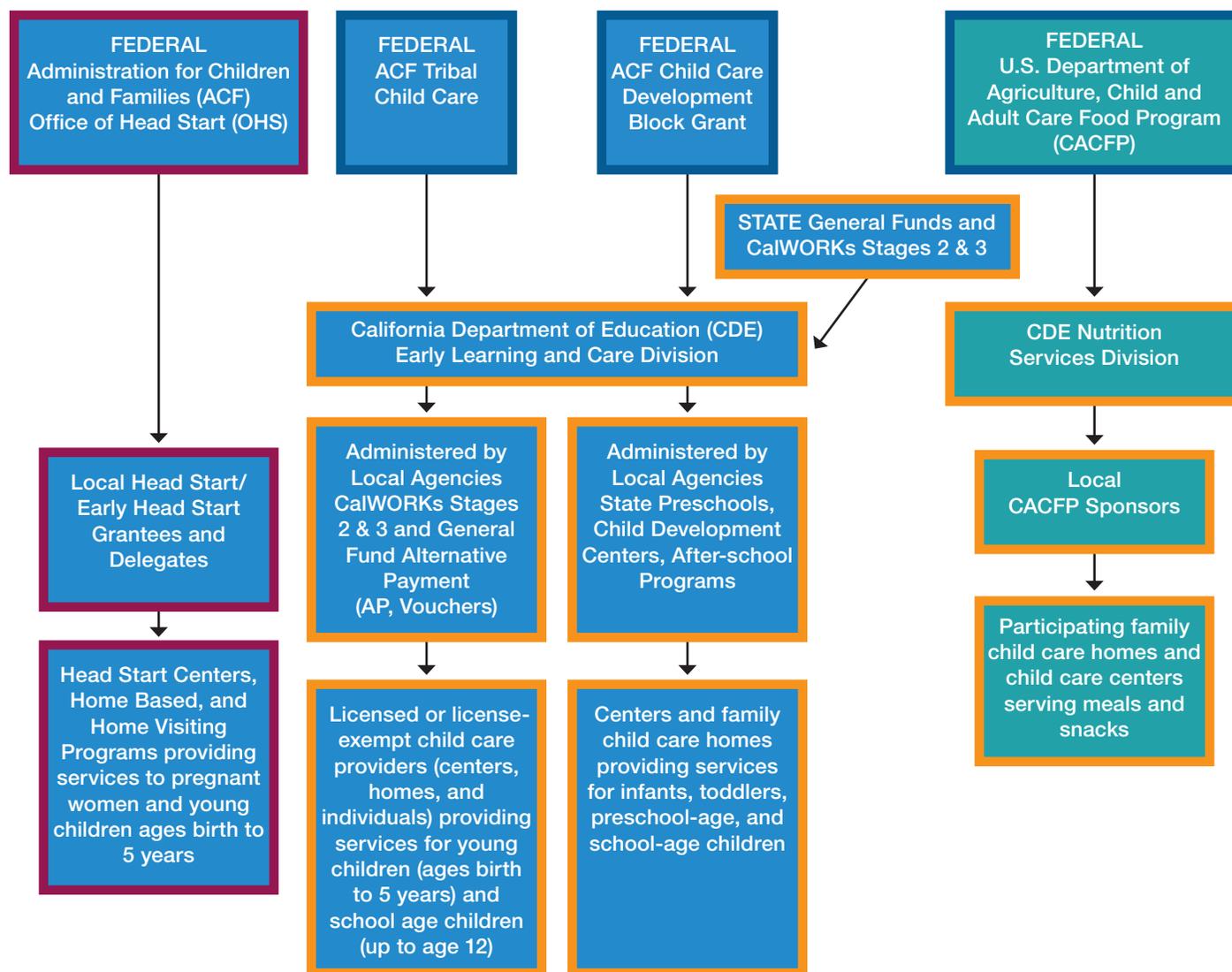
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Appendices

APPENDIX I: Public Funding for Early Care and Education in California



NOTES:

- Early care and education programs often receive revenue from multiple publicly funded sources.
- Head Start programs, child care centers, and family child care homes are licensed under CCR Title 22 Regulations.
- State funded child development centers and state preschools must comply with CCR Title 5 Regulations.
- Individuals who provide license-exempt child care services, licensed child care centers, and licensed family child care homes can receive AP for child care services.

APPENDIX II: Laws and Regulations for Nutrition and Physical Activity in Early Care and Education

California Laws and Regulations

CALIFORNIA CODE OF REGULATIONS, TITLE 22 DIVISION 12, CHAPTER 1, ARTICLE 7, SECTION 101239.2, PHYSICAL ENVIRONMENT

Agency responsible for regulation and monitoring: California Department of Social Services*

www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Child-Care

NUTRITION: Drinking water from a non-contaminating fixture or container shall be readily available both indoors and in the outdoor activity area.

