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# The 2013 Washington State Survey of Nutrition and Physical Activity in Child Care

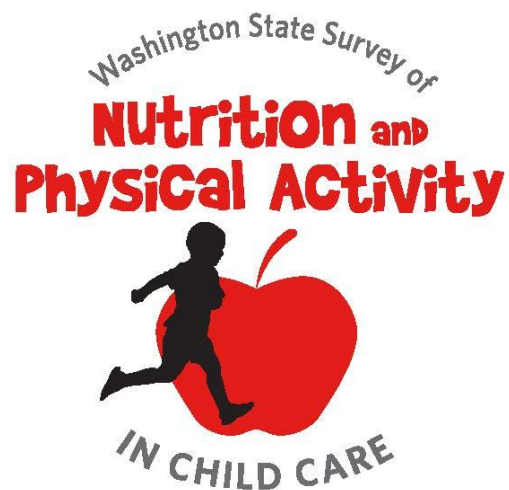
University of Washington Center for Public Health Nutrition

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## Summary Report



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# Summary Report

This document provides a brief overview of the *2013 Washington State Survey of Nutrition and Physical Activity in Licensed Child Care*. Key findings from the survey are also summarized in this report.

Complete survey details and results are available in the full report, available:

<http://depts.washington.edu/uwcphn/work/ece/waccsurvey.shtml>

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## **Overview**

In the fall of 2013, the University of Washington Center for Public Health Nutrition conducted an online and mail survey of all licensed child care centers (Centers) and family home child care (FHCC) providers who care for children ages 2-5 in Washington. Representatives of 1,973 Centers and FHCC answered questions about nutrition and physical activity practices and policies in their child care programs. In general, Washington's child care providers think that nutrition and physical activity are important for the health and development of the children in their care. However, when their current practices are compared to national evidence-based standards, it is clear that many of Washington's child care providers could do more to make it easier for children to eat healthy and be physically active during their time in child care. This report provides details about the nutrition and physical activity practices reported, the challenges child care providers face, and the opportunities to improve nutrition and physical activity in child care and child health.

## **Background**

Healthy eating and physical activity are crucial for child health and development, school readiness, and for children to achieve their full potential. Early care and education settings are critically important places to support children to maintain healthy weight, enjoy active lives, have nutritious foods and drinks, and develop healthy habits. The majority of young children spend time in child care. Over 128,000 children in Washington State are enrolled in licensed child care.<sup>1</sup> Yet, until recently, we have known little about the nutrition and physical activity practices of these settings. To fill this gap, the Washington State Department of Health and Public Health - Seattle & King County jointly funded the University of Washington Center for Public Health Nutrition (CPHN) to conduct the first statewide survey of nutrition and physical activity in licensed child care.

## **Purpose of the survey**

The purpose of the survey was to better understand the nutrition, physical activity, and screen time practices and environments of Washington's licensed child care centers (Centers) and family home child care (FHCC). The survey asked about:

- the foods and beverages served to children
- the way that food is served to children
- time provided for children to be physically active both indoors and outdoors
- amount of screen time allowed
- challenges child care programs face in increasing healthy foods and physical activity, and limiting screen time
- child care provider training on healthy eating, physical activity, and screen time topics
- child care program policies related to nutrition, physical activity and screen time
- communication with families on child nutrition, physical activity and screen time
- child care provider attitudes and beliefs about child nutrition, physical activity and screen time

## **Number of programs that completed the survey**

In the fall of 2013, CPHN invited all eligible licensed Centers and FHCCs in Washington serving 2-5 year olds to participate in the survey, which included 1,522 center directors and 4,013 FHCC owners/providers. Programs could complete the survey online or mail in a paper copy. The surveys were offered in English or in Spanish. The 1,973 programs that completed the survey have the capacity to care for nearly 60,000 children.

