



2023 ANNUAL REPORT

Achieving a State of Healthy Weight



College of Nursing

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

2023 Annual Report Achieving a State of Healthy Weight

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TABLE OF CONTENTS

Executive Summary	4
Introduction	5
State Assessments: 2010 to 2023	7
Status of High-Impact Obesity Prevention Standards (HIOPS): 2023	9
State Highlights	10
What Else is New in 2023?	11
National Overview: 2023	12
State Rankings in 2023: All Child Care Types	13
State Rankings in 2023: Child Care Centers	14
HIOPS Support Across Domains	15
State Progress Maps: 2023	17
Discussion	21
Lessons Learned	23
Roadmap to Success	24
References	26
Appendix A: Source of HIOPS in PCO/CFOC Online Standards	31
Appendix B: State Documents Rated in 2023	34
Appendix C: Rating of the Child and Adult Care Food Program (CACFP)	36
Appendix D: State Support Across the HIOPS	39

Executive Summary

What is the Achieving a State of Healthy Weight (ASHW) Report?

Annually, the University of Colorado collaborates with CDC's Division of Nutrition, Physical Activity, and Obesity, to assess child care licensing regulations in all 50 states and the District of Columbia. The 2023 *Achieving a State of Healthy Weight (ASHW)* report and three state supplements¹⁻³ are the 13th update to the baseline assessment that began in 2010. The report describes how well licensing regulations for early care and education (ECE) programs align with the High-Impact Obesity Prevention Standards (HIOPS).⁴ These 47 standards are a subset of Caring for Our Children's special collection, Preventing Childhood Obesity.⁵

What Do We Know?

Overweight and obesity often begin in early childhood and can have lifelong negative effects on health. ECE programs serve millions of very young children each week and may promote development of healthy lifestyles to prevent obesity. State child care licensing regulations can encourage ECE programs to adopt science-based standards and practices that promote recommended infant feeding practices, healthy nutrition standards and mealtime practices, opportunities for active play, and less screen time.

What's New?

Since 2010, annual updates have documented changes and improvements of the HIOPS within state child care licensing. However, more work remains to embed healthy eating, physical activity, and obesity prevention strategies in state ECE regulations to benefit our nation's youngest children. The 2023 ASHW publications present the level of support, nationally, for 47 HIOPS in child care licensing regulations. The updated Supplements present state-by-state data for each licensed child care type in 2023. Notably, 2023 saw the highest number of revisions impacting the HIOPS since 2012, with the most improvements observed in infant feeding practices.

How Can this Report be Used?

1. **Determine** how state regulations support obesity prevention in licensed ECE programs
2. **Highlight** state successes
3. **Identify** opportunities for ECE regulations to improve support of obesity prevention in young children



Early Care and Education Matters

Evidence-based statewide interventions can help ECE programs improve their policies, practices, and nutrition and physical activity offerings.



Introduction

Pediatric overweight and obesity continues to be a public health crisis in the United States, with 1 in 5 children and adolescents considered overweight.⁶ Rates are higher among children from low-income families and those from Black, Native American, and Hispanic populations. From 2017 to 2020, approximately 13% of children aged two to five were reported to have obesity.⁷ Obesity often persists through adolescence^{8,9} and into adulthood,¹⁰ and is associated with increased morbidity and mortality.^{11,12} The early childhood period can be crucial for creating behaviors that support healthy weight practices and built a foundation for healthy living.¹³⁻¹⁷



Why ECE?: About 12.5 million children participate in early care and education (ECE) programs outside their homes at least once a week,¹⁸ representing nearly 60% of children aged zero to five nationwide. This includes vulnerable and at-risk children who may benefit from federally subsidized child care.¹⁹ Licensed child care settings provide opportunities for active play, learning healthy mealtime practices, and sharing meals and snacks.^{13,20-27}



Why ECE Licensing?: Licensing regulations are established by states to ensure that ECE programs meet specific standards for quality and safety. To obtain and maintain their licensure, ECE programs must adhere to these state-specific regulations. Compliance to these regulations is crucial for providing a safe and developmentally appropriate environment for young children. Child care licensing serves as a crucial gateway to enhancing the ECE environment and offers states the potential to impact a large number of children.



High-Impact Obesity Prevention Standards (HIOPS):

In 2010, a National Advisory Committee reviewed the scientific evidence and identified 47 standards that have high impact for obesity prevention called HIOPS.²⁸ HIOPS cover four domains: infant feeding, nutrition, physical activity, and screen time. Public health practitioners, licensing officials and child care providers can integrate these science based obesity prevention standards into their ECE system. Adopting HIOPS can promote the adoption of healthy behaviors for children in care. To learn more about the national advisory committee and the development of the HIOPS you can consult the Caring for Our Children (CFOC) Special collection called Preventing Childhood Obesity.²⁹



History of ASHW: The 2023 Achieving a State of Healthy Weight (ASHW) Annual Report is the 13th update³⁰ of the assessment that began with *Achieving a Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010*.³¹ The annual publications provide state by-state assessments over time on obesity prevention practice across several licensed care types, including child care centers, large family child care homes, and small family child care homes.



ASSESSMENT YEARS

State Assessments: 2010 to 2023

This table shows years in which states were assessed based on child care licensing regulation changes. The assessment period for the 2023 report is from January 1, 2023 to December 31, 2023. For a list of state documents rated in 2023, please see Appendix B.

State	Years Rated													
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alabama	X		X						X	X		X		X
Alaska	X		X					X						
Arizona	X	X								X	X			
Arkansas	X	X				X		X			X			
California	X		X					X						X
Colorado	X		X			X	X	X				X		
Connecticut	X		X					X				X		X
Delaware	X		X			X		X		X	X	X		
D.C.	X						X	X						
Florida	X		X	X				X		X				
Georgia	X		X		X			X			X		X	X
Hawaii	X		X					X						X
Idaho	X												X	X
Illinois	X				X									X
Indiana	X												X	
Iowa	X		X					X						
Kansas	X		X	X										
Kentucky	X			X					X			X		
Louisiana	X		X			X		X				X		X
Maine	X		X					X				X		
Maryland	X		X			X		X						X
Massachusetts	X													
Michigan	X		X		X			X		X				
Minnesota	X		X					X						
Mississippi	X		X	X							X			
Missouri	X						X							X

State assessed at baseline (2010) for all regulated child care types

State assessed due to new or revised licensing regulations

State assessed due to national CACFP updates

ASSESSMENT YEARS

State Assessments: 2010 to 2023 (continued)

State	Years Rated													
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Montana	X		X					X				X		
Nebraska	X		X	X				X						
Nevada	X		X						X					
New Hampshire	X							X					X	
New Jersey	X			X				X						
New Mexico	X		X		X			X						
New York	X			X	X	X		X						
North Carolina	X		X	X				X	X					X
North Dakota	X	X									X			X
Ohio	X		X				X					X		
Oklahoma	X						X	X					X	
Oregon	X		X					X				X		
Pennsylvania	X										X			X
Rhode Island	X		X	X				X				X		X
South Carolina	X		X					X						
South Dakota	X													X
Tennessee	X								X				X	
Texas	X		X		X							X		X
Utah	X		X					X						
Vermont	X						X	X						
Virginia	X		X					X						
Washington	X		X					X		X				
West Virginia	X		X		X									X
Wisconsin	X		X							X				
Wyoming	X		X	X									X	

State assessed at baseline (2010) for all regulated child care types

State assessed due to new or revised licensing regulations

State assessed due to national CACFP updates

Status of High-Impact Obesity Prevention Standards (HIOPS): 2023

This report describes the extent to which the 50 states and the District of Columbia have incorporated the 47 evidence-based HIOPS into licensing regulations for child care centers and family child care homes.

In 2023, the ASHW assessment team screened over 61 regulatory documents. Seventeen states implemented changes that impacted the HIOPS in one or more licensed child care types (see Table 1). This report outlines these changes and their impact on state rankings of the HIOPS nationally.



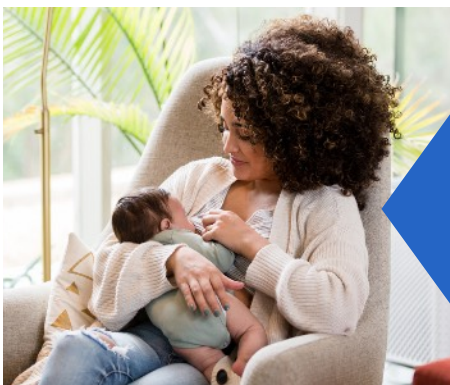
Nationally, HIOPS are supported in:

- 64% of Child Care Centers
- 58% of Large Family Child Care Homes
- 55% of Small Family Child Care Homes



Most supported HIOPS in 2023:

- Provide children with space for play (PA1)
- Make water available inside and outside (ND1)
- Serve small-sized, age-appropriate portions (NF1)



Least supported HIOPS in 2023 continue to be:

- Limit oils and avoid fried foods (NA1)
- Limit salt by avoiding salty foods (NG1)
- Provide staff orientation training opportunities for physical activity (PA2)

State Highlights

In 2023, states had the greatest number of revisions impacting the 47 High-Impact Obesity Prevention Standards (HIOPS) since 2012. Some key highlights include:



Breastfeeding Support

Revisions to strengthen breastfeeding support and promotion were implemented in 5 states: Georgia, Louisiana, South Dakota, Illinois, and West Virginia.



Infant Feeding

Revisions in California, Maryland, Missouri, Rhode Island, and South Dakota included feeding infants on cue (SD & MO) and prohibiting the alteration of infant formula (CA, MD, & RI).



Nutrition

Revisions included Texas banning all sugar-sweetened beverages, Illinois child care centers improving overall support of the HIOPS, and Missouri centers requiring water to be freely available.



Healthy Mealtime Practices

Revisions included improved meal portion sizing in Georgia, prohibiting using food as a punishment in Idaho and Pennsylvania, and prohibiting forced feeding of children in Pennsylvania.



Physical Activity

Revisions included stronger outdoor play rules for children under age two in Louisiana, prohibiting withholding outdoor play in South Dakota, and enhancing moderate to vigorous play rules in Pennsylvania.



Screen Time Limits

Revisions included stronger regulations in North Carolina and West Virginia, which limited screen time and digital media usage to educational or physical activity purposes.



What Else is New in 2023?

Tennessee leads the nation in support of the HIOPS, followed by Texas and Washington.