 **PHYSICAL ACTIVITY:** There shall be at least 75 square feet per child of outdoor activity space based on the total licensed capacity. **Opportunity for systems change!**

CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 12, CHAPTER 1, ARTICLE 6, SECTION 101227

Agency responsible for regulation and monitoring: California Department of Education

www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Child-Care

Agency responsible for administering and monitoring the CACFP in California: Department of Education Nutrition Services Division*

 **NUTRITION:** Child care centers serving food are required to follow CACFP meal patterns according to the Code of Federal Regulations Title 7 (www.cde.ca.gov/ls/nu/he/mealmenu.asp). When children bring meals and snacks from home programs can establish their own policies. **Opportunity for policy work!**

CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 12, CHAPTER 1, SUBCHAPTER 2, ARTICLE 6, SECTION 101419.2

Agency responsible for regulation and monitoring: California Department of Social Services*

www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Child-Care

NUTRITION: Each infant in a licensed infant care center (not family child care homes) must have an individual feeding plan, referred to as an Infant Needs Service Plan. If requested, arrangements for privacy shall be made for any mother who has reached an agreement with the infant care center to breastfeed her infant in the center. A discussion between the family and infant care center director (or assistant director) about current feeding theory is required.

*Multiple agencies and organizations may serve the same population of children.

CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 9, CHAPTER 1.1, ARTICLE 3 AND TITLE 22, DIVISION 6, CHAPTER 3.4, CALIFORNIA CHILD DAY CARE ACT, ARTICLE 02. SECTION 1596.866

Agency responsible for regulation and monitoring: California Emergency Medical Services Authority

NUTRITION: One hour of nutrition training is included in the preventive health and safety practices course required to be licensed as a family child care home provider or a child care center. Training content must include basic information about the USDA's Child and Adult Care Food Program (CACFP), including how to obtain information on CACFP eligibility, enrollment, and reimbursement rates by contacting the CACFP Unit of the California Department of Education Nutrition Services Division. For the required nutrition training topics visit: <https://emsa.ca.gov/childcare-nutrition/>.

CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 12, CHAPTER 3

Agency responsible for regulation and monitoring: California Department of Social Services*

www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Family-Child-Care



NUTRITION: Family child care home regulations do not include regulations about nutrition or physical activity.

Opportunity for policy and systems work and outreach!

HEALTH AND SAFETY CODE (HSC) DIVISION 2, CHAPTER 3.4, ARTICLE 2, SECTION 1596.808

Agency responsible for regulation and monitoring: California Department of Social Services*

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1596.808.

NUTRITION: In a licensed child day care facility:

- When milk is served, serve only low fat (1 percent) milk or nonfat (0 percent) milk to children two years of age or older.
- Limit juice to not more than one serving per day of 100 percent juice.
- Serve no beverages with added sweeteners, either natural or artificial.
- Make clean and safe drinking water readily available and accessible for consumption throughout the day.

CALIFORNIA CODE OF REGULATIONS, TITLE 5, DIVISION 1, CHAPTER 19, SUBCHAPTER 12, ARTICLE 2

Agency responsible for regulation and monitoring: California Department of Education

<https://govt.westlaw.com/calregs/Browse/Home/California/>

NUTRITION: § 18278:

- (a) Each contractor shall include in its program a nutrition component that ensures that the children have nutritious meals and snacks during the time in which they are in the program.
- (b) The meals and snacks shall be culturally and developmentally appropriate for the children being served and shall meet the nutritional requirements specified by the federal Child Care Food (CACFP) or the National School Lunch program.

PHYSICAL ACTIVITY: § 18273

- (6) The program promotes each child's physical development by providing sufficient time, indoor and outdoor space, equipment, materials, and guidelines for active play and movement.
- (7) The program promotes and maintains practices that are healthy and safe.

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Federal Laws and Regulations

FEDERAL HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS): 45 CODE OF FEDERAL REGULATIONS, CHAPTER XIII, SUBCHAPTER B PART 1302

Agency responsible for regulation and monitoring: Office of Head Start (OHS), Administration for Children and Families (ACF), Department of Health and Human Services (HHS) *

<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/part-1302-program-operations>

 **NUTRITION:** 1302.31, (e)(2) A program must implement snack and meal times in ways that support development and learning. Family-style meals are encouraged.

1302.40 **Opportunity for partnership!**

(a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

(b) A Head Start program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.

1302.44

(iii and iv) Serve infants, toddlers, and three- to five-year-olds meals and snacks according to USDA requirements (CACFP). Ensure infants and young toddlers are fed on demand to the extent possible.

(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and,

(ix) Make safe drinking water available to children during the program day.

