



State Efforts to Address Obesity Prevention in Child Care Quality Rating and Improvement Systems

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Introduction

Background

The first years of childhood are critically important to a child's health, well-being, and development. Early childhood has also been recognized as a critical period in the development of childhood obesity. Approximately one in five children ages 2–5 are overweight or obese and the prevalence of obesity in this age group has more than doubled in the past 30 years.¹ This is particularly disconcerting because nutrition and physical activity patterns of behavior are formulated during the early years and because the younger a child becomes overweight or obese, the higher likelihood that overweight or obesity will persist into adolescence and adulthood.^{2,3} Obesity is associated with a number of significant health consequences, including heart disease, type 2 diabetes, some cancers, and psychosocial and emotional consequences.

There are many complementary strategies needed to advance the prevention of obesity in early childhood. One important venue for childhood is child care facilities, which provide a crucial opportunity to support and promote healthy growth among young children. Outside of the home,

child care settings are the most common environment where preschool-aged children spend their time. In the United States, 12.7 million children under age 5 (63% of the total) are in some type of regular child care arrangement.⁴ There is a growing consensus among national health and child care organizations and the federal government that child care standards are needed in the areas of nutrition, physical activity, and screen time. Recent publications by the Institute of Medicine⁵ and national health and child care organizations have recommended specific state level standards for child care providers to prevent obesity among young children.⁶ Furthermore, the recently passed Healthy, Hunger Free Kids Act requires the U.S. Secretary of Agriculture to coordinate with the U.S. Secretary of Health and Human Services to encourage states to develop child care standards that address healthy eating, the amount of time children engage in physical activity, and the amount of time children spend using electronic media or engaged in sedentary activity.⁷

1 Ogden, C. L., Carrol, M. D., Curtin, L. R., Lamb, M. M., & Flegal, K. M. (2010, January 20). Prevalence of high body mass index in U.S. children and adolescents, 2007–2008. *JAMA*, 303(3), 242–249.

2 Nader, P. R., O'Brien, M., Houts, R., Bradley, R., Belsky, J., Crosnoe, R., et al. (2006). Identifying risk for obesity in early childhood. *Pediatrics*, 118(3), e594–e601.

3 Guo, S. S., & Chumlea, W. C. (1999). Tracking of body mass index in children in relation to overweight in adulthood. *The American Journal of Clinical Nutrition*, 70(1), 145S–148S.

4 Laughlin, L. (2010, August). Who's minding the kids? Child care arrangements: Spring 2005/summer 2006. *Current Population Reports*, P70-121.

5 Institute of Medicine. (2011). *Early childhood obesity prevention policies*. Washington, DC: The National Academies Press.

6 American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health Safety in Child Care and Early Education. (2010). *Preventing childhood obesity in early care and education programs: Selected standards from Caring for our children: National health and safety performance standards, 3rd ed.* Retrieved November 15, 2011, from http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf.

7 Healthy, Hunger-Free Kids Act of 2010, P.L. 111-296, SEC. 222 [DEC. 13, 2010].

States have responded to these calls to action in a variety of ways. Some have pursued policy change in child care facilities through legislation and regulatory mechanisms. Others are focused on providing resources and training to child care and obesity prevention practitioners. Another emerging strategy being implemented by states is incorporating nutrition, physical activity, and screen time standards into child care Quality Rating and Improvement Systems (QRIS).

Quality Rating and Improvement Systems as a Mechanism to Prevent Childhood Obesity in Child Care Settings

QRISs are a voluntary, comprehensive approach to improving the quality of early care and education programs and have recently become the focus of state early childhood obesity prevention efforts. In contrast to licensing standards, most QRISs are designed to incentivize quality improvement through voluntary, market-driven actions of providers. According to the National Infant & Toddler Child Care Initiative, “QRISs define standards for incremental levels of quality across a range of categories, and establish systems for rating and improving quality child care for all children.”⁸ QRISs are composed of five common elements: standards, accountability measures, provider support, financial incentives, and parent and consumer education efforts. By definition, the aim of these standards is to improve the quality of child care. QRISs are currently being implemented by most states in response to research linking high quality early care and education to positive child outcomes. Across the country, QRISs utilize similar methods to measure, improve, and communicate to providers and parents about the level of quality in early care and education programs.

The establishment of QRISs and incorporation of nutrition, physical activity, and screen time into these systems is an appealing strategy for improving quality in early learning and care settings for a variety of reasons. Providers who voluntarily participate in a QRIS are publicly recognized for achieving even the entry level of QRIS standards and thus may be more competitive in the market place. Furthermore, those that participate in a QRIS are offered a variety of supports and incentives to improve their quality, such as enhanced professional development training to help staff meet higher standards; one-on-one coaching or mentoring tailored to their

needs and goals; and grants to purchase materials, training, or equipment. Many states also use financial incentives, such as tiered child care subsidy reimbursement or other financial rewards for achieving higher quality ratings, to encourage programs to participate in QRIS and improve their quality. Additionally, the QRIS approach to improving child care quality may encounter less resistance than those that rely on legislative or regulatory mandates, both because of its voluntary nature and its tie to resources and supports to help providers improve the quality of their care.

QRIS and Childhood Obesity Prevention Project

In the last few years, a growing number of states have included nutrition, physical activity, and screen time as part of their QRIS. To document successful strategies, identify challenges, and support states in their efforts, Altarum Institute invested internal resources to develop the QRIS and Obesity Prevention Project. The goal of this project was to catalyze the development of models for state-level QRISs that can effectively promote obesity prevention standards and support providers in implementing these standards. The project was executed in three phases:

Phase 1: Altarum convened an advisory committee of thought leaders from federal agencies, national organizations, and states engaged in this work to discuss emerging models for incorporating obesity prevention into QRISs. (Appendix A contains the roster of national advisory committee members.)

Phase 2: Altarum conducted a series of key informant interviews with officials from health, education, and human service agencies in states where nutrition, physical activity, and/or screen time standards were included in the state’s QRIS or where efforts to accomplish this were under way.

Phase 3: Altarum hosted a State Teams QRIS and Obesity Prevention Meeting with a select group of states to (1) share state experiences on incorporating obesity prevention standards and strategies into QRISs, (2) facilitate connections within and between states working to advance obesity prevention in QRISs, and (3) identify areas in which additional technical assistance and support may be needed to advance these efforts.

This report summarizes the findings from this project and presents discussion and conclusions about next steps in this area.