REGULATORY PROGRESS: Changes Over Time



Most improved states since 2010 are: District of Columbia, Nevada, Tennessee, Florida, Texas, and Vermont



States with the most opportunity for improvement are: Alabama, Idaho, Massachusetts, South Dakota, Missouri, and Wyoming



Most positive changes in 2023 were seen in HIOPS related to breastfeeding promotion, feeding infants on cue, not altering infant formula, prohibiting sugar-sweetened beverages, and limiting screen time for educational or physical activity purposes

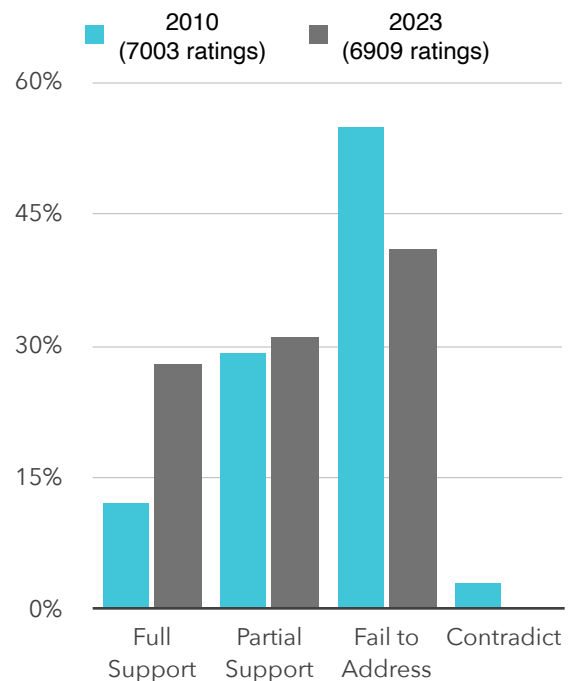
Support for the following HIOPS improved the most across all care types:

- Serve no juice to children younger than 12 months of age (ID3)
- Serve skim or 1% milk to children two years of age and older (NA5)
- Offer juice (100%) only during meal times (NC2)
- Serve fruits, mashed or pureed, for infants 6 months up to 1 year of age (ID2)

State Support: 2010 vs. 2023 (Figure 1)

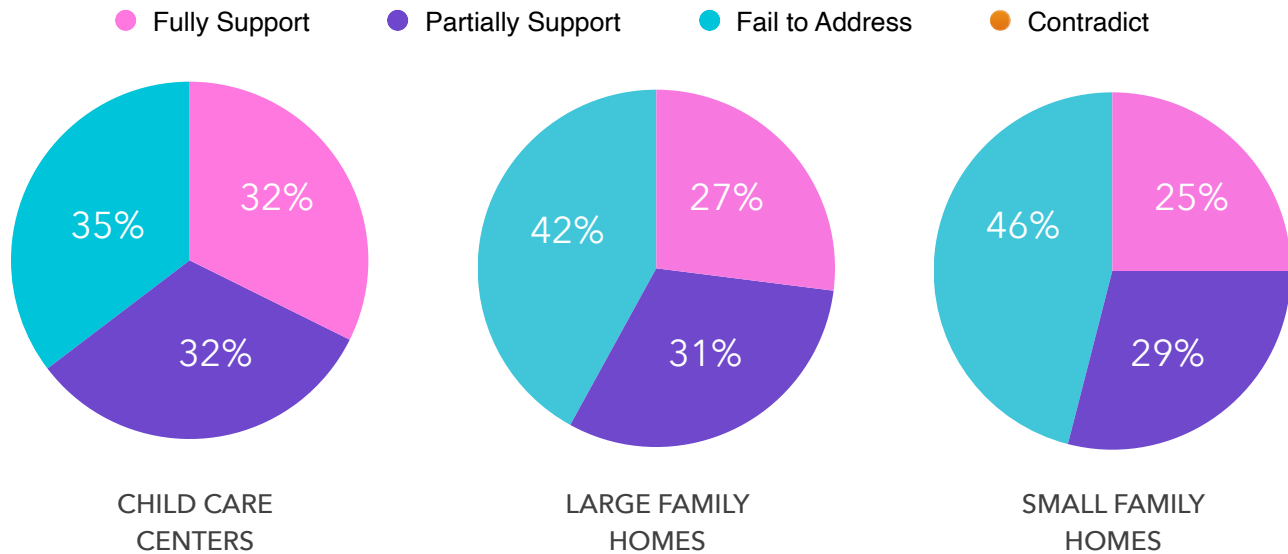
This figure shows change over time, comparing child care licensing support of the HIOPS in 2010 versus 2023. More states now fully support the HIOPS and fewer states fail to address or contradict the HIOPS than in 2010.

**In 2023, less than 0.5% of the HIOPS contradicted current best practices nationally.*



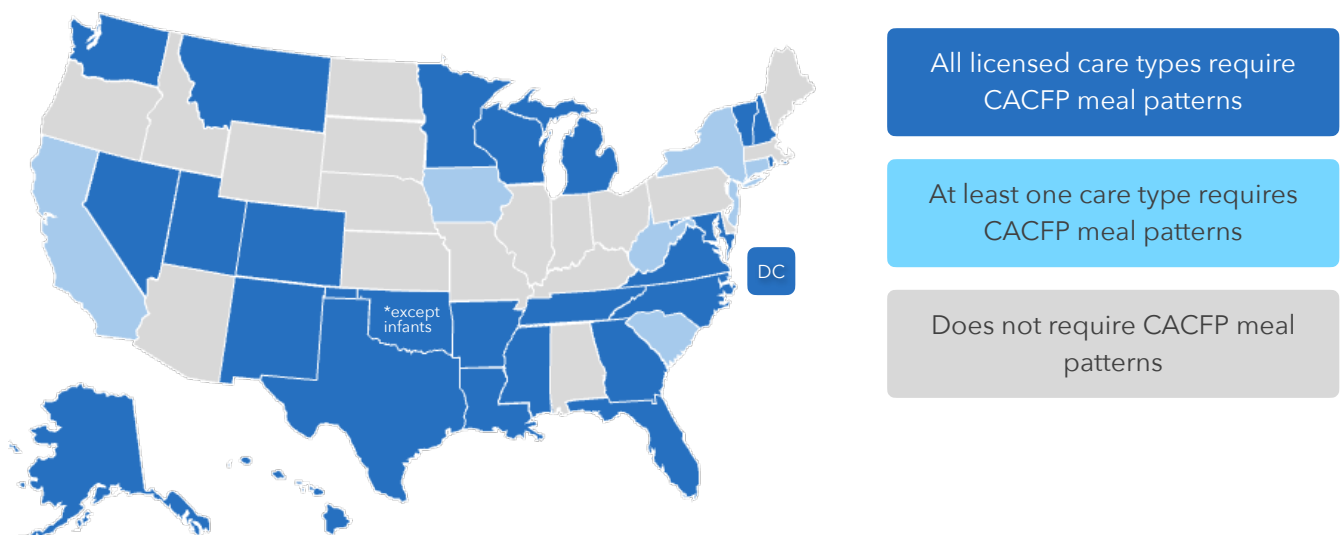
Differences in Support of the HIOPS by Licensed Child Care Type (Figure 2)

This figure shows the extent to which licensing regulations differ by child care type in their support of High-Impact Obesity Prevention Standards (HIOPS) nationally.



States Requiring CACFP Meal Patterns (Figure 3)

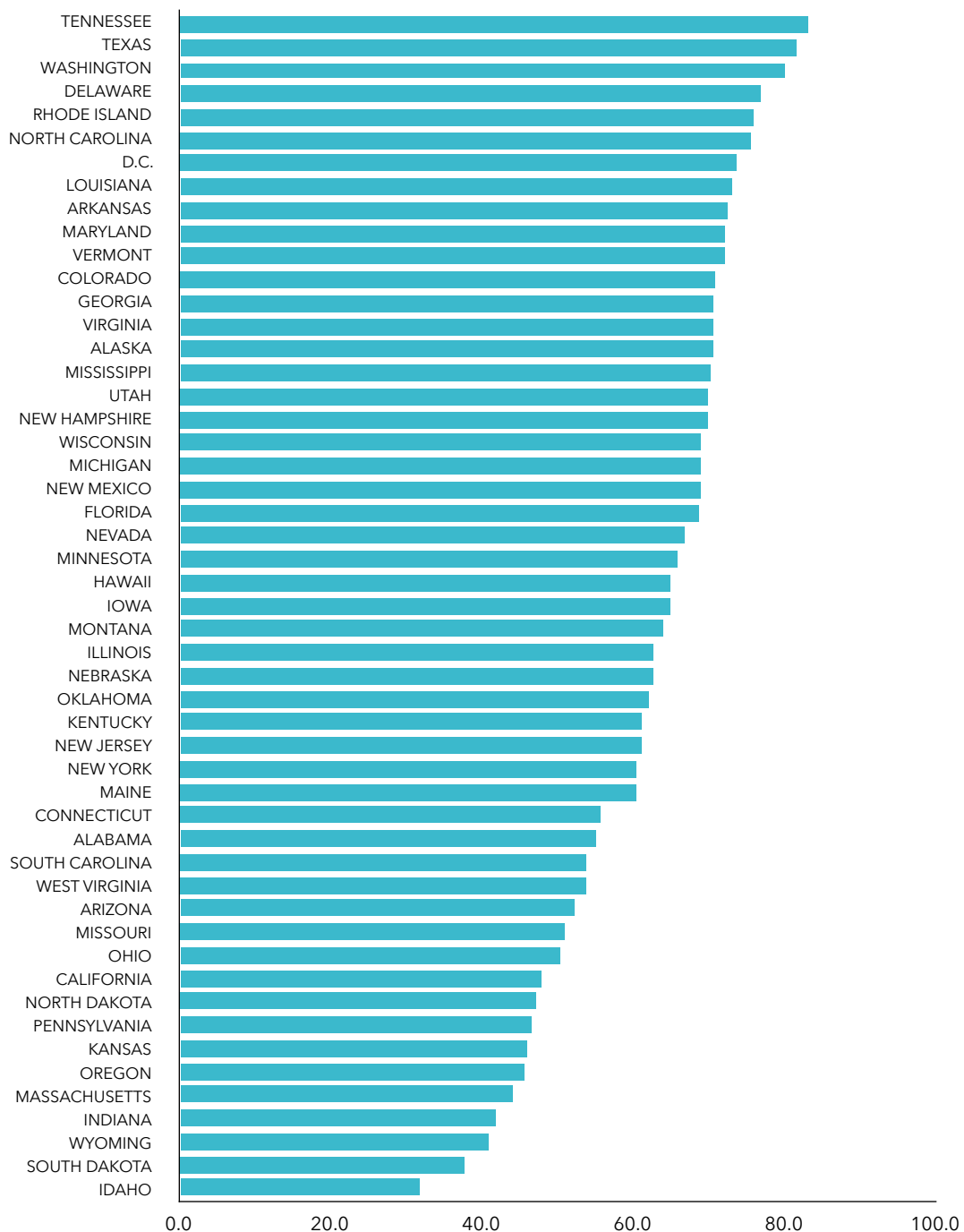
This figure shows the states that explicitly cite the USDA Child and Adult Care Food Program (CACFP) meal patterns (CFR 226.20) in their child care licensing regulations, regardless of whether the program formally participates in CACFP.



