



New York State Profile for Child Care Health, Nutrition, and Obesity Prevention

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Profile of Families, Children, and Potential Child Care Needs

How many children and families are there?	New York	United States
Total residents	19,576,660	313,861,723
Children age birth to 4 years	1,164,458	19,930,834
Children age birth to 4 years living in poverty	284,176	4,997,150
Children age 5 to 11	1,615,462	28,719,013
Total families with children	2,017,128	33,589,629
Single parent families	698,329	11,121,083
Families in poverty	419,208	6,888,151

How Many Children Under Age 6 Potentially Need Child Care?

	New York	United States
Children in two-parent families, both parents in labor force	496,415	8,538,727
Children in single-parent families, parent in labor force	360,773	6,486,355
Total children under age 6 potentially needing child care	857,148	15,025,082

Source: Child Care in America: 2015 State Fact Sheets

Rates of Obesity for Adults and Young Children

Adults	27%
Children 2-4	14.3%

Source: State of Obesity, 2011 and 2014

Access to Healthy Foods and Utilization of Federal Nutrition Programs

Program	Average Annual Number of Participants, 2014
WIC	485,693
SNAP	3,122,879

Source: USDA FNS Program Data

CACFP Statistics for Federal Fiscal Year 2014

October 2013 - September 2014		
Category	Quantity	Item
Average Number of Meals Served Each Month	12.1 million	meals
Average Number of Meals Served by Day Care Home Providers	4.3 million	meals
Average Number of Meals Served by Day Care Centers	7.8 million	meals
Average Number of at Risk Suppers Served	1.4 million	suppers
Average Number of at Risk Snacks Served	584,000	snacks
Average Daily Attendance at Homes and Centers	341,200	participants
Average Daily Attendance at Day Care Home Providers	80,050	participants
Average Number of Day Care Providers	9,650	providers
Average Number of Day Care Centers	4,200	centers
Average Daily Attendance at Day Care Centers	253,900	participants
Number of Child Care Centers	1,274	centers
Average Daily Attendance at Child Care Centers	68,500	participants
Number of Head Start Centers	558	centers
Average Daily Attendance at Head Start Centers	27,200	participants
Number of Outside School Hour Centers	218	centers
Average Daily Attendance at Outside School Hours Centers	6,503	participants
Average Number of Day Care Centers Claiming at Risk Meals	1,879	centers
At Risk Average Daily Attendance	143,450	
Average of Total Entitlement Payments Each Month	\$19.3 million	

Source: New York Department of Health Program Data

Health, Nutrition, and Obesity Prevention Factors in State Systems

Role of Child Care Health Consultants

Health care consultants are required to approve health care plans for licensed facilities and license exempt facilities that choose to administer medication. Consultations must include a review of the documentation that all staff authorized to administer medications have the necessary professional license or have completed the necessary training.

Health, Nutrition, and Obesity Prevention in Early Learning and Development Guidelines

The New York State Early Learning Guidelines were developed as a resource for teachers to refer to for information on how children develop and learn. They also provide lists of activities that promote child development. The guidelines are broken out into five domains: physical well-being, health and motor

development, social and emotional development, approaches to learning, cognition and general knowledge, and language, communication, and literacy.

Within each domain, the guidelines provide indicators grouped into three age ranges: birth to 18 months, 18-36 months, and 36-60 months. Indicators for subcategories are provided—these indicators describe activities or skills that a child within the age range should do to demonstrate typical growth and development for that topic or area. Health, nutrition, and obesity prevention indicators are found in domain I, physical well-being, health, and motor development in three subdomains: physical fitness - daily activities, variety and well-being, and nutrition.

Indicators for daily activities focus the child's interest and ability to engage in physical activity during the day as well as the child's daily rest and sleep quality. Sample strategies that promote development of physical activity skills are provided to complement the indicators. Indicators for variety and well-being address the child's approach to new and different activities over time—taking risks, exploring the environment with the body, and participating in group activities. Indicators for nutrition cover both the communication of hunger needs, the willingness to try foods, the exploration of food, food preparation, self-feeding, and food serving during meals. It also contains domains around nutritional decision making as children get older. Sample strategies that promote development of physical activity skills are provided to complement the indicators.

These existing guidelines provide information and prompts to teachers, parents, and caregivers about key elements in health, nutrition, and obesity prevention: nutrition, physical activity, and sleep/rest patterns.