PHYSICAL ACTIVITY: 1302.31, (e)(4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as a reward or punishment.

CHILD CARE DEVELOPMENT BLOCK GRANT

Agency responsible for regulation: Administration for Children and Families (ACF), Department of Health and Human Services (HHS)*

www.acf.hhs.gov/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes

 **NUTRITION:** Establishes minimum health and safety standards, including pre-service or orientation training and ongoing training for providers on specific topic areas. There are ten required health and safety pre-service training topics (Nutrition is recommended but is not a required training topic). **Opportunity for policy work!**

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TITLE 7, CODE OF FEDERAL REGULATIONS, PART 226.20, (CACFP) *

Agency responsible for regulation: USDA, Food and Nutrition Service

www.fns.usda.gov/cacfp/meals-and-snacks

NUTRITION: CACFP operators must comply with the CACFP meal patterns (updated on October 1, in 2017).

The nutrition standards for meals and snacks served in the CACFP are based on the Dietary Guidelines for Americans, science-based recommendations made by the National Academy of Medicine, cost and practical considerations, and stakeholder input.

AMERICANS WITH DISABILITIES ACT (ADA), TITLE 42 OF THE UNITED STATES CODE SUBCHAPTER 126

Agency responsible: United States Department of Justice (DOJ)

www.gpo.gov/fdsys/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap126.htm

For information on the ADA specific to child care from the DOJ visit: <https://www.ada.gov/chcinfo.pdf>

NUTRITION: Discrimination on the basis of disability in the activities of places of public accommodations (including day care facilities and schools) is prohibited. Reasonable accommodations must be made for children with special dietary and feeding needs. CACFP operators must make reasonable modifications at no extra charge for program participants with disabilities.

PHYSICAL ACTIVITY: Discrimination on the basis of disability in the activities of places of public accommodations (including day care facilities and schools) is prohibited. Reasonable accommodations must be made for children with special physical activity needs.



*Multiple agencies and organizations may serve the same population of children.

APPENDIX III: CDC Spectrum of Opportunities



This image can be found on the CDC website at https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf.

APPENDIX IV: Glossary of Early Care and Education Terms

Administration for Children and Families	ACF	A division of the US Department of Health and Human Services, the Administration for Children and Families contains the offices that oversee Head Start, the Child Care and Development Fund (CCDF), and Temporary Assistance for Needy Families (TANF). www.acf.hhs.gov/
Alternative Payment Programs	AP	Low-income families in California can have their child care subsidized by Alternative Payment Programs while they are working, seeking employment or housing, in vocational training, and/or incapacitated. APs are administered by the Departments of Education and Social Services, and are paid for with federal and state funds.
American Academy of Pediatrics	AAP	A professional organization for pediatricians, the AAP is a primary author of <i>Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs</i> . https://www.aap.org
California Alternative Payment Program Association	CAPPA	A membership organization that advocates for Alternative Payment (AP) Programs. www.cappaonline.com/aps-in-california
California Assembly Bill 290	AB 290	Preschool center directors and family child care home owners are required to take a preventive health class to be licensed. AB 290 added one hour of nutrition education to the class.
California Childcare Health Program	CCHP	A community-based program of the University of California, San Francisco School of Nursing. CCHP provides training and support, and conducts research to promote health and safety issues in ECE settings. http://cchp.ucsf.edu
California Child Care Resource & Referral Network	California R&R Network	An organization that supports California's local child care resource and referral agencies (defined later in this document as "R&R Agencies"). www.rnetwork.org The California R&R Network supports a consumer education phone line for parents: 800-KIDS-793
California Department of Education	CDE	The branch of the state government that oversees public education. It also administers some ECE-related programs including the California State Preschool Program (CSPP), Alternative Payment Program (AP), Child Care R&Rs, Local Planning Councils (LPCs), and QRIS. https://www.cde.ca.gov/sp/cd/op/cdprograms.asp The Nutrition Services Division (NSD) at the CDE administers the Child and Adult Care Food Program (CACFP). https://www.cde.ca.gov/ls/nu/cc/
California Department of Public Health	CDPH	The branch of the state government that oversees public health. The Nutrition Education and Obesity Prevention Branch (NEOPB) promotes healthy eating, physical activity, and food security with an emphasis on communities with the greatest health disparities. https://www.cdph.ca.gov/Programs/CCDCPHP/DCCDIC/NEOPB/Pages/EarlyCareandEducation-(ECE).aspx
California Department of Social Services	CDSS	The branch of the state government that oversees and administers programs that serve the most vulnerable California residents. http://www.cdss.ca.gov/ Its Community Care Licensing Division (CCLD) is responsible for care facilities, including child care.
California Early Childhood Educator Competencies		A research-based document describing the range and depth of skills in high-quality early childhood educators. The competencies can be used for professional development, educator curriculum development, and as a basis for credentialing or certification. www.cde.ca.gov/sp/cd/re/ececomps.asp