STATE RANKINGS IN 2023: ALL CHILD CARE TYPES

2023 State Ranking by Obesity Prevention Summary Score: ALL CHILD CARE TYPES (Figure 4)

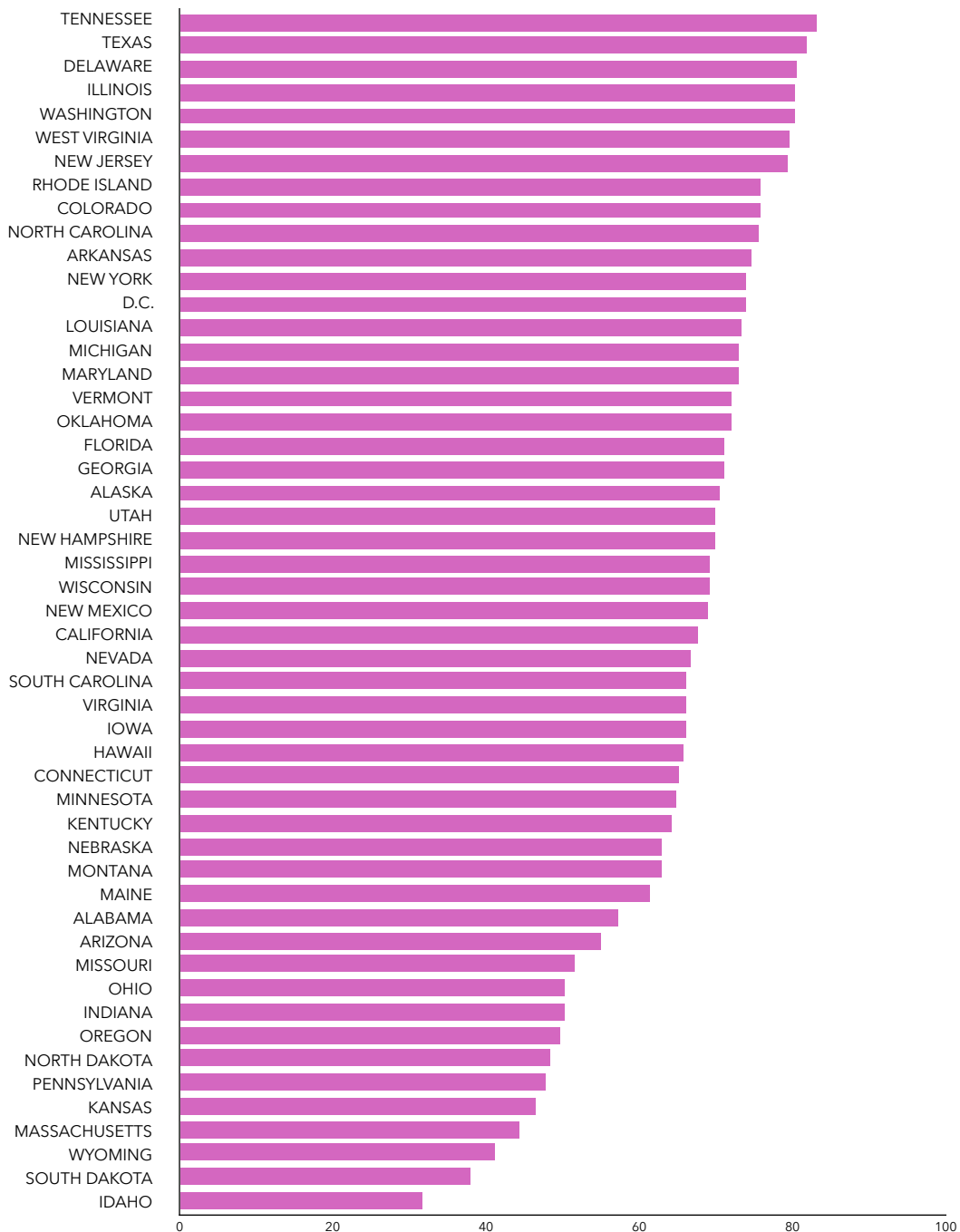
This figure illustrates the 2023 national rankings of state Obesity Prevention Summary Scores (OPSS) across all child care types (i.e., child care centers, large family child care homes, and small family child care homes). *Note: Refer to [ASHW Methodology](#)³² for details on how scores are calculated.*



STATE RANKINGS IN 2023: CHILD CARE CENTERS

2023 State Ranking by Obesity Prevention Summary Score: CHILD CARE CENTERS (Figure 5)

This figure illustrates the 2023 national rankings of state Obesity Prevention Summary Scores (OPSS) specifically for child care centers. *Note: Refer to [ASHW Methodology](#)³² for details on how scores are calculated.*

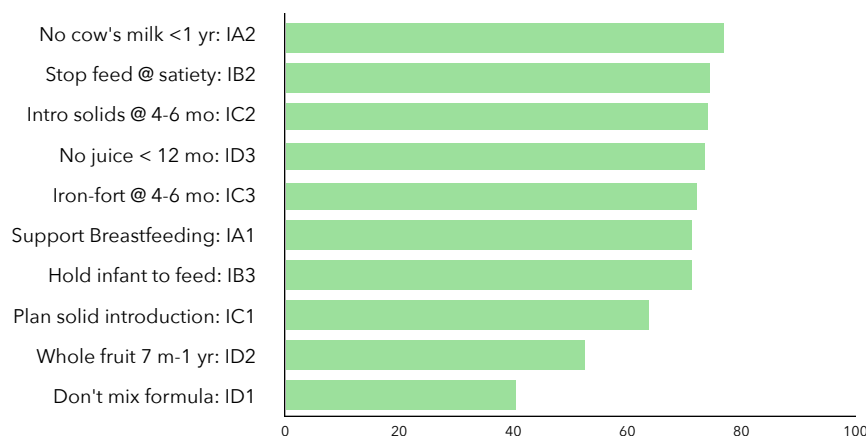


HIOPS SUPPORT ACROSS DOMAINS

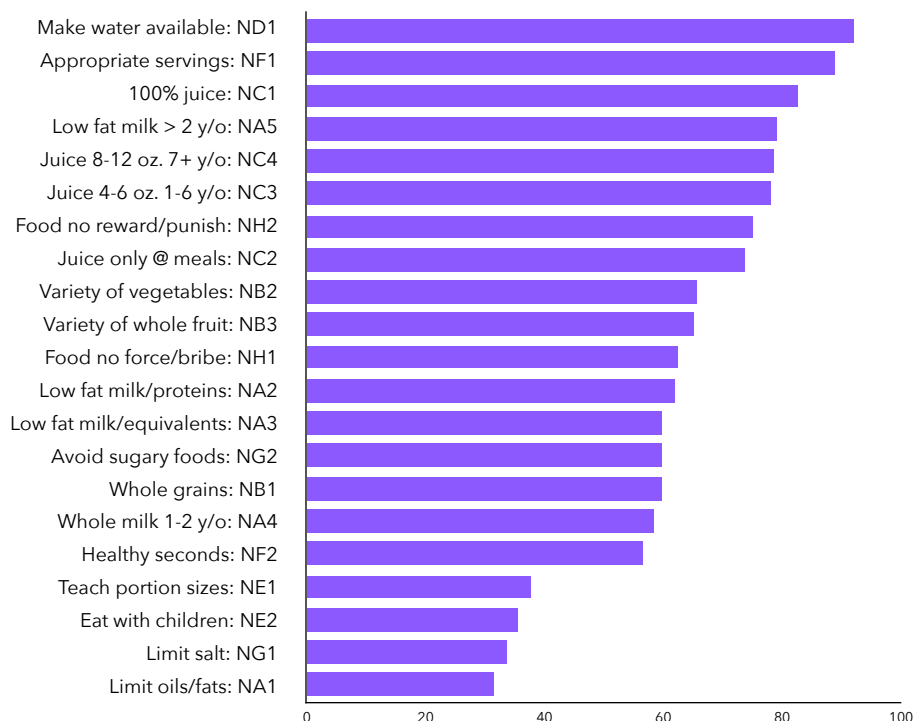
Support of Individual High-Impact Obesity Prevention Standards (HIOPS) in 2023 (Figures 6-9)

The figures below provide a rank order of HIOPS from those standards supported the most to those standards supported the least across all child care types for each of the four domains *Note: Refer to [ASHW Methodology](#)³² for details on how scores are calculated.*

Breastfeeding & Infant Feeding Practices (11 HIOPS):

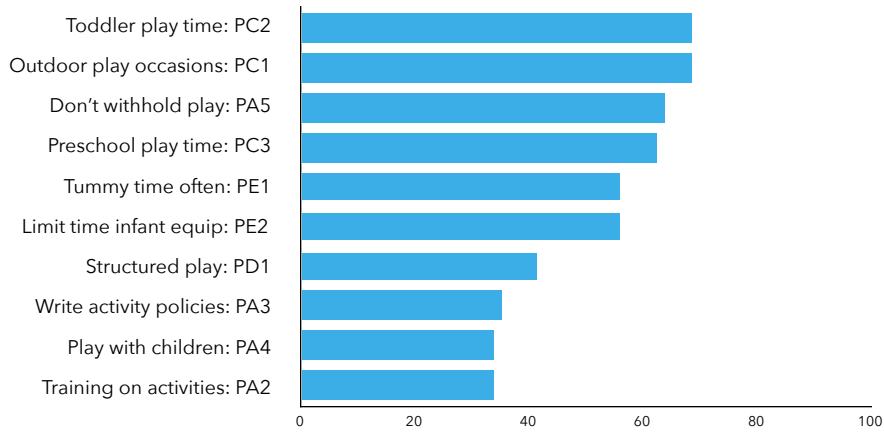


Nutrition & Healthy Mealtime Practices (21 HIOPS):

