2024 ANNUAL REPORT

Achieving a State of Healthy Weight

College of Nursing
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

2024 Annual Report:
Achieving a State of Healthy Weight

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Suggested citation: University of Colorado College of Nursing. *2024 Annual Report: Achieving a State of Healthy Weight*. University of Colorado Anschutz Medical Campus; 2025. https://nursing.cuanschutz.edu/research/healthy-weight

This assessment is supported by the U.S. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, in the National Center for Chronic Disease Prevention and Health Promotion (subcontract #UCDCN-02-4574, awarded by prime contract McKing Consulting Corporation).

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Executive Summary

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

The ASHW Report is a nationally recognized resource that tracks how well states support healthy eating, active play, and obesity prevention in early childhood. Led by the University of Colorado College of Nursing in partnership with the CDC's Division of Nutrition, Physical Activity, and Obesity, ASHW annually evaluates child care licensing regulations in all 50 states and the District of Columbia. Now in its 15th year, the 2024 report—with three updated state supplements[1-3]—offers the most comprehensive look yet at how early care and education (ECE) licensing aligns with 47 High-Impact Obesity Prevention Standards (HIOPS).[4] These standards, based on *Caring for Our Children's*, *Preventing Childhood Obesity*,[5] serve as a national benchmark for creating healthier environments in licensed care for young children.

What Do We Know?

Childhood overweight and obesity often begin early and can lead to serious, long-term health consequences.[6] ECE programs, which serve millions of children every week, play a vital role in shaping lifelong healthy behaviors. Licensing regulations can support these efforts by promoting evidence-based practices—like breastfeeding support, nutritious meals, daily physical activity, and reduced screen time—that help children grow up healthy and strong.

What's New?

This year's report includes one of the highest number of HIOPS-related revisions since ASHW began. Of the nineteen states assessed, seventeen strengthened licensing regulations in key areas, including breastfeeding and infant feeding practices, limits on the use of restrictive infant equipment, stronger screen time restrictions, ensuring water is freely available, and prohibiting the alteration of infant formula. The 2024 report identifies the most improvements to regulatory changes since 2021, highlighting momentum in aligning child care standards with evidence-based best practices. While this progress is meaningful, action is still needed to ensure all children have access to healthy, supportive early learning environments.

How Can this Report be Used?

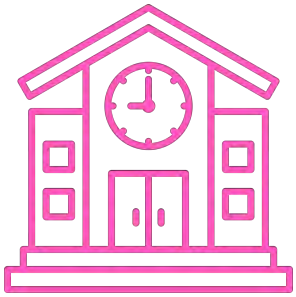
1. **Assess** how state regulations support obesity prevention in licensed ECE programs
2. **Highlight** state policy successes
3. **Identify** opportunities to strengthen licensing standards that promote obesity prevention in young children

Early Care and Education (ECE) Matters

Statewide, evidence-based interventions strengthen ECE policies and practices, improve nutrition and physical activity, and lay a strong foundation for lifelong healthy behaviors.

Introduction

Childhood obesity continues to pose serious public health challenges in the U.S., affecting 1 in 5 children and adolescents.[7] Rates rise even higher among children from low-income households and those who identify as Black, Hispanic, or Native American. Between 2017 and 2020, about 13% of children aged 2–5 experienced obesity.[8] These patterns often persist into adolescence[9-10] and adulthood,[11] increasing the risk of chronic disease, early death,[12-13] and costly medical care—estimated at $1.3 billion for U.S. children in 2019.[7] Early childhood offers a critical window for building lifelong healthy behaviors. Early care and education (ECE) programs can seize this opportunity by providing nutritious meals, promoting physical activity, and creating health-supportive environments.[14-18]



Why ECE? Each week, about 12.5 million children—nearly 60% of all U.S. children under age five—attend ECE programs.[19] Children in these programs come from families of all income levels, and many receive federally subsidized care.[20] Licensed ECE programs play a vital role in promoting health by encouraging active play, establishing healthy mealtime routines, and providing shared, nutritious meals and snacks.[14,21-28]

Why ECE Licensing? State licensing regulations set the foundation for safe, high-quality early care. Programs must comply with these state-specific rules to obtain and maintain licensure, ensuring developmentally appropriate environments for young children. Licensing is a powerful lever for improving ECE settings and gives states a key opportunity to impact the health of large numbers of children.

High-Impact Obesity Prevention Standards (HIOPS): In 2010, a National Advisory Committee reviewed the evidence and identified 47 licensing standards with the greatest potential to prevent childhood obesity—now known as the HIOPS.[4] These science-based standards span four key areas: infant feeding, nutrition, physical activity, and screen time. Public health professionals, licensing officials, and child care providers can use the HIOPS to embed proven obesity prevention strategies into ECE systems and child care programs. By adopting these standards into ECE systems, states can help children build healthy behaviors during the most critical early years. To learn more about the committee and how the HIOPS were developed, see *Caring for Our Children's* special collection*, Preventing Childhood Obesity.*[5]

History of ASHW: *The* 2024 *Achieving a State of Healthy Weight* (ASHW) Annual Report marks the 15th year of the initiative,[29] which began in 2010 with *Achieving a Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations*.[30] Since then, the ASHW team has released annual state-by-state assessments and tracked national trends in how child care licensing regulations support obesity prevention. ASHW data also inform several vital CDC resources (see *Roadmap to Success* section). These resources highlight both progress and ongoing opportunities for improvement across child care centers, large family homes, and small family homes.

ASSESSMENT YEARS

State Assessment Years: 2010 to 2024

This table shows the years in which states were assessed based on changes to child care licensing regulations. The assessment period for this report is January 1 to December 31, 2024. States with outdated ratings were also reassessed to align with current methodology. For a full list of documents rated in 2024, see Appendix B.

	Years Rated														
State	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Alabama	X		X						X	X		X		X	
Alaska	X		X					X							X
Arizona	X	X								X	X				
Arkansas	X	X				X		X			X				
California	X		X					X						X	
Colorado	X		X			X	X	X				X			X
Connecticut	X		X					X				X		X	X
Delaware	X		X			X		X		X	X	X			
D.C.	X						X	X							
Florida	X		X	X				X		X					
Georgia	X		X		X			X			X		X	X	
Hawaii	X		X					X						X	X
Idaho	X												X	X	
Illinois	X				X									X	
Indiana	X												X		
Iowa	X		X					X							X
Kansas	X		X	X											X
Kentucky	X			X					X			X			
Louisiana	X		X			X		X				X		X	
Maine	X		X					X				X			
Maryland	X		X			X		X						X	
Massachusetts	X														X
Michigan	X		X		X			X		X					X
Minnesota	X		X					X							X
Mississippi	X		X	X							X				
Missouri	X						X							X	

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

State assessed due to new or revised licensing regulations

State assessed due to national CACFP updates

State Assessment Years: 2010 to 2024 (continued)

	Years Rated														
State	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Montana	X		X					X				X			X
Nebraska	X		X	X				X							X
Nevada	X		X						X						X
New Hampshire	X							X					X		
New Jersey	X			X				X							
New Mexico	X		X		X			X							X
New York	X			X	X	X		X							
North Carolina	X		X	X				X	X					X	
North Dakota	X	X									X			X	
Ohio	X		X				X					X			
Oklahoma	X						X	X					X		
Oregon	X		X					X				X			X
Pennsylvania	X										X			X	
Rhode Island	X		X	X				X				X		X	X
South Carolina	X		X					X							X
South Dakota	X													X	
Tennessee	X								X				X		
Texas	X		X		X							X		X	X
Utah	X		X					X							
Vermont	X						X	X							
Virginia	X		X					X							X
Washington	X		X					X		X					X
West Virginia	X		X		X									X	
Wisconsin	X		X							X					
Wyoming	X		X	X									X		

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

State assessed due to new or revised licensing regulations

State assessed due to national CACFP updates

Status of High-Impact Obesity Prevention Standards (HIOPS) Inclusion: 2024

This report outlines how all 50 states and the District of Columbia have incorporated the 47 evidence-based HIOPS into licensing regulations for child care centers and family child care homes.

In 2024, the ASHW assessment team reviewed more than 65 regulatory documents. Seventeen states strengthened licensing regulations in at least one licensed care type (see Table 1). This report details those updates and evaluates how they impacted each state's national HIOPS ranking. The remaining states either did not introduce new HIOPS-related licensing changes or had updates pending that were not yet in effect during the assessment period.

Nationally, HIOPS are fully supported in:

- 33% of Child Care Centers licensing regulations
- 28% of Large Family Care Homes licensing regulations
- 26% of Small Family Care Homes licensing regulations

Most supported HIOPS in 2024 across all three care types:

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

Least supported HIOPS in 2024 across all three care types continue to be:

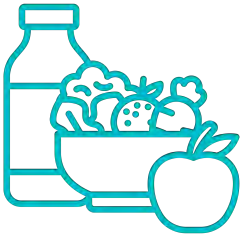
- Limit oils and avoid fried foods (NA1)
- Limit salt by avoiding salty foods (NG1)
- Provide staff orientation training opportunities for physical activity (PA2)

2024 Highlights by Obesity Prevention Domain

In 2024, states had the most improvements in regulatory changes to the 47 High-Impact Obesity Prevention Standards (HIOPS) since 2021. Some key highlights include:

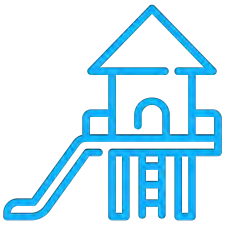
Breastfeeding Support
States supported families from the start by strengthening breastfeeding regulations—encouraging on-site feeding, private spaces, and provider guidance for breastfeeding and breast milk feeding (KS, MI, NV, OR, RI, SC, VA, WA).

