



Early Care and Education State Indicator Report

2023



**Centers for Disease
Control and Prevention**
National Center for Chronic
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Health Promotion

Early Care and Education State Indicator Report, 2023

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity



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Executive Summary



What Is the Early Care and Education State Indicator Report?

The *Early Care and Education State Indicator Report 2023* (*ECE State Indicator Report 2023*) presents information about what states are doing to promote healthy growth and prevent obesity in early care and education (ECE) settings.

It describes state-level policies and activities related to nutrition, physical activity, healthy growth, and obesity prevention. It updates the [2016 ECE State Indicator Report](#) and provides examples of how six states have incorporated healthy growth and obesity prevention into their ECE systems.

What Is Already Known?

Nearly 13% of children aged 2 to 5 years have obesity.¹ ECE policies and activities can directly affect what children eat and drink and how active they are.

The Centers for Disease Control and Prevention (CDC) has created resources to help states and communities improve their efforts to promote healthy growth and obesity prevention in ECE settings. One of these resources is The Spectrum of Opportunities Framework for State-Level Obesity Prevention in the Early Care and Education Setting ([Spectrum of Opportunities](#)).^{2,3}

What's New?

The ECE State Indicator Report 2023 provides data on current ECE policies and activities related to healthy growth and obesity prevention. It expands the number of indicators in the 2016 report from 15 to 16. Nine indicators remained the same from 2016 to 2023, including indicators around licensing, facility-level interventions, Farm to ECE,

and recognition programs. Seven indicators are new or modified, including indicators around the Child and Adult Care Food Program (CACFP), professional development, and technical assistance networks.

What Are the Key Findings?

The *ECE State Indicator Report 2023* illustrates how states have incorporated many topic areas of the Spectrum of Opportunities into their ECE healthy growth and obesity prevention efforts. Key findings include the following:

- **47 states** have increased the number of obesity prevention standards in their licensing regulations since 2014.
- **34 states** support CACFP meal patterns through center-based licensing regulations.
- **33 states** have an obesity prevention intervention for ECE programs.
- **30 states** offer a tool that helps ECEs assess their nutrition, physical activity, breastfeeding, and Farm to ECE policies and practices.
- **43 states** report supporting Farm to ECE activities through state or local activities.

How Can This Report Be Used?

State and local health department staff and other key ECE partners can use this report to guide future ECE nutrition, physical activity, healthy growth, and obesity prevention efforts. It can also be used to educate state and local decision makers about existing policies and activities and ways they can support healthy growth and obesity prevention efforts.

Introduction

Early care and education (ECE) settings include child care centers, family child care homes, prekindergarten classrooms, and Head Start programs. Of the estimated 21.2 million children aged 0 to 5 years who are not yet in kindergarten, 12.5 million, or 59%, are cared for in an ECE program outside of their home at least once a week.⁴

ECE is also a [priority setting](#) for CDC’s healthy growth and obesity prevention efforts in the United States. No other setting outside of the home rivals the reach ECE has for young children with respect to food and drink intake, encouragement of physical activity, screen time limits, breastfeeding support, and the development of healthy habits.⁵

From 2017 to 2020, about 13% of US children aged 2 to 5 years were reported to have obesity.¹ This finding illustrates the need for healthy growth and obesity prevention efforts that reach children in this age group. Children who have overweight when they enter kindergarten are four times more likely to have obesity in eighth grade than their peers who are at a healthy weight.⁶ Research has shown that childhood weight status is likely to continue into adulthood.⁷

The promotion of healthy growth and obesity prevention in ECE setting is guided by national health and safety performance standards known as *Caring for Our Children (CFOC): National Health and Safety Standards; Guidelines for Early Care and Education Programs*. An expert committee used the CFOC standards to create a subset of 47 ECE standards that have a “high impact” on childhood obesity prevention.⁸ This committee was assembled by the National Resource Center for Health and Safety in Child Care and Early Education.

Spectrum of Opportunities Framework

To help states and communities support ECE providers to meet these national standards, CDC developed The Spectrum of Opportunities Framework for State-Level Obesity Prevention in the Early Care and Education Setting ([Spectrum of Opportunities](#)).² This framework was updated in 2018 (Figure 1) and is supported by an action guide.³ It identifies how states can embed healthy growth and obesity prevention into their ECE systems, with an emphasis on partnerships and equity.

Figure 1. The Spectrum of Opportunities Framework for State-Level Obesity Prevention in the Early Care and Education Setting

For accessible explanation of Figure 1 go to [page 21](#).



Support and Funding

CDC also supports states and communities with technical assistance and funding through several cooperative agreements. These include the State Physical Activity and Nutrition ([SPAN](#)) Program, the Racial and Ethnic Approaches to Community Health ([REACH](#)) Program, and the High Obesity Program ([HOP](#)). Cooperative agreements with several national partners, including the [Association of State Public Health Nutritionists](#) and [Nemours Children's Health](#), further advance this work.

These investments help states and communities support ECE providers to make improvements in the areas of nutrition, physical activity, outdoor learning environments, breastfeeding, and Farm to ECE.

Summary of 2023 ECE State Indicator Report Results

The *ECE State Indicator Report 2023* focuses on the policies and activities that states are using to promote