⁸ National Infant & Toddler Child Care Initiative. (2011). Quality rating and improvement systems (QRIS): Inclusion of infant/toddler quality indicators. Retrieved November 15, 2011, from <http://www.birthtofivepolicy.org/Portals/0/Issue%20Groups/NITCCI%20QRIS%20Fact%20Sheet.pdf>

Data Sources



In January 2011, Altarum Institute hosted a QRIS and Childhood Obesity Prevention Advisory Committee meeting and gathered information from participants, including two states, on incorporating obesity prevention standards into QRISs. In March and April 2011, Altarum conducted 18 key informant interviews with representatives from an additional eight states (Table 1). States and representatives were identified through existing knowledge of QRIS and obesity prevention activities and through recommendations of the QRIS and Obesity Prevention Advisory Committee. In most cases, interviews were completed with more than one representative or groups of representatives for a given state in order to provide context and opinions from multiple stakeholders engaged in this work. This included individuals who represent the health or obesity prevention sectors as well as those who manage, coordinate, and/or provide support for early learning and care and QRIS initiatives. Semistructured interviews were conducted by telephone and lasted 30–60 minutes. Interviewers used a key informant interview guide to direct the conversation. This guide included 20 questions that addressed the following areas:

- General information on state activities and partners working on QRIS and childhood obesity prevention;
- How nutrition, physical activity, and screen time are linked with the state QRIS;
- Facilitators and challenges of incorporating obesity prevention standards into QRISs; and
- Level of interest in and need for peer-to-peer collaboration in this area.

Written materials, such as draft or final QRIS policies and standards, resource and technical assistance documents, and other related information were obtained from key informants and reviewed. Information obtained through key informant interviews and document review was then summarized into categories and key themes were identified and are presented in the findings section of this report.

During the State Teams QRIS and Obesity Prevention meeting in August 2011, representatives from eight states (Arizona, Arkansas, Delaware, Maryland, North Dakota, South Carolina, West Virginia, and Wisconsin) reviewed an initial draft of this report and provided input on next steps to advance the use of QRISs as an obesity prevention strategy. The input from the states on their experiences and needs have shaped the recommendations at the conclusion of this report.

Table 1. Key Informants Interviewed on State Activity in QRISs and Obesity Prevention

State	Number of Interviews Conducted	Interviewee Job Position and Organizational Affiliation
Arizona	2	<ul style="list-style-type: none"> ■ Assistant Director, Public Health Prevention Services, Arizona Department of Health Services ■ Senior Director of Early Learning, First Things First
Arkansas	1	<ul style="list-style-type: none"> ■ Special Projects Director, Division of Child Care and Early Education, Arkansas Department of Human Services
Delaware	3	<ul style="list-style-type: none"> ■ Program Director, Newark Day Nursery & Children’s Center ■ Manager, Early Childhood Program Development & Implementation, Nemours Health & Prevention Services ■ Assistant Professor, Department of Human Development and Family Studies, Delaware Institute for Excellence in Early Childhood ■ Associate Professor, Department of Human Development and Family Studies, Associate Director, Delaware Institute for Excellence in Early Childhood
Indiana	3	<ul style="list-style-type: none"> ■ Director, Division of Nutrition and Physical Activity, Indiana State Department of Health ■ Administrator, Indiana Family and Social Services Administration’s Bureau of Child Care ■ Senior Director, Indiana Accreditation Project, Indiana Association for the Education of Young Children, Inc.
Maryland	2	<ul style="list-style-type: none"> ■ Project Manager/Instructor, Center for Technology in Education, Johns Hopkins University School of Education ■ Director, Office of Child Care, Maryland State Department of Education
Nevada	2	<ul style="list-style-type: none"> ■ Social Services Program Specialist, The Office of Early Care and Education, Nevada Department of Health and Human Services ■ Health Educator, Washoe County Health District
North Dakota	3	<ul style="list-style-type: none"> ■ Early Childhood Services Administrator, Division of Children and Family Services, North Dakota Department of Human Services ■ Director, Cass Clay Healthy People Initiative, Dakota Medical Foundation ■ Director, Lakes & Prairies Child Care Resource and Referral
South Carolina	1	<ul style="list-style-type: none"> ■ Early Childhood Coordinator, Division of Nutrition, Physical Activity, and Obesity, South Carolina Department of Health and Environmental Control
West Virginia	2	<ul style="list-style-type: none"> ■ Program Manager, Quality Initiatives Unit, Division of Early Care & Education, West Virginia Department of Health & Human Resources ■ Assistant Director, Office of Child Nutrition, West Virginia Department of Education ■ Coordinator, Office of Child Nutrition, West Virginia Department of Education
Wisconsin	1	<ul style="list-style-type: none"> ■ Nutrition Coordinator/Fruit and Vegetable Nutrition Coordinator, Nutrition, Physical Activity & Obesity Program, Wisconsin Department of Health Services ■ Program and Policy Analyst, Bureau of Quality Improvement, YoungStar, Division of Early Care Education, Department of Children and Families
TOTAL	20	



Findings

Why States Have Chosen QRISs as a Mechanism for Addressing Early Prevention of Childhood Obesity

State representatives were asked to explain why they think that the QRIS is an important mechanism for improving nutrition, physical activity, and screen time practices in early learning and care settings. Many viewed integration of obesity prevention standards into QRISs as a strategic opportunity to improve child care quality and a step towards providing healthier environments for children. Key themes are highlighted below.

Health is an integral part of child care quality

Health is viewed as an important dimension of quality early care and education programs. It is essential for children's proper growth, development, and learning. Since QRIS programs support the development of quality early care and education programs, these systems should be inclusive of a topic that is seen as the foundation for healthy children. Respondents felt that incorporating health generally and nutrition and physical activity as components of health into QRISs elevated the importance of early care and education programs as settings for child health promotion. It communicated to providers and parents alike that health is one aspect of a quality child care program. With respect to obesity prevention standards in particular, representatives noted the relationships between nutrition, physical activity, and screen time on the one hand and children's overall health, learning, and development on the other. Respondents expressed that

quality child care facilities should have environments that support healthy behaviors. As with child care quality standards that address health generally, incorporating specific standards or goals and training of child care providers about nutrition, physical activity, and screen time into QRISs would be a way to "place value" on these topics.

Opportunity for consistent and coordinated messages

In many states, the QRIS was described as the fulcrum for efforts to promote quality child care; it is a system where "everything is happening in one place." As such, it is also viewed as an opportunity to provide consistent and coordinated messages about the components of quality child care. QRISs are seen as an opportunity to reinforce messages about healthy behaviors to providers and parents, as well as across agencies of health, education, and early learning and care. For states that already included or were working towards licensing changes that address nutrition, physical activity, and screen time, representatives felt that their QRIS should reinforce these messages and could even go beyond licensing rules, which is typical for other areas addressed by QRISs.