California Emergency Medical Services Authority	EMSA	EMSA coordinates emergency and disaster medical services in California. EMSA sets standards and approves training programs for First Aid, CPR, and Preventive Health (required for licensed ECE providers). www.emsa.ca.gov
California Food Policy Advocates	CFPA	A nonprofit public policy and advocacy organization dedicated to improving the health and well-being of low-income Californians by increasing their access to nutritious, affordable food. https://cfpa.net/
California Head Start Association	CHSA	An organization that provides leadership and advocacy for the Head Start community. CHSA represents Head Start's interests in California and in the nation. http://caheadstart.org/
California Preschool Learning Foundations		Developed by the California Department of Education, the California Preschool Learning Foundations outline the key knowledge and skills that most preschool children should attain from a high-quality preschool program. https://www.cde.ca.gov/sp/cd/re/psfoundations.asp
California Professional Nutrition Education Training	Cal-Pro-NET	A joint project between the California Department of Education Nutrition Services Division and Fresno City College; trains child nutrition personnel to administer the Child and Adult Care Food Program (CACFP). https://www.fresnocitycollege.edu/academics/career-and-technical-education/cal-pro-net-center/index.html
California State Preschool Program	CSPP	State-funded preschool for income-eligible or at-risk children ages 3 to 4 years. It also includes meals, parent education, and referral to health and social services.
California Work Opportunity and Responsibility to Kids	Cal-WORKS	A public assistance program that gives cash aid, including child care payments, to eligible California families. CalWORKS pays for child care in 3 stages, through the county welfare departments (Stage 1) and the California Department of Education (Stages 2 and 3). http://www.cdss.ca.gov/CalWORKS
Californians for Quality Early Learning	CQEL	A professional membership organization for early childhood educators in California. It provides access to professional development and networking. https://www.caqualityearlylearning.org/
Caring for Our Children, National Standards for Health and Safety in Out of Home Child Care Programs	CFOC3	A collection of 686 national standards that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies that should be followed in early care and education settings. http://nrckids.org/CFOC
The Centers for Disease Control and Prevention	CDC	The public health department for the United States, it is part of the Department of Health and Human Services. The CDC's Division of Nutrition, Physical Activity, and Obesity developed the Spectrum of Opportunities, a framework for obesity prevention in the ECE setting. https://www.cdc.gov/obesity/strategies/childcareece.html
Child and Adult Care Food Program of the United States Department of Agriculture	CACFP-USDA	Part of the National School Lunch Act, the Child and Adult Care Food Program is a federally funded, state-administered program that provides healthy meals to children and adults in care. Food is subsidized based on income eligibility, and must conform to nutritional guidelines, known as the meal patterns. https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program In California, the CACFP is administered by the California Department of Education, Nutrition Services Division. https://www.cde.ca.gov/ls/nu/cc/
Child and Adult Care Food Program Sponsors	CACFP Sponsors	The CDE Nutrition Services Division works with sponsor organizations throughout the state to implement the CACFP. For a list of CACFP sponsors in California by county, visit: https://www.cde.ca.gov/ds/sh/sn/cacfpssponsormap.asp

Child Care Advocate Program	CCAP	The CCAP was created to improve communication between the Community Care Licensing Division (CCLD) and the communities it serves. Advocates disseminate licensing information to businesses, education groups, provider organizations, and resource and referral agencies. http://www.cdss.ca.gov/inforesources/Child-Care-Licensing/Child-Care-Advocates
Child Care Aware®		A national membership-based nonprofit organization working to advance affordability, accessibility, and development of ECE, including advocacy work. http://childcareaware.org/
Child Care and Development Block Grant Act	CCDBG Act	The Child Care and Development Block Grant Act is the legislation that authorizes the Child Care and Development Fund (CCDF).
Child Care and Development Fund	CCDF	The CCDF disburses federal funds to states to assist low-income families in obtaining child care so they can work or receive training and education. States must use a portion of CCDF funds to improve the quality of child care through ECE provider training, supporting quality improvement, and helping parents select high-quality care.
Child Care Health Consultant	CCHC	Health professionals who specialize in child health and development in ECE settings. They consult by phone or onsite to promote health and safety in ECE. CCHCs can work as independent consultants or are employed by local health departments, schools, or universities.
Child Care Initiative Project	CCIP	CCIP offers a professional pathway for license-exempt child care providers interested in operating family child care homes (FCCH) and others who wish to obtain a FCCH license. Its goal is to improve the quality of child care. https://www.rnetwork.org/ccip_quality
Child Care Law Center	CCLC	A nonprofit that does legal work on behalf of child care in the Bay Area. Their “Know the Law” series of articles helps parents and child care staff understand the law relating to child care. http://childcarelaw.org/
Community Care Licensing Division	CCLD	The division of the California Department of Social Services that licenses child care centers and homes, child and adult residential homes, and home care services. It ensures compliance with Title 22 regulations. http://cclcd.ca.gov
Early Care and Education	ECE	The profession of caring for and teaching children ages 0 to 5 years.
Early Care Environmental Rating Scale	ECERS	An instrument to assess the quality of center-based child care programs for children ages 2 to 5 years. ECERS is used as a quality improvement tool in Head Start and Title V programs.
Early Childhood Training and Technical Assistance System		A network of centers in the United States Department of Health and Human Services, formed to build early childhood program capacity and promote consistent practices across communities, states, tribes, and territories. https://childcareta.acf.hhs.gov/about-acf-tta-system
Early Head Start	EHS	A federally funded program offering care and education to infants and toddlers under the age of 3 years, and pregnant women from low-income families. https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs
Employer-Sponsored On-Site Child Care		Partnerships between employers and ECE providers to provide employer-subsidized child care at worksites.
Evidence-Based Practices		Professional standards or practices that are informed by research that has been published in a well-regarded source and whose results have been replicated.