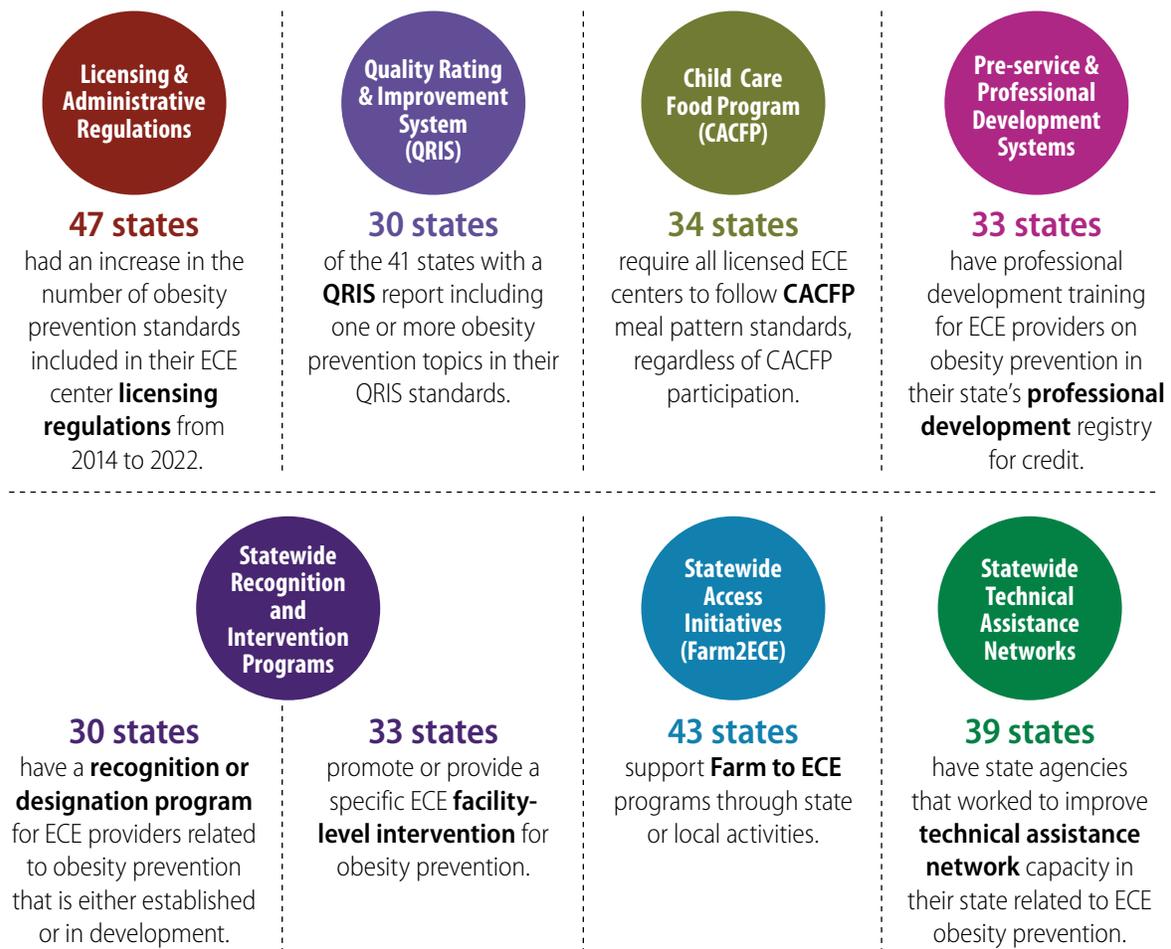
healthy growth and obesity prevention among children in ECE settings. It shows how states have used the Spectrum of Opportunities to improve ECE environments and help children in these settings have a healthy start. Specifically, it:

- Illustrates how states are incorporating obesity prevention into their ECE systems.
- Presents information on 16 indicators representing seven areas from the Spectrum of Opportunities.
- Describes how many ECE programs and children in each state could potentially benefit from improved ECE systems.
- Presents six Stories From the Field to show how states are advancing this work.

State and local health departments, other state agency staff, and key ECE partners can use this information to guide ECE healthy growth and obesity prevention efforts in their communities.

Figure 2. Summary of 2023 ECE State Indicator Report Results

Note: Totals are for states with data on the respective indicator. The number of possible states for each indicator ranges from 39 to 51 (including the District of Columbia).



Data Sources

The data presented in this report came from primary and secondary sources and represent a cross-sectional snapshot in time. The majority of the data came from an online survey sent to a key point of contact in a state agency in each of the 50 states and the District of Columbia. These points of contact were identified as having knowledge about ECE activities in their state related to nutrition, physical activity, and obesity prevention.

The survey had a maximum of 21 questions and was fielded from April 19 to July 28, 2023. Survey participants

were asked to answer each question to the best of their knowledge. The data in this report represent 48 respondents, for a response rate of 94%. Data from the state survey are for 2023.

This report also uses publicly available 2022 data published by two sources: the University of Colorado College of Nursing and Child Care Aware of America. The data source for each indicator is noted in the next section, which summarizes and describes each indicator.

Indicators

Signs of Progress

The average number of obesity prevention standards fully met in state licensing regulations for centers increased from 6 in 2014 to 15 in 2022.

Licensing and Administrative Regulations

Data Summary (2 indicators)

- Of the 47 high impact obesity prevention standards (HIOPS) recommended in the CFOC standards, the average number of HIOPS fully met in state child care center licensing regulations in 2022 was 15. The most any state fully met was 27 in Texas.
- Forty-seven states increased the number of HIOPS fully met from 2014 (the year of data published in the first ECE SIR) to 2022, while just 4 states decreased or had the same number of HIOPS fully met. States added an average of 9 HIOPS over this period.

Definition and Rationale

Licensing is defined as permission from the state to operate an ECE program. The licensing and regulation of ECE programs is the responsibility of individual states, US territories, and the District of Columbia, and each has an agency responsible for oversight and enforcement.⁹ Each state decides its own time frame for routine updates to state licensing requirements. Most ECE programs and providers licensed by the state are required to meet minimum standards of care for health and safety. States can include obesity prevention standards in licensing and administrative regulations for child care centers and family child care homes.

Since 2011, an annual report has been published documenting each state's ECE licensing regulations' support of the HIOPS in child care centers, large family child care homes, and small family child care homes.¹⁰

Data Source: University of Colorado College of Nursing Center for Nursing Innovation. 2022 Annual Report: Achieving a State of Healthy Weight.¹⁰

Child and Adult Care Food Program (CACFP)

Data Summary (1 indicator)

In 2022, 34 states had licensing regulations that required all licensed ECE centers to follow CACFP meal patterns, regardless of CACFP participation.

Definition and Rationale

CACFP is a federal nutrition assistance program of the US Department of Agriculture (USDA) that is administered by states. Children in full-time ECE programs are provided a substantial portion of their daily food while in care. In 2020, about 4.2 million children received meals and snacks through CACFP each day.¹¹

Eligibility for ECE programs to participate in CACFP is based on the income levels of enrolled children's families or of the overall community. CACFP can thus be a way to help address issues related to health equity and child food and nutrition security.

