

# **Empower Implementation Report**

Years 1 through 5

Arizona Department of Health Services  
Division of Public Health Prevention  
Bureau of Nutrition and Physical Activity  
Office of Research and Development

6/30/2018

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## EXECUTIVE SUMMARY

The Arizona Department of Health Services implements the Empower Program for children in Arizona's licensed child care facilities to promote healthy environments and behaviors. Facilities who enroll in the program receive discounted annual licensing fees for implementing ten standards focusing on physical activity, sun safety, breastfeeding-friendly environments, Child and Adult Care Food Program (CACFP), fruit juice, family-style meals, oral health, staff training, smokers' helpline (ASHLine), and smoke-free campuses.

From 2014 to 2018, the percentage of Empower facilities implementing all components of all standards increased. In the fifth year, standards with the highest levels of implementation of all standards include staff training (87 percent), smoke-free campus (80 percent), and fruit juice (75 percent). Standards with the lowest levels of implementation of all components are breastfeeding (51 percent), oral health (54 percent), and CACFP (63 percent).

In Year 5, the components with implementation levels greater than 95 percent include: five components of the physical activity standard (provides 60 minutes or more of physical activity per day (96 percent), includes free play opportunities (96 percent), includes indoor and outdoor physical activity (96 percent), includes moderate physical activity (97 percent), and not using physical activity as punishment (95 percent)); one component in the sun safety standard (follows the age-specific sun recommendations to limit sun exposure (96 percent)); two components of the fruit juice standard (provides water throughout the day (99 percent) and provides water as the first choice for thirst (98 percent)); and one component of the family-style meals standard (not using food as punishment or reward (96 percent)).

In Year 5, the components with implementation levels less than 75 percent include: all four components of the breastfeeding standard (provides a place to breastfeed or express milk (74 percent), provides a place in refrigerator for milk storage (69 percent), displays breastfeeding promotion information (56 percent), and provides breastfeeding information to families (58 percent)); the single component of the CACFP standard (determines eligibility status for CACFP annually (63 percent)); and one component in the oral health standard (limits serving of snacks to scheduled times (74 percent)).

In Year 5, 86 comments were collected from facilities related to the standards. Of those, the standard with the greatest proportion of comments was breastfeeding at 35 percent. This standard has consistently presented a challenge to facilities who do not serve infants because they do not think it applies to them. Thirty-one percent of the comments pertained to the family-style meals standard. Many facilities do not serve meals, making this standard and the CACFP standard a challenge to fully implement. Fourteen percent of comments referenced the CACFP standard.

## BACKGROUND

The Arizona Department of Health Services developed the Empower Program to promote healthy environments and behaviors for children in Arizona’s licensed child care facilities.<sup>1</sup> First implemented in January 2010, the program provides discounted annual licensing fees to facilities agreeing to implement the ten standards below:

1. Provide at least 60 minutes of daily physical activity (teacher-led and free play) and do not allow more than 60 minutes of sedentary activity at a time, or more than three hours of screen time per week.
2. Practice “sun safety.”
3. Provide a breastfeeding-friendly environment.
4. Determine whether site is eligible for the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) and participate if eligible.
5. Limit serving fruit juice to no more than two times per week.
6. Serve meals family style and do not use food as a reward.
7. Provide monthly oral healthcare education or implement a tooth brushing program.
8. Ensure that staff members receive three hours of training annually on Empower topics.
9. Make Arizona Smokers’ Helpline (ASHLine) education materials available at all times.
10. Maintain a smoke-free campus.

An initial study of the program, which focused on 112 centers, indicated that the program held promise, but that the first instrument used to assess practices needed to be improved. The early tool used a rating of whether the facility was in or out of compliance with each standard and provided no further detail. During a review of the survey process in December 2011, it was determined that more detailed measures were needed to evaluate the thoroughness and levels of implementation. On July 1, 2013, updated Administrative Rules went into effect, which required that updated standards be reflected in written policies. This provided a point in time when a new assessment methodology could be implemented that would provide more information on implementation progress, as well as barriers and opportunities for technical assistance and education.

The new survey tool, developed in 2013, isolated key components of each standard, including an explicit requirement to provide family education for most standards. Components were clarified and operationalized, replacing words like “encourage” or “promote” with words like “provide” or “practice.” Key components of each standard were further developed and self-reports of progress implementing the component were defined (i.e., full, partial, or none). The tool also provided an opportunity for comments or feedback from child care facility and Licensing staff. Licensing staff incorporated the new monitoring tool into their regular site reviews concurrently with the date of the rules change effective July 1, 2013.

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<sup>1</sup> To learn more about the program, please see the Empower Guidebook, Third Edition: Ten Ways to Empower Children to Live Healthy Lives, Standards for Empower Child Care Facilities in Arizona, <https://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php#guidebook>.

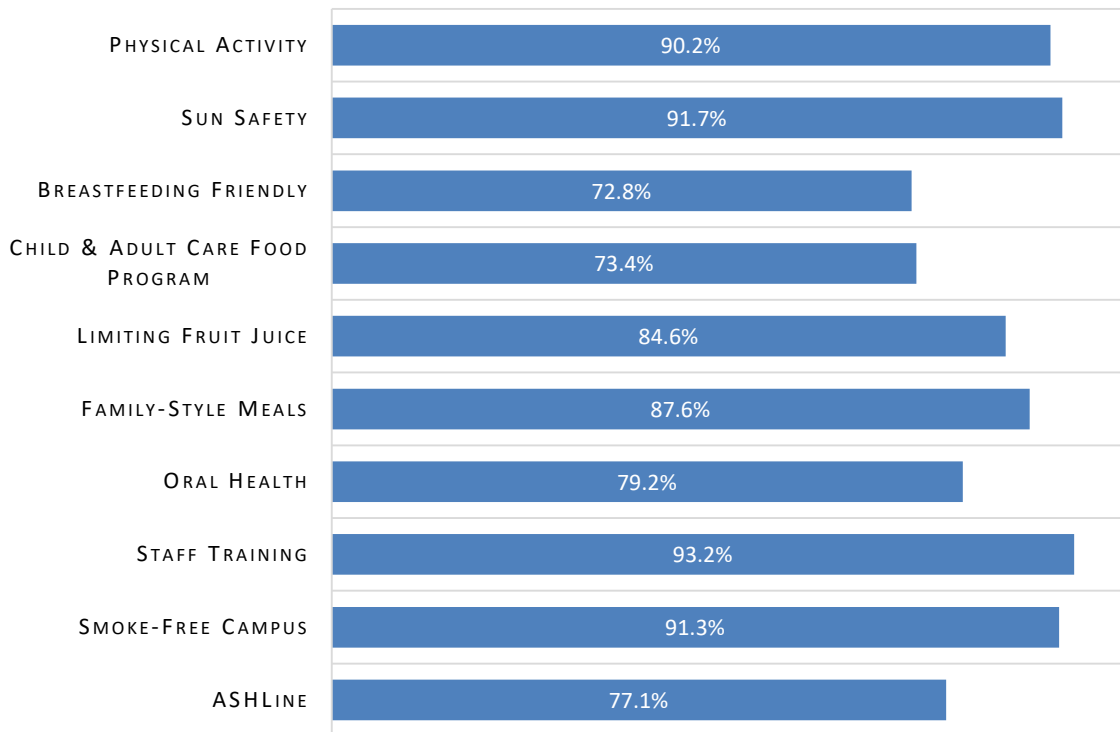
Experience from the first few years gathering data on the new tool demonstrated that the detailed questions focused on policy were not yielding meaningful data. At the same time, comments from the field indicated that wording on some of the components was unclear to some survey respondents. Consequently, changes were again made to the tool. Some of the components were discontinued, some were added, and some were modified for clarification. These revisions, implemented on August 15, 2016, affect comparability of results in some standards. Each change is described within this report and appendix.

This report summarizes results from Years 1 through 5 of five state fiscal years of data using the new methodology and survey tool. For facilities reviewed more than once per year, only the first evaluation of each year is included. See Table 1 for a summary of the number of surveys analyzed each year. Surveys collected from July 1, 2017, through June 15, 2018, are used to report Year 5 findings.

Year	State Fiscal Year	N
1	July 1, 2013 – June 30, 2014	1,527
2	July 1, 2014 – June 30, 2015	1,109
3	July 1, 2015 – June 30, 2016	1,667
4	July 1, 2016 – June 30, 2017	2,100
5	July 1, 2017—June 30, 2018	2,009

In Year 5, most facilities reported having written policies on the Empower standards. Over 90 percent of facilities report having policies related to physical activity, sun safety, staff training, and smoke-free campuses. Less than 80 percent of facilities reporting having written policies in place for the breastfeeding, Child and Adult Care Food Program, and ASHLine standards. See Figure 1 for the percentage of facilities having written policies by standard in Year 5.