QRIS infrastructure has supports to assist with implementation

QRIS programs, by definition, include a number of supports to aide child care providers in achieving higher quality early care and education programs, including financial incentives, enhanced professional development, and technical assistance. Respondents viewed the QRIS as a vehicle through



which states can help early care and education programs and providers promote child health, while providing tangible resources and supports that enhance provider capacities. The level and types of resources and supports potentially available through QRISs are most often not available to state licensing agencies and thus not available to providers when new licensure requirements are implemented to improve nutrition, physical activity, and screen time. However, embedding standards in QRIS programs does not preclude the need for regulatory or licensing requirements. Many respondents see the QRIS as a way to support licensing standards, which are commonly the entry level for a state's QRIS. In the words of one key informant, "We think licensing standards should set the floor for QRISs, but they do not have the capacity to help people improve quality." The QRIS provides the framework and supports to help child care providers not only meet licensing requirements, but to exceed them through the incentives and supports they provide.

Integration of childhood obesity prevention efforts in QRISs can be a "pilot" for future changes in state licensing rules

Most of the key informants interviewed represented states that do not have comprehensive nutrition, physical activity, and screen time child care licensing rules. Several of these representatives identified incorporation of obesity prevention standards into QRISs as the first step toward

implementing more comprehensive standards in child care licensing regulations. Key informants indicated that standards in QRISs can be accomplished through an internal or administrative process rather than the lengthy and more complex process required for changing state child care licensing rules. They also can provide a venue for administrators to pilot nutrition, physical activity, and screen time standards before making these changes statewide. These pilots serve several purposes. First, they are a way for states to enrich their QRIS. Second, they are a way to learn whether or not such standards are clear and understood by providers and feasible for them to implement. Lastly, successful implementation of such standards by a smaller set of providers who voluntarily participate in QRISs may demonstrate that providers can make these changes and provide information on what is needed to help other providers succeed.

Summary of Nutrition, Physical Activity, and Screen Time Standards and Supports Being Planned in QRISs

States included in the key informant interviews were at various stages in their pursuit of integrating obesity prevention standards and supports into their QRIS. Some were in the preliminary stages of considering this activity, while others were selecting specific standards; conducting pilots with standards; or already implementing nutrition, physical activity, and screen time standards or guidelines as part of

their statewide QRIS. Table 2 provides a summary of what was learned about state activities around integration of obesity prevention standards and supports into QRISs. For each state listed, the table provides a brief description of the QRIS, including the status of its implementation in state policy or as a pilot project. The table also indicates whether specific standards for nutrition, physical activity, and/or screen time have been integrated into the QRIS, are in a pilot QRIS, or are being considered. Lastly, the table describes the particular standards, supports, and monitoring that were in place or being considered for the QRIS at the time interviews were conducted. Links to full QRIS standards and resources are provided in Appendix B.

For the purposes of this report, standards were classified into 5 different categories, as shown below: nutrition, physical activity, screen time, professional development, and parent and family engagement.

Categories of Obesity Prevention Standards

- Nutrition (e.g., nutrition standards for meals and beverages served, requirement to participate in the Child and Adult Care Food Program [CACFP] if eligible)
- Physical activity (e.g., minimum time requirements for physical activity during the daily curriculum)
- Screen time (e.g., screen time limits)
- Professional development (e.g., requirements for directors and/or staff to participate in specific amounts or types of training related to nutrition and physical activity)
- Parent and family engagement (e.g., requirements for the sharing of information with parents on nutrition and physical activity through parent handbooks, menus, and other ways)

Because the organization and nomenclature of quality criteria in states' QRISs vary greatly, these categories do not correspond to all states' QRIS categories. Obesity prevention standards related to professional development and parent and family engagement have been included in QRIS categories with these or similar titles. However, obesity prevention standards related to the meals and beverages offered, activities, screen time, and physical environment have been

incorporated into various broader QRIS categories. For example, some states have included these types of standards in QRIS categories that address the learning environment. Others have incorporated them in a category related to the program's curriculum. The QRIS in a couple of states has a category focused on child health and safety and obesity prevention standards have been incorporated there. States that are interested in pursuing obesity prevention standards in QRIS may benefit from first identifying the broad categories of quality already established in their QRIS and then determining which would be amendable to the addition of childhood obesity prevention standards (e.g., early learning environment and health and safety).

In addition to setting standards, all states that were interviewed are providing supports, such as training, technical assistance, and other resources, to providers to assist them in achieving the standards. Many states are also providing financial incentives in the form of mini-grants, tiered reimbursement for child care subsidies, and professional development scholarships to support providers in achieving higher quality standards.

States are using various monitoring strategies in their QRIS reviews to determine whether providers are complying with child obesity prevention standards. For example, several states are abstracting and reviewing program documents, such as lesson plans, menus, certifications of training, and parent handbooks, to monitor QRIS obesity prevention standards. Other states are using the Early Childhood Environmental Rating Scale (ECERS), Infant and Toddler Environmental Rating Scale (ITERS), and/or the Family Child Care Rating Scale (FCCRS). These scales are commonly used to monitor child care facilities and are collectively referred to as Environmental Rating Scales (ERS). ECERS and ITERS are used by the large majority of states to some degree in their QRIS as a tool for onsite assessments of a wide array of standards. A few states are also using the Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) and the Environment and Policy Assessment and Observation (EPAO) tool for their nutrition and physical activity standards. NAP SACC is a questionnaire developed by the University of North Carolina at Chapel Hill for child care center providers to self-assess their policies and practices related to childhood obesity prevention and help them target areas for improvement. EPAO is an onsite assessment form that is completed by a trained observer. It complements NAP SACC by providing an objective assessment of the child care environment.

Table 2. Characteristics of State QRISs and Progress on Incorporating Obesity Prevention Standards

State: Arizona

Name of QRIS: Quality First

Description and Status of QRIS: The statewide quality improvement system (QIS, no rating component) was initiated in 2009. Beginning in 2011, Quality First will include a rating component and become a QRIS. Over time, all 750 programs that participated in the QIS will be rated. The new QRIS has five levels of star ratings and will use both a building block and point system to determine ratings.

Have obesity prevention standards been integrated into the QRIS?

Yes, but the state will continue to monitor to determine whether the current plan is adequate.

Standards

To be eligible for Quality First, providers must be licensed and participate in the EMPOWER program. EMPOWER is an obesity and tobacco prevention program for preschoolers run by the Arizona Department of Health Services. The following are the EMPOWER recommendations related to nutrition, physical activity, and screen time. Arizona’s child care licensing requirements contain additional mandatory nutrition and physical activity standards.

*Items with an asterisk are also mandatory standards in Arizona’s child care licensing rules.