- 46% of the Centers completed the survey (692 out of 1,522 Centers)
- 32% of the FHCCs completed the survey (1,281 out of 4,013 FHCCs)
- in all, 36% of all programs licensed to care for children ages 2-5 completed the survey (1,973 out of 5,540 total programs)

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<sup>1</sup>Moore D. Washington State University. 2012;Technical Report 12-057.  
[http://www.del.wa.gov/publications/research/docs/LicensedChildCareInWashingtonState\\_2012.pdf](http://www.del.wa.gov/publications/research/docs/LicensedChildCareInWashingtonState_2012.pdf)

### **Characteristics of the programs that completed the survey**

- the majority (97% of Centers and 99% of FHCCs) reported that they offer full-day or both full-day and half-day care
- 62% of Centers and 35% of FHCCs said they were enrolled in Early Achievers, Washington’s voluntary quality rating and improvement system (QRIS)<sup>2</sup>
- 55% of Centers and 65% of FHCCs said they participate in the Child and Adult Care Food Program (CACFP), the food assistance program of the U.S. Department of Agriculture that is administered in Washington by the Office of the Superintendent of Public Instruction (OSPI)<sup>3</sup>
- 76% of Centers and 60% of FHCCs reported that they serve one or more families using a Department of Social and Health Services (DSHS) child care subsidy<sup>4</sup>

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<sup>2</sup>Washington State Department of Early Learning (DEL). Web site. <http://www.del.wa.gov/care/qrisc/>

<sup>3</sup>Washington State Office of Superintendent of Public Instruction. Web site. <http://www.k12.wa.us/childnutrition/Programs/CACFP/default.aspx>

<sup>4</sup>Washington State Department of Social and Health Services (DSHS). Web site. <http://www.dshs.wa.gov/onlinecso/wccc.shtml>

## Nutrition practices

The survey asked about nutrition practices in child care. Responses were assessed based on national evidence-based nutrition standards.<sup>5</sup> Most of these practices are included in *Caring for Our Children: National Health and Safety Performance Standards, 3<sup>rd</sup> Edition*,<sup>6</sup> considered the most highly regarded resource for early care and education standards.

Nutrition Practices Assessed
Whole fruit with no added sugars is served twice a day
Vegetables—especially dark green, orange, red or deep yellow vegetables—are served twice a day
100% whole grains are served at least once day
Grains high in added sugar and solid fat are limited or avoided
Sugary foods and drinks are not served
Fried potatoes, fried meat, or highly processed or cured meat are not served
Low-fat or fat-free milk is served to children ages 2 and older
100% fruit juice is limited to 4-6 ounces and served no more than twice a week
Drinking water is readily available both indoors and outdoors
Providers do not consume sweets, salty snacks, or sugary drinks in front of children
Providers sit and eat with children and model healthy mealtime behaviors
Food is never used to encourage or reward desired behavior
Children get to decide how much or how little food they eat
Meals and snacks are served family style

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<sup>5</sup>American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. *CFOC3*. 2011.

[http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf)

<sup>6</sup>*Ibid.*

**Center Nutrition Results: Nutrition best practices and the percent of Centers following them, by participation in CACFP<sup>a</sup>**