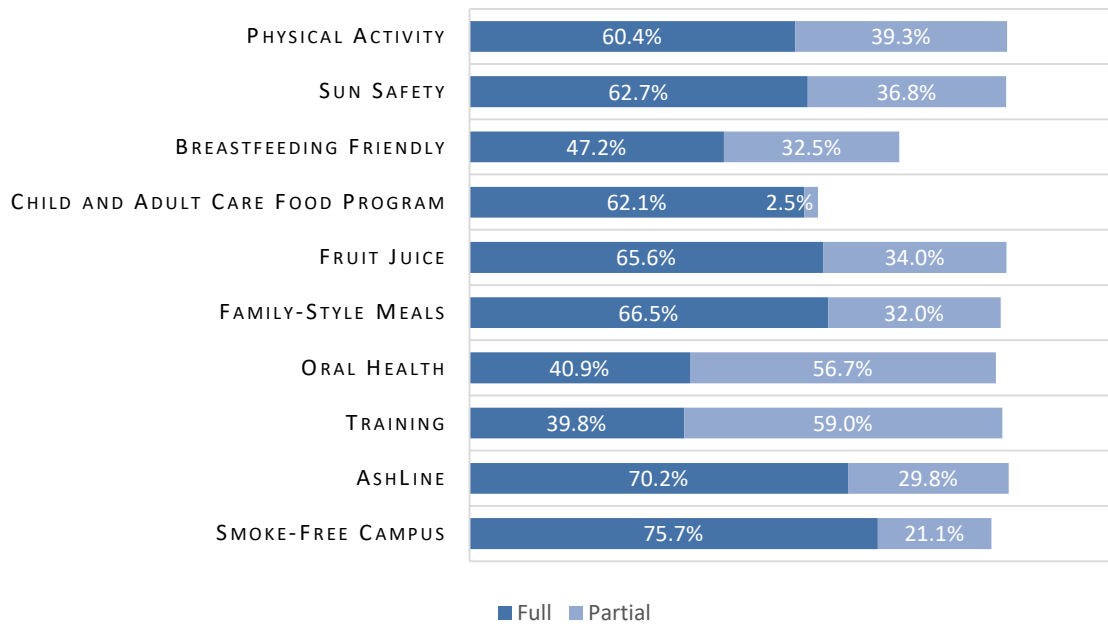
**Figure 1. Percentage of facilities reporting having written policies by standard in Year 5**



The Empower Program continues to make strides in early care and education facilities throughout the state. A standard is rated as fully implemented when a facility reports that they have fully implemented each of the components of the standard. The standard is rated as partially implemented when a facility reports implementing some of the components at least partially.

Over the five-year period of data collection, the smoke-free campus and ASHLine standards have the highest full implementation rates at 76 percent and 70 percent, respectively. The staff training standard (40 percent) and oral health standard (41 percent) have the lowest rates of full implementation. Changes were made to the assessment tool in Year 4 to capture more accurate data for the oral health standard. See Figure 2 for the percentage of facilities fully or partially implementing each standard from Years 1-5.

**Figure 2: Percentage of facilities fully or partially implementing each standard from Years 1-5**



Ultimately, this five-year summary and future evaluation efforts should lead to a better understanding of how to support sites in their implementation of the Empower Program and identification of best practices and barriers to implementation. The remainder of this evaluation report is focused on self-reported implementation of each component of each of the standards.

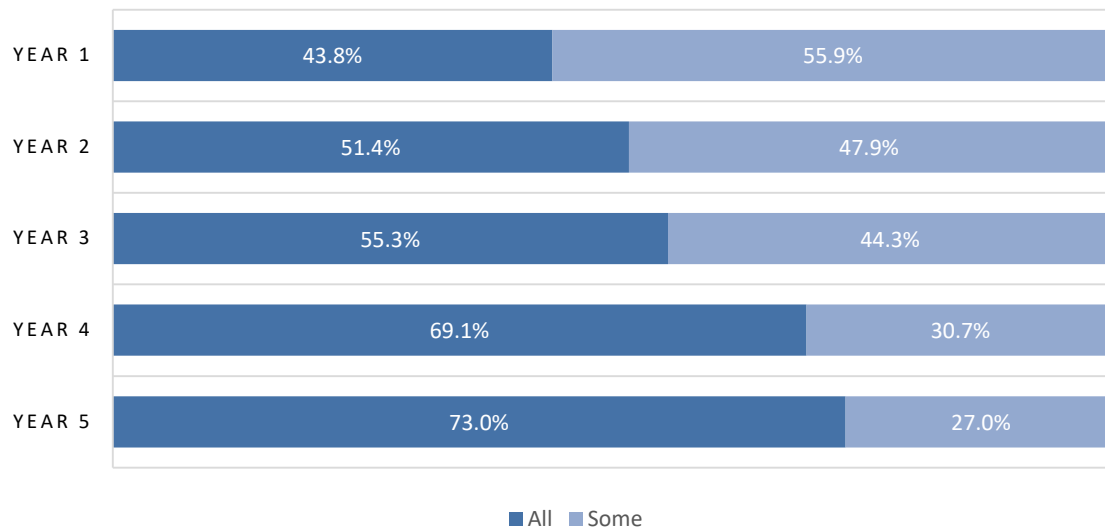
## STANDARD 1: PHYSICAL ACTIVITY

The physical activity standard requires planned daily physical activity curricula for children one year and older with the following ten components:

1. Provide at least 60 minutes per day for children one year and older.
2. Include adult-led activities.<sup>2</sup>
3. Include free play opportunities.
4. Include outdoor and indoor physical activity.<sup>2</sup>
5. Include moderate physical activity (for example: dancing, bouncing a ball).<sup>2</sup>
6. Include vigorous physical activity (for example: running, skipping).<sup>2</sup>
7. Limit sedentary or non-moving activity no more than 60 minutes at a time, except when sleeping.<sup>2</sup>
8. Limit screen time to three hours or less per week and no screen time for children under age 2.<sup>2</sup>
9. Do not withhold or use physical activity as punishment.<sup>2</sup>
10. Provide information on physical activity and screen time to families at least annually.<sup>2</sup>

The percentage of facilities reporting full implementation of the physical activity components increased from 44 percent in Year 1 to 73 percent in Year 5. This means that the facility indicated they are fully implementing each one of the ten physical activity components listed above. In Year 5, 27 percent (542 facilities) have room for improvement to increase their implementation of the physical activity standard. See Figure 3.