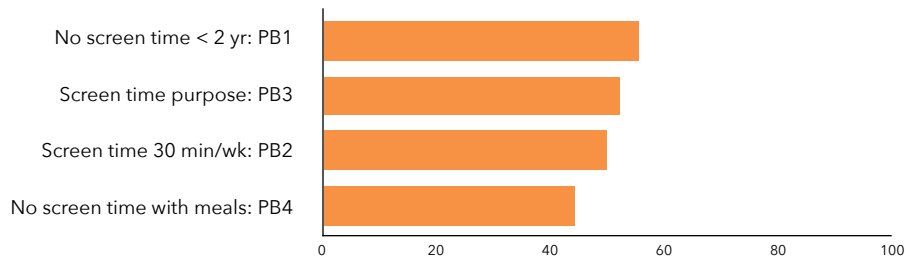


Support of Individual High-Impact Obesity Prevention Standards in 2023 (continued)

Physical Activity (11 HIOPS):

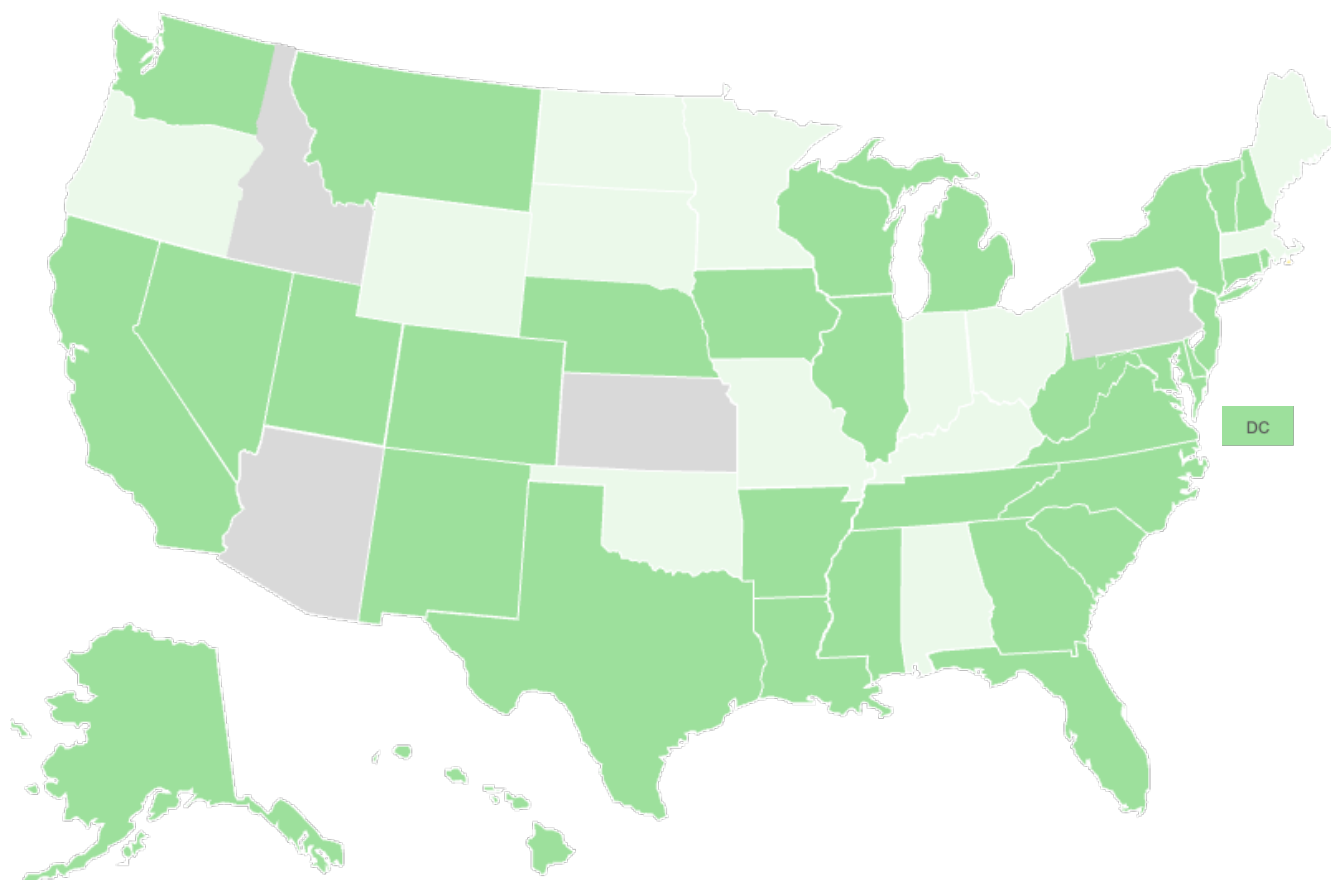


Screen Time Limits (4 HIOPS):



2023 State Progress on Fully Meeting Infant Feeding High-Impact Obesity Prevention Standards (HIOPS)

The map illustrates how well each state meets the 11 infant feeding (IF) HIOPS for child care centers in 2023. For a detailed assessment of each state's ratings, refer to the [2023 State Profiles: Child Care Centers](#).¹

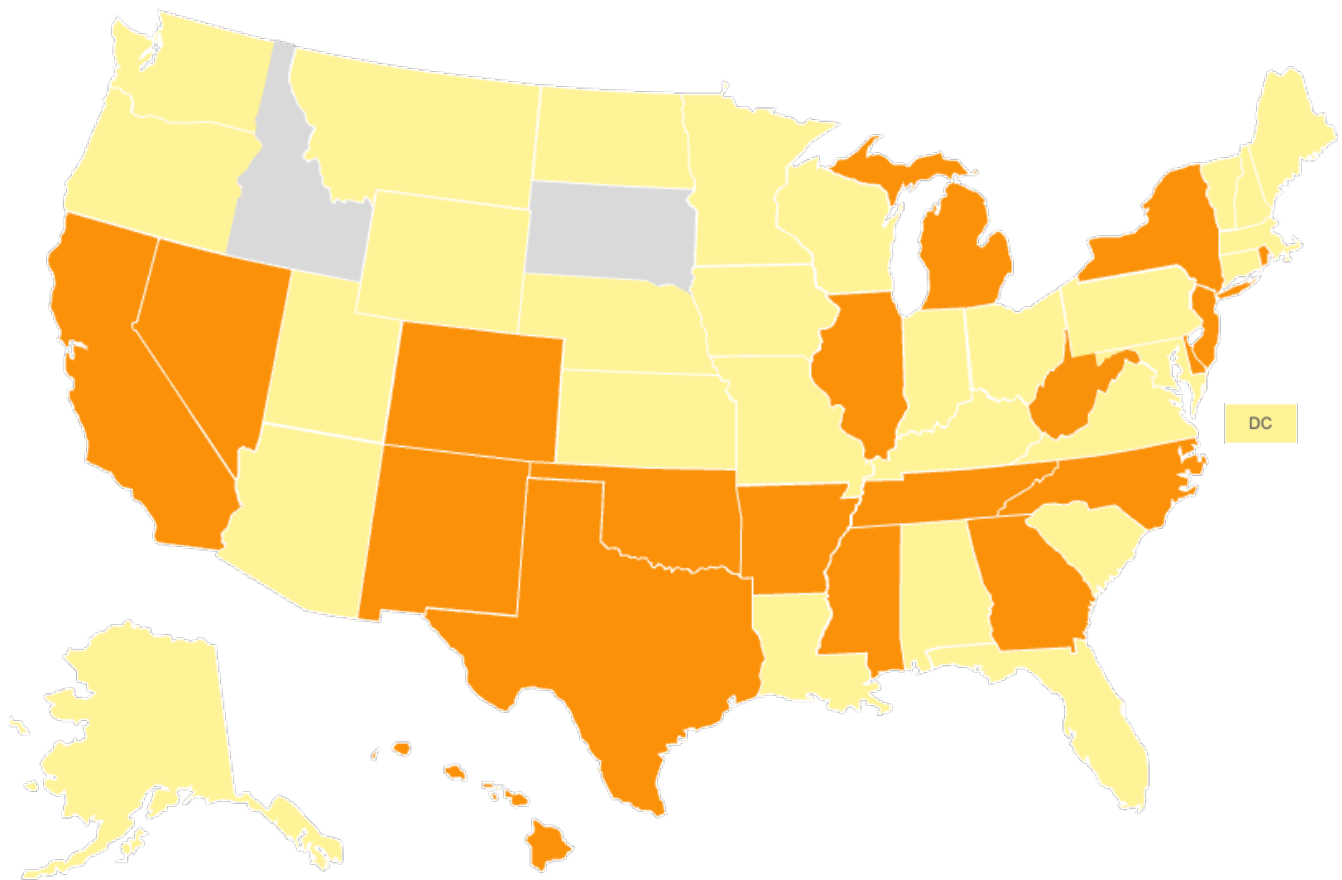


Note: Currently, no state meets the highest category of 9 to 11 IF HIOPS. Fully meeting is defined as a rating of a 4.

- Fully meets 9 to 11 IF HIOPS
- Fully meets 5 to 8 IF HIOPS
- Fully meets 1 to 4 IF HIOPS
- Fully meets 0 IF HIOPS

2023 State Progress on Fully Meeting Nutrition High-Impact Obesity Prevention Standards (HIOPS)

The map illustrates how well each state meets the 21 nutrition (NU) HIOPS for child care centers in 2023.