CACFP regulates meal patterns and portion sizes, provides nutrition education, and offers sample menus and training in meal planning and preparation to help ECE providers comply with nutrition standards. Because CACFP meal pattern standards undergo scientific review and revision, they represent a gold standard by which states can set minimum requirements for licensed child care providers.¹² Requiring licensed ECE centers to follow CACFP meal patterns, regardless of CACFP participation, can help set comprehensive dietary standards for children in center-based care, regardless of whether their individual ECE center participates in CACFP.

Data Source: University of Colorado College of Nursing Center for Nursing Innovation. 2022 Annual Report: Achieving a State of Healthy Weight.¹⁰



Quality Rating and Improvement Systems (QRIS)

Data Summary (2 indicators)

- 41 states report having a statewide QRIS. Of these, 38 states had fully operational QRISs, while 3 states reported that their QRIS was in development or in the pilot phase.
- 30 states reported that their QRIS includes one or more obesity prevention standards.

Definition and Rationale

A QRIS is a systematic approach to assessing, communicating, and improving quality in ECE settings. Through their QRIS, states set criteria for what constitutes a higher quality of care and use a rating system to communicate how well participating ECE programs meet these criteria. Many states adopt a “star” rating system, with more stars indicating higher quality. States have incorporated obesity prevention into their QRISs in a variety of ways. For example, some states include specific nutrition, physical activity, breastfeeding, and screen time topics in their QRIS standards.¹³

Data Source: Survey of state agency staff.

Professional Development

Data Summary (1 indicator)

- 33 states report having professional development training for credit in their professional development registry system on topics such as nutrition, physical activity, breastfeeding, or obesity prevention.

Definition and Rationale

Professional development refers to ongoing professional training for ECE providers. It can be an effective way to build high-quality ECE programs. States typically establish professional development requirements in their licensing regulations, but they can also include these requirements in their QRIS. When states create or offer professional development courses and training on nutrition, physical activity, breastfeeding, Farm to ECE, or other relevant topics, ECE providers can learn about best practices and advance their knowledge and skills.

Data Source: Survey of state agency staff.

[Table 1](#) provides detailed information about the indicators for licensing, QRIS, CACFP, and professional development at the state level.

Table 1. Licensing, QRIS, CACFP, and Professional Development Indicators for State-Level ECE Obesity Prevention, 2022 and 2023

Footnotes are found at end of table.

Abbreviations: QRIS = Quality Rating and Improvement System; CACFP = Child and Adult Care Food Program; ECE = early care and education; HIOPS = high impact obesity prevention standards; NR = not reported, indicating that the survey respondent either did not complete the survey or indicated “I don’t know” for this survey question; N/A = not applicable.

State	Licensing ^a No. of HIOPS fully met in center licensing regulations, 2022	Licensing ^a Change in no. of HIOPS fully met in center licensing standards from 2014 to 2022 ^c	QRIS ^b State has a QRIS, 2023	QRIS ^b State QRIS includes one or more obesity prevention standards, 2023	CACFP ^a State licensing regulations require that all ECE centers follow CACFP meal patterns, 2022	Professional Development (PD) ^b Obesity prevention training for credit in state's PD registry, 2023
Alabama	23	+ 14	Yes	Yes	No	Yes
Alaska	17	+ 7	Yes	No	Yes	Yes
Arizona	7	+ 1	Yes	No	No	Yes
Arkansas	18	+ 12	Yes	Yes	Yes	Yes
California	16	+ 8	Yes	No	Yes	Yes
Colorado	21	+ 18	Yes	Yes	Yes	Yes
Connecticut	15	+ 13	In progress	Yes	Yes	Yes
Delaware	22	+ 9	NR	NR	No	NR
District of Columbia	18	+ 16	Yes	No	Yes	Yes
Florida	18	+ 15	No	N/A	Yes	NR
Georgia	17	+ 14	Yes	Yes	Yes	No
Hawaii	17	+ 9	No	N/A	Yes	NR
Idaho	0	= 0	Yes	Yes	No	Yes
Illinois	24	+ 17	Yes	Yes	No	Yes
Indiana	11	+ 11	Yes	Yes	No	Yes
Iowa	15	+ 7	Yes	Yes	Yes	Yes
Kansas	3	+ 2	Yes	NR	No	Yes
Kentucky	16	+ 13	Yes	Yes	No	Yes
Louisiana	16	+ 8	Yes	Yes	Yes	NR
Maine	12	+ 6	Yes	Yes	No	No
Maryland	17	+ 10	Yes	Yes	Yes	Yes
Massachusetts	5	- 3	No	N/A	No	NR
Michigan	18	+ 11	Yes	NR	Yes	NR
Minnesota	12	+ 7	Yes	Yes	Yes	Yes
Mississippi	17	+ 2	No	N/A	Yes	No
Missouri	6	+ 1	No	N/A	No	Yes
Montana	14	+ 7	NR	NR	Yes	Yes
Nebraska	14	+ 10	NR	NR	No	No state PD registry
Nevada	15	+ 12	Yes	Yes	Yes	Yes
New Hampshire	16	+ 10	Yes	NR	Yes	NR
New Jersey	24	+ 23	NR	NR	Yes	NR
New Mexico	17	+ 7	Yes	Yes	Yes	Yes
New York	18	+ 14	Yes	Yes	Yes	Yes
North Carolina	21	+ 8	Yes	Yes	Yes	Yes
North Dakota	8	- 5	Yes	Yes	No	Yes
Ohio	8	+ 1	Yes	Yes	No	Yes
Oklahoma	18	+ 16	Yes	Yes	Yes	No

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Table 1 (cont.). Licensing, QRIS, CACFP, and Professional Development Indicators for State-Level ECE Obesity Prevention, 2022 and 2023