Nutrition

- Offer water at least 4 times daily
- Serve 1% or fat-free milk for all children over age 2*
- Serve only 100% fruit juice (with no added sugars), and limit kids to 4-6 ounces per day *
- Participate in CACFP if eligible
- Serve meals family style and let children decide how much to eat*
- Avoid rewarding good behavior or a clean plate with foods of any kind

Physical Activity

- Facilities should encourage physical activities as part of their curriculum by scheduling at least 60 minutes of planned activity (which can be broken up in shorter time periods) per day
- Avoid more than 60 minutes of sedentary activity at a time except while child is sleeping

Screen Time

- Limit screen time to under one hour a day*

Provider Supports, Financial Incentives and Consumer Education

Financial Supports

- Providers who sign up for EMPOWER receive a 50% discount on their state licensing fee and agree to adopt the EMPOWER guidelines
- Financial incentives (starting at \$3,500 for homes and up to \$15,000 for large centers) are available to providers to purchase needed materials to improve quality

Resources

- EMPOWER Pack, a toolkit of materials including educational materials, recipes, activity plans, music CDs, an Empower logo window cling, and information on best practices
- The EMPOWER website offers videos to train providers on how to implement EMPOWER guidelines and best practices and includes additional resources and links to resources on nutrition, physical activity, and breastfeeding

Technical Assistance

- Intensive coaching in all areas of quality, including health, nutrition and physical activity
- Every program enrolled in Quality First is assigned a child care health consultant that has received training on the EMPOWER model

- Each center and home works with Quality First staff to develop an individualized plan to improve quality in the areas of health, nutrition, and physical activity, as well as an overall quality improvement plan

Training

- T.E.A.C.H. scholarships are available for professional development

Monitoring

- All Quality First programs are assessed using ECERS, ITERS, and FCCRS and the Classroom Assessment Scoring System (CLASS)
- Child care health consultants monitor health standards during onsite visits
- State licensing staff at the Department of Health Services monitor compliance with EMPOWER standards and refer providers for technical assistance as needed. Nutrition standards are monitored by reviewing menus and observation; physical activity, screen, and sedentary time are monitored by reviewing each program's daily lesson plan or schedule of activities
- Arizona Department of Health Services and Quality First are working together to monitor and provide consistent messaging about nutrition, physical activity, and screen time standards for child care

State: Arkansas

Name of QRIS: Better Beginnings

Description and Status of QRIS: The statewide QRIS was implemented in 2010. The system uses a building-block approach with mandatory standards in each level. Currently, the state is working on revising some standards and adding two levels to the system.

Have obesity prevention standards been integrated into the QRIS?

Yes, several nutrition and physical activity standards are embedded in the professional development, learning environment, and child health and development QRIS categories. There is interest in adding NAP SACC self-assessment as a standard for Better Beginnings at the new level 4 and some nutrition and curriculum components at new levels 4 and 5.

Standards

Physical Activity

- Staff (caregivers) plan and implement daily, developmentally appropriate physical activities for all children

Professional Development

- Program administrator completes training in developmentally appropriate physical activity
- Kitchen manager completes two hours of nutrition training

Parent and Family Engagement

- Facility shares information with families on nutrition and physical activity for children

Provider Supports, Financial Incentives and Consumer Education

Financial Supports

- Incentive grants (including grants for physical activity equipment) are available to help providers meet quality standards

Resources

- Better Beginnings Toolkit

Technical Assistance

- State has trained child care resource and referral agencies, pre-K program and other child care program staff to help providers conduct NAP SACC, which was provided to 121 sites in 2010–2011 (targeted to high-need sites, including those participating in the state child care subsidy program)
- Monthly newsletters including nutrition and physical activity information are sent to providers

Training

- Traveling Arkansas' Professional Pathways training system
- "I am Moving, I am Learning" training provided around the state

Monitoring

- All Better Beginnings programs are monitored using ECERS and ITERS
- Child obesity standards are also monitored using the following methods:
 - Documentation of training received
 - Review of sample daily program schedule and daily plans for each age group served
 - Facilities must provide evidence that information has been shared with families

State: Delaware

Name of QRIS: Delaware Stars for Early Success

Description and Status of QRIS: A QRIS with five star levels was rolled out in 2007 with 15 pilot sites across the state. Currently, approximately 180 programs are enrolled. The University of Delaware Institute for Excellence is in the process of significantly revising the QRIS standards and system.

The new system, to be rolled out in early 2012, will use a point system approach for assigning ratings with the goal of encouraging providers at all levels to continue improving. Recent state legislation will expand the program significantly and make larger financial incentives available.

Have obesity prevention standards been integrated into the QRIS?

Yes, the first level of Delaware Stars for Early Success is linked to state licensing regulations, which contain comprehensive standards for nutrition, physical activity, and screen time.

Standards

- Comprehensive standards for nutrition, physical activity, and screen time are in child care licensing. Providers must meet licensing requirements to participate in Stars for Early Success.
- QRIS curriculum standards encourage providers to utilize a comprehensive curriculum related to the Early Learning Foundations (ELFs); promotion of physical activity is embedded in the physical development and health domain of the ELFs

Provider Supports, Financial Incentives and Consumer Education

Resources

- The Department of Education toolkit “First Years in the First State: Improving Nutrition and Physical Activity Quality in Delaware Child Care” includes a guide for program administrators, a menu planning guide, a “shopping cheat sheet”, a training instructor’s guide, and a guide to engaging families as partners.

Trainings

- Many programs in Delaware Stars participated in 2011 trainings sponsored by the Delaware Department of Education’s CACFP program to help providers use the toolkits
- Through a contract with Health and Prevention Services, staff from the Delaware Institute for Excellence have been trained in the focus areas of nutrition, physical activity, and social and emotional health in young children. These staff can provide targeted technical assistance and training on the nutrition and physical activity standards if centers request it. Through this contract, project staff has provided consultation to Delaware Stars staff in these areas
- Some providers have participated in a year- long learning collaborative offered by Nemours “Taking Steps to Healthy Success.”

Monitoring

- NAP SACC
- Using some components of the ERS
- Considering the Preschool Outdoor Environment Measurement Scale (POEMS) for rating outdoor environment

State: Indiana

Name of QRIS: Paths to Quality

Description and Status of QRIS: The QRIS was fully implemented 2 years ago. It is a building-block model with four levels.

Have obesity prevention standards been integrated into the QRIS?

No. Standards are not under revision at this time.

Provider Supports, Financial Incentives and Consumer Education

Financial Supports

- Grants to meet accreditation, including physical activity equipment

Resources

- Nutrition and physical activity curriculum

Monitoring

- Integrated into routine monitoring

State: Maryland

Name of QRIS: Maryland EXCELS

Description and Status of QRIS: The Maryland Tiered Reimbursement System has been in place since 2001. The team is piloting a new five-level QRIS program (EXCELS) with 45 centers, with rollout expected in 2012. The pilot plans to incorporate “endorsements” or external recognition of efforts through promoting participation in companion programs such as the NAP SACC or the Let’s Move! Child Care checklist.

Have obesity prevention standards been integrated into the QRIS?

Yes, included in the current QRIS pilot.

