

**List of potential EARLY CHILDCARE policies for CT Task Force to consider,
with indication of which national organizations (and CT's coalition) have endorsed them
December 2013**

Policy Recommendations	IOM¹	TFAH²	HP 2020³	RWJF⁴	CCACO⁵
<p>BEVERAGES SERVED: For schools and other locations where children and adolescents are cared for, prohibit access to sugar-sweetened beverages.</p> <p>CCACO language: Child care nutrition policies allow only water, up to 4 ounces/day 100 percent juice, and low- or non-fat, unflavored milk (except for children under 2 years of age) to be served in child care settings. No beverages with added sugar permitted.</p> <p>Make clean, potable water available and easy for small children to access</p>	X		X	X	X
<p>NUTRITION: Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care.</p> <p>All licensed child care facilities must follow Connecticut best practices as outlined in the CSDE <i>Action Guide for Child Care Nutrition and Physical Activity Policies</i>, or, alternatively, the CACFP nutrition standards.(CCACO)</p> <p>Child care regulatory agencies should require that all meals, snacks, and beverages served by early childhood programs be consistent with the CACFP meal patterns. (IOM)</p>	X		X	X	X
<p>MARKETING TO KIDS, SCREEN TIME: Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged 2-5 (IOM)</p> <p>Reduce youths' exposure to the marketing of unhealthy foods through regulation, policy, and effective industry self-regulation. (RWJF)</p> <p>In order to be licensed, child care centers must limit screen time: (1) infants-to-2 years: NONE; (2) ages two and older, less than one hour per day, consisting only of quality educational programs that are connected to learning goals and standards or that actively engage child movement; and (3) no screen time during meals or snacks. (CCACO)</p>	X			X	X

FEDERAL ASSISTANCE PROGRAMS: For children who qualify , maximize participation in federal nutrition assistance programs serving children from birth to age 5 (WIC, SNAP, CACFP)	X				X
HEALTH EDUCATION: Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unhealthy dietary patterns			X		

¹**IOM** - <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.asp>

For this report, the Institute of Medicine committee evaluated hundreds of prior strategies for their promise in accelerating obesity prevention over the next decade. This report maps how the most promising interacted with, reinforced, or slowed each other's progress. In addition, for the childcare recommendations, see recommendations in Early Childhood Obesity Prevention Policies June 2011

<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>

²**Trust for America's Health F as in Fat** <http://healthyamericans.org/report/108/> from 2010, 2011, 2012, 2013

These reports document the trends in obesity rates in the United states, examines high-impact policies to prevent and reduce obesity, and includes a growing set of strategies that have improved health if not reduced obesity trends as of yet.

³**Healthy People 2020** <http://www.healthypeople.gov/2020/default.aspx>

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors; empower individuals toward making informed health decisions; and measure the impact of prevention activities.

⁴**RWJF Signs of Progress (and other policies)**

This interactive tool tracks childhood obesity rates around the United States, highlights places that have seen improvements, and details the work being done to contribute to the signs of progress in reversing the childhood obesity epidemic.

⁵**Connecticut Coalition Against Childhood Obesity** was formed in 2011 to combat the epidemic of childhood obesity and the urgent need to address its connection to Connecticut's educational achievement gap. The Coalition, comprised of more than 30 health advocacy organizations, stresses that the connections between better health and better academic achievement make action against childhood obesity an education as well as health imperative. www.ctfightobesity.org