Infant Feeding
States nourished healthy beginnings by requiring feeding on cue (MA), banning cow's milk for infants (MN), prohibiting formula changes (IA, OR, VA), and supporting safe bottle feeding and solid food planning (RI, SC).

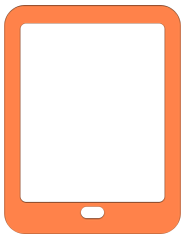


Nutrition
States fueled healthy growth by requiring whole grains and low-fat milk (KS), free water access (KS, SC), and aligning standards with CACFP (OR). Nebraska's rating dropped for not explicitly having a CACFP reference.

Healthy Mealtime Practices
States made mealtimes more mindful by clarifying portion sizes (OR), not using food as a reward or punishment (AK, OR, SC), and prohibiting forced feeding and bribery (RI, SC). These changes help promote positive mealtime environments.



Physical Activity
States advanced active play through written policies (HI), space requirements (KS, SC), limits on infant equipment (MN, NM, OR, RI, SC), and bans on restricting play (NM, OR, MA, MI). Tummy time (MI, RI, VA) and vigorous play (MT, VA) were also added.



Screen Time Limits
States powered down for play by limiting screen time to educational or physical activity use (CT), banning screens during meals and snacks (CO), setting daily limits (CO, RI), and prohibiting screen use for children under age 2 (CO, CT, OR, RI).

What Else is New in 2024?

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

REGULATORY PROGRESS: Changes Over Time

- States with improvements across all child care types since 2010 include: District of Columbia, Tennessee, Florida, Rhode Island, and Nevada, and Texas
- States with the greatest opportunity for improvement include: Idaho, South Dakota, Nebraska, Wyoming, Indiana, and Massachusetts
- HIOPS showing the most progress in 2024 include: breastfeeding support, prohibiting withholding active play as punishment, feeding infants on cue, prohibiting the alteration of infant formula, and limiting screen time to educational or physical activity purposes

Since 2010, the HIOPS below showed the most improvement across care types largely due to the 2017 national CACFP regulatory changes that strengthened standards for nutrition and infant feeding practices. The only exception is NA5, where progress occurred outside of CACFP updates.

- Serve no juice to children younger than 12 months of age (ID3)
- Serve skim or 1% milk to children two years of age and older (NA5)
- Offer juice (100%) only during meal times (NC2)
- Serve fruits, mashed or pureed, for infants 6 months up to 1 year of age (ID2)
- Avoid sugar, including concentrated sweet such as candy and sweetened drinks (NG2)

State Support for All Care Types: 2010 vs. 2024 (Figure 1)

This figure shows change over time, comparing child care licensing support of the HIOPS in 2010 versus 2024. More states now fully support the HIOPS and fewer states fail to address/contradict the HIOPS than in 2010.

**In 2024, less than 0.5% of the HIOPS contradicted current best practices nationally.*

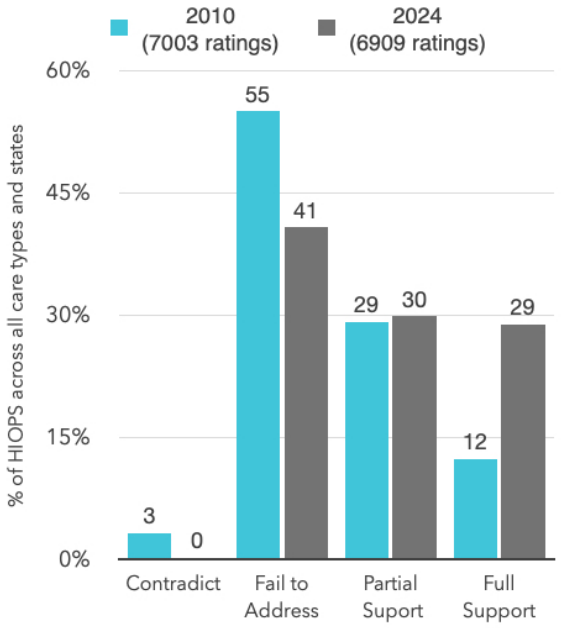


Figure 2. Differences in Support of the HIOPS by Licensed Child Care Type

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

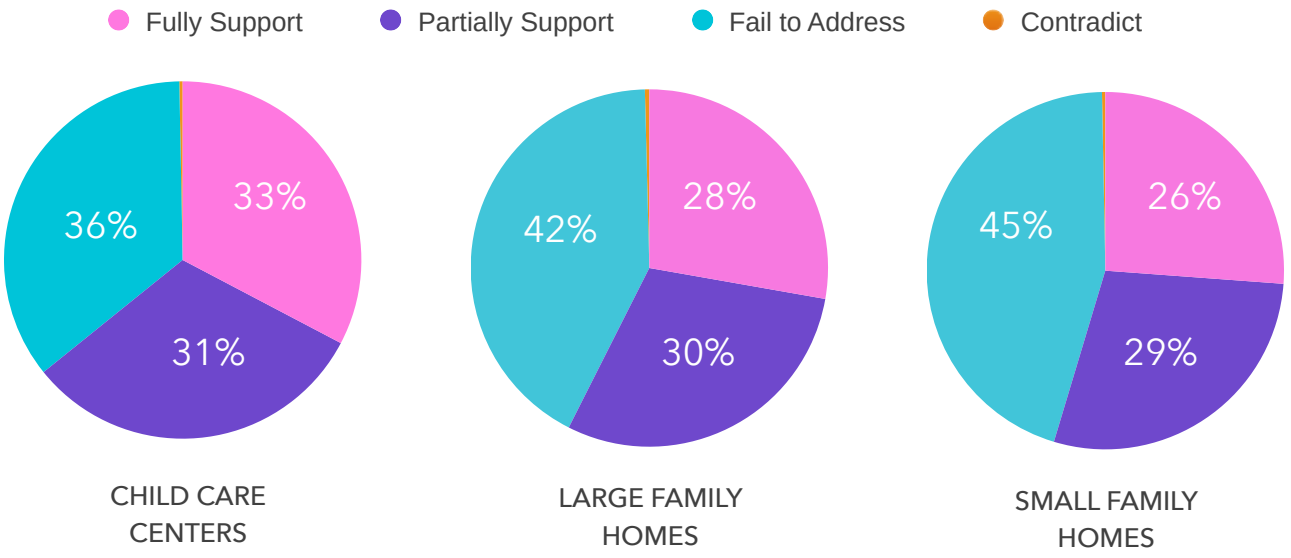
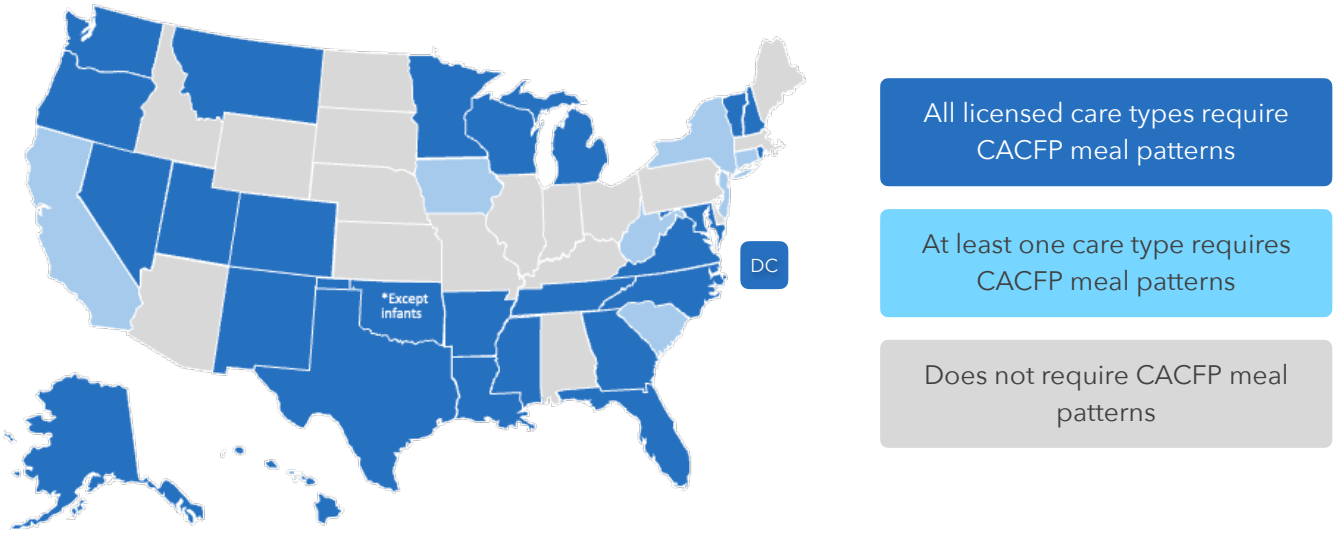