Standards

Nutrition

- Programs that meet CACFP eligibility must participate in the QRIS
- Fresh fruits and/or vegetables must be provided twice per week at levels 4 and 5
- Foods brought from home must be monitored to ensure that children receive nutritious, balanced meals
- Programs must incorporate health and wellness into curriculum in level 3, and must include information on obesity prevention and nutrition education in levels 4 and 5

Physical Activity

- A daily schedule provides time and support for transitions and includes both outdoor and indoor activities on a daily basis for levels 2 and above
- Gross motor physical activity is encouraged at levels 4 and 5

Screen Time

- No screen time for children under age 2 and limited use of TV or computers when not directly related to learning experiences at levels 2–5

Parent and Family Engagement

- Program has a parent handbook that includes (among other things) information about health and safety, wellness, physical fitness, and nutrition for levels 4 and 5

Provider Supports, Financial Incentives and Consumer Education

Resources

- Activity planner mobile application
- Provider resources available specific to age range and domain
- Playground and water safety guidelines
- Developing an electronic learning community of providers participating in the QRIS pilot

Technical Assistance

- Connecting providers to community-supported agriculture and farmers

Training

- Obesity-focused conferences
- Healthy Beginnings early learning guidelines curriculum

Monitoring

- Review physical activity lesson plans
- Random site visits
- Leveraging CACFP and licensing monitoring
- Online portfolio will soon be available for providers to upload monitoring tools for review

State: Nevada

Name of QRIS: Silver State Stars

Description and Status of QRIS: The QRIS pilot is currently in process, and planning for the statewide system is under way. The QRIS is a point system with five stars.

Have obesity prevention standards been integrated into the QRIS?

No.

Standards

Statewide QRIS planning committee members have proposed to include the following types of standards in the statewide QRIS:

Nutrition

- Limits on foods of minimal nutritional value
- Facility supports for breastfeeding

Physical Activity

- Daily physical activity specifications according to age level

Screen Time

- No screen time for children under age 2
- No more than 60 minutes of screen time for older age groups

Provider Supports, Financial Incentives and Consumer Education

Professional Development

- A specific number of training hours required in nutrition and physical activity

Resources

- Fit Deck physical activity playing cards
- CACFP program working on model wellness policies for participating providers that could support QRIS standards

Monitoring

Current monitoring activities in pilot:

- Menus reviewed by a nutritionist
- Playground safety assessment completed by a certified instructor

State: North Dakota **Name of QRIS:** Growing Futures

Description and Status of QRIS: The Early Childhood Rating and Improvement System (ECRIS) pilot was conducted in 2010–2011 with 20 programs in the Fargo area. ECRIS had five star levels. In 2011, the state legislature mandated the creation of a statewide QIS with stars. Before going statewide, the QIS will be piloted. Specific guidelines for this pilot, including physical activity and nutrition components, are currently being developed. It is anticipated that they will not be as extensive as the standards in the ECRIS pilot.

Have obesity prevention standards been integrated into the QRIS?

Yes, included in ECRIS pilot. There have been no decisions yet about standards for the new state QIS pilot.

Standards

Standards piloted in the ECRIS pilot included the following:

Nutrition

- Meal plans meet Dietary Guidelines for Americans and CACFP serving sizes
- Program has a written wellness policy on nutrition, food service, and physical activity

Physical Activity

- All children receive at least 60 minutes of physical activity daily including at least 30 minutes of outdoor play
- Toddlers spend at least 30 minutes and preschoolers spend at least 60 minutes moving their bodies in planned games and activities
- Children are not seated or inactive for periods greater than 30 minutes

Provider Supports, Financial Incentives and Consumer Education

Resources

- Sample healthy living policies that centers can adopt
- Physical activity resource kit
- Physical activity DVD

- Best practices document
- Tips and sample handouts for parent education (Dakota Medical also distributed educational documents at pediatrician well child visits)
- Instruction on how to conduct self-assessments of nutrition and physical activity policies and practices using NAP SACC and Baby Nutrition and Activity Promotion (NAP)

Training

- Free access to online training and synchronous training, with one nutrition and physical activity lesson

Monitoring

- Menu evaluation
- Program completes NAP SACC
- Program completes EPAO onsite observation
- In the future, considering a modified physical activity tool similar in format to ECERS that includes many components of the EPAO; the State CACFP agency will likely monitor nutrition components

State: South Carolina **Name of QRIS:** ABC Child Care Program

Description and Status of QRIS: The ABC Grow Healthy Initiative QRIS pilot was conducted in 2010–2011 with 19 child care centers across the state receiving child care subsidies from the ABC Child Care program. The pilot was targeted to level B centers (state ratings are A, B, or C) and developed collaboratively by the South Carolina Department of Health and Environmental Control and the South Carolina Department of Social Services ABC Child Care Program. Expansion of the pilot statewide is planned for 2012. The expanded QRIS will be evaluated under a grant from the Robert Wood Johnson Foundation.

Have obesity prevention standards been integrated into the QRIS?

Yes, they were included in the ABC Grow Healthy pilot. Based on pilot results, modified standards will be adopted statewide in 2012.

Standards

Standards piloted in 2010-2011 included the following:

Nutrition

- Skim or 1% milk for children over age 2
- 4–6 oz juice for children over 1/per day
- No sugar-sweetened beverages
- Offer fruit 2x/day
- Offer vegetables 2x/day
- Prepare vegetables without added fat
- Fried potatoes <1x/week
- Fried meats <1x/week
- High fat meats <1x/week
- Offer beans and lean meats at least 1x/day
- Offer whole grains 2x/day
- High fat/sugar/salt foods <1x/week
- Nutrition education for children 1x/week
- No food as reward or punishment
- Do not force eating
- Join children for meals and consume same foods

Physical Activity

- Outdoor play 30 minutes per 4 hours in care
- Offer indoor space for active play in bad weather
- Physical activity education for children 1x/week
- Seated activities for no more than 15-20 minutes
- Lead activities for at least 5 minutes 2x/day
- Verbal encouragement for physical activity
- Do not withhold or use activity as punishment
- Provide indoor play resources
- Encourage least restrictive environment for infants and toddlers
- Provide outdoor portable equipment
- Provide outdoor play space
- Designate outdoor space for infants and toddlers

Screen Time

- No screen time for children under 2

Professional Development

- Attend nutrition training 1x/year
- Attend training on promoting activity 1x/year

Parent and Family Engagement

- Inform parents of dress for physical activity

Provider Supports, Financial Incentives and Consumer Education

For 19 Pilot Sites

- Color Me Healthy training
- Sesame Street Healthy Habits for Life
- TA available by telephone
- Toolkit modeled after NAP SACC
- Menus

Future Plans

- Resources as noted above
- Network of statewide trainers

- Performance grant opportunity
- Implementation guide

Monitoring

- Integrated ABC Child Care Program electronic monitoring system

State: West Virginia

Name of QRIS: Not Currently Named

Description and Status of QRIS: The QRIS, legislatively mandated in 2009 without funding, is a three-tiered reimbursement system. The state is currently developing an integrated system and securing funding to support that system. Child care licensing standards are also under revision. Nutrition, physical activity, and screen time standards may be included. With licensing being the standard for entry into the first level of the QRIS, there may be an opportunity to support enforcement of the licensing standards through the new QRIS.