State	Licensing ^a No. of HIOPS fully met in center licensing regulations, 2022	Licensing ^a Change in no. of HIOPS fully met in center licensing standards from 2014 to 2022 ^c	QRIS ^b State has a QRIS, 2023	QRIS ^b State QRIS includes one or more obesity prevention standards, 2023	CACFP ^a State licensing regulations require that all ECE centers follow CACFP meal patterns, 2022	Professional Development (PD) ^b Obesity prevention training for credit in state's PD registry, 2023
Oregon	5	-1	Yes	Yes	No	Yes
Pennsylvania	5	+1	Yes	No	No	Yes
Rhode Island	20	+10	Yes	NR	Yes	NR
South Carolina	14	+8	Yes	Yes	Yes	Yes
South Dakota	3	+1	Yes	NR	No	NR
Tennessee	26	+25	Yes	Yes	Yes	Yes
Texas	27	+14	Yes	Yes	Yes	Yes
Utah	16	+16	Yes	Yes	Yes	Yes
Vermont	18	+14	Yes	NR	Yes	NR
Virginia	15	+8	In progress	Yes	Yes	No
Washington	24	+17	Yes	Yes	Yes	Yes
West Virginia	13	+8	In progress	Yes	Yes	Yes
Wisconsin	16	+7	Yes	Yes	Yes	Yes
Wyoming	4	+1	NR	NR	Yes	NR
AVERAGE or TOTAL	15 standards	9 standards	41 states	30 states	34 states	33 states

^a Data source: University of Colorado College of Nursing Center for Nursing Innovation. 2022 Annual Report: Achieving a State of Healthy Weight. University of Colorado Anschutz Medical Campus; 2023.

^b Data source: Survey of state agency staff conducted from April to July 2023.

^c 2014 data were reported in the ECE State Indicator Report 2016.

Facility-Level Interventions and Assessment Tools

Data Summary (3 indicators)

- 33 states promote or provide a statewide ECE obesity prevention intervention.
- 32 of these states provide some type of benefits or incentives to ECE providers who participate in the ECE obesity prevention intervention. Materials and technical assistance are the most common benefits.
- 30 states support the use of an assessment tool to measure or assess ECE facility-level practices on key topics, such as nutrition, physical activity, breastfeeding, Farm to ECE, and healthy growth.

Definition and Rationale

Facility-level interventions are programs or initiatives that take place in ECE programs. They seek to either change policies and practices within the ECE program or to support behavior change in children and ECE staff directly. Several facility-level interventions for obesity prevention

are available, including those in the SNAP-Ed Toolkit. They range from interventions that include a single component (such as a Farm to ECE curriculum) to those that have multiple reinforcing components (such as a nutrition and physical activity curriculum). Many interventions have little or no cost.

When state agencies promote obesity prevention interventions or programs statewide, they help to improve access and support for all ECE providers in the state.

Interventions can also include the use of an assessment tool, which can help ECE programs measure or assess their policies and practices and identify areas for quality improvement. Several states reported using the evidence-based Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) assessment tool and intervention, which has been found to be cost effective.^{14,15} Some states reported using their own tools. Examples include the Georgia Nutrition and Physical Activity Assessment and the Ohio Physical Activity and Nutrition Assessment.

Data Source: Survey of state agency staff.



Access to Healthy Environments

Data Summary (1 indicator)

- 43 states reported that their state agency supports **Farm to ECE programs** through state or local activities.
- The most commonly reported activities were dedicated state agency staff time for Farm to ECE work (33 states), participation in a statewide Farm to ECE coalition (24 states), and state agency funding for Farm to ECE promotion or supports (24 states).
- 10 states had programs that provide additional funding or reimbursement for locally purchased foods, such as “10 cent programs.”

Definition and Rationale

One way to improve access to healthy environments is through Farm to ECE programs. These programs provide increased exposure and access to local produce, nutrition education, and hands-on learning through gardening. Farm to ECE programs can help ECE providers serve healthy meals and snacks and give young children a chance to connect with nature and learn about nutrition and health.¹⁶

Data Source: Survey of state agency staff.

Recognition and Designation Programs

Signs of Progress

Thirty-nine states reported data on ECE recognition programs in 2016 and 2023. Among these states, 6 developed a new, fully operational program during this period.

Data Summary (2 indicators)

- 24 states had an established **obesity prevention recognition program** for ECE programs, such as Healthy Child Care or Breastfeeding Friendly Child Care designations.
- 6 states had a recognition program that was in development or in the pilot phase.
- Of these 30 states, 28 offer **benefits or incentives to ECE programs for participation**.

Definition and Rationale

State recognition programs recognize ECE programs that meet predetermined criteria on a particular topic. Some recognize ECE programs for efforts on multiple nutrition and physical activity topics (such as a Healthy Child Care recognition program). Others recognize programs for efforts on one topic (such as a Breastfeeding Friendly Child Care recognition program).

Data Source: Survey of state agency staff.

Technical Assistance Networks

Data Summary (1 indicator)

- 39 states reported that their state agencies have **worked to improve technical assistance (TA) network capacity, knowledge, or skills** related to obesity prevention over the past five years.

Definition and Rationale

State TA networks are networks or groups of individual TA providers who provide specialized support and assistance to ECE programs in that state. These providers typically include staff at state child care resource and referral agencies, staff at local health departments, child care health consultants, SNAP-Ed coordinators, cooperative extension, and ECE trainers. TA providers are trusted individuals who provide support to ECE programs on a variety of topics through virtual or in-person assistance.

Data Source: Survey of state agency staff.

[Table 2](#) provides detailed information about the indicators for interventions, assessment tools, healthy environments, recognition programs, and TA networks at the state level.

Table 2. Intervention, Assessment Tool, Farm to ECE, Recognition Program, and Technical Assistance Indicators for State-Level ECE Obesity Prevention, 2023

Footnote is found at end of table.

Abbreviations: ECE = early care and education; Go NAPSACC = Nutrition and Physical Activity Self-Assessment for Child Care; N/A = not applicable; NR = not reported, indicating that the survey respondent either did not complete the survey or indicated “I don’t know” for this survey question; CEUs = continuing education units.