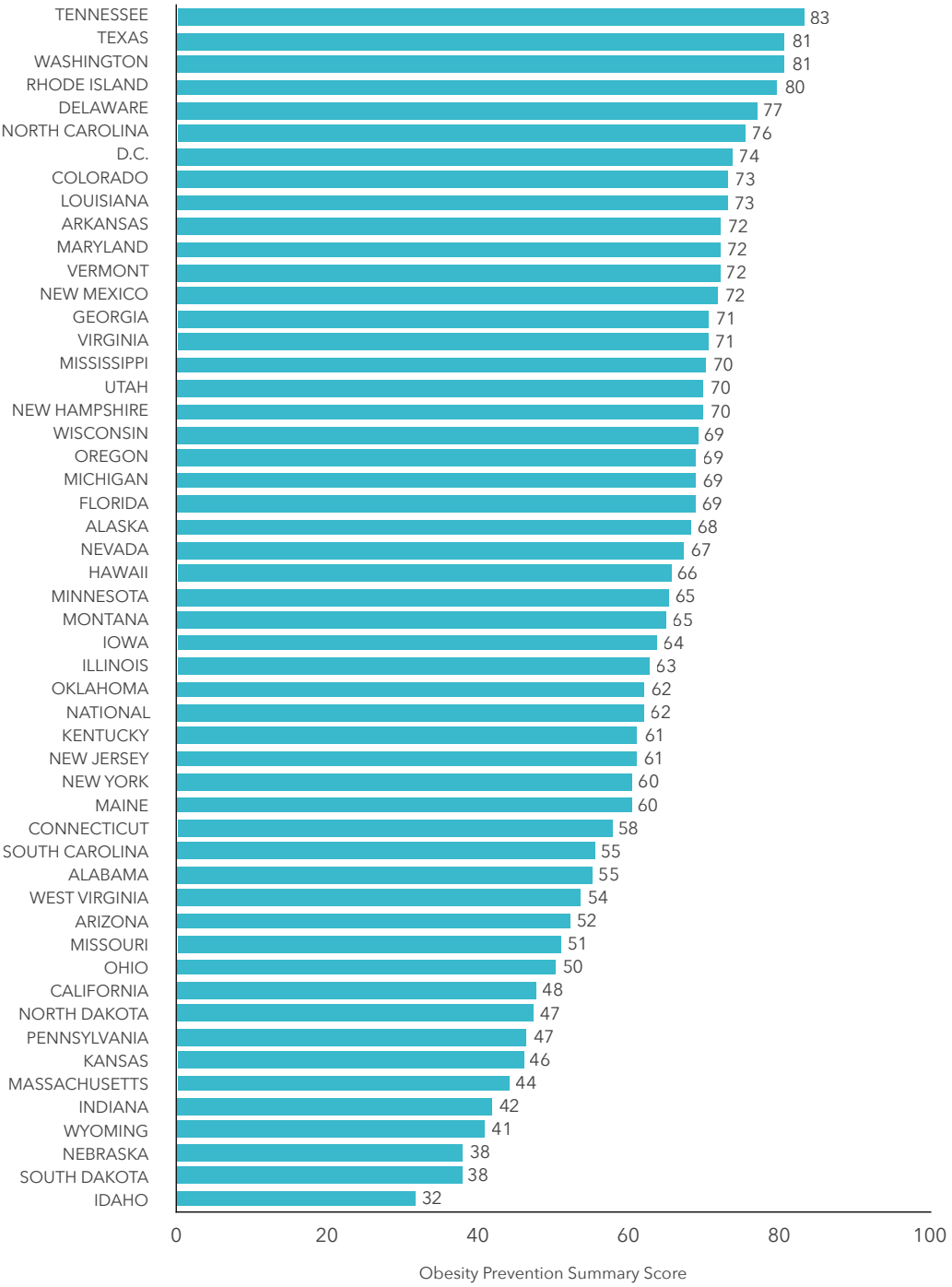
Figure 3. States Requiring CACFP Meal Patterns

This figure shows the 34 states that explicitly require programs to follow the USDA Child and Adult Care Food Program (CACFP) meal patterns (CFR 226.20) in their licensing regulations for at least one child care type, regardless of whether the program formally participates in CACFP.



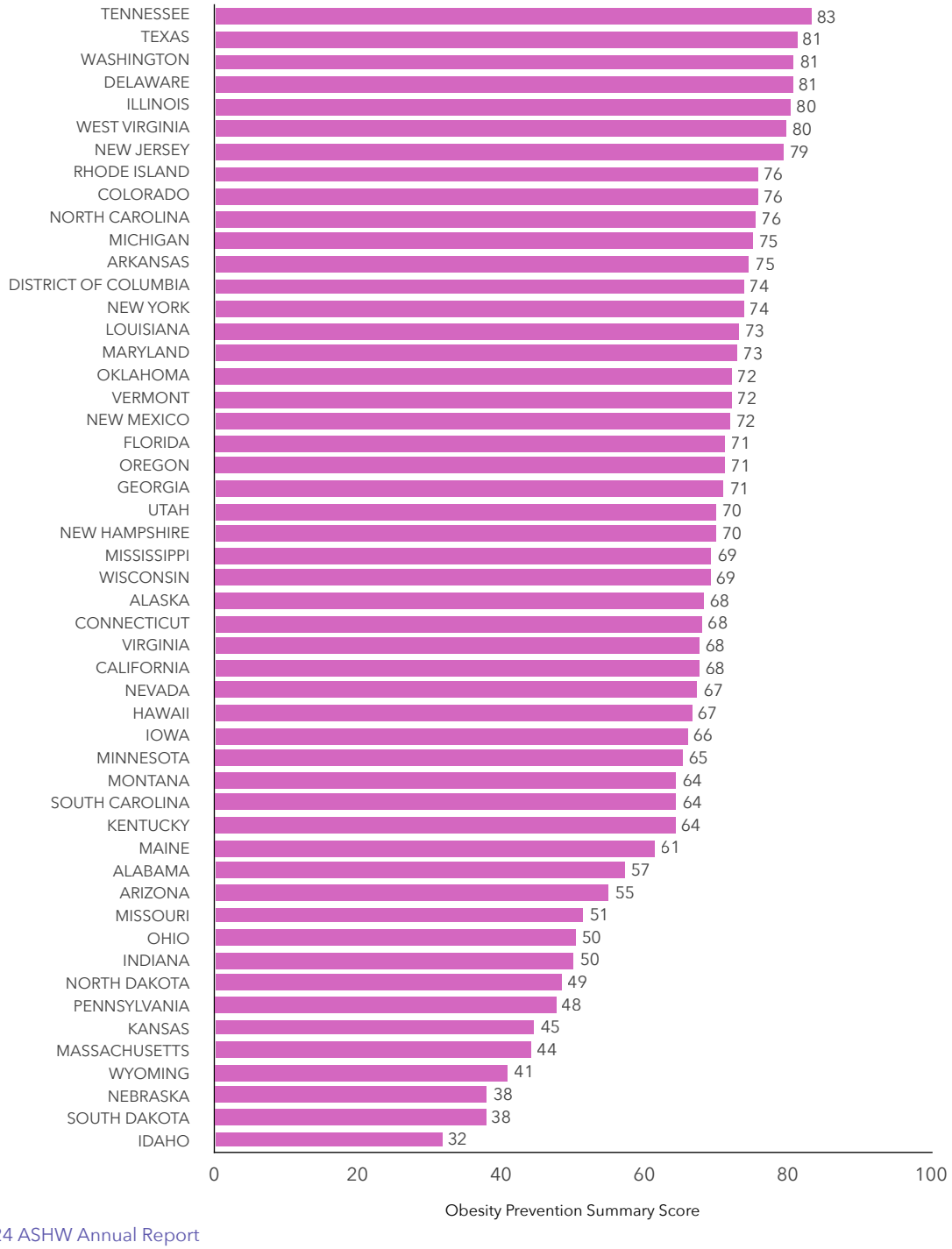
2024 State Ranking by Obesity Prevention Summary Score: ALL CHILD CARE TYPES (Figure 4)

This figure illustrates the 2024 national rankings of state Obesity Prevention Summary Scores (OPSS) across all child care types (i.e., child care centers, large family child care homes, and small family child care homes). *Note: See **ASHW Methodology**[31] for details on score calculation.*



2024 State Ranking by Obesity Prevention Summary Score: CHILD CARE CENTERS (Figure 5)

This figure illustrates the 2024 national rankings of state Obesity Prevention Summary Scores (OPSS) specifically for child care centers. *Note: See ASHW Methodology*[31] *for details on score calculation.*



Support of Individual High-Impact Obesity Prevention Standards (HIOPS) in 2024

The figures below provide a rank order of HIOPS from those standards supported the most to those standards supported the least across all child care types for each of the four domains
Note: See ASHW Methodology[31] for details on score calculation.

Figure 6. Breastfeeding & Infant Feeding Practices

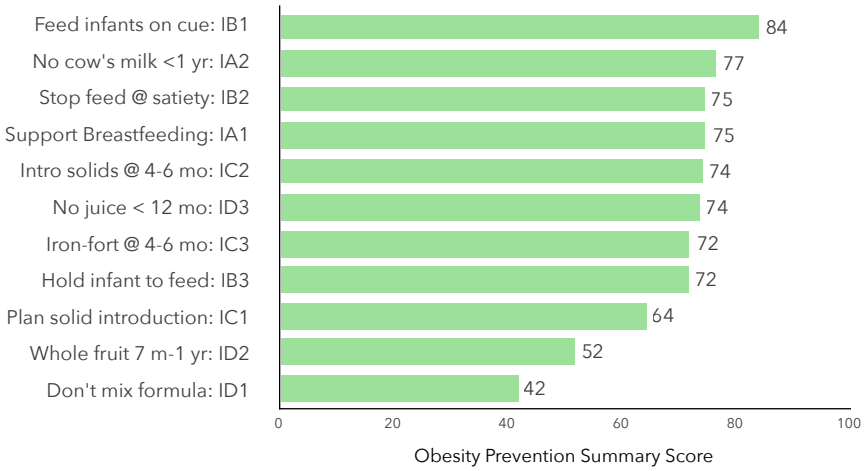
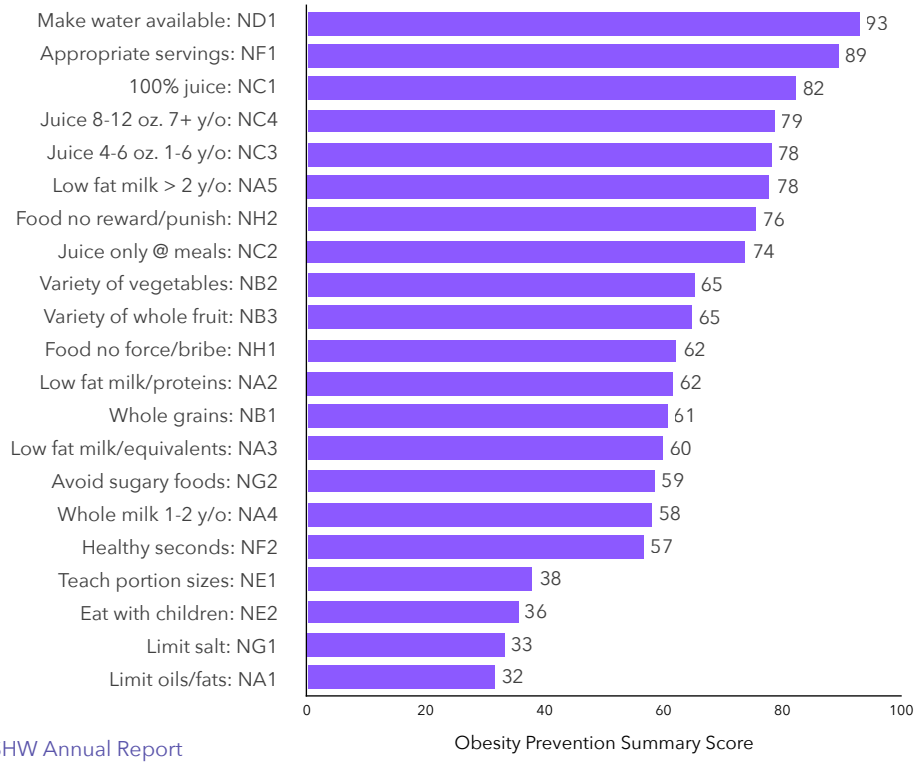