Family Child Care Environmental Rating Scale	FCCERS	An instrument to assess the quality of home-based family child care programs.
Family Child Care Homes, Large	FCCH	Child care that takes place in the provider's own home. California licensing regulations define a large FCCH as a maximum of 12 children (no more than 4 of whom can be infants), or up to 14 children when at least 1 is attending elementary school (and then no more than 3 infants).
Family Child Care Homes, Small	FCCH	Child care that takes place in the provider's own home. California licensing regulations define a small FCCH as a maximum of 4 infants, or 6 children (no more than 3 of whom can be infants), or up to 8 children when at least 1 is attending elementary school (and then no more than 2 infants).
Farm to Preschool		A program that encourages connections between ECE and gardening or farming. Encourages the sourcing of local foods, school gardening, field trips to farms and farmers' markets, and promoting farm to preschool policies. http://www.farmtopreschool.org/
First 5 California	First 5	Funded by Proposition 10 tobacco tax revenue, First 5 is a statewide commission working to improve education, health services, and child care for children ages 0 to 5 years. Funds are distributed to local First 5 commissions in each county to address local needs. http://www.first5california.com/
First 5 County Commissions	First 5	Revenue from the Proposition 10 tobacco tax is collected by the state, then disbursed to counties via grants to local First 5 commissions. Grant sizes are based on the population of children aged 0 to 5 years in each county. http://first5association.org/about-first-5/county-commissions/
Food Distribution Program on Indian Reservations	FDPIR	A USDA program that provides foods to low-income households, including the elderly, living on Indian reservations, and to Native American families residing in designated areas near reservations and in the State of Oklahoma. https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations-fdpir
Head Start	HS	A federally funded program offering educational, nutritional, health, and other services to children ages birth to 5 years in low-income families to promote school readiness. Head Start includes Early Head Start, which focuses on infants and toddlers under the age of 3 years, and pregnant women. http://eclkc.ohs.acf.hhs.gov/hslc
Head Start Health Clusters		Regional professional groups that meet in the north, south, and central regions of California to discuss health issues in Head Start.
Head Start Health Institute		An annual conference held in the north, south, and central regions of California. It provides training to Head Start staff on topics related to health. http://caheadstart.org/health_institute_conference.html
Head Start Program Performance Standards	HSPPS	The federal legislation that authorizes Head Start contains a set of standards and requirements that Head Start agencies must meet, called the Head Start Program Performance Standards. The standards ensure that children attending Head Start programs receive high-quality care and achieve school readiness. https://eclkc.ohs.acf.hhs.gov/policy
Health and Safety Checklist for ECE Programs		A tool developed by the California Childcare Health Program (CCHP) to assess key health and safety standards and to identify ways to improve health and safety in ECE programs. https://cchp.ucsf.edu/content/forms
Healthy Beverages in Child Care Law		Legislation that established nutrition standards for beverages served in licensed child care centers and family child care homes in the state of California. It is now part of the California Health and Safety Code (Section 1596.808).