**Figure 3: Percentage of facilities reporting all or some implementation of all physical activity components by year**

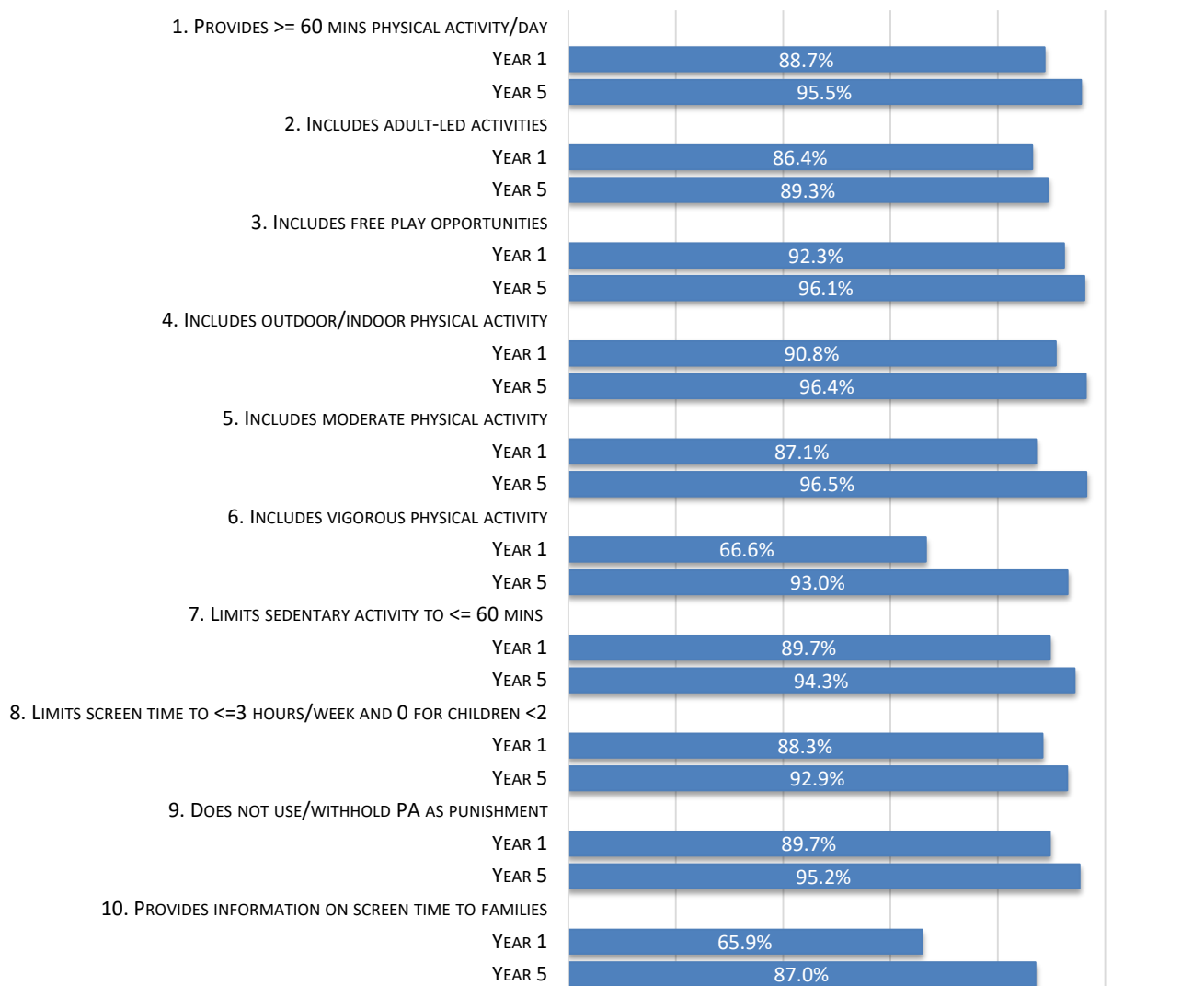


<sup>2</sup> Modified in Year 4. See appendix for details.



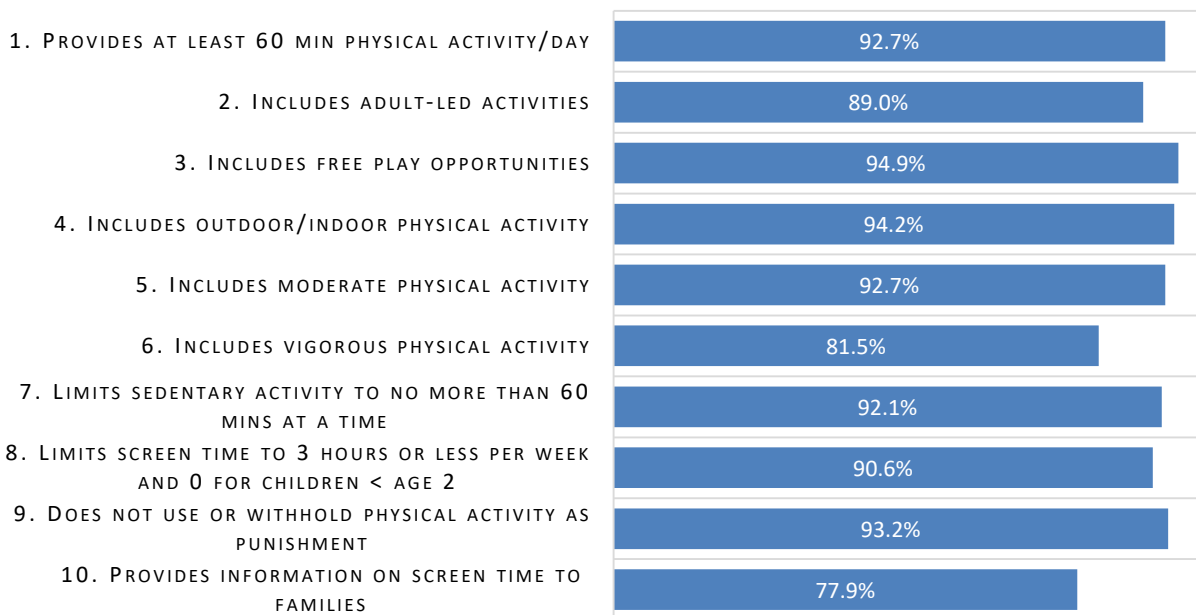
By Year 5, approximately nine in ten facilities reported fully implementing all ten components of the physical activity standard. In Year 4, clarifications to the components relating to screen time, sedentary, moderate, and vigorous activity were made to include examples and language more familiar to the providers. The vigorous activity component saw the greatest increase from 67 percent in the first year to 93 percent in the fifth year. Providing information on screen time also increased significantly from 66 percent in the first year to 87 percent in the fifth year and it remains as the component with the most room for improvement. The number of facilities that include adult-led activities has not increased much over the five-year period, with more than ten percent of facilities still not including them in Year 5. See Figure 4 for the percentage of facilities reporting full implementation by component with a comparison of Year 1 and Year 5. See the appendix for a detailed table and graph showing all five years.

**Figure 4: Percentage of facilities reporting full implementation by component in Year 1 and Year 5**



Looking at the five-year period, the components with the highest rates of full implementation include providing free play opportunities (95 percent), providing outdoor and indoor physical activity (94 percent), not using or withholding physical activity as punishment (93 percent) and providing at least 60 minutes of physical activity per day (93 percent). The components with the most room for improvement are providing information on screen time to families (78 percent), including vigorous activity (82 percent), and adult-led activities (89 percent). See Figure 5.

**Figure 5: Percentage of facilities reporting full implementation of components from Years 1-5**



Over the five-year data collection period, feedback from providers related to physical activity included explanations about some barriers to fully implementing some of the components or ways in which they are making progress. For example, some providers have a limited time program, such as half day or after-school program, which can make it difficult to include all the requirements in their day. Some indicated not having a playground for outdoor play. Many commented that they do not allow screen time at all. One provider showed progress toward implementation by sharing that the facility has physical activity scheduled each day, including music and movement from an outside vendor. There were no specific comments related to the physical activity standard in Year 5.

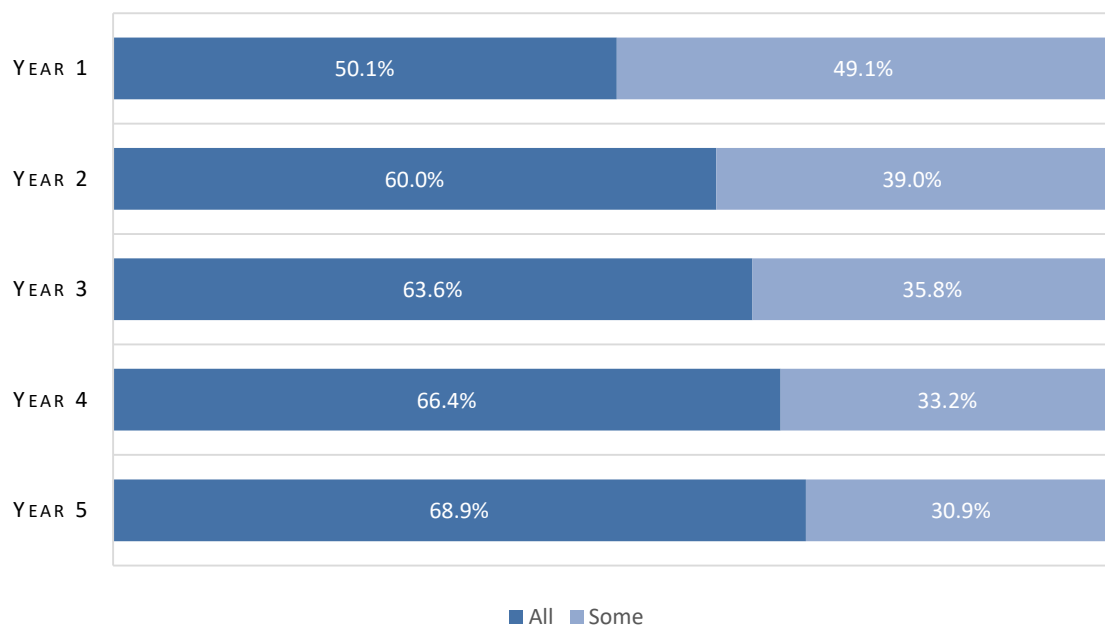
## STANDARD 2: SUN SAFETY

The sun safety standard has six components, which require protecting all children from overexposure to the sun during any outdoor session:

1. Follow the age-specific sun recommendations to limit sun exposure.
2. Monitor the intensity of the sun's rays and use the UV index when planning outdoor activities.<sup>3</sup>
3. Limit sun exposure during peak UV hours from 10 a.m. to 4 p.m.
4. Protect skin from sun exposure during outdoor activities (for example: hat, sunglasses, protective clothing).<sup>3</sup>
5. Obtain permission from the child's parent(s) before applying sunscreen.<sup>3</sup>
6. Encourage the child's parent(s) to apply sunscreen to children before they arrive at the facility.<sup>3</sup>
7. Provide sun safety information to families at least annually.<sup>4</sup>

The percentage of facilities reporting full implementation of the sun safety components increased from 50 percent in Year 1 to 69 percent in Year 5. This means that the facility indicated they are fully implementing each one of the seven sun safety components listed above. In Year 5, 31 percent (620 facilities) have room for improvement to increase their implementation of the sun safety standard. See Figure 6.