Figure 7. Nutrition Standards & Healthy Mealtime Practices (21 HIOPS)



Support of Individual High-Impact Obesity Prevention Standards (HIOPS) in 2024 (continued)

Figure 8. Physical Activity (11 HIOPS)

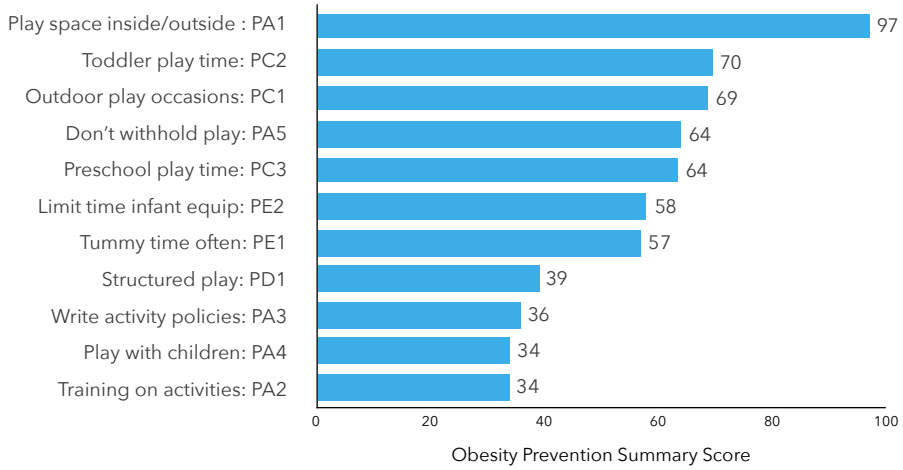
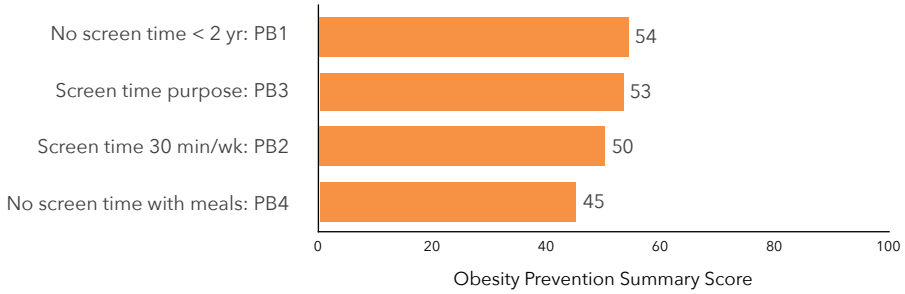
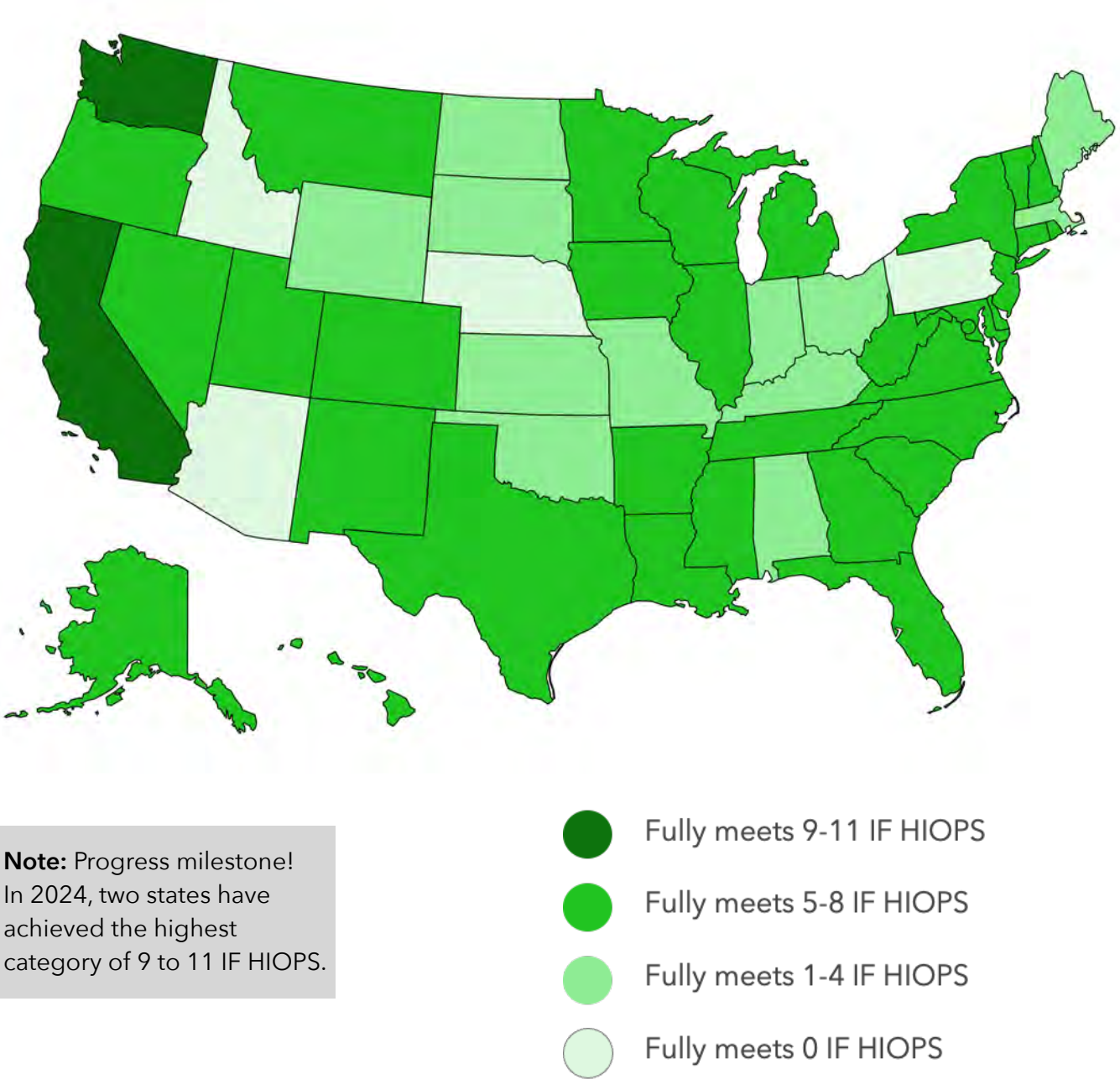


Figure 9. Screen Time Limits (4 HIOPS)