Best Practice	All Centers <sup>b</sup> (n=673)	CACFP Centers (n=377)	Non- CACFP Centers (n=287)	CACFP and Non-CACFP Significantly Different <sup>c</sup>
<b>Fruits and Vegetables</b>				
Whole fruit with no added sugars served twice a day (for half-day programs: at least once a day)	33%	35%	31%	
Non-starchy vegetables served twice a day (for half-day programs: at least once a day)	25%	31%	19%	*
Fruit canned in syrup (heavy or light syrup) is never served	24%	18%	32%	*
“Powerhouse vegetables” (dark green, orange, red, or deep yellow vegetables) served at least once a day	18%	20%	16%	
Vegetables at snack time at least five times a week	10%	6%	15%	*
<b>Grains</b>				
Sugary cereal is never served	71%	77%	63%	*
Grains high in added sugar and solid fat (muffins, cookies, cakes, brownies, Pop-Tarts <sup>®</sup> ) limited or never served	56%	52%	61%	*
100% whole grain foods served at least once a day	40%	47%	31%	*
<b>Sweet Treats</b>				
Sweet treats (candy, ice cream, frozen yogurt, Popsicles <sup>®</sup> , gummy fruit snacks) are never served	52%	59%	44%	*
<b>Fried Foods and Processed Meats</b>				
Fried potatoes (french fries, Tater Tots <sup>®</sup> , hash browns, Jo Jo potatoes) are never served	44%	31%	62%	*
Fried and breaded meat (chicken nuggets, chicken strips, fish sticks, corn dogs) are never served	39%	24%	58%	*
Processed meats (hot dogs, sausage, bacon, salami, bologna, SPAM <sup>®</sup> , lunchmeat) are never served	32%	19%	49%	*
<b>Beverages</b>				
Sugary drinks (juice drinks, flavored waters, sweet teas, sports drinks, soda) are never served	90%	94%	85%	*
Flavored milk is never served	85%	82%	87%	
100% fruit juice is limited to 4-6 ounce servings twice a week or less	73%	76%	70%	
Low-fat (1%) or fat-free (skim) milk is served to children age 2 and older	57%	79%	30%	*
Drinking water is indoors and outdoors where it is visible and available for self-serve	54%	56%	53%	
<b>Supporting Healthy Eating</b>				
Staff rarely or never consume sweets, salty snacks, or sugary drinks in front of children	84%	83%	86%	
Food is never used to encourage desired behavior	79%	81%	77%	
Staff sit and eat with children and model healthy mealtime behaviors	68%	78%	56%	*
Children always get to decide how much or how little food they eat	53%	62%	44%	*
Meals and snacks are served family-style	40%	46%	32%	*

<sup>a</sup>Only includes Centers that serve or cater to at least one meal or snack to children ages 2-5.

<sup>b</sup>Total includes 9 Centers that responded “I don’t know” to the question about CACFP participation.

<sup>c</sup>Difference between CACFP participating and non-participating Centers is significantly different at p<.05 in the two-sided test of equality for column proportions.

## FHCC Nutrition Results: Nutrition best practices and the percent of FHCC programs following them, by participation in CACFP<sup>a</sup>

Best Practice	All FHCCs <sup>b</sup> (n=1,242)	CACFP FHCCs (n=819)	Non- CACFP FHCCs (n=389)	CACFP and Non- CACFP Significantly Different <sup>c</sup>
<b>Fruits and Vegetables</b>				
<b>Whole fruit with no added sugars</b> served twice a day (for half-day programs: at least once a day)	61%	63%	58%	*
<b>Fruit canned in syrup</b> (heavy or light syrup) is never served	40%	33%	56%	*
<b>Non-starchy vegetables</b> served twice a day (for half-day programs: at least once a day)	40%	44%	33%	*
<b>“Powerhouse vegetables”</b> (dark green, orange, red, or deep yellow vegetables) served at least once a day	32%	30%	35%	
<b>Vegetables at snack time</b> at least five times a week	14%	12%	17%	*
<b>Grains</b>				
<b>Grains high in added sugar and solid fat</b> (muffins, cookies, cakes, brownies, Pop-Tarts <sup>®</sup> ) limited or never served	53%	48%	61%	*
<b>100% whole grain</b> foods served at least once a day	52%	52%	52%	
<b>Sugary cereal</b> is never served	50%	53%	42%	*
<b>Sweet Treats</b>				
<b>Sweet treats</b> (candy, ice cream, frozen yogurt, Popsicles <sup>®</sup> , gummy fruit snacks) are never served	35%	36%	32%	
<b>Fried Foods and Processed Meats</b>				
<b>Fried potatoes</b> (french fries, Tater Tots <sup>®</sup> , hash browns, Jo Jo potatoes) are never served	26%	20%	40%	*
<b>Processed meats</b> (hot dogs, sausage, bacon, salami, bologna, SPAM <sup>®</sup> , lunchmeat) are never served	18%	14%	28%	*
<b>Fried and breaded meat</b> (chicken nuggets, chicken strips, fish sticks, corn dogs) are never served	14%	9%	23%	*
<b>Beverages</b>				
<b>Sugary drinks</b> (juice drinks, flavored waters, sweet teas, sports drinks, soda) are never served	79%	81%	75%	*
<b>Flavored milk</b> is never served	72%	71%	74%	
<b>Low-fat (1%) or fat-free (skim) milk</b> is served to children age 2 and older	63%	83%	21%	*
<b>100% fruit juice</b> is limited to 4-6 ounce servings twice a week or less	61%	64%	57%	*
<b>Drinking water</b> is indoors and outdoors where it is visible and available for self-serve	48%	50%	46%	
<b>Supporting Healthy Eating</b>				
Staff rarely or never consume sweets, salty snacks, or sugary drinks in front of children	89%	88%	92%	*
Staff sit and eat with children and model healthy mealtime behaviors	60%	60%	61%	
Food is never used to encourage desired behavior	59%	59%	58%	
Children always get to decide how much or how little food they eat	42%	46%	36%	*
Meals and snacks are served family-style	6%	6%	6%	
<sup>a</sup> Only includes FHCCs that serve or cater at least one meal or snack to children ages 2-5.				
<sup>b</sup> Total includes 29 FHCCs that responded “I don’t know” and 5 FHCCs that did not respond to the question about CACFP participation.				
<sup>c</sup> Difference between CACFP participating and non-participating FHCCs is significantly different at p<.05 in the two-sided test of equality for column proportions.				