State	Interventions and Assessment Tools ^a	Interventions and Assessment Tools ^a	Interventions and Assessment Tools ^a	Healthy Environments ^a	Recognition Programs ^a	Recognition Programs ^a	Technical Assistance (TA) Networks ^a
	Statewide ECE obesity prevention intervention	Incentives for participation in intervention	State-level assessment tool	Supports for Farm to ECE programs	Recognition or designation program (established or in development)	Incentives for participation in recognition program	State agency has worked to improve TA networks' obesity prevention efforts
Alabama	Color Me Healthy	TA, resources	Go NAPSACC	Coalition, staff time	In development	TA, resources	Yes
Alaska	Go NAPSACC	Financial incentives, TA, resources	Go NAPSACC	Staff time, funding	Breastfeeding Welcomed Here for Child Care	Resources, promotional materials	Yes
Arizona	Empower Program; Go NAPSACC; SNAP-Ed ECE curricula	Financial incentives, TA, resources	Go NAPSACC; Empower Self-Assessment Checklist	Coalition, local initiatives, Go NAPSACC	Empower Program	Financial incentives, TA, resources	Yes
Arkansas	No	N/A	Go NAPSACC; ECE staff professional development surveys	Coalition, staff time	No	N/A	Yes
California	No	N/A	The Site Level Assessment Questionnaires (SLAQ)	Funding	Preschools Shaping Healthy Impressions through Nutrition and Exercise – SHINE	TA, resources, materials	Yes
Colorado	I am Moving! I am Learning!; HEAL in Child Care Toolkit	TA, resources	HEAL in ECE Self-Assessment	Coalition, staff time, food policy council, funding, local purchasing incentives	Breastfeeding Friendly Child Care Recognition; Healthy Child Care Colorado	Financial incentives, TA, resources, QRIS points	Yes
Connecticut	Go NAPSACC; CATCH Early Childhood	Financial incentives, TA, resources	Go NAPSACC	Coalition, staff time, funding, local initiatives, grants	Connecticut Breastfeeding Friendly Child Care Recognition	Financial incentives, TA, resources	Yes
Delaware	NR	NR	NR	NR	NR	NR	NR
District of Columbia	SNAP-Ed	TA	No	Coalition, food policy council, funding, local purchasing incentives	Breastfeeding-Friendly Childcare Provider Recognition Awards	No	Yes
Florida	Go NAPSACC	Financial incentives, TA, resources, CEU credits	Go NAPSACC	Staff time, funding, local initiatives	Florida's HEROs Award; Breastfeeding Friendly Child Care	Financial incentives, TA, resources	Yes
Georgia	Physical Activity Learning Sessions (PALS)	TA, resources	Georgia Nutrition and Physical Activity Assessment	Coalition, staff time, local initiatives	No	N/A	Yes
Hawaii	Based on the Spectrum of Opportunities	Financial incentives, TA, resources	Self-Assessment Tool developed by University of Hawaii School of Public Health Studies	Coalition, staff time, food policy council, funding, local purchasing incentives	In development	Financial incentives, TA, resources	Yes
Idaho	Idaho Physical Activity and Nutrition program	TA, resources	No	Funding, local initiatives	No	N/A	Yes
Illinois	Go NAPSACC	NR	No	Local initiatives	No	N/A	Yes
Indiana	Go NAPSACC	Financial incentives, TA, resources	Go NAPSACC	Staff time, funding, local purchasing incentives	No	N/A	Yes
Iowa	Go NAPSACC; PALS	Financial incentives, TA, resources	Go NAPSACC	Coalition, staff time, food policy council, funding, local purchasing incentives	Golden Root Award	Financial incentives, TA, resources	Yes
Kansas	Go NAPSACC	TA, resources	No	Staff time, funding	Breastfeeding Friendly Child Care Provider	TA, resources	Yes
Kentucky	Go NAPSACC	TA, resources	GO NAPSACC	Staff time, local initiatives	No	N/A	Yes
Louisiana	Go NAPSACC	Financial incentives, TA, resources	Go NAPSACC	Coalition, staff time, food policy council, funding	WellSpot Designation Program	Financial incentives, TA, resources	Yes

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Table 2 (cont.). Intervention, Assessment Tool, Farm to ECE, Recognition Program, and Technical Assistance Indicators for State-Level ECE Obesity Prevention, 2023