2024 State Map on Fully Meeting Infant Feeding High-Impact Obesity Prevention Standards (HIOPS)

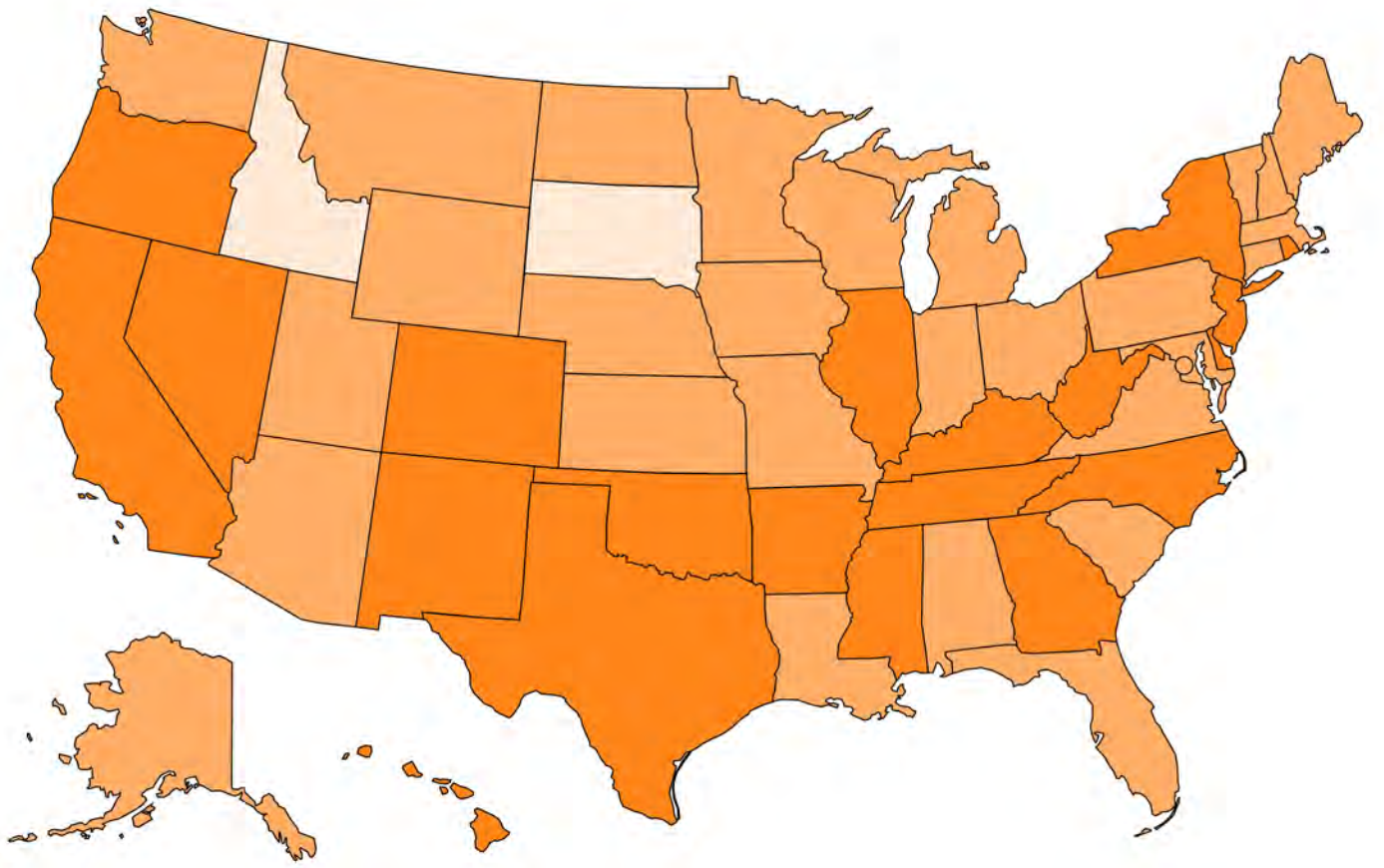
The map illustrates how well each state meets the 11 infant feeding (IF) HIOPS for child care centers in 2024. For a detailed assessment of each state's ratings, refer to the 2024 State Profiles: Child Care Centers.[1]



Note: Progress milestone! In 2024, two states have achieved the highest category of 9 to 11 IF HIOPS.

2024 State Map on Fully Meeting Nutrition High-Impact Obesity Prevention Standards (HIOPS)

The map illustrates how well each state meets the 21 nutrition (NU) HIOPS for child care centers in 2024. For a detailed assessment of each state's ratings, refer to the 2024 State Profiles: Child Care Centers.[1]

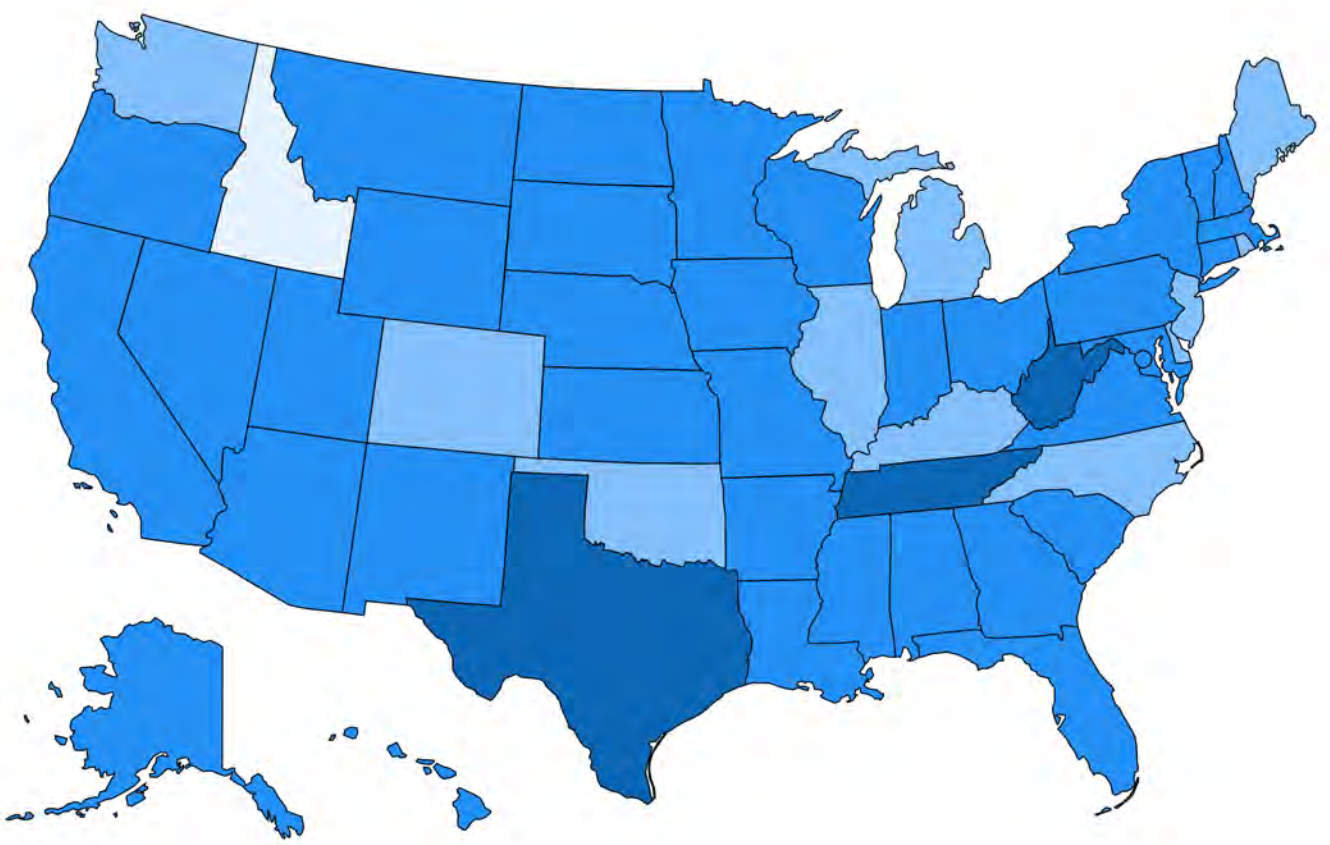


Note: No state currently meets more than 14 Nutrition HIOPS. The states highlighted in orange, fully meeting 8 to 15 NU HIOPS, have incorporated adherence to CACFP meal patterns into their licensing regulations—with the exception of Illinois.

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

2024 State Map on Fully Meeting Physical Activity High-Impact Obesity Prevention Standards (HIOPS)

The map illustrates how well each state meets the 11 physical activity (PA) HIOPS for child care centers in 2024. For a detailed assessment of each state's ratings, refer to the 2024 State Profiles: Child Care Centers.[1]