Overall, the results show that most child care programs follow healthy beverage practices such as never serving sugary drinks or flavored milk, serving low-fat or fat-free milk to children age two and older, and limiting 100% fruit juice. In addition, most providers promote healthy eating environments at child care. For example, most survey respondents indicated that providers or staff sit and eat with children, model healthy eating and mealtime behaviors, and never use food as a reward (such as giving a treat for potty training).

However, the nutrition results also show that child care programs may need more support when it comes to offering more vegetables, fruit, and whole grains, and limiting or avoiding fried foods and foods with lots of added sugar. The survey responses also suggest that child care programs may need support when it comes to serving family-style meals and making drinking water more available to children.

There were a number of differences between programs that participated in CACFP compared with non-participating programs. For example, programs in CACFP were significantly more likely to follow the best practices for beverages, fruit with no added sugar, non-starchy vegetables, sugary cereal and sweet treats. It is likely these differences are due to CACFP requirements and guidelines that specify meal patterns and types of food that are eligible for reimbursement. For example, CACFP will not reimburse providers for 2% or whole milk served to children over age two, or any sugary drinks or sweet treats. The CACFP meal pattern also specifies daily servings of fruit or vegetables.

However, programs in CACFP were not always more likely than non-participating programs to follow the best practices for all types of food. For example, when it came to fruit canned in syrup, grains high in added sugar and solid fat (muffins, cookies, cakes, brownies, Pop-Tarts®), and fried potatoes and fatty meat (chicken strips, hot dogs, sausages), non-participating programs were more likely to follow the best practices. These findings might be explained by the lack of standards for the nutritional quality of meat and other protein foods or grains in CACFP guidelines. The USDA is currently revising the CACFP guidelines.

## Physical activity and screen time practices

The survey also asked about physical activity and screen time practices. Responses were assessed based on national evidence-based standards.<sup>7,8</sup>

<b>Physical Activity Practices Assessed</b>
Children go outside even when the weather is rainy, cold, snowy or hot
Children play outside for at least 90 minutes each day
Toddlers (two-year-olds) get 90 minutes of physical activity each day
Preschoolers (3-5-year-olds) get 120 minutes of physical activity each day
Preschoolers get adult-led physical activity for at least 60 minutes each day
Providers encourage children to be physically active during active play time and often join in
Providers incorporate physical activity into learning activities and transitions
<b>Screen Time Practices Assessed</b>
Screen time is limited or never offered
Screen time is always free from commercials or advertising
Screen time is never used to encourage desired behavior

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<sup>7</sup>American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. *CFOC3*. 2011.