Have obesity prevention standards been integrated into the QRIS?

No.

Standards

Standards under consideration for child care licensing:

Nutrition

- All programs (whether or not they participate in CACFP) must follow CACFP meal patterns (federal guidelines plus enhanced state “Leap of Taste” nutrition standards)

Physical Activity

- Physical activity with time requirements

Screen Time

- Screen time limitation requirements

Provider Supports, Financial Incentives and Consumer Education

The following are program outreach and supports distributed and made available by the Department of Education to all CACFP-participating providers and could be disseminated more broadly with the QRIS:

Resources

- Interactive website with training materials, resources, and menus
- Outreach materials on new Leap of Taste-enhanced state CACFP nutrition standards distributed through CACFP and child care-licensing monitors

- Parent resources distributed through CACFP
- Window decals promoting centers who adhere to the Leap of Taste standards

Training

- Chef-led cooking demonstration video for CACFP participating providers
- Outside of the CACFP program, the state has also been conducting regional trainings for child care providers on nutrition and physical activity using the “Be Choosy” curriculum developed by University of West Virginia
- In-person trainings for child care providers

Monitoring

- Menus evaluated by a registered dietitian
- Integrated into routine monitoring

State: Wisconsin

Name of QRIS: YoungStar

Description and Status of QRIS: The QRIS was rolled out 6 months ago for children from birth to age 5, and plans for school-age children will roll out in 2012 (afterschool, day camp, and school-operated programs).

YoungStar is a five-star system based on earning points in four categories of standards. All nutrition and physical activity standards are listed in the health and wellness category. Child care programs participating in the state's child care subsidy program (Wisconsin Shares) are required to participate in YoungStar. Participation is voluntary for other providers.

Have obesity prevention standards been integrated into the QRIS?

Yes.

Standards

Optional standard for points in Levels 3 and higher:

Nutrition

- Participate in CACFP, including mandatory CACFP-related training opportunities. Alternatively, the program provides well-balanced meals and snacks daily that can be demonstrated through 3 months of menus
- Must score a 5 on a meal or snack quality based on the ERS review

Physical Activity

- Program provides at least 60 minutes of structured physical activity each day (optional standard for points, additional guidance available)⁹

Parent and Family Engagement

- Menus must be provided to families

Provider Supports, Financial Incentives and Consumer Education

Financial Supports

- Funding available for equipment

Resources

- Child care resource and referral agencies received a

training resource kit with curriculum materials and equipment

- SPARK curriculum
- Color Me Healthy
- Active Play! Fun Physical Activities for Young Children
- Wisconsin Guides for Nutrition and Physical Activity:
 - Active Early, Healthy Bites
 - What Works in Early Care and Education (fact-sheet and tool kit)
 - Ten Steps to Breastfeeding Friendly Child Care Centers: Resource Kit

Training

Pilot programs received:

- 24–36 hours of technical assistance on physical activity
- Free 4-hour training on physical activity

Monitoring

- ECERS and ITERS used to assess meal and snack quality for programs at the level of four or five stars
- Observation and lesson plan review for physical activity
- Daily schedules
- Verification that information on healthy eating and wellness is shared with families
- Future link from CACFP at Wisconsin Department of Public Instruction to automatic verification

⁹ Wisconsin Department of Children and Families. (2011, September 16). YoungStar evaluation criteria: Family child care programs. Retrieved November 15, 2011, from http://dcf.wisconsin.gov/youngstar/pdf/evaluation_criteria_family.pdf.



Challenges in Incorporating Nutrition, Physical Activity, and Screen Time into a QRIS

State representatives were asked to describe the key challenges that they have faced in linking enhanced nutrition and physical activity and reduced screen time to the QRIS in their state. Many of their responses focused on the following key areas: lack of adequate staff with training in these areas; higher costs; lack of monitoring tools; and resistance from parents, providers, or other stakeholders. Each of these topics is discussed further below.

Lack of staff training and capacity

Many states noted that staff members who currently provide technical assistance, consultation, and training to child care providers frequently lack adequate training in the topics of nutrition, physical activity, and screen time. Without such knowledge, these staff would be unable to provide adequate support to providers implementing obesity prevention standards. Training would also be required for raters who assess the quality of child care facilities. These individuals would need to know how to monitor and what to look for to assess new standards.

Increased implementation and monitoring costs

Cost was identified as a major barrier to incorporating obesity prevention standards into the QRIS. For providers, the cost, or perceived cost, of providing more healthful food options is a considerable barrier. For QRIS programs, monitoring and support for implementing obesity prevention standards would require additional funding, which was of particular concern to those states that did not receive any or sufficient funding for their QRIS. All current QRIS systems would need to be modified to address new standards. Child care consultants who provide technical assistance to child care providers would need to be trained, and then train child care providers themselves, on the standards. Many child care providers may need to purchase new equipment (e.g., play equipment) to meet the standards and QRIS programs may need to provide incentives to purchase such items. Monitoring tools would need to be identified or created, and raters would need additional time to implement these monitoring tools during visits to child care facilities. All of these activities would require additional resources.

Absence of tools and methods to monitor providers' achievement of standards

QRIS programs typically use monitoring tools to rate child care facilities for compliance with standards during annual

rater visits. As noted above, the ERSs, a suite of assessment instruments for early childhood and child care program quality, are commonly used to conduct this monitoring. These instruments currently are not designed to assess the nutrition, physical activity, and screen time practices that are addressed in states' QRIS childhood obesity prevention standards. Key informants also expressed concerns with the assessment process itself in regard to standards or mandates in these areas. They were not confident that a rater could obtain an accurate observation of physical activity and screen time, in particular, during a several hour visit that occurred typically one time per year.

During the state team meeting, several representatives from states expressed interest in the NAP SACC provider self-assessment tool, as a potential way for providers to assess their progress in achieving QRIS nutrition and physical activity standards. In a state that had piloted nutrition, physical activity, and screen time QRIS standards for one county, providers were asked to conduct self-assessments using NAP SACC. At the higher levels of quality ratings, providers were monitored using the EPAO tool to observe changes in provider practices. However, there was consensus that while NAP SACC is an excellent self-assessment and technical assistance tool and EPAO is a useful observation tool, these are not practical for statewide QRIS monitoring because of the breadth of policies and practices they address and the amount of time the EPAO takes to administer. Meeting participants suggested that a more concise tool that addresses components similar to NAP SACC or EPAO is needed to assist states in monitoring obesity prevention standards in QRISs.