State	Interventions and Assessment Tools ^a Statewide ECE obesity prevention intervention	Interventions and Assessment Tools ^a Incentives for participation in intervention	Interventions and Assessment Tools ^a State-level assessment tool	Healthy Environments ^a Supports for Farm to ECE programs	Recognition Programs ^a Recognition or designation program (established or in development)	Recognition Programs ^a Incentives for participation in recognition program	Technical Assistance (TA) Networks ^a State agency has worked to improve TA networks' obesity prevention efforts
Maine	Farm to ECE Learning Collaborative and Online training; Go NAPSACC; PALS; Cooking Matters; Winterkids Outdoor Learning and Play	Financial incentives, TA, resources	Go NAPSACC	Coalition, local purchasing incentives, local initiatives	In development	TA, resources	Yes
Maryland	No	N/A	No	NR	No	N/A	Yes
Massachusetts	No	N/A	No	NR	No	N/A	NR
Michigan	No	N/A	No	Coalition, staff time, local initiatives	No	N/A	NR
Minnesota	Minnesota's Statewide Health Improvement Partnership	Financial incentives, TA, resources	Minnesota Department of Health SHIP Assessment	Coalition, staff time, funding, local initiatives	In development	TA, resources	Yes
Mississippi	Go NAPSACC	TA, resources, CEU credits	Go NAPSACC	Coalition, funding	Golden Magnolia	TA, resources	Yes
Missouri	Go NAPSACC	Financial incentives, TA	No	Coalition, staff time, funding, local purchasing incentives	Move Smart; Breastfeeding Friendly Child Care	TA, resources, promotional materials	Yes
Montana	No	N/A	NR	Staff time	No	N/A	Yes
Nebraska	No	N/A	Coordinated by Extension	NR	No	N/A	NR
Nevada	No	N/A	No	Staff time, local initiatives	In development	In development	Yes
New Hampshire	No	N/A	Go NAP SACC	NR	Breastfeeding Friendly Child Care Award	NR	NR
New Jersey	NR	NR	NR	NR	NR	NR	NR
New Mexico	Healthy Kids Healthy Preschool Program	TA, resources	NR	Staff time, funding, local initiatives	Golden Chile Award–New Mexico Grown; Healthy Kids Healthy Preschool Challenge; Family 5210 Challenge	TA, resources, gardening kits	Yes
New York	Eat Well Play Hard in Child Care Settings; Nourishing Healthy Eaters sessions; PALS	TA, resources, N/PA equipment and supplies	CACFP: Eat Well Play Hard in Child Care Settings Assessment Tool	Coalition, staff time	Breastfeeding Friendly Child Care Designation	TA, resources, equipment	Yes
North Carolina	Go NAPSACC; Be Active Kids; Breastfeeding Friendly; Preventing Obesity by Design; Color Me Healthy	Financial incentives, TA, resources, marketing	GoNAPSACC; Breastfeeding Friendly Assessment	Coalition, staff time	North Carolina Breastfeeding-Friendly Child Care Designation Program	Resources, promotion	Yes
North Dakota	No	N/A	NR	Local initiatives	No	N/A	No
Ohio	Ohio Healthy Program; Parenting at Mealtime and Playtime	Financial incentives, TA, resources	OH-PANA	Coalition, staff time, local purchasing incentives	Ohio Healthy Program	Financial incentives, TA, resources	Yes
Oklahoma	GO NAPSACC	TA, resources	GO NAPSACC	Coalition, staff time, funding, local purchasing incentives	Certified Healthy Oklahoma	Financial incentives, TA, resources, promotional materials	Yes
Oregon	No	N/A	No	Local initiatives	No	N/A	NR
Pennsylvania	Go NAPSACC	Financial incentives, TA	Go NAPSACC	Coalition, staff time, funding, local initiatives	No	N/A	Yes
Rhode Island	No	N/A	No	NR	No	N/A	NR
South Carolina	Go NAPSACC; Grow Outdoors South Carolina	Financial incentives, TA, resources, outdoor learning environment design plan	No	Staff time, local initiatives	In development	Financial incentives, TA, resources	Yes
South Dakota	FitCare	TA	No	Local initiatives	No	N/A	Yes
Tennessee	PALS; PANS Learning Collaborative	TA, resources	No	Staff time, funding	Breastfeeding Welcome Here	TA	Yes

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Table 2 (cont.). Intervention, Assessment Tool, Farm to ECE, Recognition Program, and Technical Assistance Indicators for State-Level ECE Obesity Prevention, 2023

State	Interventions and Assessment Tools ^a Statewide ECE obesity prevention intervention	Interventions and Assessment Tools ^a Incentives for participation in intervention	Interventions and Assessment Tools ^a State-level assessment tool	Healthy Environments ^a Supports for Farm to ECE programs	Recognition Programs ^a Recognition or designation program (established or in development)	Recognition Programs ^a Incentives for participation in recognition program	Technical Assistance (TA) Networks ^a State agency has worked to improve TA networks' obesity prevention efforts
Texas	Texas Healthy Building Blocks; OLE! Texas	TA, resources	Go NAPSCACC	Staff time, funding	Texas Healthy Building Blocks (established); Outdoor Learning Environment Quality Seal (in development)	TA	Yes
Utah	Utah Childhood Obesity Prevention Coalition	Financial incentives, TA, resources, CEU credits	TOP Star Self-Assessment Tool	Coalition, staff time	TOP Star	Financial incentives, TA, resources, CEUs, QRIS points, promotion	Yes
Vermont	No	N/A	No	Coalition, staff time, funding	No	N/A	No
Virginia	Color Me Healthy; Head Start Initiatives	Resources	No	Staff time	Breastfeeding Friendly Designation Program	Promotion	No
Washington	No	N/A	Washington State Survey of Nutrition and Physical Activity in Early Learning	Coalition, staff time, funding	No	N/A	Yes
West Virginia	No	N/A	Go NAPSACC	Staff time, funding, local purchasing incentives, local initiatives	Champion NAP SACC Award	Financial incentives, TA, resources	Yes
Wisconsin	Go NAPSACC	TA, resources, helps meet QRIS rating criteria	Go NAPSACC	Coalition, staff time, funding, local initiatives	Wisconsin Breastfeeding Friendly Child Care Initiative	Financial incentives, TA, resources, CEUs, QRIS points, promotion	Yes
Wyoming	NR	NR	NR	NR	NR	NR	NR
Total	33 states	32 states	30 states	43 states	30 states	28 states	39 states

^a Data source: Survey of state agency staff conducted from April to July 2023.



Other Indicators

Data Summary (3 indicators)

- 37 states have a **group or task force** that includes state agency staff members and meets regularly to address obesity prevention in ECE settings.
- 37 states have a **dedicated state agency staff person** focused on nutrition, physical activity, healthy growth, or obesity prevention in ECE settings.
- State agencies reported working with an average of 7 **ECE partner organizations** on activities related to obesity prevention in ECE settings. The most commonly reported partners were licensing (35 states), SNAP-Ed (35 states), and Farm to ECE organizations (34 states).

Definition and Rationale

These three indicators provide further context for state ECE obesity prevention activities. The first indicator describes whether a state has a group or task force to guide work in states and communities around healthy growth and obesity prevention in ECE settings. The second indicator describes whether the state has a dedicated state agency staff person focused on nutrition, physical activity, healthy growth, or obesity prevention in ECE settings. The third indicator provides information on the number and type of ECE partner organizations with whom the state works to improve healthy growth and obesity prevention (Figure 3).

Data Sources: Survey of state agency staff; Child Care Aware of America 2022 State Fact Sheets.¹⁷

Figure 3. Types of Partners Supporting State Early Care and Education (ECE) Obesity Prevention Activities

For accessible explanation of Figure 3 go to [page 21](#).