<sup>8</sup>Ward D et al. *Go NAPSACC*. 2014.

**Physical activity and screen time best practices and the percent of Centers and FHCC programs following them<sup>a</sup>**

<b>Best Practice</b>	<b>Total Centers (n=669)</b>	<b>Total FHCCs (n=1,243)</b>
<b>Outdoor Play</b>		
Children go outside even when the weather is rainy, cold, snowy, or hot (with proper clothing and protection from the weather)	63%	56%
Children ages 2-5 play outside 90 minutes or more each day	22%	22%
<b>Physical Activity</b>		
Two-year-olds get 90 minutes or more of physical activity each day	26%	35%
Preschoolers (children ages 3-5) get 120 minutes or more of physical activity each day	12%	19%
Preschoolers get adult-led physical activity for 60 minutes or more per day (over the course of a day)	8%	20%
<b>Active Environment</b>		
Staff verbally encourage physical activity and often join in during physically active play time	33%	52%
Staff incorporate physical activity into learning activities and transitions every time they see an opportunity	32%	35%
<b>Screen Time</b>		
Screen time is limited to one hour a week or never offered	88%	35%
If screen time is provided, it is rarely or never used to encourage desired behavior	86%	71%
If TV or videos are shown, they are always free from commercials and advertising	85%	35%
TV is rarely or never on where children can see it or hear it, even if they are not watching it <sup>b</sup>	NA	56%
<sup>a</sup> Excludes 23 Centers and 38 FHCCs that reported to exclusively offer half-day care and/or have no children ages 2-5 in care.		
<sup>b</sup> This question was not asked in the Center Director Survey.		

The findings suggest that child care programs need more support when it comes to promoting physical activity and active play. Less than half of all programs reported following the best practices for children’s outdoor playtime and time provided for toddlers and preschoolers to be physically activity (indoors or outdoors). Even fewer programs reported that children ages 3-5 get adult-led physical activity for 60 minutes or more per day (a best practice).

When it comes to screen time, the survey findings show there are some clear differences between FHCCs and Centers. The vast majority of Centers compared with less than half of FHCCs limit children’s screen time to less than one hour per week or never. Sixteen percent (16%) of FHCC programs and 57% of Centers offer no screen time (data not shown).

## Other key findings

A summary of the key findings on child care providers' challenges, training, communication with families, and attitudes and beliefs related to healthy eating, physical activity and screen time for children is included below.

### Challenges

When asked about major challenges to providing a healthy eating environment, adequate physical activity, and limiting screen time in child care, most respondents reported to have “no major challenges”.

<b>Challenges   Healthy Eating</b>	<b>Centers</b>	<b>FHCCs</b>
Food costs	32%	20%
Children won't eat healthy food	15%	20%
Lack of support from parents or guardians	14%	15%
Lack of control over foods that children bring from home	13%	5%
Lack of time to prepare healthy foods	10%	6%
<b>Challenges   Physical Activity</b>	<b>Centers</b>	<b>FHCCs</b>
No outdoor covered space to provide shade or shelter	29%	18%
Not enough indoor play space	25%	9%
Children lack appropriate or adequate clothing and shoes	14%	15%
Weather is too hot, cold, or wet to go outside	10%	16%
Limited play equipment	15%	8%
<b>Challenges   Limiting Screen Time</b>	<b>Centers</b>	<b>FHCCs</b>
TV, videos or computer games help to entertain children while caregivers tend to other things that need to be done	2%	13%
Children often request to watch TV/video or use computer games	2%	8%

## Training

Center directors were asked about their staff's training or continuing education in the past 3 years. FHCC owners/providers were asked about their own training or continuing education in the past 3 years.