**Figure 6: Percentage of facilities reporting all or some implementation of all sun safety components by year**

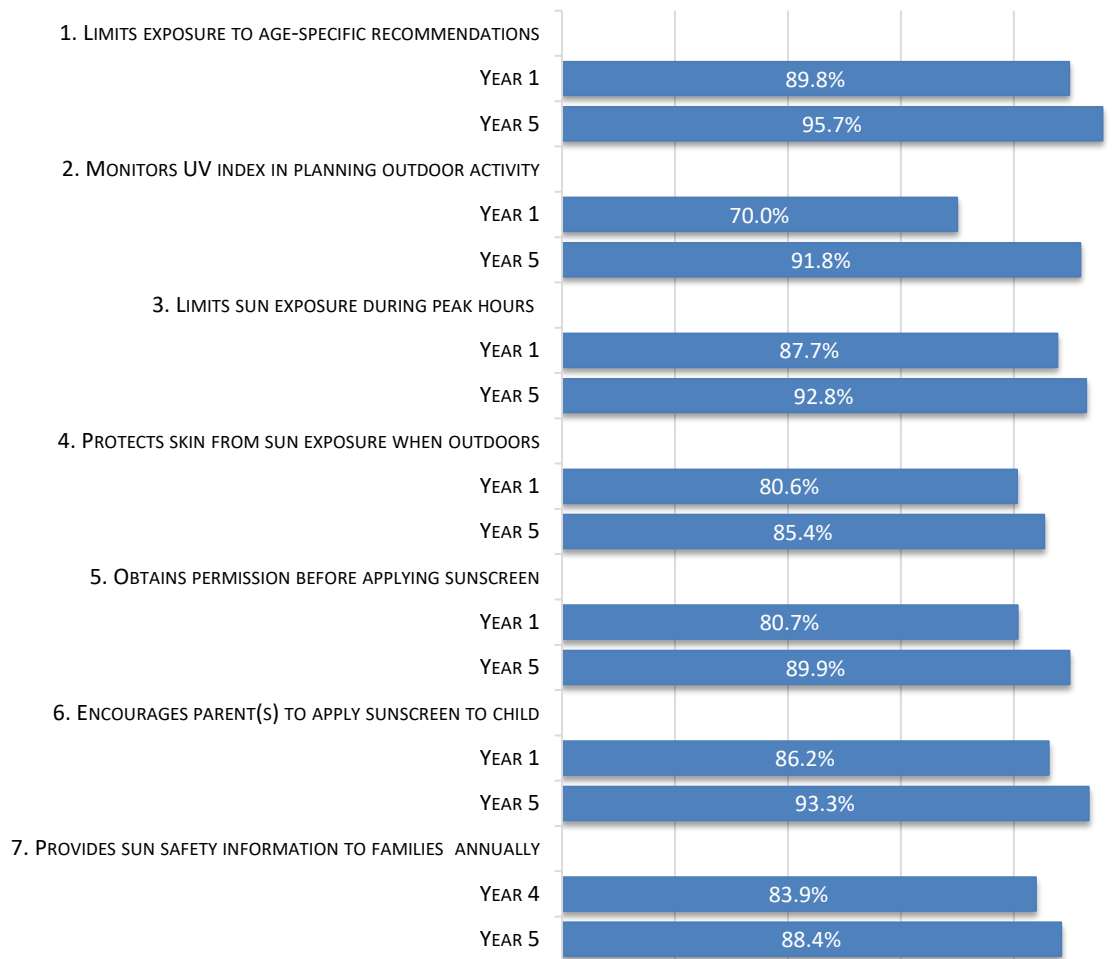


<sup>3</sup> Modified in Year 4. See appendix for details.

<sup>4</sup> Added in Year 4.

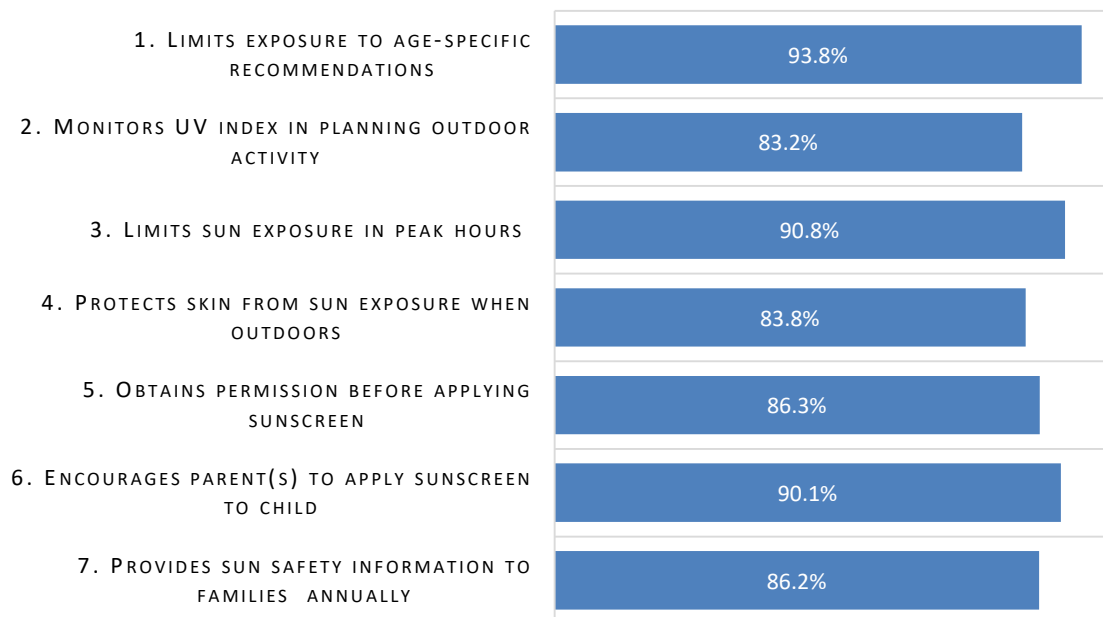
In Year 4, an additional component was added to the sun safety standard related to providing sun safety information to families annually, clarifications were made to define the UV index, and examples of ways to protect skin from sun exposure were added. The component of checking the UV index saw the greatest increase, from 70 percent in the first year to 92 percent in the fifth year. Limiting sun exposure based on age-specific recommendations has the highest rate of full implementation at 96 percent. The component with the most room for improvement is protecting skin from sun exposure when outdoors at 86 percent. See Figure 7 for the percentage of facilities reporting full implementation by component with a comparison of Year 1 and Year 5, except for providing sun safety information to families annually because it was not included until Year 4. See the appendix for a detailed table and graph showing all five years.

**Figure 7: Percentage of facilities reporting full implementation by component in Year 1 and Year 5**



Looking at the five-year period, the components with the highest rates of full implementation include limiting sun exposure based on age-specific recommendations (94 percent), limiting sun exposure during peak hours (91 percent), and encouraging parent(s) to apply sunscreen to the child before arriving at the facility (90 percent). The components with the most room for improvement include monitoring the UV index in planning outdoor activities (83 percent), protecting skin from sun exposure when outdoors (84 percent), and providing sun safety information to families annually (86 percent). See Figure 8.

**Figure 8: Percentage of facilities reporting full implementation of components from Years 1-5**



Over the five-year data collection period, feedback from providers related to sun safety referenced having shaded outdoor playgrounds or indoor-only play areas. Several commented on the UV index and planned to start checking it. In Year 4, the Empower packets included ways for providers to use the UV index in planning outdoor activities. Some of the commenters mentioned ways that facilities cope with the summer heat, such as limiting summer sun exposure or encouraging parents to dress children appropriately to protect from the sun. Some facilities reported a district or higher-level policy as a barrier that prohibits their facility from applying sunscreen and others said the parents must apply sunscreen before their children arrive at the facility.