[Table 3](#) provides detailed information about the indicators for the number of states that have a group or task force, dedicated state agency staff person, or partners who support their obesity prevention efforts. It also provides information about the number of licensed ECE centers and family child care homes and the number of “slots” available in each state and care type. These numbers indicate how many children could benefit from efforts to improve obesity prevention at the state level.



Table 3. Other ECE Obesity Prevention Indicators and State-Level Data, 2023

Footnotes are found at end of table.

Abbreviations: ECE = early care and education; NR = not reported, indicating that the survey respondent either did not complete the survey or indicated “I don’t know” for this survey question, or that the state’s data were not available from the Child Care Aware of America State Fact Sheets for 2022.¹⁷

State	Group or task force ^a	Dedicated state agency staff person ^a	No. of reported ECE partner organizations ^a	No. of licensed ECE centers ^b	No. of licensed ECE center slots ^b	No. of licensed family child care homes ^b	No. of licensed family child care home slots ^b
Alabama	Yes	No	3	1,359	NR	596	NR
Alaska	Yes	Yes	10	243	16,131	248	2,152
Arizona	Yes	Yes	11	2,088	NR	493	NR
Arkansas	Yes	Yes	5	1,734	178,260	228	2,736
California	Yes	Yes	5	10,481	688,462	25,205	288,462
Colorado	Yes	Yes	11	3,126	229,670	1,449	11,457
Connecticut	Yes	Yes	8	1,378	80,636	1,815	16,075
Delaware	NR	NR	NR	456	46,638	492	4,390
District of Columbia	No	Yes	4	377	26,552	102	763
Florida	Yes	Yes	5	6,679	731,773	2,247	21,467
Georgia	Yes	Yes	8	3,164	369,731	1,209	7,205
Hawaii	Yes	Yes	9	554	29,960	260	1,517
Idaho	No	No	6	683	NR	356	NR
Illinois	Yes	No	6	2,767	237,539	5,813	57,401
Indiana	Yes	Yes	10	760	82,309	2,157	28,135
Iowa	Yes	Yes	9	1,832	148,219	2,115	23,373
Kansas	Yes	Yes	7	810	56,777	3,065	33,187
Kentucky	Yes	Yes	5	1,756	159,301	203	1,218
Louisiana	Yes	Yes	7	NR	NR	NR	NR
Maine	Yes	Yes	12	789	39,433	705	7,866
Maryland	Yes	Yes	1	2,571	163,731	4,460	34,662
Massachusetts	No	No	5	2,084	139,967	4,872	38,174
Michigan	Yes	Yes	7	4,515	346,370	3,421	31,138
Minnesota	Yes	Yes	11	1,833	148,233	6,320	74,540
Mississippi	Yes	Yes	3	1,536	134,721	85	405
Missouri	Yes	Yes	9	1,819	129,065	605	13,911
Montana	NR	NR	1	307	15,818	598	7,025
Nebraska	No	No	4	740	68,357	1,669	17,529
Nevada	Yes	Yes	12	420	44,486	179	1,382
New Hampshire	No	No	0	585	NR	116	NR
New Jersey	NR	NR	NR	4,203	NR	1,246	NR
New Mexico	Yes	Yes	6	585	NR	296	NR
New York	Yes	Yes	7	4,177	317,036	10,342	139,045
North Carolina	Yes	Yes	14	4,259	370,199	1,236	9,681
North Dakota	Yes	Yes	1	380	24,702	717	9,373
Ohio	Yes	Yes	9	5,960	553,745	2,544	15,316
Oklahoma	Yes	Yes	9	887	70,399	1,307	11,720
Oregon	No	No	9	1,248	74,992	1,976	23,563
Pennsylvania	Yes	Yes	10	4,790	381,051	1,701	13,605
Rhode Island	NR	Yes	7	427	NR	392	2,672
South Carolina	Yes	Yes	10	1,477	156,307	812	5,149

CONTINUED

Table 3 (cont.). Other ECE Obesity Prevention Indicators and State-Level Data, 2023

State	Group or task force ^a	Dedicated state agency staff person ^a	No. of reported ECE partner organizations ^a	No. of licensed ECE centers ^b	No. of licensed ECE center slots ^b	No. of licensed family child care homes ^b	No. of licensed family child care home slots ^b
South Dakota	NR	NR	0	281	26,977	368	4,383
Tennessee	Yes	No	3	3,649	314,750	534	5,248
Texas	Yes	Yes	12	8,139	982,601	1,622	19,319
Utah	Yes	Yes	13	470	39,394	943	12,738
Vermont	No	No	7	505	16,570	416	3,593
Virginia	Yes	Yes	8	1,910	203,012	1,351	13,546
Washington	No	Yes	8	1,724	NR	3,456	NR
West Virginia	Yes	Yes	7	345	NR	740	NR
Wisconsin	Yes	Yes	12	2,203	152,890	2,011	13,434
Wyoming	NR	NR	NR	285	17,108	298	3,370
Total, Average, or Range	Total: 37 states	Total: 37 states	Average: 7 partners	Range: 243 to 10,481 centers	Range: 15,818 to 982,601 slots	Range: 85 to 25,205 homes	Range: 405 to 288,462 slots

^a Data source: Survey of state agency staff conducted from April to July 2023.

^b Data Source: Child Care Aware of America. Catalyzing Growth: Using Data to Change Child Care; 2022.



Stories From the Field



Alaska

Alaska's SPAN program worked with Go NAPSACC consultants to help ECE providers use the Go NAPSACC online tool. This support helped 98 ECE programs in Alaska that collectively serve over 3,472 children improve their nutrition and physical activity practices, policies, and environments from 2019 to 2021. As a result, 23 ECE programs adopted new policies to support healthy eating and physical activity.

These efforts helped create healthier environments for children enrolled in ECE programs in Alaska.



Florida

Guided by the CDC's Spectrum of Opportunities Framework and with assistance from the CDC-funded Nemours Healthy Kids, Healthy Future Technical Assistance Program, Florida successfully established a statewide technical assistance (TA) network called Let's Be Healthy Environments for Reducing Obesity (HEROs). The Health Council of Southeast Florida developed Let's Be HEROes in partnership with the Florida Department of Health's Healthy Communities Program. Let's Be Heroes expands TA to child care providers across the state to help implement nutrition and physical activity best practices in ECE settings.