<b>Training Completed   Healthy Eating</b>	<b>Centers</b>	<b>FHCCs</b>
Healthy foods and beverages recommended for children	61%	74%
Creating healthy mealtime environments (such as role modeling and socializing at meals)	62%	69%
Using positive feeding practices (such as family style meals)	59%	66%
How to communicate with families about child nutrition	45%	55%
Developing program policies on nutrition best practices	51%	52%
<b>Training Completed   Physical Activity</b>	<b>Centers</b>	<b>FHCCs</b>
Recommended amount of daily physical activity for children	53%	64%
Ways to encourage children's physical activity	59%	67%
How to use outdoor play space for physical activity and learning	57%	63%
How to communicate with families about physical activity for children	40%	51%
Developing program policies on physical activity best practices	42%	52%
<b>Training Completed   Screen Time</b>	<b>Centers</b>	<b>FHCCs</b>
Importance of limiting screen time for children	39%	56%
Appropriate use of screen time in child care	37%	55%
How to communicate with families about limiting screen time	31%	44%
Developing program policies on screen time best practices	32%	45%

Few respondents said they or their staff have completed training on how to communicate with families on child health topics or how to develop program policies on nutrition, physical activity, and screen time best practices.

Child care programs participating in CACFP were significantly more likely to report completing training on the nutrition topics featured in the survey when compared with non-participating programs (data not shown).

## ***Policies***

Center directors and FHCC owners/providers were asked about their program policies related to nutrition, physical activity and screen time. For each policy item, respondents selected the answer that best describes the type of policy they have. The three response choices were *No policy*, *Informal policy (spoken but not written)*, and *Written policy*. Both survey tools included a definition of written policy. For example, the Center Director Survey defined written policy as “written guidelines or statements about your program’s operations, practices, or expectations for staff members, children, or families. Policies can be included in the parent handbooks, parent contracts, parent welcome packets, staff manuals, your Center’s Health Policy, and other documents.”

The table below shows the proportion of Centers and FHCCs that had written policies on specific topics.

<b>Written Policies   Healthy Eating</b>	<b>Centers</b>	<b>FHCCs</b>
Nutrition standards that EXCEED current requirements	50%	43%
Nutrition standards for food brought from home	68%	48%
Nutrition standards for food for onsite celebrations	66%	38%
Types of food and beverages that staff members consume in front of children	41%	12%
Staff use of food as a reward for children's behavior	45%	17%
<b>Written Policies   Physical Activity</b>	<b>Centers</b>	<b>FHCCs</b>
Physical education and/or physical activity standards that EXCEED current requirements	29%	32%
<b>Written Policies   Screen Time</b>	<b>Centers</b>	<b>FHCCs</b>
Screen time limits	35%	56%

A greater proportion of Centers compared to FHCCs had written policies on each healthy eating topic measured in the survey. Meanwhile, a greater proportion of FHCCs compared to Centers had written policies on screen time limits. Roughly one-third of all programs have written policies on *physical activity physical education and/or physical activity standards that EXCEED current requirements*.

## ***Attitudes and Beliefs***

Overwhelmingly, most respondents agreed that child care is an important setting for promoting healthy eating and physical activity. However, the survey findings also suggest that not all programs are comfortable being a resource for families about child nutrition, physical activity, and screen time. Child care programs may need more support when it comes to effectively engaging with families.

## Conclusion

The findings from Washington’s first statewide survey of nutrition and physical activity in licensed child care suggest there many strengths as well as opportunities for improvement when it comes to licensed child care programs offering the best possible healthy eating and active play environments for young children. The Centers for Disease Control and Prevention (CDC) outlined a “spectrum of opportunities” by which states and communities can support child care programs to improve nutrition, physical activity, and reduce screen time in early care and education settings.<sup>9</sup> These opportunities provide a framework on ways to promote healthy weight in children.