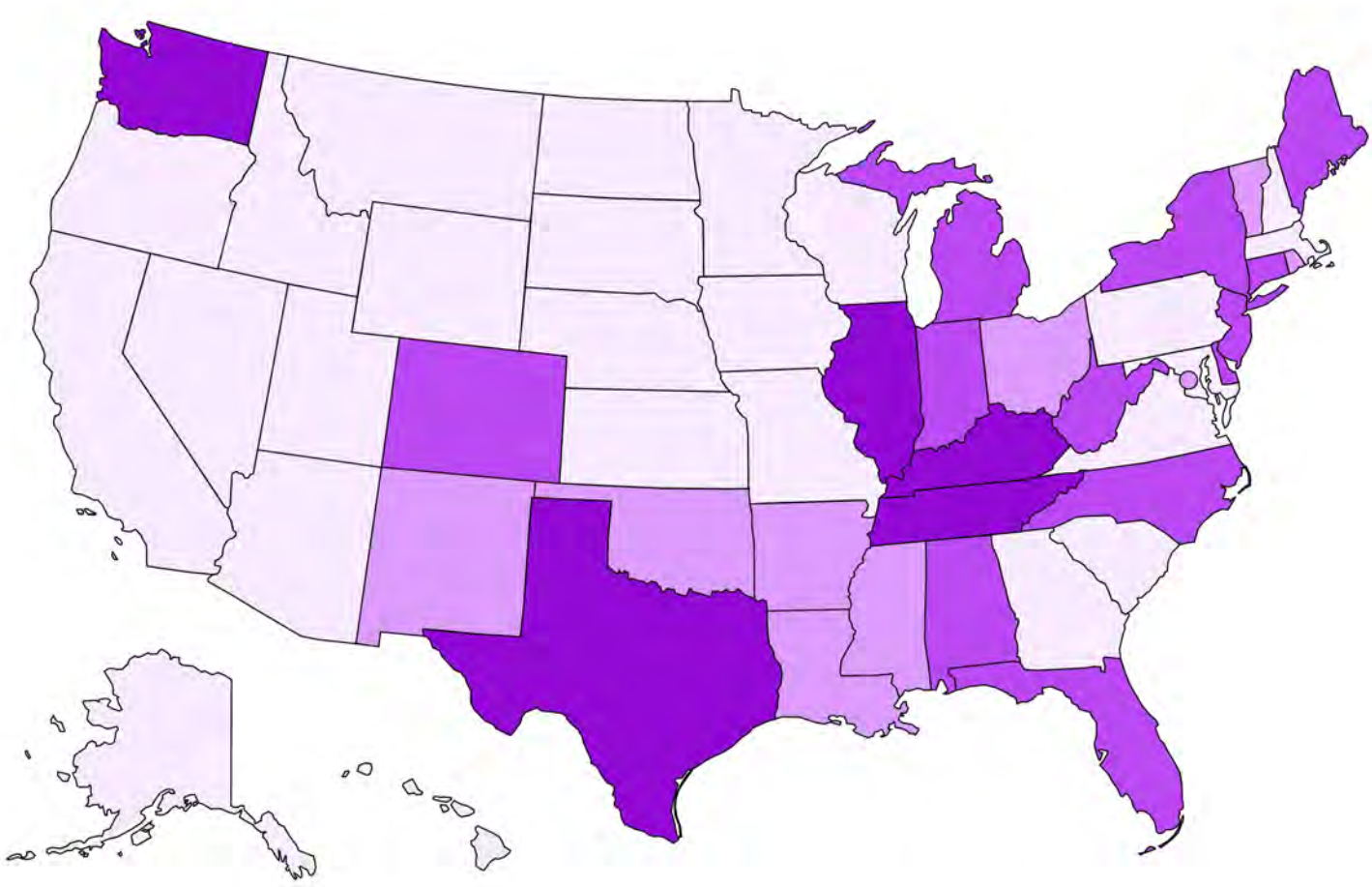


Note: Currently, no state meets more than 9 of the 11 PA HIOPS. Opportunities exist for all states' ECE licensing regulations to improve physical activity.

- Fully meets 10-11 PA HIOPS
- Fully meets 7-9 PA HIOPS
- Fully meets 4-6 PA HIOPS
- Fully meets 1-3 PA HIOPS
- Fully meets 0 PA HIOPS

2024 State Map on Fully Meeting Screen Time High-Impact Obesity Prevention Standards (HIOPS)

The map illustrates how well each state meets the 4 screen time (ST) HIOPS for child care centers in 2024. For a detailed assessment of each state's ratings, refer to the 2024 State Profiles: Child Care Centers.[1]



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

- Fully meets 4 ST HIOPS
- Fully meets 3 ST HIOPS
- Fully meets 2 ST HIOPS
- Fully meets 1 ST HIOPS
- Fully meets 0 ST HIOPS

- Sixty-seven percent of states aligned infant feeding/nutrition standards with USDA CACFP meal patterns for at least one care type.
- In 2024, states prioritized regulatory changes that promoted breastfeeding and limiting infant equipment.

Discussion

In 2024, the *Achieving a State of Healthy Weight* (ASHW) initiative assessed nineteen states, documenting progress in early childhood licensing regulations. Twelve states (CO, CT, HI, IA, KS, MN, NV, NM, OR, RI, SC, WA) were reviewed following new regulatory changes, six (AK, MA, MI, MT, NE, VA) were reassessed to align with current methodology, and one (TX) received a rating adjustment.

These updates moved states closer to evidence-based standards that support healthy growth and help prevent obesity. Aligning licensing with best practices not only improves daily routines in care but also builds long-term foundations for child health. Centers continue to maintain stronger standards overall; however, in 2024, the most growth occurred in family child care homes—an important step forward given that many infants and toddlers spend their earliest years in these settings.

Even with continued progress, seven states (AZ, IL, IN, KS, KY, MS, WV) still have at least one regulation that contradicts the HIOPS best practices (see state supplements for HIOPS rated "1"). Addressing these gaps presents an opportunity for states to strengthen their regulations. Together, state actions in 2024 reflected a growing national commitment to obesity prevention through early care and education. Stronger regulations ensured that every child—regardless of setting—received healthy meals, active play, and responsive care.

Key Areas of Focus in 2024:

States prioritized regulatory changes that:

- Aligned infant feeding and nutrition standards with USDA CACFP meal patterns
- Promoted breastfeeding support
- Limited time spent in restrictive infant equipment
- Strengthened physical activity and screen time standards

Spotlight on 2024 State-Level Changes:

- **Oregon** implemented the most comprehensive updates, strengthening regulations across all licensed care types to support obesity prevention. The state eliminated its final contradictory regulation and fully aligned nutrition standards with USDA CACFP meal patterns, marking a major milestone in its commitment to best practices.
- **Tennessee** continues to lead the nation in supporting the HIOPS, maintaining consistently strong standards across child care settings.
- **Colorado and Connecticut focused on screen time.**
  - Colorado prohibited screen use for children under 24 months in family homes, limited daily screen time to 60 minutes for ages 2–5, and banned screens during meals and snacks.
  - Connecticut prohibited digital media for children under 2 and limited screen time for older children to educational or physical activity use.
- **Hawaii, Minnesota, and Montana emphasized developmentally appropriate practices.**
  - Hawaii required providers to adopt written policies that promote physical activity.
  - Minnesota updated infant physical activity standards by requiring freedom of movement, limiting time in restrictive equipment, and aligning feeding practices with best practices.
  - Montana introduced play-focused regulations that support cognitive, sensory, and physical development, including daily opportunities for active play.
- **Michigan, Nevada, Rhode Island, and Washington expanded support for breastfeeding and responsive infant care.**
  - Michigan required on-site breastfeeding support, daily outdoor or gross motor play, and supervised tummy time for infants.
  - Nevada mandated private, on-site breastfeeding spaces across all care types.

- Rhode Island strengthened family child care regulations by requiring breastfeeding support, collaborative feeding plans, holding infants during bottle feeding, banning forced feeding, limiting restrictive infant equipment, and restricting screen time.
- Washington added requirements for written infant feeding plans, designated breastfeeding spaces, and family education materials.

- **Kansas and Virginia enhanced both nutrition and child development standards.**
  - Kansas required family homes to support breastfeeding, serve healthy foods, ensure water access, and provide outdoor play, while centers added breastfeeding support.
  - Virginia required varied developmental activities, repositioning of non-mobile infants every 30 minutes, private breastfeeding spaces in homes, and proper formula preparation.
- **Massachusetts and New Mexico focused on responsive feeding and discipline.**
  - Massachusetts required responsive feeding, banned force-feeding and food-related discipline, and prohibited withholding outdoor time as punishment.
  - New Mexico increased its rating by requiring 100% juice with no added sweeteners, prohibiting food or outdoor play as discipline, and limiting infant confinement with repositioning every 30 minutes.
- **Iowa** required infant formula to be prepared according to manufacturer instructions.
- **South Carolina** introduced foundational health standards in small family child care homes, which previously met none of the 47 HIOPS. New regulations supported breastfeeding, safe feeding, water access, active play, and training, and strengthened activity and screen time standards in larger homes and centers.
- **Nebraska** experienced a decline in ratings after removing explicit references to CACFP meal patterns in infant feeding and nutrition regulations.
- **Texas** declined in one rating due to an adjustment. The state disallowed serving sugary beverages in all care types, except when permitted under CACFP, which lowered its score slightly despite otherwise strong standards.

States must explicitly reference USDA CACFP (CFR 226.20) in their licensing regulations to receive credit for the CACFP-aligned HIOPS. Regulations referencing only "USDA Guidelines," outdated meal pattern charts, or reproduced similar charts no longer qualify for CACFP credit.

Lessons Learned

Over 15 years, the ASHW team has identified several state actions that consistently strengthen the HIOPS in early care and education (ECE) regulations. States aiming to improve child care regulations can take the following steps:

Apply regulatory changes consistently across all licensed child care types. In 2024, significant gaps remain between the strength of obesity prevention standards in centers compared to family child care homes.

Explicitly align infant feeding and nutrition requirements and meal patterns with current USDA Child and Adult Care Food Program (CACFP) meal patterns (CFR 226.20), even if providers do not formally participate in CACFP.

Preserve HIOPS language during licensing revisions to give young children a strong foundation for lifelong healthy habits. Align physical activity and screen time standards with national guidance from Caring for Our Children (CFOC).

Strive for a 100-point Obesity Prevention Summary Score (OPSS). While no state has reached this benchmark yet, 4 states are in the 80-point range across all care types, and 6 states are in the 80-point range for child care centers. National trends continue to show steady progress and improvement.

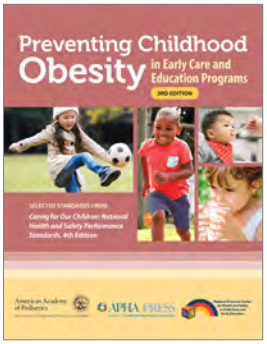
Roadmap to Success: Ensuring Safe and Healthy Environments Where All Children Thrive

ASHW reports spotlight clear opportunities for states to strengthen obesity prevention efforts in early care and education (ECE) programs. The resources below provide a data-driven view on how states can align their licensing regulations with the High-Impact Obesity Prevention Standards (HIOPS) and progress since 2010.

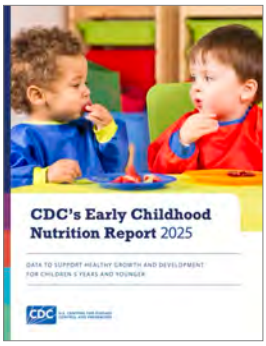
These tools offer a practical roadmap that helps policymakers, licensing staff, and public health leaders recognize key successes and target areas for continued improvement. By implementing strong, evidence-based regulations, states actively shape safer and healthier environments where all children can grow and thrive. Explore the tools below to move your state's child care licensing regulations forward.

ASHW 2024 State Supplements. The ASHW Supplements[1-3] for child care centers, large family child care homes, and small family child care homes provide a comprehensive view of each state's strengths and areas for improvement across the 47 HIOPS.[4] State profile pages display ratings from 2010 compared to updated 2024 ratings.