Stakeholder resistance

Although the QRIS is voluntary, representatives described or anticipated encountering resistance from various stakeholder groups regarding the inclusion of specific nutrition, physical activity, and screen time standards as part of their state's QRIS. Parents were not always supportive of such standards. For example, representatives from several states identified challenges with parents sending in foods with the child that did not meet the nutrition standards or expressing concern about children's outdoor play time due to weather conditions (e.g., cold weather, muddy playgrounds following rain). There was agreement across the states that parent education about the standards, the rationale for the standards, and how the providers are implementing those standards needs to be an important component of QRIS implementation.

A representative from another state discussed anti-government sentiments that were encountered when trying to change their standards. Advocates of enhanced nutrition standards were labeled in one state as the "snack police" by opponents of standards. States who have licensed child care through faith-based entities also expressed concerns. They reported frequently encountering challenges with incorporating higher standards for groups based in churches and other faith-based entities that historically have been subject to few government regulations. It is important to note, however, that resistance from stakeholders was not always unique to obesity prevention standards. Some representatives noted that change is generally difficult for people and that any shift in paradigm would be met with some level of resistance.

Across the states, there was agreement that to be successful, a QRIS needs cooperation and buy-in from a variety of stakeholder groups. State leaders who had been successful in incorporating child obesity prevention standards and supports into their QRIS talked about the importance of communication and coordination between the various state agencies, including the departments of education; health and human services; and, if a separate entity, the licensing agency. They also emphasized the importance of engaging the agencies responsible for training and professional development of the child care workforce. The importance of early outreach to parents and child care providers as new QRIS standards are being established was also emphasized.

Resources States Need to Advance State Work in QRIS and Obesity Prevention

Representatives reported needing a variety of resources, tools, and information to advance their work of integrating obesity prevention standards into their QRIS. They were most interested in obtaining this information from other states that could provide specific examples of experiences, resources, strategies, and specific language and documents used in their work. Table 3 includes a list of categories of resources and specific types of information that key informants said would facilitate their efforts to incorporate obesity prevention standards into a QRIS.

Table 3. Resources Needed to Advance State Efforts to Incorporate Obesity Prevention Standards into QRIS

Category	Resources Requested
Incentives	<ul style="list-style-type: none"> ■ Ways that states have effectively used incentives to child care providers to make changes to nutrition, physical activity, and screen time practices ■ Types of incentives states have used to make these types of standards more desirable to implement
Monitoring and Enforcement	<ul style="list-style-type: none"> ■ Modified ECERS and ITERS assessment tools that include nutrition, physical activity, and screen time assessments ■ Performance indicators for nutrition, physical activity, and screen time ■ Strategies for maintaining the integrity of evidence-based tools in a cost-effective way that is feasible to implement by raters ■ Strategies for monitoring ■ Strategies for enforcement, particularly for screen time ■ Suggestions for ways to shorten and tailor nutrition and physical activity self-assessment tools, like NAP SACC and Baby NAP to help QRIS coaches and raters assess and promote adherence to their state-specific standards
Parent and Provider Engagement	<ul style="list-style-type: none"> ■ Ideas and tools to engage parents on nutrition, physical activity, and screen time ■ Resources or strategies that address emotional ties to the standards and cultural and social norms around eating ■ Resources that address the hunger and obesity paradox ■ Resources that address types of screen time, what is meant by educational screen time, and how to differentiate between working and playing on computers
Standards	<ul style="list-style-type: none"> ■ Specific standards that other states have in their QRIS related to nutrition, physical activity, and screen time ■ Standard language should be written so providers can clearly understand what they are being asked to do ■ Policies and procedures that other states have written around nutrition, physical activity, and screen time ■ Documentation from other states on assigning point values to meeting nutrition, physical activity, and screen time standards
Technical Assistance Resources	<ul style="list-style-type: none"> ■ Educational supports ■ Best practices for incorporating nutrition, physical activity, and screen time practices ■ Ideas from states about how to administer and provide resources to stakeholders such as child care providers and parents ■ Resources that other states have developed to support nutrition, physical activity, and screen time standards
Training	<ul style="list-style-type: none"> ■ Training for trainers (e.g., training lessons, training programs) ■ Training programs for child care providers ■ Specific ways and systems other states have used to disseminate trainings (e.g., how the trainings can be provided, how to obtain interest in attending the trainings) ■ State experiences on what types of training work best ■ Strategies and curricula to infuse nutrition and physical activity training into state professional development system and community colleges training child care professionals
Other	<ul style="list-style-type: none"> ■ Challenges and facilitators other states have encountered when incorporating nutrition, physical activity, and screen time standards into the QRIS ■ Ways that states have involved CACFP in developing and monitoring nutrition standards ■ Examples of how other states have brought together groups of stakeholders to work on their QRIS ■ How to work with ministries on supporting obesity prevention standards in the QRIS

Discussion and Conclusions



Incorporating obesity prevention standards into QRIS is a novel approach to preventing obesity among young children that is gaining momentum across the country. At least 10 states are currently pursuing this strategy through integrating nutrition, physical activity, and screen time standards, and providing technical assistance, training, and/or financial incentives for obesity prevention measures as part of their QRIS. Since Altarum's key informant interviews conducted in spring 2011 several other states have moved forward in this policy area, including Georgia and New York. This demonstrates that this approach is not only feasible, but is also adaptable to a variety of different programs and customizable based on availability of state infrastructure and resources.

The findings from this project have yielded a number of potential models that may inform the future efforts of states to effectively promote obesity prevention in the QRIS. While states were unique with respect to their particular approach, standards, and supports; several commonalities were seen across sites suggesting a similar framework for these efforts.

Coordination among partners reduces barriers to change in the QRIS

Intra- and interagency coordination was an important aspect in the experience of all states that had successfully integrated obesity prevention into their QRIS. Collaborative efforts often involved representatives from health, education, and early learning and care programs in state government as well as leadership from external organizations such as universities. These partnerships not only enriched planning

and pilot efforts but also offered opportunities for multiple agencies to collaborate on implementation components to reduce challenges related to staff training and cost barriers. For example, some states used partnerships with existing child care health consultants, child care resource and referral agencies, CACFP, and child care-licensing monitors to provide training, technical assistance, and monitoring to help providers implement the new QRIS standards.

Speaking a common language increases collaboration and success

The notion of speaking a common language was one of the most important aspects of sustaining effective collaborations. Public health and early learning and care sector partners frequently reported feeling that they often spoke different languages than one another due to sector jargon that was not common in other fields, leading to the misinterpretation of the intentions of a particular group. State representatives felt that working together across program and agency lines and establishing a common language between these groups facilitated progress and ensured that partners understood one another and their goals.