### Spectrum of Opportunities for Obesity Prevention in Early Care and Education Settings (Used with permission from the CDC, Division of Nutrition, Physical Activity, and Obesity)



**Licensing and Administrative Regulations**—Washington state rules and regulations for licensed child care programs could be enhanced so they uniformly address best practices in nutrition, physical activity and screen time. The Washington Administrative Code (WAC) could also require that the initial and continuing training for child care staff and FHCC providers include healthy eating, physical activity, screen time topics and family engagement strategies.

**Child and Adult Care Food Program (CACFP)**—State and local efforts could increase CACFP enrollment among programs by reducing barriers to participation and strengthening the sponsor network at the

<sup>9</sup>Centers for Disease Control and Prevention. N.D. Technical Assistance Briefing Document.

state-level. Program specialists could include in their regular trainings additional technical assistance and strategies on ways to increase the nutritional quality of foods served in child care, as well as information on physical activity and screen time reduction strategies.

**Early Achievers, Washington’s quality rating and improvement system (QRIS)**—Nutrition, physical activity and screen time standards could be incorporated into the Early Achievers rating system, professional development opportunities, and technical assistance materials.

**Training and Technical Assistance**—Child care programs in Washington receive training and technical assistance from a variety of sources, including DEL licensing specialists, Child Care Aware of Washington, CACFP specialists, Early Achievers outreach, university programs, and community-based organizations. These training resources and materials could include healthy eating, physical activity, screen time topics and family engagement strategies. With adequate funding, child care health consultants with public agencies can also help to educate providers and promote healthy child development by improving policies and practices in nutrition, physical activity and screen time.

In addition to one-on-one training and technical assistance opportunities, early care and education learning collaboratives could be established to align practices of early learning professionals to support healthy eating, physical activity, reduced screen time, and family engagement in child care.

**Facility-level interventions**—Many interventions are available to enhance the policies and practices within child care programs or to support behavior change in children. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)<sup>10</sup> and *Let’s Move! Child Care*<sup>11</sup> are two examples of evidence-based programs that provide child care resources for childhood obesity prevention. *Start Healthy, Start Now*<sup>12</sup> is a state example of a health promotion and child development training and technical assistance program in six Eastern Washington counties.

**Access to Healthy Environments**—Access to healthy environments can be increased through joint use agreements, farm to child care initiatives, and centralized kitchens that provide affordable, nutritious meals to child care programs in the service area. In the Seattle metropolitan area, for example, FareStart provides nutritious meals that meet federal nutrition guidelines to child care centers, including Head Start programs.<sup>13</sup>

**Early Learning Leadership and Planning**—The 2007 Legislature created Washington’s Early Learning Advisory Council (ELAC). This council advises on statewide early learning issues and planning, including the Washington Early Learning State and Local Coordination Project, the state’s framework for building an early childhood system to improve outcomes in school and life. ELAC could invite child nutrition and physical activity experts into its membership and incorporate obesity prevention strategies and goals into its early learning planning.

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<sup>10</sup> Ward D et al. *Go NAPSACC*. 2014.

<sup>11</sup> The Nemours Foundation. *Let’s Move! Child Care*. <http://healthykidshealthyfuture.org/home/welcome.html>

<sup>12</sup> Inland Northwest Health Services Community Wellness. *Start Healthy, Start Now*. <https://wellness.inhs.org/Start-Healthy-Start-Now-Grant/>

<sup>13</sup> FareStart. *Contract Meals Overview*. <http://farestart.org/meals/about/index.html>



**Wages and Benefits**—Child care is a professional business. Providers are educators with professional responsibility for the development and well-being of the children in their care. It takes training, skill, and experience to provide developmentally appropriate approaches to nutrition and physical activity during a busy child care day. Increased wages and improved benefits will acknowledge the value of child care work and keep good teachers in the field.

There is great momentum in Washington to support healthy eating, physical activity and limit screen time in child care settings. Now is the time for child care stakeholders to come together to review these survey findings and discuss coordinated opportunities and innovative partnerships to support child care settings to provide the best possible environments for children.

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