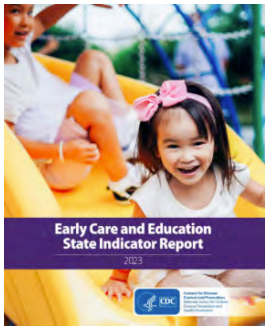
CDC's State Licensing Scorecards on Obesity Prevention in Child Care Centers: The CDC's State Licensing Scorecards[32] assess how well state ECE licensing regulations support the 47 HIOPS. State scores are determined using a point-based algorithm and include four obesity prevention domains: healthy infant feeding, nutrition, physical activity, and limits on screen time. States can use these scorecards alongside ASHW resources to identify regulatory gaps, monitor progress, and guide improvements in licensing standards.



Caring for Our Children (CFOC) updated special collection, *Preventing Childhood Obesity in Early Care and Education Programs (PCO).* PCO[5] presents expert, evidence-based best practices that informed the development of the HIOPS. Licensing professionals can use these resources to revise state regulations. Find current CFOC health and safety standards[33] at: https://nrckids.org/cfoc



2025 Early Childhood Nutrition Report – National Summary. This CDC report[34] presents national and state-level data on nutrition-related behaviors, practices, and policies that impact the health and development of children under age five. It highlights key indicators such as breastfeeding, support for infant feeding, timing of solid food introduction, healthy eating patterns, and food affordability. This report serves as a valuable resource for guiding early childhood health and nutrition initiatives across the U.S.



The 2023 Early Care and Education State Indicator Report. This report,[35] published by CDC's Division of Nutrition, Physical Activity, and Obesity, provides data on how states promote healthy growth and obesity prevention in ECE settings. States use these findings to strengthen ECE policies and practices, while communities use them to inform local action.

CDC's Spectrum of Opportunities Framework. This framework[36] helps states embed healthy growth and obesity prevention strategies into ECE systems. It outlines nine focus areas that guide policy development and support community-level planning. States can use these focus areas to strengthen ECE policies and practices, while communities can also consider the nine focus areas when planning their own work.

USDA CACFP Meal and Snack Patterns. CACFP meal and snack patterns[37] reflect the Dietary Guidelines for Americans and science-based recommendations from the National Academy of Medicine. States can improve infant feeding and nutrition standards by incorporating these patterns into child care licensing regulations.

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

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

Multiple-sourced HIOPS: Some ASHW HIOPS draw from multiple PCO/CFOC standards where the same core concept appears in different contexts. For example, Infant Feeding HIOPS IB2—do not feed beyond satiety—appears in both Standard 4.3.1.2 (Feeding Infants on Cue by a Consistent Caregiver/Teacher, which notes "observing satiety cues can limit overfeeding") and Standard 4.3.1.8 (Techniques for Bottle Feeding, which advises "allow infant to stop the feeding"). As a result, the tables below link some HIOPS to more than one standard.

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

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

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

State Documents Rated in 2024 for Achieving a State of Healthy Weight (ASHW)

The list below shows the documents rated in 2024. You can view the full list of all documents rated since 2010 here.[38] The ASHW assessment team actively identifies new and revised documents through website searches, email outreach, and direct communication with state licensing agencies. Occasionally, the team may miss regulations during the year they take effect. When that happens, the team screens and rates those documents for inclusion in the ASHW report for the year they are discovered. If state licensing personnel know of any missed documents, please contact the assessment team at healthyweight@cuanschutz.edu.

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

State	Regulation Document Title For links to states' documents, click here	Document Date	ASHW Year	Child Care Types		
				CTR	LRG	SML
AK	**Alaska**					
	Title 7 Health and Social Services. Chapter 57. Child Care Facilities Licensing	7/1/2022	2024	X	X	X
CO	**Colorado**					
	2.300 - Rules Regulating Family Child Care Homes	3/16/2024	2024		X	X
CT	**Connecticut**					
	Statutes and Regulations for Child Care Centers and Group Child Care Homes	10/16/2024	2024	X	X	
HI	**Hawaii**					
	Title 17, Chapter 892.2 Licensing of Group Child Care Centers and Group Child Care Homes	6/16/2024	2024	X	X	
IA	**Iowa**					
	Chapter 109 Child Care Centers	11/2/2022	2024	X		
	Chapter 110: Child Development Homes	11/3/2021	2024		X	X
KS	**Kansas**					
	Kansas Laws & Regulations for Licensing Preschools and Child Care Centers	8/2024	2024	X		
	Kansas Laws & Regulations for Licensing Family Child Care Homes	8/2024	2024		X	X
MA	**Massachusetts**					
	606 CMR 7.00: Standards for the licensure or approval of family child care; small group and school age and large group and school age child care programs	2010	2024	X	X	X
MI	**Michigan**					
	Licensing Rules for Child Care Centers	2/22/2022	2024	X		
	Licensing Rules for Family and Group Child Care Homes	12/13/2019	2024		X	X
MN	**Minnesota**					
	Chapter 9503 Child Care Center Licensing	10/13/2021	2024	X		
	Chapter 9502 Licensing of Day Care Facilities (Family Day Care and Group Family Day)	9/20/2024	2024		X	X

State Documents Rated in 2024 (continued)

State	Regulation Document Title For links to states' documents, click here	Document Date	ASHW Year	Child Care Types		
				CTR	LRG	SML
MT	**Montana**					
	Licensing Requirements for Child Day Care Centers	12/2021	2024	X		
	Requirements for Registration of Family & Group Day Care Homes	12/2021	2024		X	X
NE	**Nebraska**					
	606 CMR 7.00: Standards for the licensure or approval of family child care; small group and school age and large group and school age child care programs	2/19/2013	2024	X		
	Title 391 - Children's Services Licensing; Chapter 2 - Family Child Care Home II	2/19/2013	2024		X	
	Title 391 - Children's Services Licensing; Chapter 1 - Family Child Care Home I	2/19/2013	2024			X
NV	**Nevada**					
	Chapter 432A - Services and Facilities for Care of Children (REGULATIONS/CODES) NAC	1/31/2018	2024	X	X	X
NM	**New Mexico**					
	Title 8 Social Services Chapter 9 Early Childhood Education and Care Part 4 Child Care Licensing; Child Care Centers, Out of School Time Programs, Family Child Care Homes, and other Early Care and Education Programs	7/3/2023	2024	X	X	X
OR	**Oregon**					
	Rules For Certified Child Care Centers (OCC-0084)	5/7/2024	2024	X		
	Rules For Certified Family Child Care Homes	5/7/2024	2024		X	
	Rules for Registered Family Child Care Homes	5/7/2024	2024			X
RI	**Rhode Island**					
	218-RICR-70-00-7 Group Family Child Care Home Regulations	6/20/2024	2024		X	
	218-RICR-70-00-2 Family Child Care Home Regulations	6/20/2024	2024			X
SC	**South Carolina**					
	Regulations for the Licensing of Child Care Centers	6/22/2018	2024	X		
	Licensed Group Child Care Homes	5/19/2005	2024		X	
	Family Child Care Home Regulations	5/25/2024	2024			X
TX	**Texas**					
	Chapter 746: Minimum Standards for Child-Care Centers	5/3/2023	2024	X		
	Chapter 747: Minimum Standards for Licensed and Registered Child-Care Homes	5/3/2023	2024		X	X
VA	**Virginia**					
	Standards for Licensed Child Day Centers	10/13/2021	2024	X		
	Chapter 800. Standards for Licensed Family Day Homes	7/1/2021	2024		X	X
WA	**Washington**					
	Chapter 110-300 WAC Foundational Quality Standards for Early Learning Programs (Formerly: Chapter 170-300 WAC)	12/20/2024	2024	X	X	X

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

The U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) administers the Child and Adult Care Food Program (CACFP), also known as CFR 226.20. CACFP reimburses eligible child care and adult day care programs for providing nutritious meals and snacks to low-income families. Participating programs must follow age-specific CACFP Meal and Snack Patterns, which define required food types and serving sizes. Because CACFP offers guidance specific to early care and education (ECE), many states incorporate CACFP requirements into their child care licensing regulations—even for programs that do not formally participate.

Caring for Our Children (CFOC) Standard 4.2.0.3—Use of USDA Child and Adult Care Food Program Guidelines—encourages all child care programs to adopt CACFP guidance. In 2010, the ASHW external expert workgroup identified this standard as high-impact for obesity prevention. The ASHW assessment team used this determination to help develop the variables now referred to as High-Impact Obesity Prevention Standards (HIOPS).

The ASHW assessment team includes CACFP in ratings for all Nutrition and Infant Feeding HIOPS, since states often use CACFP Meal and Snack Patterns to shape or strengthen nutrition regulations. The team designates a state as an "ASHW CACFP state" when regulations either reproduce CACFP requirements or require adherence to CFR 226.20. When a state meets this threshold, the team applies CACFP-aligned ratings to relevant HIOPS. If the regulations contain additional related language, the team reviews that content to determine whether it increases or decreases the CACFP rating.

Since 2010, two major CACFP updates have prompted ASHW to revise state ratings. In 2012, the team updated ratings for two HIOPS and applied those changes to all CACFP-aligned states. In 2017, CACFP issued updated Meal and Snack Patterns that became mandatory for participating programs. In response, the ASHW team improved ratings for four Infant Feeding and five Nutrition HIOPS. To apply these changes, the team reviewed each state's 2010 CACFP classification and assessed whether current regulations required adherence to updated CACFP guidelines (see ASHW 2017 Report, Appendix C: Methodology).

States differ in how they present CACFP requirements. Some cite CFR 226.20 directly or name CACFP explicitly. Others refer providers to the USDA FNS website or state CACFP contacts. Some reproduce meal patterns, with or without identifying them as CACFP content. Many use combinations of these approaches.