Network consultants use Go NAPSACC to help ECE programs assess how well they are following these best practices and create action plans to improve their efforts where needed. Since January 2022, a total of 100 TA consultants have been trained and certified on Go NAPSACC, covering 62 of Florida's 67 counties.

From January 2022 to January 2023, a total of 175 new ECE programs in Florida were enrolled in Go NAPSACC and connected with a local TA consultant. By coordinating this TA network and providing quality, evidence-based resources through Go NAPSACC, Florida is promoting the healthy growth and development of its youngest residents.

Iowa

With funding and support from CDC, the Association of State Public Health Nutritionists is working to increase the capacity of 10 states and the District of Columbia



to strengthen their state Farm to ECE initiatives through the Farm to ECE Implementation Grant (FIG) program. Through this program, the Iowa Farm to School & Early Care Coalition (IA FSECC) led a successful pilot program called Local Food Makes Cents: For Iowa Kids and Farmers. The pilot program increased CACFP reimbursements to 27 ECE providers in Iowa. Providers can use this funding to buy and serve local food to help address food and nutrition security among children in their programs. During the pilot program, providers bought \$30,000 in local fruits and vegetables from 73 local food producers and farmers.

The success of the pilot program helped IA FSECC get \$1 million in state funding to support Farm to ECE grant and technical assistance programs across the state. This funding will benefit children enrolled in ECE programs across Iowa.

Iowa's Department of Education and Department of Health and Human Services are also working to increase participation in CACFP and expand the reach of Local Food Makes Cents. The departments are distributing

promotional flyers in English and Spanish, using a GIS story map to identify disparities in participation,¹⁸ offering an online training on how to apply for CACFP, and launching a CACFP Ambassador Program.



Maine

Farm to ECE programs seek to enhance children's educational experience by increasing access to three core elements: local food sources, on-site gardens, and food and agriculture education. With support from the CDC-funded Nemours Healthy Kids, Healthy Future Technical Assistance Program, Maine developed an entirely virtual Farm to ECE pilot program to grow its Farm to ECE initiative and increase healthy eating and physical activity among young children.

The pilot program used a 3-month Farm to ECE virtual Learning Collaborative to offer professional development and peer learning opportunities to ECE providers. It used Farm to ECE best practices from the Go NAPSACC tool to measure changes made by ECE programs. The pilot program included three live virtual Learning Collaborative sessions, self-paced educational assignments, and tailored technical assistance.

Forty-one ECE providers participated in the pilot program, representing 13 of Maine's 16 counties and reaching 1,368 children weekly. An assessment of the



program found an increase in the number of best practices being used by participating ECE programs. Most ECE programs established gardens, expanded gardening lessons, or engaged farmers. Twenty-one providers reported changing their policies to further support Farm to ECE programs. For example, they created more in-depth nutrition policies and added language about local and home-grown food to menus.

Pennsylvania

With funding from CDC's SPAN program, Pennsylvania's Department of Health developed a training program for TA providers through its Early Learning Resource Centers (ELRC). The training is called Tools for Promoting High Impact Obesity Prevention Standards in Early Childhood Education: An Integrated Approach to Coaching. All ELRC quality coaches in the state are required to participate in this training.

From 2019 to 2023, 310 ECE professionals were trained, including 116 ELRC quality coaches as well as educators, center directors, classroom aids, kitchen managers, and cooks. The training had the potential to reach all 7,516 ECE providers in the state, which collectively serve more than 393,500 children.

The Pennsylvania Department of Health, in collaboration with the Pennsylvania Department of Education's Division of Food and Nutrition, also developed and launched a professional development training for ECE



professionals that addressed healthy practices in infant feeding. All ECE programs in Pennsylvania that participate in CACFP are required to complete this training, potentially reaching over 181,000 children who receive care in ECE programs that participate in CACFP.

Texas

With funding from CDC's SPAN program, the Texas Department of State Health Services Obesity Prevention Program (DSHS OPP) convened early childhood experts from across the state to help implement a standard set of best practices in the state's ECE programs. As a result of these efforts, the Texas DSHS OPP was well-positioned to help ECE programs meet the state's new licensing standards. These standards required that all Texas ECE facilities meet revised minimum standards for breastfeeding support, infant feeding, nutrition, physical activity, and screen time.

These minimum standards align with the science-based High Impact Obesity Prevention Standards for ECEs in Caring for Our Children⁸ and CACFP. The Texas DSHS OPP supported ECE facilities through several strategies, including statewide access to the evidence-based Go NAPSACC intervention. This support was designed to improve healthy policies and practices in ECE settings. These changes will benefit about 14,250 ECE programs and more than 1.1 million children in Texas.

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Appendix for Accessibility

Figure 1: Nine circles surround and point to a center circle. The center circle says “Improved ECE facility-level policies, practices, and environments (nutrition, breastfeeding, physical activity, screen time).” Around the center circle are nine circles that say: Pre-service & Professional Development Systems; Statewide Technical Assistance Networks; Statewide Recognition and Intervention Programs; Statewide Access Initiatives (Farm2ECE); Early Learning Standards; Licensing & Administrative Regulations; Child Care Food Program (CACFP); Quality Rating & Improvement System (QRIS); and ECE Funding Streams (Subsidy, Pre-K, Head Start). There are two rings surrounding the figure that say Equity and Partnerships. (Return to [page 5](#))

Figure 3: Bar graph showing the number of states who report working with various ECE partner organizations: Licensing (35 states), SNAP-Ed (35 states), Farm to ECE Organizations (34 states), Child Care Resource and Referral Agency (30 states), Quality Rating and Improvement System (30 states), Head Start (28 states), Recognition Program (27 states), Maternal & Infant Specialists (23 states), Go NAPSACC (22 states), Cooperative Extension (21 states), Child Care Health Consultants (20 states), Subsidy/CCDF (19 states), Early Childhood Foundations (10 states). (Return to [page 16](#))

For more information please contact

Division of Nutrition, Physical Activity, and Obesity

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