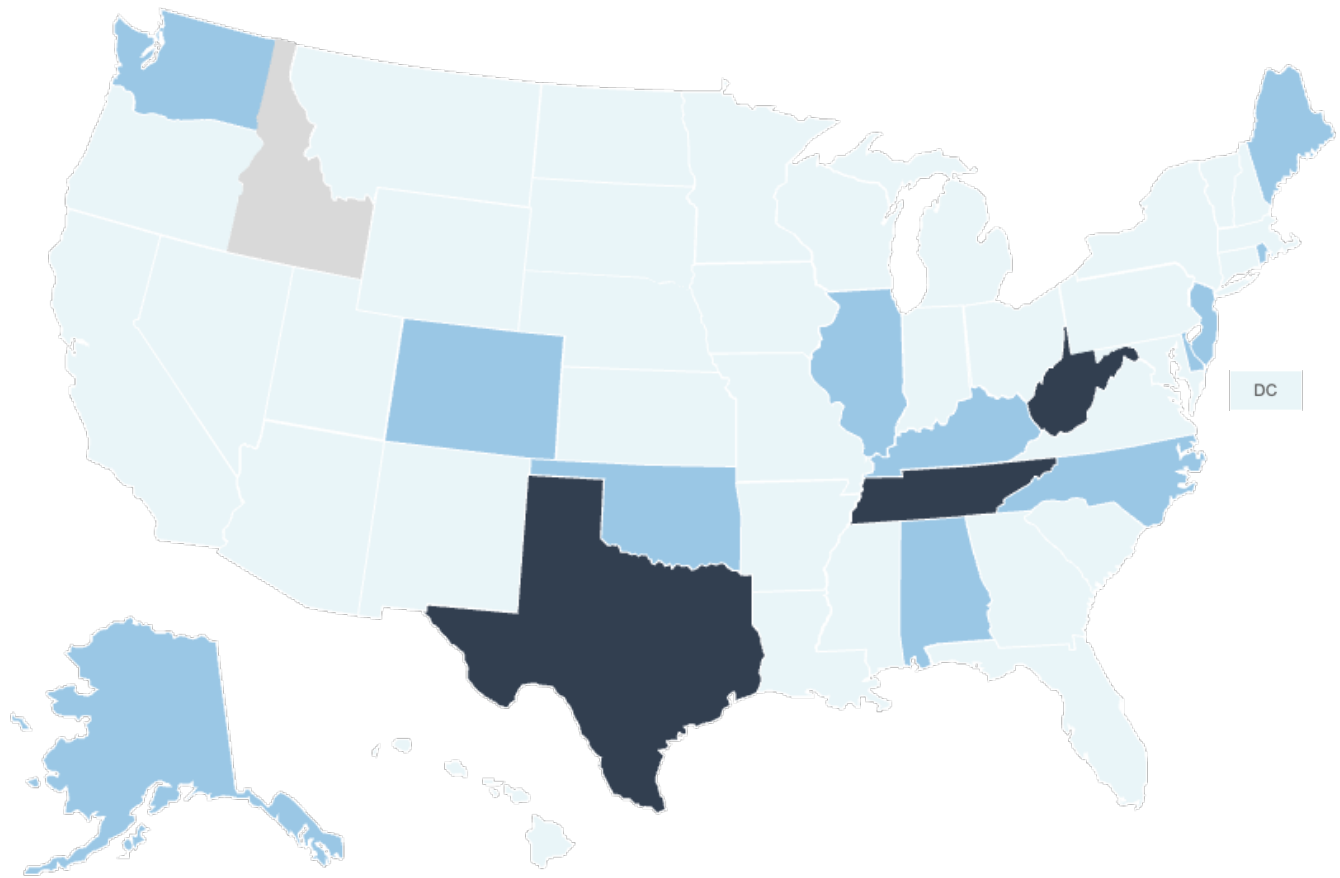


Note: The states highlighted in orange, fully meeting 8 to 15 NU HIOPS, have included adherence to CACFP meal patterns in their licensing regulations, except for Illinois.

- Fully meets 16 to 21 NU HIOPS
- Fully meets 8 to 15 NU HIOPS
- Fully meets 1 to 7 NU HIOPS
- Fully meets 0 NU HIOPS

2023 State Progress on Fully Meeting Physical Activity High-Impact Obesity Prevention Standards (HIOPS)

The map illustrates how well each state meets the 11 physical activity (PA) HIOPS for child care centers in 2023.

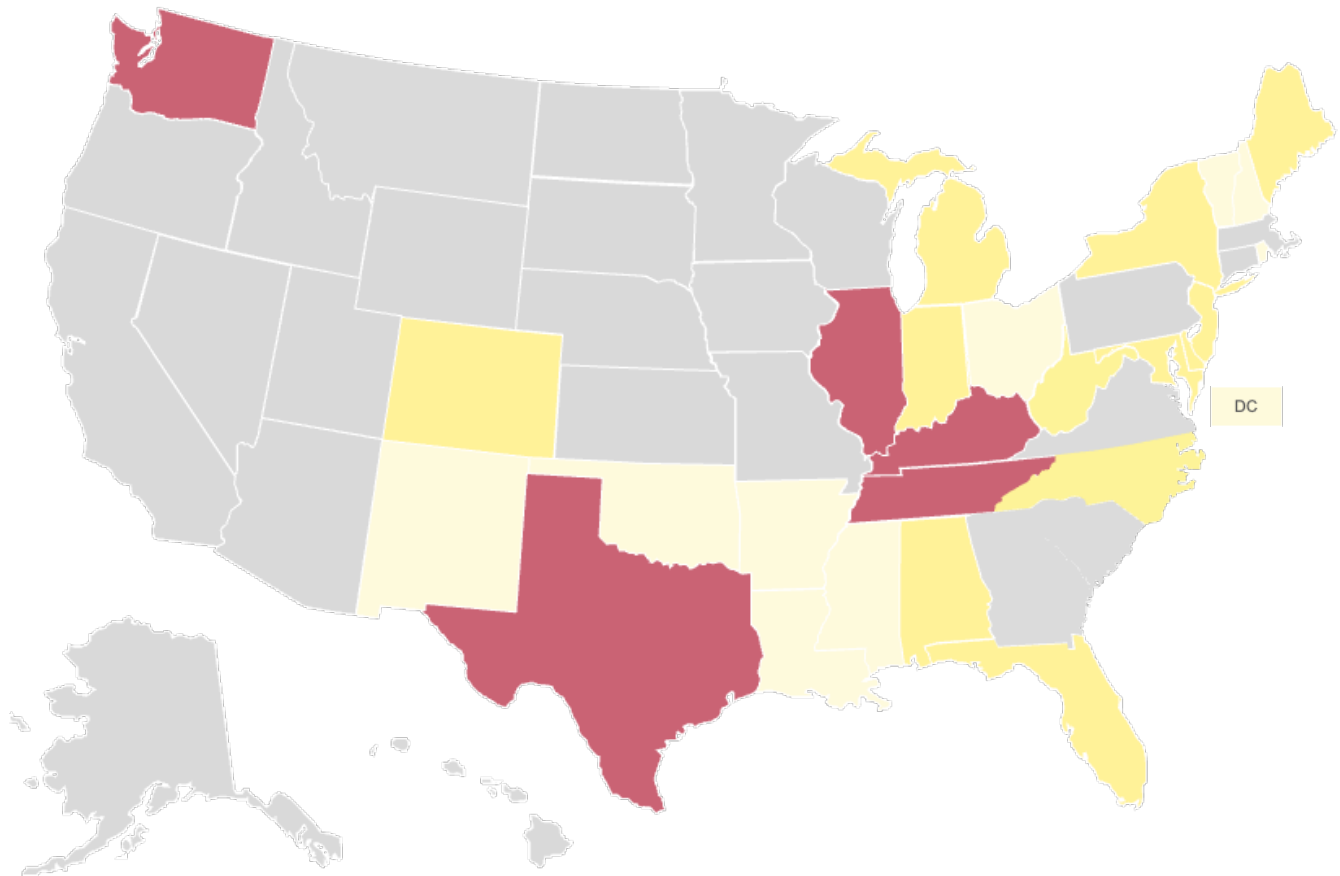


Note: Currently, no state meets all 11 PA HIOPS. Opportunities exist for all states' ECE licensing regulations to improve physical activity.

- Fully meets 7 to 9 PA HIOPS
- Fully meets 4 to 6 PA HIOPS
- Fully meets 1 to 3 PA HIOPS
- Fully meets 0 PA HIOPS

2023 State Progress on Fully Meeting Screen Time High-Impact Obesity Prevention Standards (HIOPS)

The map illustrates how well each state meets the 4 screen time (ST) HIOPS for child care centers in 2023.



Note: Currently, no state meets all 4 ST HIOPS. Opportunities exist for all states' ECE licensing regulations to improve screen time limits.

- Fully meets 3 ST HIOPS
- Fully meets 2 ST HIOPS
- Fully meets 1 ST HIOPS
- Fully meets 0 ST HIOPS



- 65% of states align their infant feeding and nutrition standards with USDA CACFP meal patterns.
- In 2023, states' infant feeding practices were most positively impacted in licensing regulations.

Discussion

In 2023, **seventeen states** (Alabama, California, Connecticut, Georgia, Hawaii, Idaho, Illinois, Louisiana, Maryland, Missouri, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Dakota, Texas, and West Virginia) implemented regulatory changes affecting High-Impact Obesity Prevention Standards (HIOPS) in child care licensing. While most of these changes positively impacted the HIOPS, disparities persist among care types. Typically, regulations for child care centers better align with evidence-based practices compared to regulations for family child care homes. Greater alignment across care types is needed to address these disparities and ensure consistent implementation of effective obesity prevention strategies. Additionally, eight states (Arizona, Illinois, Indiana, Kansas, Kentucky, Mississippi, Oregon, and West Virginia) still have regulations that contradict best practices.

2023 States Changes:

- **Tennessee** continues to lead the nation in supporting HIOPS.
- **Texas** now prohibits all sugar-sweetened beverages, joining five other states (California, Illinois, Rhode Island, Tennessee, and West Virginia).
- **Georgia** and **Louisiana** updated regulations in three key areas: infant feeding, breastfeeding support, nutrition, and outdoor play.
- **Maryland** and **Rhode Island** received rating increases for requiring infant formula to be mixed and served according to manufacturer's instructions.
- **North Carolina** added language across all licensed care types prohibiting screen time for children under age three, allowing it only for educational or physical activities.
- **Idaho** implemented a single change across all licensed child care types prohibiting the use of food as punishment.

- **Hawaii** and **South Dakota** were rated for the first time since 2010 to ensure to assure rating alignment with current methodology. **Hawaii** had two rating adjustments to match current scales, while **South Dakota** showed improvements in infant feeding practices and in prohibiting the withholding of physical activity.
- **Illinois** revealed numerous positive changes, including improvements in breastfeeding accommodations, infant feeding practices, and nutrition standards. Although child care center rules do not require adherence to current USDA CACFP meal patterns, they include language that aligns with and exceeds these standards. These improvements did not extend to large and small family regulations, where contradictory language still exists for serving of milk, juice, and solid foods to infants. Illinois was last fully rated in 2010.
- **West Virginia** introduced major changes in their child care center licensing regulations, including the requirement to adhere to USDA CACFP meal patterns and strengthened rules for physical activity and screen time. However, these updates were not incorporated into family child care regulations. Regulations for large and small family child care homes still lack requirements for USDA CACFP meal patterns, but do include provisions for feeding infants on cue and limiting foods high in sugar and salt content.
- **Missouri** made positive changes by requiring infants to be fed on cue and allowing them to regulate their feeding pace. The state also enhanced requirements for fruit and vegetable consumption, implemented restrictions on juice intake for older children, and ensured water is freely available indoors and outdoors for child care centers.
- **North Dakota** introduced a unified change across all child care types, ensuring infants are fed developmentally appropriate foods and requiring parental and/or healthcare provider input before introducing solids foods before 6 months of age.
- **Connecticut** underwent a full rating assessment for the first time since 2010, showing an improvement in outdoor play rules for small family child care homes.
- **Pennsylvania** enhanced healthy mealtime practices by prohibiting force-feeding and using food as a form of discipline. Regulations now include new language promoting moderate to vigorous physical activity in child care centers and large family homes.
- **California** revised its regulations, resulting in updated rating adjustments and several higher ratings for child care centers in infant feeding and healthy beverage standards.
- **Alabama** saw a downgrade in infant feeding and nutrition ratings due to lack of explicit mention of USDA CACFP meal patterns.