The need for clear and consistent messages was also identified as important when communicating about QRIS standards to child care providers and parents. To achieve the support and understanding of these stakeholders, partners needed to learn how to speak in plain language and avoid the use of terms commonly used in professional arenas. For example, one state required that a registered dietitian review center menu plans to ensure the nutritional adequacy

of meals and snacks; however, child care providers were unfamiliar with this credential and therefore misunderstood who was able to review and approve menu plans. Similar experiences were documented across states with respect to the need to use clear language in the new standards. Providing adequate clarification and instructions on the standards, supported by training and via online or written resources was cited as instrumental for achieving compliance with new standards.

Piloting standards is an effective way to determine their feasibility

Most states completed one or more small pilot studies of their new standards before implementing them statewide. This afforded them the opportunity to identify areas in which (1) standards required further clarification, (2) technical assistance and training supports were insufficient, or (3) monitoring tools required further refinement for providers to be successful in implementing the new standards. At the time of the key informant interviews, several states were actively piloting standards and support strategies, and were planning to use the findings from these initial studies as the basis for a new state QRIS or changes to their QRIS.

Next Steps

Based on our discussions and meetings with state representatives and teams, we have identified several recommendations for future work in supporting models of incorporating obesity prevention supports into QRIS programs.

State coordination and sharing opportunities are needed

Much of what states learned through these common experiences is reflected in their needs for ongoing technical assistance and support to improve the efficiency and effectiveness of their efforts. Some of this technical assistance could be achieved through better coordination between states. State representatives were extremely eager to hear from their peers with respect to how they had planned and implemented obesity prevention standards in the QRIS. During interviews, they reported wanting to know everything from specific language used in standards, the types of incentives other states used, to how to access existing tools others had developed. The Altarum state team meeting

offered one opportunity for peer-to-peer collaboration in this area, but additional opportunities are needed. States would benefit from having a common place to learn from the experiences of other states and share their knowledge, resources, and lessons learned. Media such as a dedicated website, listserv, or community of practice could serve as a venue for states to learn what works, avoid common pitfalls, and reduce duplication of resource production, particularly as additional states begin work in this area.

Broad evaluations should be conducted to determine which standards and supports best support healthy child care facilities

Additionally, there is a need for ongoing evaluation of current and future state efforts in this area. While incorporating obesity prevention standards into QRIS is feasible as evidenced by successes many states have had in doing so, it is still unknown what effect these standards have on child care environments, and on the behaviors of providers and children. Studies are needed to assess how successful this strategy is for promoting healthy environments and behaviors, whether and how voluntary standards for obesity prevention are implemented in child care facilities, and what types of training and technical assistance best equip staff and providers to be successful in these areas. This information could serve to define evidence-based models and approaches to improve work in states currently engaged in these efforts and inform the future work of states who identify the QRIS as a vehicle for advancing their obesity prevention work.

Appendix A. QRIS and Childhood Obesity Prevention Advisory Committee

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Appendix B. State Resources

State QRIS Websites

Arizona Quality First

www.azftf.gov/qualityfirst

Arkansas Better Beginnings

ARBetterBeginnings.com

Delaware Stars for Early Success

<http://www.cffde.org/services/earlychildhood/delaware-starsforearlysuccess.aspx>

Indiana Paths to Quality

<http://www.in.gov/fssa/2554.htm>

Maryland EXCELS QRIS Standards

<http://marylandexcels.org>

Nevada Silver State Stars

<http://www.nevadaregistry.org/office-of-early-care-and-education/qris.html>

North Dakota Growing Futures

<http://ndc.ndgrowingfutures.org/stars/ecris>

South Carolina ABC Grow Healthy

http://abcqualitycare.org/pages/grow_healthy

West Virginia Leap of Taste

<http://www.wvleapoftaste.com>

Wisconsin YoungStar

<http://dcf.wi.gov/youngstar/>

Standards

Arizona Empower Center Standards

<http://www.theempowerpack.org/documents/10-ways-to-empower-children.pdf>

Arkansas Better Beginnings Standards

<http://www.arbetterbeginnings.com/wp-content/uploads/2011/08/centergrids.pdf> (Center-Based Requirements)

<http://www.state.ar.us/childcare/bb/FCCGrids.pdf> (Family Child Care Requirements)

Delaware Stars Standards

<http://www.dieec.udel.edu/delaware-stars-ers#>

Indiana Paths to Quality Standards

http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/indiana/indiana.pdf

Nevada Silver Stars Standards

http://www.nevadaregistry.org/fb_files/QRISModel.pdf

West Virginia Leap of Taste Beverage Guidelines

<http://static.k12.wv.us/nutrition/wvleapoftaste/pdfs/LOT-guidelinesBEV.pdf>

Wisconsin YoungStar Standards

http://dcf.wi.gov/youngstar/pdf/point_detail.pdf

Supports

Arizona Empower Pack

<http://www.theempowerpack.org/>

Arkansas Better Beginnings Toolkit

http://www.arbetterbeginnings.com/downloads/BetterBeginnings_Toolkit_Complete_052410.pdf

Color Me Healthy

<http://www.colormehealthy.com/professional/index.html>

Delaware First Years in the First State: Improving Nutrition & Physical Activity Quality in Delaware Child Care

Toolkit

http://healthymeals.nal.usda.gov/nal_display/index.php?info_center=14&tax_level=2&tax_subject=552&level3_id=0&level4_id=0&level5_id=0&topic_id=2760&&placement_default=0

Partnering with Families

http://www.doe.k12.de.us/infosuites/students_family/nutrition/cacfp/PARTNERINGwFAMILIES_083011.pdf

Instructors' Guide

<http://www.healthykidshealthyfuture.org/content/dam/nemours/www/filebox/service/preventive/nhps/publication/nhpsinstructguide.pdf>

Maryland Healthy Beginnings Resources and Activity Planner

www.marylandhealthybeginnings.org

Nevada Fit Deck Playing Cards for Teachers

<http://fitdeck.com/featured-bundles/teachers/>

Observational Measures of Quality in Center-Based Early Care and Education Programs

http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/observe_measures.pdf

Sesame Street Healthy Habits for Life

<http://www.sesamestreet.org/parents/topicsandactivities/toolkits//healthyhabits>

South Carolina Infant and Toddler Guidelines

<http://www.abccqualitycare.org/SCInfantToddlerGuidelines.pdf>

SPARK Curriculum

<http://www.sparkpe.org/>

West Virginia Leap of Taste Menus

<http://wvde.state.wv.us/nutrition/wvleapoftaste/template.php?p=22>

Wisconsin Active Early, Healthy Bites (application)

<http://dpi.wi.gov/fns/cacfpwellness.html>

Wisconsin Early Care and Education Wellness Toolbox

www.dhs.wisconsin.gov/health/physicalactivity/Sites/Community/Childcare/index.htm

Wisconsin's Ten Steps to Breastfeeding Friendly Child Care Centers: Resource Kit

http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/BreastfeedingFriendlyChildCareCenters.pdf

Wisconsin What Works in Early Care and Education

www.dhs.wisconsin.gov/publications/P0/P00232.pdf

Notes





www.altarum.org