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[1] See Standard 4.2.0.3 @ https://nrckids.org/CFOC/Database/4.2.0.3

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

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

As a general rule, the ASHW assessment team awards improved CACFP ratings when a state references federal code, the CACFP program name, official meal patterns, or the CACFP website. When regulations include vague terms (e.g., "USDA Guidelines" only), the team contacts the state licensing agency for clarification. If the state does not respond, the team applies its best judgment. When a state newly adopts CACFP requirements, the team updates the state's ratings accordingly.

ASHW RATING SCALE

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

Table 1. Infant Feeding

This table summarizes Infant Feeding ratings assigned to state regulations that require licensed programs to follow CACFP. Ratings reflect the differences between the 2010 and 2017 CACFP updates. The last column

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

Table 2. Nutrition

This table summarizes how the ASHW team rated state nutrition regulations that require licensed programs to follow CACFP. The table displays ratings based on 2010 and 2017 updates (e.g., 3/4) and notes 2017 CACFP Best Practice ratings in the final column where applicable.

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

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

2024 State Support Across the HIOPS: Child Care Centers

This table shows the percentage of ratings for each state's center regulations, that a) contradict, b) fail to address, c) partially support, and d) fully support the 47 High-Impact Obesity Prevention Standards (HIOPS)

State	Contradicts	Fail To Address	Partially Supports	Fully Supports
ALABAMA	0%	51%	23%	26%
ALASKA	0%	30%	36%	34%
ARIZONA	2%	45%	38%	15%
ARKANSAS	0%	17%	45%	38%
CALIFORNIA	0%	36%	23%	40%
COLORADO	0%	19%	36%	45%
CONNECTICUT	0%	32%	32%	36%
DELAWARE	0%	9%	45%	47%
DISTRICT OF COLUMBIA	0%	19%	43%	38%
FLORIDA	0%	26%	36%	38%
GEORGIA	0%	28%	32%	40%
HAWAII	0%	34%	32%	34%
IDAHO	0%	96%	4%	0%
ILLINOIS	2%	15%	23%	60%
INDIANA	4%	60%	13%	23%
IOWA	0%	34%	34%	32%
KANSAS	2%	66%	23%	9%
KENTUCKY	2%	36%	28%	34%
LOUISIANA	0%	19%	45%	36%
MAINE	0%	40%	34%	26%
MARYLAND	0%	21%	40%	38%
MASSACHUSETTS	0%	72%	17%	11%
MICHIGAN	0%	19%	38%	43%
MINNESOTA	0%	34%	36%	30%
MISSISSIPPI	4%	21%	38%	36%
MISSOURI	0%	57%	28%	15%
MONTANA	0%	36%	34%	30%
NEBRASKA	0%	83%	13%	4%
NEVADA	0%	32%	34%	34%
NEW HAMPSHIRE	0%	26%	40%	34%
NEW JERSEY	0%	15%	34%	51%
NEW MEXICO	0%	26%	34%	40%
NEW YORK	0%	19%	43%	38%
NORTH CAROLINA	0%	21%	32%	47%
NORTH DAKOTA	0%	62%	28%	11%
OHIO	0%	62%	21%	17%
OKLAHOMA	0%	23%	38%	38%
OREGON	0%	26%	36%	38%
PENNSYLVANIA	0%	64%	26%	11%
RHODE ISLAND	0%	19%	36%	45%
SOUTH CAROLINA	0%	36%	34%	30%
SOUTH DAKOTA	0%	85%	9%	6%
TENNESSEE	0%	9%	36%	55%
TEXAS	0%	15%	28%	57%
UTAH	0%	26%	40%	34%
VERMONT	0%	23%	38%	38%
VIRGINIA	0%	30%	38%	32%
WASHINGTON	0%	13%	34%	53%
WEST VIRGINIA	0%	17%	28%	55%
WISCONSIN	0%	28%	38%	34%
WYOMING	0%	79%	13%	9%

2024 State Support Across the HIOPS: Large Family Homes

This table shows the percentage of ratings for each state's large family home regulations that a) contradict, b) fail to address, c) partially support, and d) fully support High-Impact Obesity Prevention Standards (HIO

State	Contradicts	Fail To Address	Partially Supports	Fully Supports
ALABAMA	0%	55%	23%	21%
ALASKA	0%	30%	36%	34%
ARIZONA	2%	57%	28%	13%
ARKANSAS	0%	23%	40%	36%
CALIFORNIA	0%	85%	9%	6%
COLORADO	0%	23%	38%	38%
CONNECTICUT	0%	32%	32%	36%
DELAWARE	0%	19%	38%	43%
DISTRICT OF COLUMBIA	0%	19%	43%	38%
FLORIDA	0%	23%	43%	34%
GEORGIA	N/A - not regulated	N/A - not regulated	N/A - not regulated	N/A - not regulated
HAWAII	0%	36%	32%	32%
IDAHO	0%	96%	4%	0%
ILLINOIS	6%	45%	28%	21%
INDIANA	0%	85%	9%	6%
IOWA	0%	40%	30%	30%
KANSAS	2%	64%	21%	13%
KENTUCKY	2%	36%	28%	34%
LOUISIANA	N/A - not regulated	N/A - not regulated	N/A - not regulated	N/A - not regulated
MAINE	0%	45%	30%	26%
MARYLAND	0%	21%	38%	40%
MASSACHUSETTS	0%	72%	17%	11%
MICHIGAN	0%	34%	34%	32%
MINNESOTA	0%	34%	36%	30%
MISSISSIPPI	4%	19%	38%	38%
MISSOURI	0%	57%	30%	13%
MONTANA	0%	34%	36%	30%
NEBRASKA	0%	83%	13%	4%
NEVADA	0%	32%	34%	34%
NEW HAMPSHIRE	0%	26%	40%	34%
NEW JERSEY	N/A - not regulated	N/A - not regulated	N/A - not regulated	N/A - not regulated
NEW MEXICO	0%	26%	34%	40%
NEW YORK	0%	53%	30%	17%
NORTH CAROLINA	0%	21%	32%	47%
NORTH DAKOTA	0%	66%	23%	11%
OHIO	0%	62%	21%	17%
OKLAHOMA	0%	45%	38%	17%
OREGON	0%	26%	40%	34%
PENNSYLVANIA	0%	64%	26%	11%
RHODE ISLAND	0%	15%	26%	60%
SOUTH CAROLINA	0%	36%	34%	30%
SOUTH DAKOTA	0%	85%	9%	6%
TENNESSEE	0%	9%	36%	55%
TEXAS	0%	15%	30%	55%
UTAH	0%	26%	40%	34%
VERMONT	0%	23%	38%	38%
VIRGINIA	0%	23%	38%	38%
WASHINGTON	0%	13%	34%	53%
WEST VIRGINIA	2%	70%	23%	4%
WISCONSIN	N/A - not regulated	N/A - not regulated	N/A - not regulated	N/A - not regulated
WYOMING	0%	79%	13%	9%

2024 State Support Across the HIOPS: Small Family Homes

This table shows the percentage of ratings for each state's small family home regulations that a) contradict, b) fail to address, c) partially support, and d) fully support High-Impact Obesity Prevention Standards (HIOPS).

State	Contradicts	Fail To Address	Partially Supports	Fully Supports
ALABAMA	0%	55%	23%	21%
ALASKA	0%	30%	36%	34%
ARIZONA	N/A - not regulated	N/A - not regulated	N/A - not regulated	N/A - not regulated
ARKANSAS	0%	23%	43%	34%
CALIFORNIA	0%	85%	9%	6%
COLORADO	0%	23%	38%	38%
CONNECTICUT	0%	87%	6%	6%
DELAWARE	0%	19%	38%	43%
DISTRICT OF COLUMBIA	0%	19%	43%	38%
FLORIDA	0%	36%	34%	30%
GEORGIA	0%	28%	34%	38%
HAWAII	0%	36%	32%	32%
IDAHO	0%	96%	4%	0%
ILLINOIS	6%	45%	28%	21%
INDIANA	0%	85%	9%	6%
IOWA	0%	40%	30%	30%
KANSAS	2%	64%	21%	13%
KENTUCKY	2%	49%	28%	21%
LOUISIANA	N/A - not regulated	N/A - not regulated	N/A - not regulated	N/A - not regulated
MAINE	0%	45%	30%	26%
MARYLAND	0%	26%	40%	34%
MASSACHUSETTS	0%	72%	17%	11%
MICHIGAN	0%	34%	34%	32%
MINNESOTA	0%	34%	36%	30%
MISSISSIPPI	4%	19%	38%	38%
MISSOURI	0%	57%	30%	13%
MONTANA	0%	34%	36%	30%
NEBRASKA	0%	83%	13%	4%
NEVADA	0%	32%	34%	34%
NEW HAMPSHIRE	0%	26%	40%	34%
NEW JERSEY	0%	72%	21%	6%
NEW MEXICO	0%	26%	34%	40%
NEW YORK	0%	53%	30%	17%
NORTH CAROLINA	0%	21%	32%	47%
NORTH DAKOTA	0%	66%	23%	11%
OHIO	0%	62%	21%	17%
OKLAHOMA	0%	45%	38%	17%
OREGON	0%	34%	34%	32%
PENNSYLVANIA	0%	70%	21%	9%
RHODE ISLAND	0%	15%	26%	60%
SOUTH CAROLINA	0%	83%	15%	2%
SOUTH DAKOTA	0%	85%	9%	6%
TENNESSEE	0%	9%	36%	55%
TEXAS	0%	15%	30%	55%
UTAH	0%	26%	40%	34%
VERMONT	0%	23%	38%	38%
VIRGINIA	0%	23%	38%	38%
WASHINGTON	0%	13%	34%	53%
WEST VIRGINIA	0%	79%	17%	4%
WISCONSIN	0%	28%	38%	34%
WYOMING	0%	79%	13%	9%

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Publication date: September 12, 2025

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