Infant Care Centers		Center-based programs providing care and supervision for children younger than two years of age.
Institute of Medicine; National Academy of Medicine	IOM	A nonprofit organization providing leadership in health care, now called the National Academy of Medicine. To view its obesity-related activities, including work in ECE, visit: http://nationalacademies.org/HMD/About-HMD/Leadership-Staff/HMD-Staff-Leadership-Boards/Food-and-Nutrition-Board/ObesityReports.aspx
Kith and Kin Child Care; Family, Friend, and Neighbor Care		Terms used for child care provided by family, friends and neighbors in the child's own home or in another home, often in unregulated settings. Also known as informal child care.
Let's Move Child Care; Healthy Kids, Healthy Future		Now called Healthy Kids, Healthy Future, a nationwide program that encourages providers to establish obesity-prevention practices in ECE environments. https://healthykidshealthyfuture.org/
Licensing Policy Analyst	LPA	LPAs monitor compliance and provide technical assistance for child care licensing regulations.
Local Child Care and Development Planning Councils	LPC	A representative group of ECE stakeholders in each California county that assesses the need for child care locally, and works to maintain an adequate supply of providers. https://www.cde.ca.gov/sp/cd/re/lpccontacts.asp
Low Income Investment Fund	LIIF	LIIF offers loans, grants, and technical assistance to develop child care facilities serving low-income families.
Migrant Child Care		Care and education for children of migrant families who earn at least 50% of their income from seasonal fishing or agriculture in California. Administered by the California Department of Education.
Model Child Care Health Policies		A tool for implementing best practices in ECE settings, including sections on nutrition and physical activity. http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies
National Association for the Education of Young Children	NAEYC	A professional membership organization that works to promote high-quality early learning of all young children, ages birth through 8 years, by connecting early childhood practice, policy, and research. www.naeyc.org The California state affiliate organization is the California Association for the Education of Young Children, CAEYC or CAAEYC. https://caeyc.org/
National Center of Early Childhood Health and Wellness		A collaborative that advances best practices for linking health care and ECE, in areas including nutrition and physical health. https://eclkc.ohs.acf.hhs.gov/about-us/article/national-center-early-childhood-health-wellness-ncechw
Nursery School		A synonym for preschool.
Nutrition and Physical Activity Self-Assessment for Child Care	NAP SACC	A self-assessment tool for ECE providers that uses current best practices to help them set goals and make improvements to their nutrition and physical activity practices. https://gonapsacc.org/
Nutrition Education and Obesity Prevention Branch	NEOPB	A branch of the California Department of Public Health dedicated to healthy eating, physical activity, and food security emphasizing communities with health disparities. https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/Nutrition_Education_Obesity_Prevention_Branch.aspx
Nutrition Policy Institute	NPI	A research organization housed within the University of California, Division of Agricultural and Natural Resources, which conducts and evaluates research related to the impact of nutrition and physical activity on public health. http://npi.ucanr.edu/

Parent Voices		A parent-led, parent-run grassroots organization in California. Its focus is advocacy to make quality child care accessible and affordable for all families. http://www.parentvoices.org/
Physical Activity	PA	A commonly used acronym for physical activity.
Pre-Kindergarten	Pre-K	Preschool programs, usually targeting four-year-olds, that focus on preparing children academically for kindergarten.
Preschool		An educational setting for children between the ages of three and five years old. Preschools are often part-day and generally operate during the school year. http://www.childcareaware.org/types-child-care/
Private, for-profit child care		A child care business run as a for-profit corporation.
Private, nonprofit child care		A child care business registered as a 501(c)(3) corporation. It is exempt from paying income taxes.
Professional Association of Childhood Educators	PACE	A membership-based professional association in California for private child care providers. It provides education, networking, and advocacy. http://www.paceca.org/
Program for Infant/Toddler Care	PITC	A collaboration between WestEd and the California Department of Education to provide training, mentoring, and coaching to providers of infant and toddler care. https://www.pitc.org/pub/pitc_docs/home.csp
Quality Counts California		California's Quality Rating and Improvement System (QRIS) is called Quality Counts California. https://qualitycountsca.net/ To find each county's local QRIS, visit: https://qualitycountsca.net/providers/counties/
Quality Rating and Improvement System	QRIS	A systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. https://grisguide.acf.hhs.gov/about-gris
Resource and Referral Agency	R&R	Each county in California has at least one local childcare R&R agency that helps maintain the supply of high-quality, affordable child care and helps parents access care for their children. https://www.cde.ca.gov/sp/cd/re/ragencylist.asp
Robert Wood Johnson Foundation	RWJ	A philanthropic organization supporting research and programs targeting health issues in the United States. One of its focus areas is childhood obesity. https://www.rwjf.org/
State Advisory Council on Early Learning and Care	SAC	A governor-appointed leadership body that ensures statewide collaboration among early childhood programs to define future policy for children from birth to kindergarten. https://www.cde.ca.gov/sp/cd/ce/stateadvisorycouncil.asp
Sugar-Sweetened Beverage Tax	SSB Tax	A strategy to reduce consumption of high-calorie, sugar-sweetened beverages by increasing their cost. In addition to encouraging people to choose lower calorie beverages, taxes can generate revenue for obesity prevention programs.
Temporary Assistance for Needy Families	TANF	A federal program which gives block grants to states to help low-income families. The name of California's TANF program is CalWORKS. http://www.cdss.ca.gov/CalWORKS