Health, Nutrition, and Obesity Prevention in Quality Rating and Improvement Systems

New York State's quality rating and improvement system is called QUALITYstarsNY and includes six public health standards and one family involvement standard that specifically relate to early childhood obesity prevention in child care settings.

- Public Health Standard 1: Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments, including tummy time when awake. Infants need freedom of movement, including tummy time, to build strength and motor skills.
- Public Health Standard 2: Program provides opportunities for toddlers and/or preschoolers to have at least 15 minutes of developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside) for every hour they are in care. For example, in a 3 hour program, children should have at least 45 minutes of physical activity in total, not necessarily continuously. Program should support the social-emotional, health, physical, and fine and gross motor development of children through active play. Multiple daily opportunities should be offered for structured and unstructured physical activity.
- Public Health Standard 3: Program has a policy that details the use of TV/video for children, including that TV/video is never used during nap and meal time or for children birth to age 2. For children ages 2 to 5 there is no more than 30 minutes once a week of high quality educational or movement-based commercial-free programming. Children's access to television/video should be nonexistent for infants and toddlers and limited to 30 minutes per week for preschoolers to reduce the harmful effects of screen time and commercial marketing on health, learning, behavior, and sleep.

- Public Health Standard 4: Program promotes the service or consumption of meals and snacks that meet the Child and Adult Care Food Program (CACFP) meal pattern for the ages served. Nutrition is important to children's growth and development. Childhood is also a time to teach nutrition and healthy habits that will last a lifetime. Menus that comply with the CACFP meal pattern requirements meet children's nutrition and growth and development needs. There must be a clear link between CACFP guidelines and the meal pattern (portion size and components for meals and snacks) on menus. For more information about CACFP meal patterns, visit the USDA Food and Nutrition website for child day care centers.
- Public Health Standard 5: Program adopts a formal obesity prevention program. It is important for programs to adopt a set, established program to promote healthy eating habits and physical activity. It is also critical for programs to instill in children, families, and staff, the importance of healthy living and to provide them with the tools to adopt healthy habits.
- Public Health Standard 6: Teaching or administrative staff attends training regarding implementation of the obesity prevention program. Staff is trained regularly to implement a formal obesity prevention program, using the latest research and resources.
- Family Involvement Standard: Program supports breastfeeding. There are proven health benefits and development advantages associated with breastfeeding. Programs should support mothers who desire to provide breastmilk for their children.

The centers participating in QUALITYstarsNY have made notable gains in performance on the health standards, but many still need support to reach the health standards. Only 20% of centers reached physical health standard 6. Only 23% reached the family involvement standards. The best results were in the physical health standard 4 where 87% of the participants received credit.

QUALITYstarsNY is both a rating system and a continuous quality improvement process. Participants apply to participate and are assigned a QI specialist who serves as their coach. Participants then do a self-study, which leads to a provisional rating. The program develops a Quality Improvement Plan (QIP) based on the results of the self-study, and the QI specialist works with the program to obtain resources that help meet needs and achieve goals of the QIP. Programs that receive a provisional rating of three stars and higher receive an Environmental Rating Scale (ERS) observation by an independent assessor, which is factored into the provisional rating to generate an active rating. Those programs that earn provisional for ratings below three stars are not eligible for ERS, and their provisional rating becomes their active rating. Program ratings are valid for three years, at which point, programs repeat the rating process and earn a new rating.

Summary of Existing Initiatives

There are a number of existing partnerships and initiatives in New York that are working to address child health, wellness and nutrition.

The New York State Early Childhood Advisory Council (ECAC) was established in 2009 to develop a comprehensive system of supports and services for young children and their families. The ECAC is comprised of key representatives of the state's health, education, and human services agencies and from a wide range of provider agencies, local governmental agencies (including both the New York City Administration for Children Services and the New York City Department of Health and Mental Hygiene), advocacy organizations, the Early Care and Learning Council (the membership organization of New

York's Child Care Resource and Referral program), Head Start programs (including the migrant and seasonal Head Start grantees), and others. Since its formation, the ECAC has taken significant strides in building supports and services for young children and their families, particularly in the area of health, including mental and physical health, nutrition, breast feeding, and obesity prevention. Examples of accomplishments in these areas include:

- Development of standards that support the promotion of health, nutrition, and obesity prevention that were included in QUALITYstarsNY child care program standards (New York's Quality Rating and Improvement System). See www.qualitystarsny.org.
- Distribution of recruitment brochures for eligible family child care and center-based providers to encourage enrollment into the Child and Adult Care Food Program (CACFP) resulting in an increase of more than 200 centers and 1,500 family child care homes enrolled in the program. The success of this effort led New York's Department of Health to add more staff to the program to expand its outreach efforts.
- Under the leadership of the New York State Head Start Collaboration Project, local Child Care Resources and Referral agencies hosted eight regional "Health Active Living" conferences across the state in the summer of 2014. These conferences featured nationally known active play expert Diane Craft, Ph.D. More than 1,500 early childhood teachers and administrators participated.
- Development of online training for child care health consultants based on the Healthy Child Care America training program to ensure that health consultants have the training they need to support child care program's efforts to promote of health, mental health, nutrition, and obesity prevention. This online training is being developed under the leadership of the Council on Children and Families, with federal support from the Early Childhood Comprehensive Systems grant, and in partnership Docs for Tots (an organization led by pediatricians to support early childhood development and best practices).

New York State Department of Health's Bureau of Community Chronic Disease Prevention, New York State Department of Health's Obesity Prevention in Child Care Partnership is a group that was formed in 2010 to help combat the rising rates of early childhood obesity in New York. This cross-systems group includes members from many state agencies and non-governmental agencies. The goals of the group are to improve health and reduce obesity risk among infants and children ages six weeks to five years by increasing the number of child care centers, homes, and legally exempt care settings that implement recognized best practices for nutrition, physical activity, screen time, and breastfeeding.

[Eat Well Play Hard in Child Care Settings \(EWPH-CCS\)](#). The federal Child and Adult Care Food Program (CACFP) funds nine Child Care Resource and Referral agencies and the New York City Department of Health and Mental Hygiene to implement a nutrition education and obesity prevention intervention in CACFP-participating child care centers serving low-income children and their families. During the federal fiscal year, 241 child care centers were reached. EWPH-CCS has been designated a practice-tested intervention by the Center for Training and Research Translation, a Prevention Research Center supported by CDC. [USDA has also evaluated the intervention](#). The EWPH-CCS curriculum and supporting materials for the interventions described can be found [online](#).

The obesity prevention/child wellness flyer (co-developed by the Department of Health and CACFP) was translated into many different languages and distributed widely to parents and children. The Eat Well Play Hard in Child Care Settings' strategies are:

- Increase consumption of fruits and vegetables;
- Increase consumption of low or fat-free milk and low-fat dairy products;
- Increase developmentally appropriate physical activity;
- Decrease exposure to television and other recreational screen time; and
- Increase the initiation, duration, and exclusivity of breastfeeding.

In 2012, an independent evaluation of EWPH-CCS was conducted and found the following statistically significant results when comparing children in child care centers with the EWPH-CCS program to children in centers that did not have the program:

- Increase in children's daily at-home consumption of vegetables;
- Increase in children's at-home use of 1% or fat-free milk;
- Increase in reported rates of child-initiated vegetable snacking; and
- Trend toward increased parental offerings of vegetables.

Eat Well Play Hard in Day Care Homes (EWPH-DCH). CACFP received a United States Department of Agriculture Child Care Wellness Grant in 2010 to develop and test an adaptation for day care homes. The goals of EWPH-DCH are to help day care home providers make changes in their environments to improve the nutrition and physical activity practices in their day care homes, and communicate positive messages about eating healthy food and being physically active to children and their families.

Preliminary evaluation data indicates that participating day care homes are making changes to nutrition and physical activity practices including serving meals family style, introducing a variety of new fruits and vegetables to the menu, encouraging children to drink more water, adding more movement activities, and limiting television use. To date, 160 home providers have completed the intensive 12 week implementation period of EWPH-DCH, reaching approximately 1,700 children.

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC). NAP SACC is an intervention in child care centers aimed at improving nutrition and physical activity environment, policies, and practices through self-assessment and targeted technical assistance. Goals of the program are to improve nutritional quality of food served, the amount and quality of physical activity, staff-child interactions, and center nutrition and physical activity policy. The main steps of the intervention include:

1. Self-Assessment: The child care facility staff completes the NAP SACC self-assessment tool assessing key areas in nutrition and physical activity.
2. Action Planning: Based on self-assessment, staff chose 3 to 4 areas for improvement and mapped out an action plan with guidance and support from the NAP SACC consultant.
3. Workshop Delivery: The NAP SACC consultant delivers ready-use workshops on childhood obesity, nutrition for children, physical activity for children, and personal health and wellness for staff.
4. Targeted technical assistance: NAP SACC consultants provide regular support and guidance to staff.
5. Evaluate, revise, and repeat: The NAP SACC self-assessment instrument is completed a second time, and action plans are then revised to include new goals and objectives and technical assistance continues.