Lessons Learned

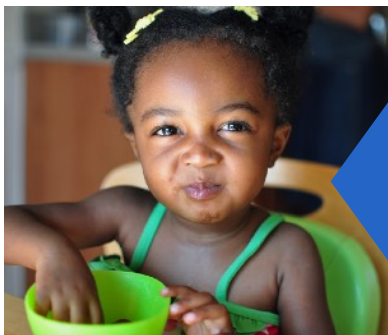
Over the last 13 years, the team overseeing the ASHW assessments has observed several state actions that consistently strengthen the HIOPS in early care and education (ECE) regulations. For states seeking to make improvements to their child care regulations, consider the following:



Ensure consistency in regulatory changes across all licensed child care types. In 2023, disparities persist in the strength of obesity prevention rules, particularly when comparing child care centers and family child care homes.



Align infant feeding and nutrition requirements with the current USDA Child and Adult Family Food Program (CACFP) meal patterns, regardless of formal participation in the CACFP program by licensed providers.



Sustain HIOPS language in licensing standards during rule revisions to provide young children with a strong foundation for lifelong healthy behaviors. Ensure that physical activity and screen time HIOPS align with the national standards outlined in Caring for Our Children (CFOC).



Strive to achieve an Obesity Prevention Summary Score (OPSS) of 100, as no state has reached this milestone to date. However, continuous progress has been observed nationally over the past 13 years.

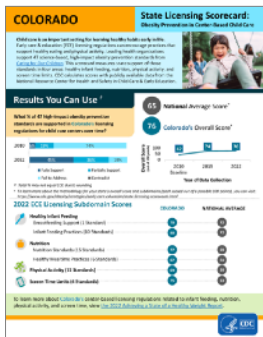
Roadmap to Success: Ensuring Safe, Healthy Environments Where All Children Thrive



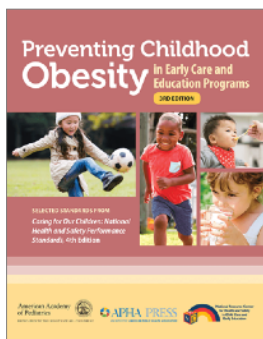
The ASHW reports continue to highlight opportunities for states to support obesity prevention in early care and education (ECE) programs. Here are several resources states can use to help advance obesity prevention regulations in ECE programs.



ASHW 2023 State Supplements. The ASHW Supplements¹⁻³ for child care centers, large family child care homes, and small family child care homes provide a comprehensive view of each state's strengths and areas for improvement across the 47 HIOPS.⁴ The state profile pages show ratings in 2010, compared to 2023.



CDC's State Licensing Scorecards on Obesity Prevention in Child Care Centers: CDC's State Licensing Scorecards³³ assess how well each state's ECE licensing regulations support the 47 HIOPS. State scores are determined using a point-based algorithm and include four obesity prevention domains: healthy infant feeding, nutrition, physical activity, and limits on screen time.



Caring for Our Children (CFOC) updated special collection, Preventing Childhood Obesity in Early Care and Education Programs (PCO). PCO⁵ presents expert and evidence-based best practices that were used to create the HIOPS. Assisting licensing professionals in revising regulations to promote obesity prevention. Current CFOC health and safety standards³⁴ can be found at: <https://nrckids.org/cfoc>



The 2023 Early Care and Education State Indicator Report.


This report,³⁵ published by CDC’s Division of Nutrition, Physical Activity, and Obesity, provides data on what states are doing to promote healthy growth and obesity prevention in ECE settings. This report can guide future ECE nutrition, physical activity, healthy growth, and obesity prevention efforts.



CDC’s Spectrum of Opportunities Framework. This framework³⁶ can guide states in their ECE efforts to integrate healthy growth and obesity prevention policies and activities into ECE systems. It describes nine areas for states to consider as they work to improve ECE policies and practices. Communities can also consider the nine focus areas when planning their own work.



USDA CACFP Meal and Snack Patterns. CACFP meal and snack patterns³⁷ are based on the Dietary Guidelines for Americans and reflect science-based recommendations from the National Academy of Medicine. States can strengthen support of infant feeding and nutrition standards in state child care licensing regulations by incorporating current CACFP meal patterns.

 **Note to States:** Starting with ASHW 2022, states must explicitly reference USDA CACFP in their child care regulations to qualify for CACFP ratings for the HIOPS. Regulations that only cited “USDA Guidelines,” outdated meal pattern charts, or reproduced similar charts did not receive CACFP credit for 2023.

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Source of ASHW High-Impact Obesity Prevention Standards (HIOPS) in PCO/CFOC Online Standards

The tables below present the ASHW High-Impact Obesity Prevention Standards (HIOPS) as outlined in the PCO/CFOC standards. To view the full details of each standard, including its rationale, references, and related standards, use the links to the searchable CFOC Online Standards Database at <https://nrckids.org/CFOC>.

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

INFANT FEEDING		
HIOPS	ASHW HIOPS Text	Source of HIOPS in PCO/CFOC Standards
IA1	Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.	4.3.1.1 - General Plan for Feeding Infants
IA2	Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian.	4.3.1.7 - Feeding Cow's Milk & 4.2.0.4 - Categories of Foods
IB1	Feed infants on cue.	4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher & 4.3.1.8 - Techniques for Bottle Feeding
IB2	Do not feed infants beyond satiety; Allow infant to stop the feeding.	4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher & 4.3.1.8 - Techniques for Bottle Feeding
IB3	Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.	4.3.1.8 - Techniques for Bottle Feeding
IC1	Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
IC2	Introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
IC3	Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months to complement the human milk.	4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
ID1	Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction.	4.3.1.5 - Preparing, Feeding, and Storing Infant Formula
ID2	Serve whole fruits, mashed or pureed, for infants 6 months up to one year of age.	4.2.0.4 - Categories of Foods 4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants
ID3	Serve no fruit juice to children younger than 12 months of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice

NUTRITION		
HIOPS	ASHW HIOPS Text	Source of HIOPS in PCO/CFOC Standards
NA1	Limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats and fried foods.	4.2.0.4 - Categories of Foods
NA2	Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.	4.2.0.4 - Categories of Foods
NA3	Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older.	4.2.0.4 - Categories of Foods
NA4	Serve whole pasteurized milk to twelve to twenty-four month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers
NA5	Serve skim or 1% pasteurized milk to children two years of age and older.	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers
NB1	Serve whole grain breads, cereals, and pastas.	4.2.0.4 - Categories of Foods
NB2	Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas.	4.2.0.4 - Categories of Foods
NB3	Serve fruits of several varieties, especially whole fruits.	4.2.0.4 - Categories of Foods
NC1	Use only 100% juice with no added sweeteners.	4.2.0.7 - 100% Fruit Juice
NC2	Offer juice only during meal times.	4.2.0.7 - 100% Fruit Juice
NC3	Serve no more than 4 to 6 oz juice/day for children 1-6 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice
NC4	Serve no more than 8 to 12 oz juice/day for children 7-12 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice
ND1	Make water available both inside and outside.	4.2.0.6 - Availability of Drinking Water
NE1	Teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.7.0.1 - Nutrition Learning Experiences for Children
NE2	Require adults eating meals with children to eat items that meet nutrition standards.	4.5.0.4 - Socialization During Meals
NF1	Serve small-sized, age-appropriate portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers
NF2	Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child; Teach children who require limited portions about portion size and monitor their portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.5.0.4 - Socialization During Meals
NG1	Limit salt by avoiding salty foods such as chips and pretzels.	4.2.0.4 - Categories of Foods
NG2	Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	4.2.0.4 - Categories of Foods
NH1	Do not force or bribe children to eat.	4.5.0.11 - Prohibited Uses of Food
NH2	Do not use food as a reward or punishment.	4.5.0.11 - Prohibited Uses of Food

PHYSICAL ACTIVITY/SCREEN TIME		
HIOPS	ASHW HIOPS Text	Source of HIOPS in PCO/CFOC Standards
PA1	Provide children with adequate space for both inside and outside play.	3.1.3.1 - Active Opportunities for Physical Activity
PA2	Provide orientation and annual training opportunities for caregivers/teachers to learn about age-appropriate gross motor activities and games that promote children’s physical activity.	3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity
PA3	Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation.	9.2.3.1 - Policies and Practices that Promote Physical Activity
PA4	Require caregivers/teachers to promote children’s active play, and participate in children’s active games at times when they can safely do so.	3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity
PA5	Do not withhold active play from children who misbehave, although out-of-control behavior may require five minutes or less calming periods to help the child settle down before resuming cooperative play or activities.	3.1.3.1 - Active Opportunities for Physical Activity
PB1	Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than two years.	2.2.0.3 - Screen Time/Digital Media Use
PB2	Limit total media time for children two years and older to not more than 30 minutes once a week. Limit screen time (TV, DVD, computer time).	2.2.0.3 - Screen Time/Digital Media Use & 3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity
PB3	Use screen media with children age two years and older only for educational purposes or physical activity.	2.2.0.3 - Screen Time/Digital Media Use
PB4	Do not utilize TV, video, or DVD viewing during meal or snack time.	2.2.0.3 - Screen Time/Digital Media Use
PC1	Provide daily for all children, birth to six years, two to three occasions of active play outdoors, weather permitting.	3.1.3.1 - Active Opportunities for Physical Activity
PC2	Allow toddlers sixty to ninety minutes per eight-hour day for vigorous physical activity.	3.1.3.1 - Active Opportunities for Physical Activity
PC3	Allow preschoolers ninety to one-hundred and twenty minutes per eight-hour day for vigorous physical activity.	3.1.3.1 - Active Opportunities for Physical Activity
PD1	Provide daily for all children, birth to six years, two or more structured or caregiver/ teacher/ adult-led activities or games that promote movement over the course of the day—indoor or outdoor.	3.1.3.1 - Active Opportunities for Physical Activity & 3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity
PE1	Ensure that infants have supervised tummy time every day when they are awake.	3.1.3.1 - Active Opportunities for Physical Activity
PE2	Use infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. only for short periods of time if at all.	3.1.3.1 - Active Opportunities for Physical Activity

State Documents Rated in 2023 for Achieving a State of Healthy Weight (ASHW)

Documents rated in 2023 are presented below, with a comprehensive list of all documents rated since 2010 available [here](#).³⁸ The ASHW assessment team works diligently to identify new and revised documents through website searches, emails, and calls to state licensing agencies. However, some regulations may go undiscovered in their effective year. In such cases, the study team will screen and rate these documents for inclusion in the ASHW report for the year they are discovered. If state licensing personnel are aware of any missed documents, please inform the assessment team at healthyweight@cuanschultz.edu.