Title 5 California Code of Regulations Department of Education Child Care and Development Programs	Title 5	The California Code of Regulations translates California's laws into rules that can be enforced by the state's regulatory and monitoring agencies. Title 5, Division 1 contains regulations for child care programs administered by the California Department of Education.
Title 5 Child Care Programs		State subsidized child care administered by the California Department of Education, and therefore falling under Title 5 regulations (in addition to Title 22 licensing requirements--although effective July 2019, California State Preschool Programs on K-12 school grounds only fall under Title 5 regulations).
Title 22 California Code of Regulations Child Care Licensing Regulations	Title 22 or Licensing	The California Code of Regulations translates California's laws into rules that can be enforced by the state's regulatory and monitoring agencies. Title 22, Division 12 contains regulations for licensed child care centers and family day care homes.
Title 22 Child Care Programs		Programs licensed according to the regulations in Title 22, Division 12 of the California Code of Regulations. This includes child care centers (infant, preschool, school-age, and mildly ill children) and family day care homes.
Title V Maternal Child and Adolescent Health Block Grant	Title V	A federal grant program overseen by the Health Resources & Services Administration (HRSA). Each state receives an amount, based on its proportion of low-income children, to address the health care needs of mothers and children. States must contribute matching funds.
Toddler Program		A licensed preschool or infant care center may add a toddler program for children ages 18 to 30 months.
Transitional Kindergarten	TK	Children who turn 5 years old between September 2 and December 2 qualify for a year of publicly funded pre-kindergarten education. Transitional Kindergarten is part of the K-12 public school system. https://www.cde.ca.gov/ci/gs/em/kinderfaq.asp
Tribal Child Care		A portion of the CCDF is allocated to tribes to help tribal families gain access to high-quality child care on their lands.
Tribal Child Care Association of California	TCCAC	A collaborative organization of providers of CCDF-funded child care and other child development programs in California's tribal lands. https://www.tribalchildcareca.org/

APPENDIX V: Programs and Tools to Improve Nutrition and Physical Activity in Early Care and Education

The tables below provide examples of national and state-level programs and tools addressing obesity in ECE environments in California. Programs are included if they seek to reduce or prevent obesity in children ages 0-5 in ECE environments (child care centers; family child care homes; or family, friend, and neighbor care). Programs that target obesity in children 0-5 but do not specifically address ECE providers or environments are not included.

**TABLE A:
NATIONAL PROGRAMS AND RESOURCES IMPLEMENTED ON THE STATE AND LOCAL LEVEL**

   	<p>UNITED STATES DEPARTMENT OF AGRICULTURE</p> <p>The Child and Adult Care Food Program (CACFP) reimburses providers for food served in ECE programs for qualifying children. Technical assistance is available as well as one-time startup funds for family child care homes. www.fns.usda.gov/cacfp/child-and-adult-care-food-program</p> <p>Farm to Preschool connects ECE partners and local farms to support eating healthy and locally, and also promotes gardening and cooking. www.fns.usda.gov/farmtoschool/farm-preschool and www.cde.ca.gov/ls/nu/he/farmtopreschool.asp</p> <p>Smarter Mealtimes in Child Care is an adaptation of the Smarter Lunchrooms Movement for child care environments. The Smarter Lunchrooms principles and concepts that result in increased selection and consumption of healthy food are also simple and effective in child care settings. https://www.smarterlunchrooms.org/smarter-mealtimes</p> <p>The SNAP-Ed Toolkit was created in partnership with the Centers for Disease Control and Prevention, the National Institutes of Health, the Robert Wood Johnson Foundation, and others. It is an online resource for obesity-prevention interventions that have been implemented by SNAP-Ed agencies, and includes an evaluation tool. https://snapedtoolkit.org/</p>
	<p>CENTERS FOR DISEASE CONTROL AND PREVENTION</p> <p>In partnership with Nemours and Michelle Obama, CDC supports Healthy Kids, Healthy Future (formerly Let's Move! Child Care), an informational website targeted to providers, parents, and state and local leaders. https://healthykidshealthyfuture.org/</p> <p>CDC also supports the National Early Care and Education Learning Collaborative (ECELC), which has two implementation sites in California. Child Care Alliance of Los Angeles works with ECE providers all over Los Angeles County to implement best practices in nutrition and physical activity. A smaller project was funded in Contra Costa County and implemented by CocoKids. https://healthykidshealthyfuture.org/about-eclc/national-project/ and https://d3knp61p33sjvn.cloudfront.net/2016/07/Packard_1pagerFinal2015.pdf</p>
	<p>HEAD START</p> <p>Head Start provides physical activity and nutrition promotion tools for parents and ECE providers through its I Am Moving, I Am Learning program. https://eclkc.ohs.acf.hhs.gov/nutrition/learning-module/imil-interactive-tool</p>