The Early Care and Learning Council has spearheaded the implementation for the NAP SACC statewide initiative. To date, 254 centers, 2,247 staff, and 11,435 children have been reached. From Creating

Healthy Places to Live, Work and Play initiative (2010-2015), NAPSACC was implemented in 127 sites reaching 21,083 staff and children. In total, 381 sites and 34,765 staff and children combined were reached through this assessment and policy change effort across. Visit <http://www.napsacc.org/> for more information.

Breastfeeding Friendly Centers and Family Child Care Homes Designation. The New York State Department of Health's Obesity Prevention Program encourages new mothers to breastfeed their infants. The Department's Child and Adult Care Food Program encourages child care centers and family day care homes to support breastfeeding families and recognizes these providers with "Breastfeeding Friendly" certificates. In addition, child care center/day care home staff complete an assessment that shows how they support breastfeeding families. Currently, there are 669 day care homes and 142 child care centers designated as "Breastfeeding Friendly" under this program. Staff from the Department of Health have also been marketing a breastfeeding training and continue to work on making the training credit-bearing.

New York City Department of Health and Mental Hygiene (NYC DOHMH) "Move-to-Improve" is a comprehensive and engaging way to help child care and prekindergarten staff integrate physical activity into all areas of classroom academics. The Move-to-Improve Early Childhood Curriculum is designed to help child care centers and preschools reach the New York City Health Code mandated 30 minutes of structured physical activity per day. NYC DOHMH offers a one-day workshop that demonstrates developmentally appropriate activities that staff can use in small spaces to get children moving. Workshop participants receive free early childhood classroom equipment kits. To date, about 13,000 people in all five boroughs of New York City child care centers have been trained.

New York State Office of Children and Family Services' Division of Child Care Services. In conjunction with the Department of Health's Division of Nutrition, **Child and Adult Care Food Program (CACFP), nutritional standards have been incorporated into the program regulations for all licensed center-based child care programs.** Video conference training has been offered for all child care providers across the state. Topics covered include nutrition choices, active play, and supporting breastfeeding with presenters from the New York State Department of Health Obesity Prevention, CACFP, Dianne Craft (a nationally-renowned child nutritionist) and Head Start State Collaboration Project.

Early Care and Learning Council the Early Care and Learning Council (ECLC) is the membership organization of the state's 35 Child Care Resource and Referral agencies. With funding from the Lowenstein Foundation to help identify childhood obesity prevention strategies that work well and could be expanded into other child care programs, the ECLC has awarded six mini-grants to Head Starts, child care programs, and CCR&Rs across the state to implement Healthy Active Living activities and other healthy program changes. The Healthy Active Living Project is an initiative facilitated by the ECLC in partnership with the New York State Head Start Collaboration Project. In 2013, four early childhood programs were selected to participate in an obesity prevention and reversal project. In 2014, an additional three early childhood programs were selected to participate. Programs are given the opportunity to become leaders, researchers and instructors for childhood obesity prevention and healthy living. Additionally many of the CCR&Rs operate localized health programs promoting nutrition and physical activity.

The Early Childhood Comprehensive Systems (ECCS) grant is a federal Health and Human Services grant that is being administered by the New York State Council on Children and Families. The ECCS grant has five strategies, two of which relate to childhood obesity prevention:

1. To develop a system of training coordination and technical assistance for child care health consultants that includes physical activity, nutrition, social emotional health, and injury prevention topics; and
2. To promote nutrition and physical activity practices in early childhood programs.

Head Start programs in New York State have implemented the Office of Head Start “**I am Moving, I am Learning**” framework and practices. With nearly all 241 grantees having had the opportunity to be trained (from 2007 to 2009), many of the Head Start programs are still implementing the action plans developed then. However, other Head Start programs have experienced staff turnover and leadership changes, making it hard to keep the momentum going. In 2014 the New York State Head Start Collaboration Project supported “I am Moving, I am Learning” ‘booster shots’ by partnering with local CCR&Rs to offer Healthy Active Living sessions with Dianne Craft with the goal of helping Head Start, child care and prekindergarten providers see their important role in helping children establish healthy habits early. Each session included action planning and schedule changes to their daily routine (to include more active play).

For a summary of state regulations on health, nutrition, and obesity prevention, please review the following summary page, as prepared by the [National Public Law Center](#).