In Year 5, 8 percent of comments referenced the sun safety standard. One facility stated that they do not store sunscreen on-site or apply it. They encourage parents to do so. Another commented that only the school nurse can apply sunscreen. One facility stated that they assume the parents provide hats and sunscreen for use at the facility.

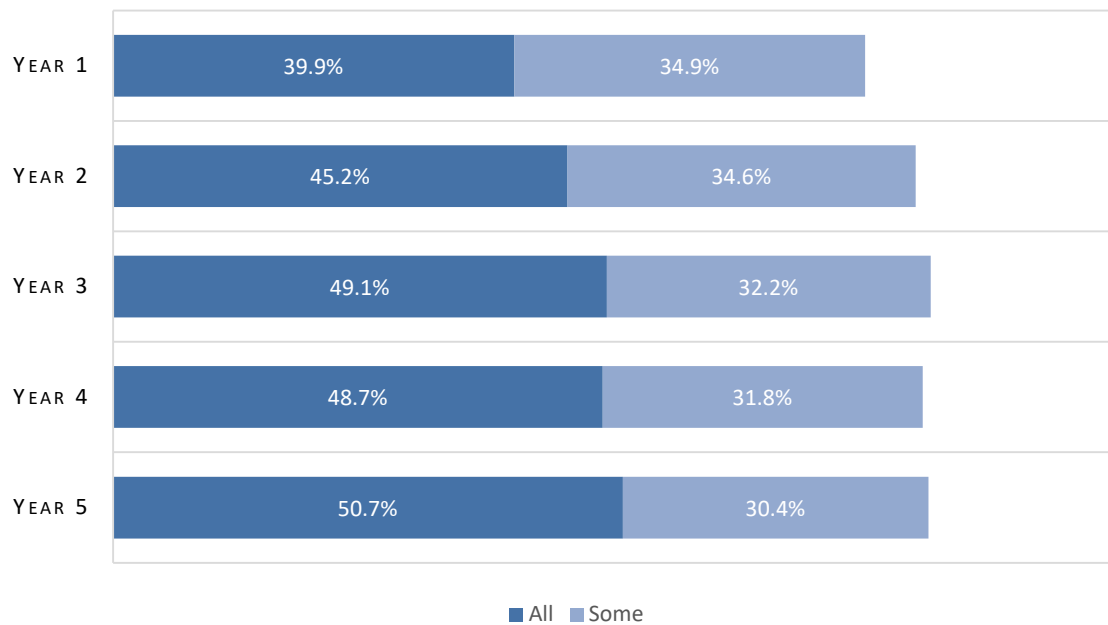
### STANDARD 3: BREASTFEEDING

The breastfeeding standard requires provision of ongoing support to breastfeeding mothers with the following four components:

1. Breastfeeding mothers, including employees, shall be provided a private and sanitary place to breastfeed their babies or express milk. A bathroom is not acceptable.
2. Provide a refrigerator or designated space in a refrigerator and/or freezer for breastmilk storage.<sup>5</sup>
3. Display breastfeeding promotion information such as posters.<sup>5</sup>
4. Provide information on breastfeeding to families at least annually.<sup>5</sup>

The percentage of facilities reporting full implementation of the breastfeeding components increased from 40 percent in Year 1 to 51 percent in Year 5. This means that the facility indicated they are fully implementing each one of the four breastfeeding components listed above. In Year 5, 31 percent (611 facilities) have room for improvement to increase their implementation of the breastfeeding standard. See Figure 9.

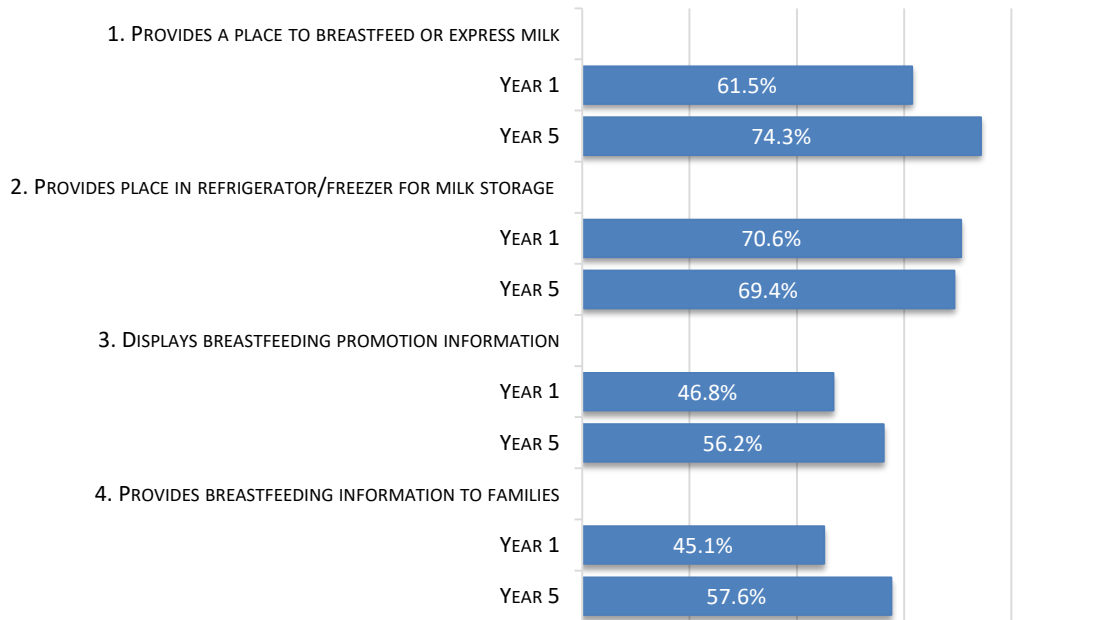
Figure 9: Percentage of facilities reporting all or some implementation of all breastfeeding components by year



<sup>5</sup> Modified in Year 4. See appendix for details.

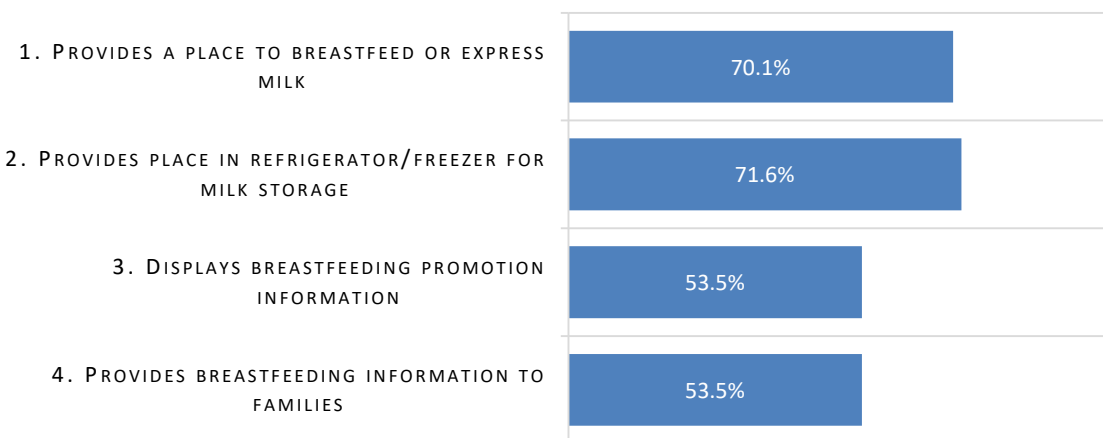
The proportion of facilities implementing each of breastfeeding components has increased each year except for providing a designated place in a refrigerator or freezer for breastmilk storage, which decreased slightly from 70 percent in Year 1 to 69 percent in Year 5. In Year 4, this component was reworded from “provide a refrigerator for milk storage” to “provide a designated place in a refrigerator or freezer for breastmilk storage.” With this change in wording, it is unexpected that this component did not see an increase over the five-year period. Providing a place to breastfeed or express milk increased the most from 62 percent in Year 1 to 74 percent in Year 5. See Figure 10 for the percentage of facilities reporting full implementation by component with a comparison of Year 1 and Year 5. See the appendix for a detailed table and graph showing all five years.

**Figure 10: Percentage of facilities reporting full implementation by component in Year 1 and Year 5**



Looking at the five-year period, the components with the highest rates of full implementation include providing a designated place in refrigerator or freezer for storage of expressed breastmilk (72 percent) and providing a place to breastfeed or express milk (70 percent). The components with the most room for improvement include displaying breastfeeding promotion information (54 percent) and providing breastfeeding information to families (54 percent). See Figure 11.