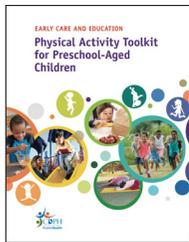


GO NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care)

The University of North Carolina, Chapel Hill and Blue Cross Blue Shield of North Carolina created a self-assessment toolkit and technical assistance to help ECE providers improve nutrition and physical activity for children ages birth to five years. The next generation toolkit (Go NAP SACC) is now used all over the country. <https://gonapsacc.org>

TABLE B: STATE-LEVEL PROGRAMS AND RESOURCES

 	<p>CALIFORNIA DEPARTMENT OF EDUCATION, EARLY LEARNING AND CARE DIVISION</p> <p>The California Preschool Instructional Network (CPIN) hosts statewide Child Care Nutrition and Physical Activity Forums to train ECE providers on nutrition and physical activity curriculum and policy. https://cpin.us/content/child-care-npa-forums</p> <p>CPIN also offers Child Care Meal Quality Forums. These training sessions are intended for ECE staff to learn how to provide healthy meals while following the CACFP meal patterns. https://cpin.us/content/child-care-meal-quality-forums-0</p>
  	<p>CALIFORNIA DEPARTMENT OF EDUCATION, NUTRITION SERVICES DIVISION</p> <p>The Preschools SHINE Program (Preschools Shaping Healthy Impressions through Nutrition and Exercise) is a recognition program for ECE programs that meet nutrition and physical activity standards. https://www.cde.ca.gov/ls/nu/he/preschoolshine.asp</p> <p>Fresno City College Cal-Pro-NET (California Professional Nutrition Education and Training) helps ECE providers to participate successfully in CACFP by providing online and in-person trainings. https://www.fresnocitycollege.edu/academics/career-and-technical-education/cal-pro-net-center/index.html</p> <p>The Healthy and Active Preschoolers Nutrition Learning Center is an online learning center for ECE staff providing nutrition and physical activity education, curriculum, and classroom activities. https://www.healthypreschoolers.com/</p> <p>The California Department of Education (CDE) CACFP web page at https://www.cde.ca.gov/ls/nu/cc/ provides guidance on the CACFP to public and private child care centers, day care homes, and homeless shelters.</p> <p>The CDE CACFP Meal Patterns web page at https://www.cde.ca.gov/ls/nu/he/cacfpresource.asp provides guidance on the CACFP meal patterns, upcoming trainings and conference information, online courses, resources, frequently asked questions, and policy guidance for CACFP sponsors.</p>



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH

Harvest of the Month produces a calendar with seasonal California produce, menu ideas, newsletters, posters, and training materials, targeted at Pre-K through 12th grade. <http://harvestofthemonth.cdph.ca.gov/Pages/default.aspx>

ECE providers can create their own nutrition and physical activity policies using customizable policy templates provided in the **ECE Physical Activity and Nutrition Templates and Policies** resource. https://fsnep.ucdavis.edu/sites/g/files/dgvnsk2286/files/inline-files/ECE%20PA%20and%20Nutrition%20Policy%204_17_17%20FINAL.pdf

Stencils are available to ECE sites to encourage outdoor play activities (hopscotch, trike paths, etc.) with ideas from the **Painting Preschool Playgrounds for Movement guide**. https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/STAS_PaintingPlaygroundsGuide.pdf

The **ECE Physical Activity Toolkit for Preschool-Aged Children** provides sample activities, activity cards, and resources for providers. https://www.myctb.org/wst/casnep-ed/training/Shared%20Documents/ECE_PA_Toolkit.pdf

CDPH is a co-host of the **Biennial Childhood Obesity Conference**, in partnership with CDE, California Endowment, NPI, Kaiser, and Sacramento State. Attendees of the conference share strategies and research and build partnerships to reduce childhood obesity. It includes an ECE track. <http://www.childhoodobesity2019.com>



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA)

EMSA provides links to nutrition resources on the child care training web page. <https://ems.ca.gov/childcare-nutrition/>



ECE SHARED RESOURCES CALIFORNIA

Providers can visit the ECE Shared Resources California website to access curriculum ideas, best practices, toolkits, links, videos, handouts and other materials that may be useful in teaching and administering a preschool or day care. Resources to promote physical activity and healthier nutrition (including CACFP-specific information) are included. <https://www.eceresourcesca.org/default.aspx>





California Childcare Health Program

UCSF School of Nursing

415-476-4695

2 Koret Way, Box 0606

San Francisco, CA 94143-0606

cchp.ucsf.edu