CTR=Child Care Centers, LRG=Large Family Child Care Homes, SML=Small Family Child Care Homes

State	Regulation Document Title For links to states' documents, click here	Document Date	ASHW Year	Child Care Types		
				C T R	L R G	S M L
AL	Alabama					
	Child Care Licensing and Performance Standards for Day Care Centers and Nighttime Centers Regulations and Procedures	9/13/2021	2023	X		
	Child Care Licensing and Performance Standards for Family Day Care Homes/Family Nighttime Homes and Group Day Care Homes/Group Nighttime Homes Regulations and Procedures	9/13/2021	2023		X	X
CA	California					
	Chapter 3.4 California Child Day Care Act	7/10/2023	2023	X	X	X
	Title 22, Division 12, Chapter 1, Articles 1-2 - Child Care Centers	11/3/2023	2023	X		
	Title 22, Division 12, Chapter 1, Article 3 - Child Care Centers	11/3/2023	2023	X		
	Title 22, Division 12, Chapter 1, Articles 4-5 - Child Care Centers	9/27/06	2023	X		
	Title 22, Division 12, Chapter 1, Article 6 - Child Care Centers	11/3/2023	2023	X		
	Title 22, Division 12, Chapter 1, Article 7 - Child Care Centers	9/18/2020	2023	X		
	Title 22, Division 12, Chapter 1 Subchapter 2 - Child Care Centers - Infant Centers	11/3/2023	2023	X		
	Title 22, Division 12, Chapter 3 - Family Child Care Homes	4/1/2022	2023		X	X
CT	Connecticut					
	Statutes and Regulations for Licensing Centers & Group Day Care	5/2023	2023	X	X	
	Statutes and Regulations for Family Child Care Homes	5/2023	2023			X
GA	Georgia					
	Rules and Regulations Learning Centers: Chapter 591-1-1	10/1/2023	2023	X		
	Rules and Regulations Family Learning Homes: Chapter 290-2-3	10/1/2023	2023			X
HI	Hawaii					
	Title 17, Chapter 896 Licensing of Before and After School	12/19/2002	2023	X		
	HAR_17-895 Infant and Toddler Child Care Center Rules	11/3/2023	2023	X		
	Title 17, Chapter 891.1 Registration of Family Child Care Homes	9/22/2023	2023		X	X
ID	Idaho					
	16.06.02 Rules Governing Standards for Child Care Licensing	3/28/2023	2023	X	X	X

State Documents Rated in 2023 (continued)

State	Regulation Document Title For links to states' documents, click here	Document Date	ASHW Year	Child Care Types		
				C T R	L R G	S M L
IL	Illinois					
	Part 407: Licensing Standards for Day Care Centers	10/30/2023	2023	X		
	Part 408: Licensing Standards for Group Day Care Homes	10/18/2023	2023		X	
	Part 406: Licensing Standards for Day Care Homes	10/25/2020	2023			X
LA	Louisiana					
	Bulletin 137 - Early Learning Site Licensing Regulations	10/2023	2023	X		
MD	Maryland					
	Title 13A State Board of Education Subtitle 16 Child Care Centers	11/2023	2023	X		
	Title 13A State Board of Education Subtitle 18 Large Family Homes	11/2023	2023		X	
MO	Missouri					
	Chapter 500 Licensing Rules for Group Homes and Child Care Centers	12/31/2023	2023	X		
	Chapter 400 Licensing Rules for Family Child Care Homes		2023		X	X
NC	North Carolina					
	Chapter 9- Child Care Rules	7/1/2023	2023	X	X	X
ND	North Dakota					
	Chapter 75-03-10 Child Care Center Early Childhood Services	1/1/2023	2023	X		
	Chapter 75-03-09 Group Child Care Early Childhood Services	1/1/2023	2023		X	
	Chapter 75-03-08 Family Child Care Early Childhood Services	1/1/2023	2023			X
PA	Pennsylvania					
	Chapter 3270 - Child Day Care Centers	3/2023	2023	X		
	Chapter 3280 - Group Child Day Care Homes	3/2023	2023		X	
	Chapter 3290 - Family Child Day Care Homes	3/2023	2023			X
RI	Rhode Island					
	218-RICR-70-00-1 Child Care Center and School Age Regulations	11/29/2023	2023	X		
	218-RICR-70-00-7 Group Family Child Care Home Regulations	1/1/2023	2023		X	
	218-RICR-70-00-2 Family Child Care Home Regulations	1/1/2023	2023			X
SD	South Dakota					
	Chapter 67:42:17 Child Care Licensing	7/3/2023	2023	X	X	X
TX	Texas					
	Chapter 746: Minimum Standards for Child-Care Centers	5/3/2023	2023	X		
	Chapter 747: Minimum Standards for Licensed and Registered Child-Care Homes	5/3/2023	2023		X	X
WV	West Virginia					
	Title 78, Legislative Rules, DHHR, Series 1 Child Care Center Licensing Regulations	4/1/2023	2023	X		
	Title 78, Legislative Rules, DHHR, Series 18, Family Child Care Facility Licensing Requirements	4/1/2023	2023		X	
	Title 78, Legislative Rules, DHHR, Series 19, Family Child Care Home Registration Requirements	4/1/2023	2023			X

Rating of the Child and Adult Care Food Program (CACFP)

U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) Child and Adult Care Food Program (CACFP, also referred to as CFR 226.20) offers reimbursement to eligible programs to provide nutritious meals and snacks for children from low income families in child care programs (as well elderly adults in day care programs). Participating programs must follow age-specific CACFP Meal and Snack Patterns that define types of food and appropriate serving sizes. As CACFP offers guidance specific to early care and education (ECE), many states' child care licensing regulations require some or all categories of ECE programs to adhere to USDA CACFP guidelines, whether or not the individual programs formally participate in CACFP.

Caring for Our Children Standard 4.2.0.3 - Use of US Department of Agriculture Child and Adult Care Food Program Guidelines encourages adoption of the CACFP food guidance by all child care programs.¹ In 2010, the ASHW assessment team's 2010 external expert workgroup rated Standard 4.2.0.3 as high in impact upon obesity prevention, as part of the process to inform selection of ASHW variables (now HIOPS, or High Impact Obesity Prevention Standards).² Since CACFP Infant and Child Meal and Snack Patterns often constitute or enhance states' nutrition regulations, the ASHW assessment team rated CACFP on all ASHW Nutrition and Infant Feeding variables. When states reproduce CACFP requirements as part of licensing regulations for a given care type, or specify/confirm with the ASHW assessment team a licensing requirement for adherence to CFR 226.20/CACFP guidelines, the ASHW assessment team regards these states as ASHW "CACFP states." CACFP ratings are taken into account in rating the associated regulations. If there is no additional state text, the state receives the ASHW CACFP ratings for select HIOPS. If regulations include supplementary relevant text, that text is reviewed to determine whether it raises or lowers the CACFP rating.

Two CACFP updates occurred since 2010 that required revision of ASHW CACFP ratings. In 2012, the ASHW assessment team applied the improved ratings for two HIOPS to all CACFP states. In 2017, newly updated Meal and Snack Patterns were made mandatory for CACFP participants, improving ASHW ratings for four Infant Feeding and five Nutrition HIOPS. To identify states that should be assigned the improvements, the ASHW assessment team reviewed the 2010 categorization of CACFP states. The deciding factor for improved ratings was the clarity of the need to follow current CACFP guidelines. (See the *ASHW 2017 Report*, Appendix C. Methodology.²) State regulations vary in the ways they present the requirement to align nutrition practices with CACFP. Some cite CFR 226.20 or explicitly name CACFP. Others refer the reader to the USDA FNS CACFP website or instate CACFP contacts. Some reproduce the patterns with or without identification as CACFP materials. Some states use some combinations of the preceding.

¹ See Standard 4.2.0.3 @ <https://nrckids.org/CFOC/Database/4.2.0.3>

² National Resource Center for Health and Safety in Child Care and Early Education. Origin of Achieving a State of Healthy Weight high-impact obesity prevention standards. University of Colorado Anschutz Medical Campus College of Nursing; 2020. <https://nursing.cuanschutz.edu/docs/librariesprovider2/research/ashw/hiopsorigin.pdf>

³ ASHW 2017 Report, Appendix C: ASHW 2017 Method Notes (p.33-34) @ <https://nursing.cuanschutz.edu/docs/librariesprovider2/research/ashw/ashw-2017-report.pdf>

The ASHW assessment team's general rule is that reference to the federal code, to the CACFP program name or website, and/or reproductions of current Meal Patterns are sufficient to award improved CACFP ratings. When there are ambiguities (e.g., "USDA Guidelines" only), the ASHW assessment team typically reaches out to the state licensing agency for clarification. If no response is obtained, the ASHW assessment team uses best judgement. When a state newly requires adherence to CACFP guidelines, the state's ratings are adjusted accordingly. Tables 1 and Table 2, list the Infant Feeding and Nutrition HIOPS, respectively, and present the rating CACFP receives for each. CACFP Best Practices,⁴ introduced in the second CACFP update, provide stronger support for a few HIOPS than the basic Meal and Snack Patterns. They also are identified in Tables 1 and 2. However, through 2023, no state's regulations required adherence to the CACFP Best Practices.

ASHW RATING SCALE

- 1 = Content contradicts the HIOPS
- 2 = Content does not address the HIOPS
- 3 = Content partially supports the HIOPS
- 4 = Content fully supports the HIOPS

Table 1. Infant Feeding

Table 1 summarizes Infant Feeding ratings assigned to states' regulations that require licensed programs to follow CACFP. The ratings for 2010 versus 2017 updates are displayed (e.g., 3/4). 2017 CACFP Best Practice ratings are noted in the last column where applicable.

HIGH-IMPACT OBESITY PREVENTION STANDARDS (HIOPS)	ASHW CACFP Rating 2010/2017	ASHW CACFP Best Practice Rating
IA1. Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.	3/3	4
IA2. Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian.	4/4	-
IB1. Feed infants on cue.	4/4	-
IB2. Do not feed infants beyond satiety; Allow infant to stop the feeding.	4/4	-
IB3. Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.	2/2	-
IC1. Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.	3/3	-
IC2. Introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age.	3/4	-
IC3. Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months to complement the human milk.	3/4	-
ID1. Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction.	2/2	-
ID2. Serve whole fruits, mashed or pureed, for infants 6 months up to one year of age.	1/3	-
ID3. Serve no fruit juice to children younger than 12 months of age.	1/4	-

Table 2. Nutrition

Table 2 summarizes Nutrition ratings assigned to states’ regulations that require licensed programs to follow CACFP. The ratings for 2010 versus 2017 updates are displayed (e.g., 3/4). 2017 CACFP Best Practice ratings are noted in the last column where applicable.