**Figure 11: Percentage of facilities reporting full implementation of components from Years 1-5**



Over the five-year data collection period, the main theme emerging from the comments from child care facility staff is related to the perception that the breastfeeding standard does not apply to them. Most of the comments were related to facilities not having infants in their facility. Several facilities provided explanations regarding the ages of children served, such as preschool-aged kids or after-school programs for school-age children. A handful said they did not have infants in their facility but were able to accommodate breastfeeding mothers if necessary.

Licensing staff emphasized that facilities do not feel this standard applies to them unless they have infants. They also reported that many of the facilities are public schools enrolling only school-age children, and in these cases, families with infants rarely enter the facility. Licensing staff stressed how important education is for this standard, noting how often they must explain the standard to facility employees in order for them to understand the meaning of breastfeeding-friendly environment. Despite attempts to raise awareness regarding the applicability of this standard to all facilities, this standard remains the one with the lowest levels of full implementation.

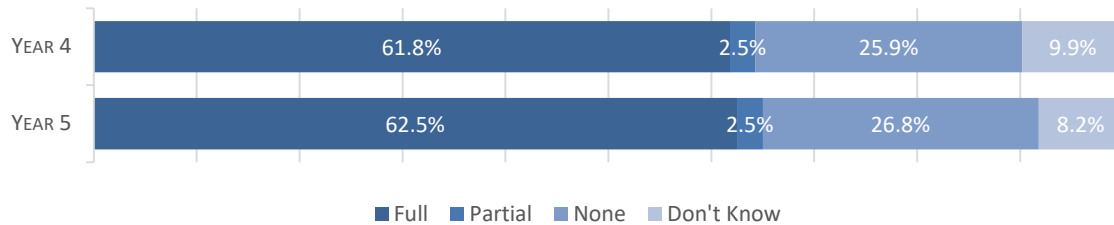
In Year 5, 35 percent of the comments addressed the breastfeeding standard. Many of the comments repeated the misperception that the standard does not apply because they have school-aged children only. However, some of the comments reflect progress toward implementation of the breastfeeding standard. One mentioned that while there are no breastfeeding infants in the facility, appropriate policies and procedures are in place to accommodate them. Another facility stated that they have the ability to store breastmilk if needed.



## STANDARD 4: CHILD AND ADULT CARE FOOD PROGRAM

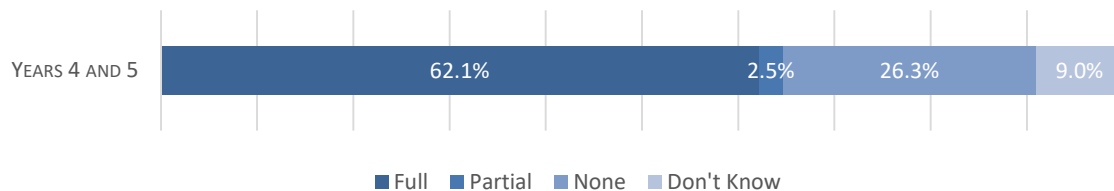
Prior to August 15, 2016, the CACFP standard was evaluated solely by whether the facility had a written policy on determining eligibility status for CACFP. Beginning with surveys on August 15, 2016, respondents were asked to report their level of implementation of determining eligibility status for CACFP. From Year 4 to Year 5, the percentage of facilities fully implementing the CACFP standard is about the same at approximately 62 percent for both years. In Year 5, 27 percent (538 facilities) report no implementation of this standard. See Figure 12

**Figure 12: Percentage of facilities who determine eligibility status for CACFP annually**



When looking at an average across Years 4 and 5, 62 percent of facilities report fully implementing the CACFP standard. See Figure 13.

**Figure 13: Percentage of facilities implementing CACFP standard from Year 4 to Year 5**



Over the five-year period, some themes emerged from comments on the CACFP standard. Several respondents reported not participating in the program and some of them said it was because their families were ineligible. A few facilities stated that some of their children received free or reduced lunch, which does not qualify the entire facility to receive CACFP.

Licensing staff reported that this standard is typically dealt with by program administrators. Classroom directors and their staff are rarely aware of these answers. Licensing staff noted that not all programs are eligible to participate in CACFP. As a result, they have suggested not having CACFP as a stand-alone standard, but instead including it as a component of another standard such as family-style meals. All licensed programs must comply with the Licensing rule requirement of having a meal chart and serving food based on CACFP requirements within their facilities, even if they are not a CACFP-eligible facility.

In Year 5, 8 percent of the comments pertain to the CACFP standard. Most mentioned not participating in the program and the most common reason cited is that the facility does not provide food. Many of the facilities are partial-day programs. In some cases, the parents provide meals and snacks. One mentioned that the district handles CACFP eligibility.

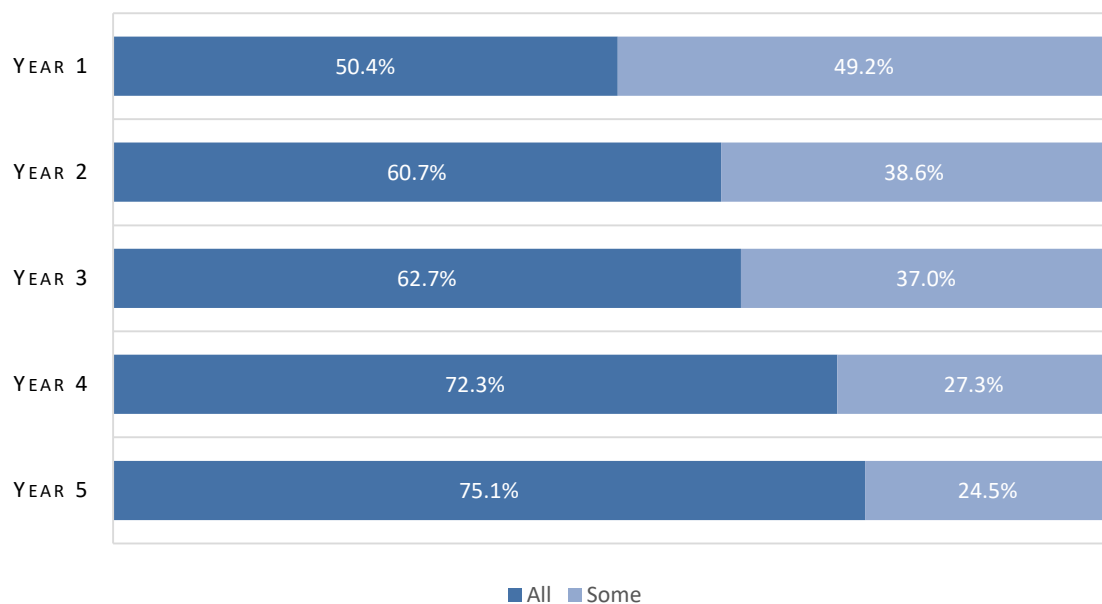
## STANDARD 5: FRUIT JUICE

The fruit juice standard requires a commitment to supporting children in establishing lifelong healthy eating and drinking habits with the following seven components:

1. Provide water throughout the day both inside and outside.<sup>6</sup>
2. Provide water as the first choice for thirst.
3. Do not serve fruit juice more than two times per week to children one year or older.<sup>6</sup>
4. Limit serving more than a half-cup (or four ounces) of fruit juice at one time for children one year to less than six years of age.
5. Serve only 100 percent fruit juice with no added sugar or never serve juice.<sup>6</sup>
6. Serve fruit juice only during meal or snack time.<sup>6</sup>
7. Provide information about limiting fruit juice to families at least annually.<sup>6</sup>

The percentage of facilities reporting full implementation of the fruit juice components increased from 50 percent in Year 1 to 75 percent in Year 5. This means that the facility indicated they are fully implementing each one of the seven fruit juice components listed above. In Year 5, 24 percent (493 facilities) have room for improvement to increase their implementation of the fruit juice standard. See Figure 14.

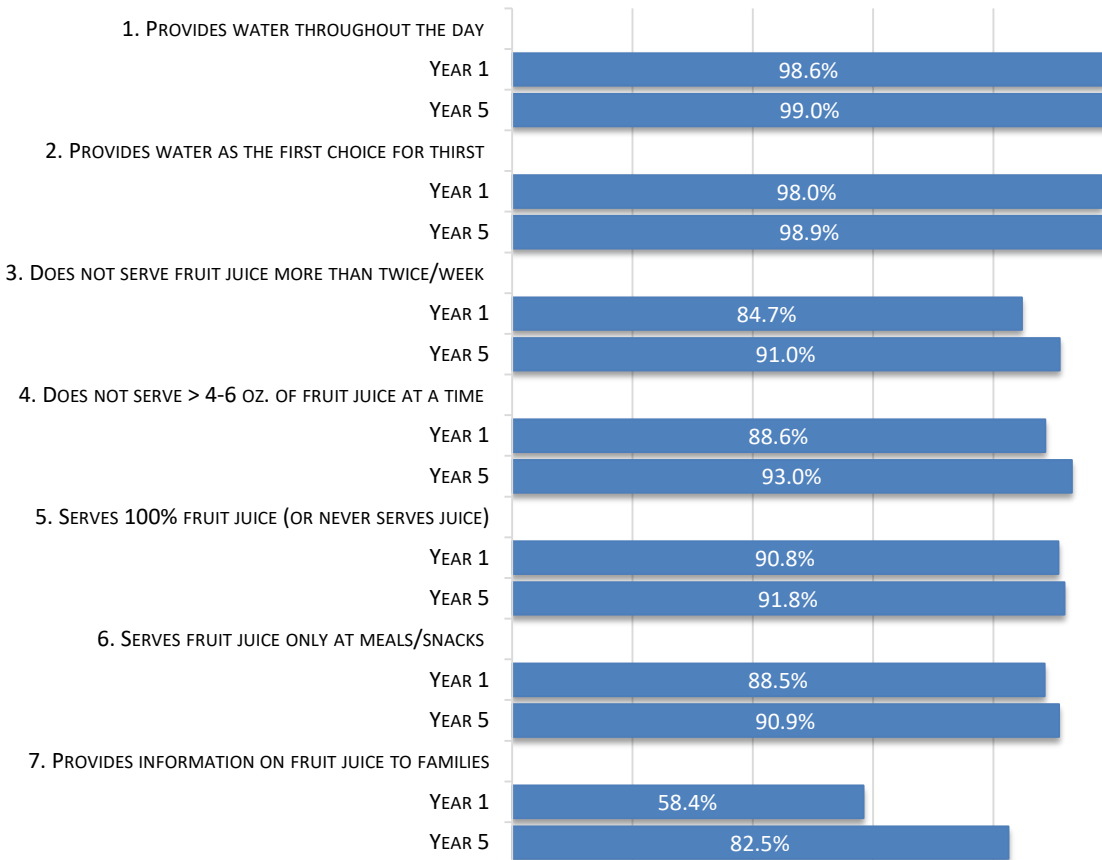
**Figure 14: Percentage of facilities reporting all or some implementation of all fruit juice components by year**



<sup>6</sup> Modified in Year 4. See Appendix for details.

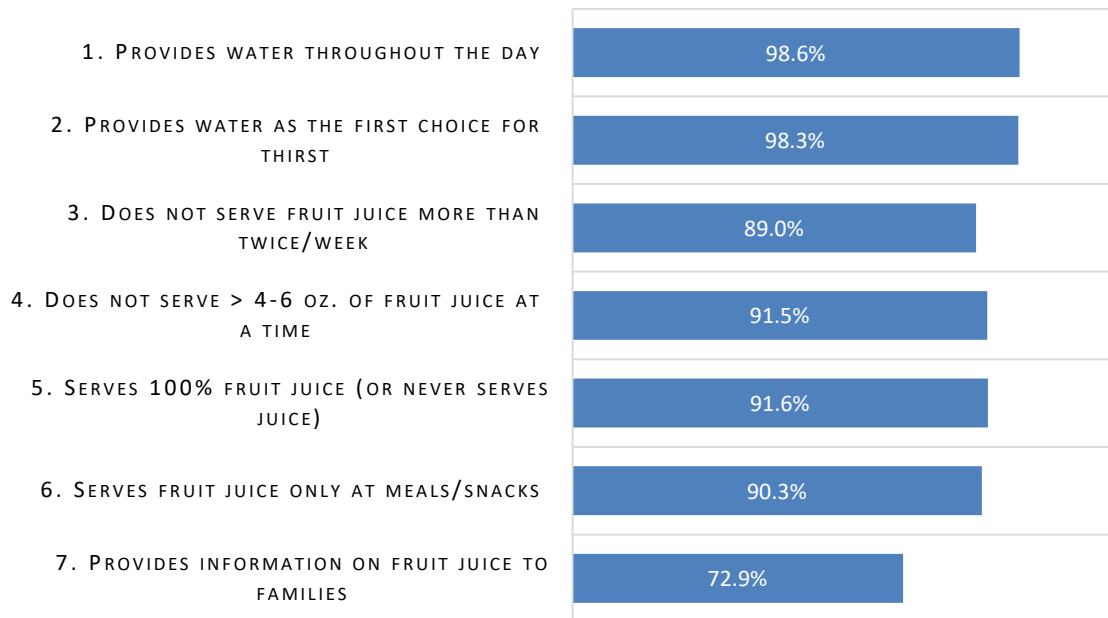
For the fruit juice standard, the percentage of facilities reporting full implementation of the components stayed relatively stable from Year 1 to Year 5 with only slight increases. Providing information on fruit juice to families had the greatest increase from 58 percent in Year 1 to 83 percent in Year 5, yet it still has the lowest implementation level. Not serving fruit juice more than twice a week had an increase from 85 percent in Year 1 to 91 percent in Year 5. The two components relating to drinking water, providing water throughout the day and providing water as the first choice for thirst, have the highest levels of full implementation, with each at 99 percent. See Figure 15 for the percentage of facilities reporting full implementation by component with a comparison of Year 1 and Year 5. See the appendix for a detailed table and graph showing all five years.

**Figure 15: Percentage of facilities reporting full implementation by component in Year 1 and Year 5**



Looking at the five-year period, the components with the highest rates of full implementation include providing water throughout the day (99 percent) and providing water as the first choice for thirst (98 percent). The components with the most room for improvement include providing information on fruit juice to families (73 percent) and not serving fruit juice more than twice per week (90 percent). See Figure 16.

**Figure 16: Percentage of facilities reporting full implementation of components from Years 1-5**



Over the five years of data collection, child care facility staff commented that the facility does not serve juice at all, and many mentioned not serving juice because it was not allowed. Several noted that parents sometimes give the child juice for lunch or snack. A few respondents only provide milk or water at their facility. Feedback from Licensing staff related to terms used on the assessment tool led to revisions in Year 4.

In Year 5, 14 percent of the comments referenced the fruit juice standard. Many of those stated that the facility does not have juice at all and one stated having fruit instead of juice. Some mentioned that parents provide all drinks and food. One facility only serves water. There was one comment from a surveyor that during an inspection at one facility, it was noted that no water was available to the children during outdoor play.

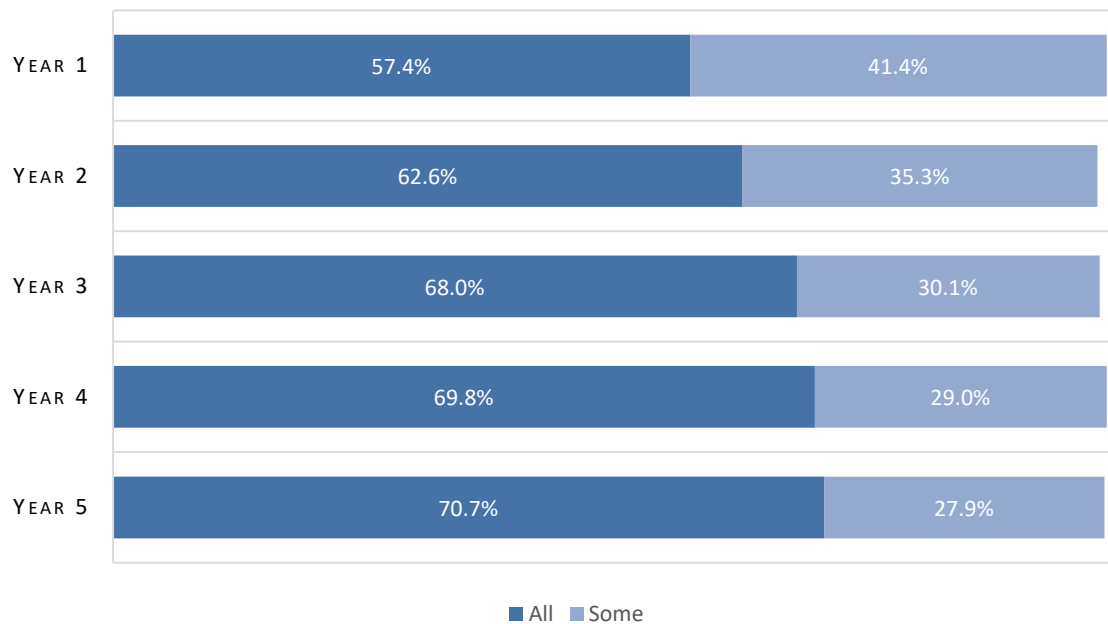
## STANDARD 6: FAMILY-STYLE MEALS

The family-style meal standard requires a commitment to supporting children in establishing lifelong healthy eating and drinking habits with the following six components:

1. Serve meals family style whenever possible.
2. Use child-sized serving utensils and containers.<sup>7</sup>
3. Require staff to sit, participate, and interact with children during mealtime.<sup>7</sup>
4. Allow children to serve themselves so they may choose what to put on their plates and how much to eat.
5. Do not use food as a reward or punishment.
6. Provide information on healthy eating to families at least annually.<sup>7</sup>

The percentage of facilities reporting full implementation of the family-style meals components increased from 57 percent in Year 1 to 71 percent in Year 5. This means that the facility indicated they are fully implementing each one of the six family-style meals components listed above. In Year 5, 28 percent (561 facilities) have room for improvement to increase their implementation of the family-style meals standard. See Figure 17.