HIGH-IMPACT OBESITY PREVENTION STANDARDS (HIOPS)	ASHW CACFP Rating 2010/2017	ASHW CACFP Best Practice Rating
NA1. Limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats and fried foods.	2/2	3
NA2. Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.	3/3	-
NA3. Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older.	3/3	-
NA4. Serve whole pasteurized milk to 12-24 month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity.	2/3	-
NA5. Serve skim or 1% pasteurized milk to children two years of age and older.	4*/4	-
NB1. Serve whole grain breads, cereals, and pastas.	3/3	4
NB2. Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas.	3/3	4
NB3. Serve fruits of several varieties, especially whole fruits.	3/3	4
NC1. Use only 100% juice with no added sweeteners.	4/4	-
NC2. Offer juice only during meal times.	2/4	-
NC3. Serve no more than 4 to 6 oz juice/day for children 1-6 years of age.	3/4	-
NC4. Serve no more than 8 to 12 oz juice/day for children 7-12 years of age.	3/4	-
ND1. Make water available both inside and outside.	4*/4	-
NE1. Teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs	2/2	-
NE2. Require adults eating meals with children to eat items that meet nutrition standards.	2/2	-
NF1. Serve small-sized, age-appropriate portions.	4/4	-
NF2. Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child; Teach children who require limited portions about portion size and monitor their portions.	3/3	-
NG1. Limit salt by avoiding salty foods such as chips and pretzels. (Selected to complete the food groups)	2/2	-
NG2. Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	1/3	-
NH1. Do not force or bribe children to eat.	2/2	-
NH2. Do not use food as a reward or punishment.	2/2	-

* NA5 and ND1 2010 values = 2. Starred rating values were effective in ASHW 2012 due to CACFP improvement.

2023 State Support Across the HIOPS: Child Care Centers

This table shows the percentage of ratings per state, across child care centers, that a) contradict, b) fail to address, c) partially support, and d) fully support the 47 High-Impact Obesity Prevention Standards (HIOPS).

State	Contradicts	Fail To Address	Partially Supports	Fully Supports
ALABAMA	0%	51%	23%	26%
ALASKA	0%	26%	38%	26%
ARIZONA	0%	45%	38%	26%
ARKANSAS	0%	17%	45%	26%
CALIFORNIA	0%	36%	23%	26%
COLORADO	0%	19%	36%	26%
CONNECTICUT	0%	36%	32%	26%
DELAWARE	0%	9%	45%	26%
DISTRICT OF COLUMBIA	0%	19%	43%	26%
FLORIDA	0%	26%	36%	26%
GEORGIA	0%	28%	32%	26%
HAWAII	0%	36%	30%	26%
IDAHO	0%	96%	4%	26%
ILLINOIS	0%	15%	23%	26%
INDIANA	0%	60%	13%	26%
IOWA	0%	34%	34%	26%
KANSAS	0%	60%	32%	26%
KENTUCKY	0%	36%	28%	26%
LOUISIANA	0%	19%	45%	26%
MAINE	0%	40%	34%	26%
MARYLAND	0%	21%	40%	26%
MASSACHUSETTS	0%	72%	17%	26%
MICHIGAN	0%	21%	40%	26%
MINNESOTA	0%	32%	43%	26%
MISSISSIPPI	0%	21%	38%	26%
MISSOURI	0%	57%	28%	26%
MONTANA	0%	40%	30%	26%
NEBRASKA	0%	40%	30%	26%
NEVADA	0%	32%	36%	26%
NEW HAMPSHIRE	0%	26%	40%	26%
NEW JERSEY	0%	15%	34%	26%
NEW MEXICO	0%	30%	34%	26%
NEW YORK	0%	19%	43%	26%
NORTH CAROLINA	0%	21%	32%	26%
NORTH DAKOTA	0%	62%	28%	26%
OHIO	0%	62%	21%	26%
OKLAHOMA	0%	23%	38%	26%
OREGON	0%	51%	34%	26%
PENNSYLVANIA	0%	64%	26%	26%
RHODE ISLAND	0%	19%	36%	26%
SOUTH CAROLINA	0%	32%	38%	26%
SOUTH DAKOTA	0%	85%	9%	26%
TENNESSEE	0%	9%	36%	26%
TEXAS	0%	15%	26%	26%
UTAH	0%	26%	40%	26%
VERMONT	0%	23%	38%	26%
VIRGINIA	0%	34%	34%	26%
WASHINGTON	0%	13%	36%	26%
WEST VIRGINIA	0%	17%	28%	26%
WISCONSIN	0%	28%	38%	26%
WYOMING	0%	79%	13%	26%

2023 State Support Across the HIOPS: Large Family Homes

This table shows the percentage of ratings per state, across small family child care homes, that a) contradict, b) fail to address, c) partially support, and d) fully support High-Impact Obesity Prevention Standards (HIOPS).

State	Contradicts	Fail To Address	Partially Supports	Fully Supports
ALABAMA	0%	55%	23%	21%
ALASKA	0%	26%	38%	36%
ARIZONA	2%	57%	28%	13%
ARKANSAS	0%	23%	40%	36%
CALIFORNIA	0%	85%	9%	6%
COLORADO	0%	30%	36%	34%
CONNECTICUT	0%	36%	32%	32%
DELAWARE	0%	19%	38%	43%
DISTRICT OF COLUMBIA	0%	19%	43%	38%
FLORIDA	0%	23%	43%	34%
GEORGIA	0%	0%	0%	0%
HAWAII	0%	38%	30%	32%
IDAHO	0%	96%	4%	0%
ILLINOIS	6%	45%	28%	21%
INDIANA	0%	85%	9%	6%
IOWA	0%	38%	30%	32%
KANSAS	2%	62%	30%	6%
KENTUCKY	2%	36%	28%	34%
LOUISIANA	0%	0%	0%	0%
MAINE	0%	45%	30%	26%
MARYLAND	0%	21%	38%	40%
MASSACHUSETTS	0%	72%	17%	11%
MICHIGAN	0%	30%	40%	30%
MINNESOTA	0%	32%	38%	30%
MISSISSIPPI	4%	19%	38%	38%
MISSOURI	0%	57%	30%	13%
MONTANA	0%	36%	34%	30%
NEBRASKA	0%	40%	30%	30%
NEVADA	0%	32%	36%	32%
NEW HAMPSHIRE	0%	26%	40%	34%
NEW JERSEY	0%	0%	0%	0%
NEW MEXICO	0%	30%	34%	36%
NEW YORK	0%	53%	30%	17%
NORTH CAROLINA	0%	21%	32%	47%
NORTH DAKOTA	0%	66%	23%	11%
OHIO	0%	62%	21%	17%
OKLAHOMA	0%	45%	38%	17%
OREGON	4%	49%	38%	9%
PENNSYLVANIA	0%	64%	26%	11%
RHODE ISLAND	0%	17%	40%	43%
SOUTH CAROLINA	0%	32%	40%	28%
SOUTH DAKOTA	0%	85%	9%	6%
TENNESSEE	0%	9%	36%	55%
TEXAS	0%	15%	28%	57%
UTAH	0%	26%	40%	34%
VERMONT	0%	23%	38%	38%
VIRGINIA	0%	21%	40%	38%
WASHINGTON	0%	13%	36%	51%
WEST VIRGINIA	2%	70%	23%	4%
WISCONSIN	0%	0%	0%	0%
WYOMING	0%	79%	13%	9%

2023 State Support Across the HIOPS: Small Family Homes

This table shows the percentage of ratings per state, across small family child care homes, that a) contradict, b) fail to address, c) partially support, and d) fully support High-Impact Obesity Prevention Standards (HIOPS).

State	Contradicts	Fail To Address	Partially Supports	Fully Supports
ALABAMA	0%	55%	23%	21%
ALASKA	0%	26%	38%	36%
ARIZONA	0%	0%	0%	0%
ARKANSAS	0%	23%	43%	34%
CALIFORNIA	0%	85%	9%	6%
COLORADO	0%	30%	36%	34%
CONNECTICUT	0%	87%	6%	6%
DELAWARE	0%	19%	38%	43%
DISTRICT OF COLUMBIA	0%	19%	43%	38%
FLORIDA	0%	36%	34%	30%
GEORGIA	0%	28%	34%	38%
HAWAII	0%	36%	32%	32%
IDAHO	0%	96%	4%	0%
ILLINOIS	6%	45%	28%	21%
INDIANA	0%	85%	9%	6%
IOWA	0%	38%	30%	32%
KANSAS	2%	62%	30%	6%
KENTUCKY	2%	49%	28%	21%
LOUISIANA	0%	0%	0%	0%
MAINE	0%	45%	30%	26%
MARYLAND	0%	26%	40%	34%
MASSACHUSETTS	0%	72%	17%	11%
MICHIGAN	0%	30%	40%	30%
MINNESOTA	0%	32%	38%	30%
MISSISSIPPI	4%	19%	38%	38%
MISSOURI	0%	57%	30%	13%
MONTANA	0%	36%	34%	30%
NEBRASKA	0%	40%	30%	30%
NEVADA	0%	32%	36%	32%
NEW HAMPSHIRE	0%	26%	40%	34%
NEW JERSEY	0%	72%	21%	6%
NEW MEXICO	0%	30%	34%	36%
NEW YORK	0%	53%	30%	17%
NORTH CAROLINA	0%	21%	32%	47%
NORTH DAKOTA	0%	66%	23%	11%
OHIO	0%	62%	21%	17%
OKLAHOMA	0%	45%	38%	17%
OREGON	0%	85%	11%	4%
PENNSYLVANIA	0%	70%	21%	9%
RHODE ISLAND	0%	17%	40%	43%
SOUTH CAROLINA	0%	100%	0%	0%
SOUTH DAKOTA	0%	85%	9%	6%
TENNESSEE	0%	9%	36%	55%
TEXAS	0%	15%	28%	57%
UTAH	0%	26%	40%	34%
VERMONT	0%	23%	38%	38%
VIRGINIA	0%	21%	40%	38%
WASHINGTON	0%	13%	36%	51%
WEST VIRGINIA	0%	79%	17%	4%
WISCONSIN	0%	28%	38%	34%
WYOMING	0%	79%	13%	9%



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