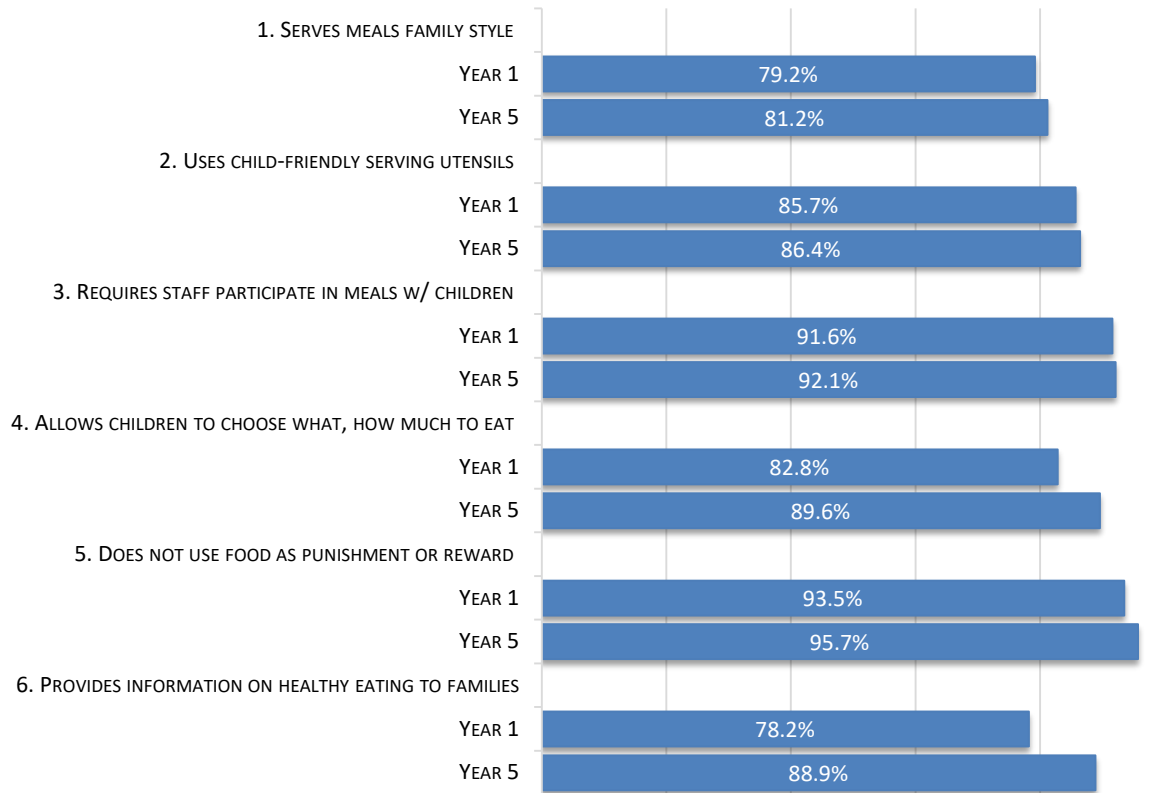
**Figure 17: Percentage of facilities reporting all or some implementation of all family-style meals components by year**



<sup>7</sup> Modified in Year 4. See Appendix for details.

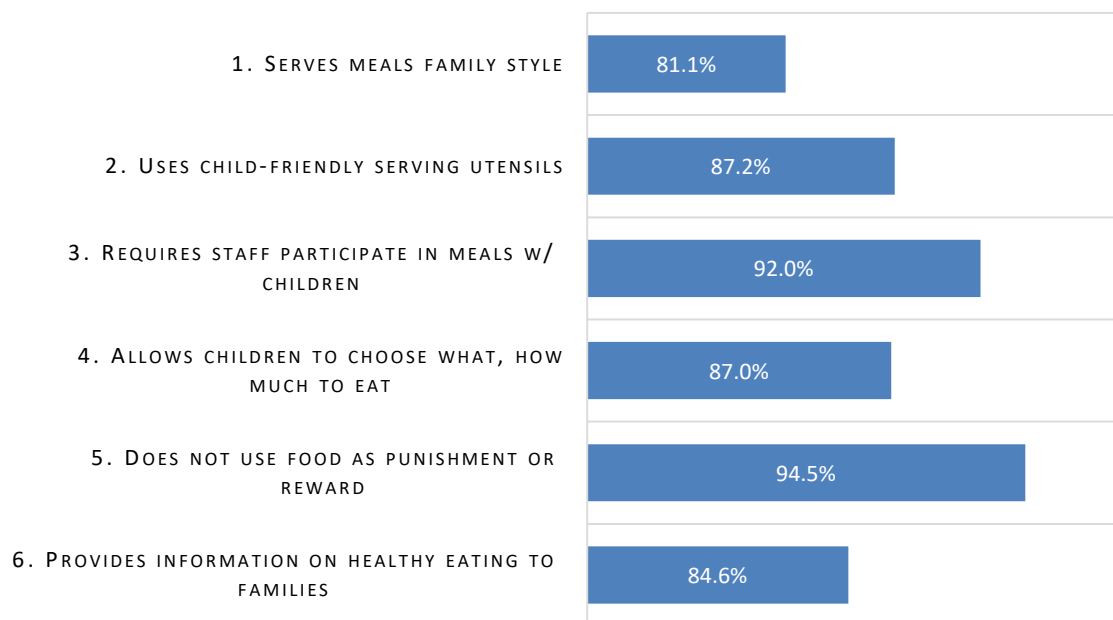
For the family-style meals standard, the percentage of facilities reporting full implementation of the components held stable from Year 1 to Year 5 with only slight increases. Providing information on healthy eating to families had the greatest increase from 78 percent in Year 1 to 89 percent in Year 5. Not using food as a punishment or reward has the highest level of full implementation In Year 5 at 96 percent. Serving meals family style had the lowest implementation level in Year 1 at 79 percent. While it has increased to 81 percent in Year 5, serving meals family style remains as the component with the most room for improvement. See Figure 18 for the percentage of facilities reporting full implementation by component with a comparison of Year 1 and Year 5. See the appendix for a detailed table and graph showing all five years.

**Figure 18: Percentage of facilities reporting full implementation by component in Year 1 and Year 5**



Looking at the five-year period, the components with the highest rates of full implementation include not using food as punishment or reward (95 percent) and having staff participate in meals with children (92 percent). The components with the most room for improvement include serving meals family style (81 percent), providing information on healthy eating to families (85 percent,) and allowing children to choose what and how much to eat (87 percent). See Figure 19.

**Figure 19: Percentage of facilities reporting full implementation of components from Years 1-5**



For the five-year reporting period, most of the comments from child care facility staff identified the greatest barrier to meeting the components of the family-style meal standard is their facility not serving meals. Many mentioned that children bring their own lunch and snacks. Some discussed limitations regarding food allergies. A few mentioned the use of prepackaged foods and no need for utensils. One director said that information for families on healthy eating was provided upon request, and one said that children receive required servings, but can choose how much to eat. The assessment tool was modified in Year 4 based on feedback from Licensing. Like other components of standards, the word “prohibit” was problematic and confusing to respondents so it was changed.

In Year 5, 31 percent of the comments referenced family-style meals. Most of the comments note that the facility does not serve food because it is provided by the parents, the facility is not a full-day program, or only provides snacks. One commented that they are working to implement family-style meals in the toddler room at their facility.



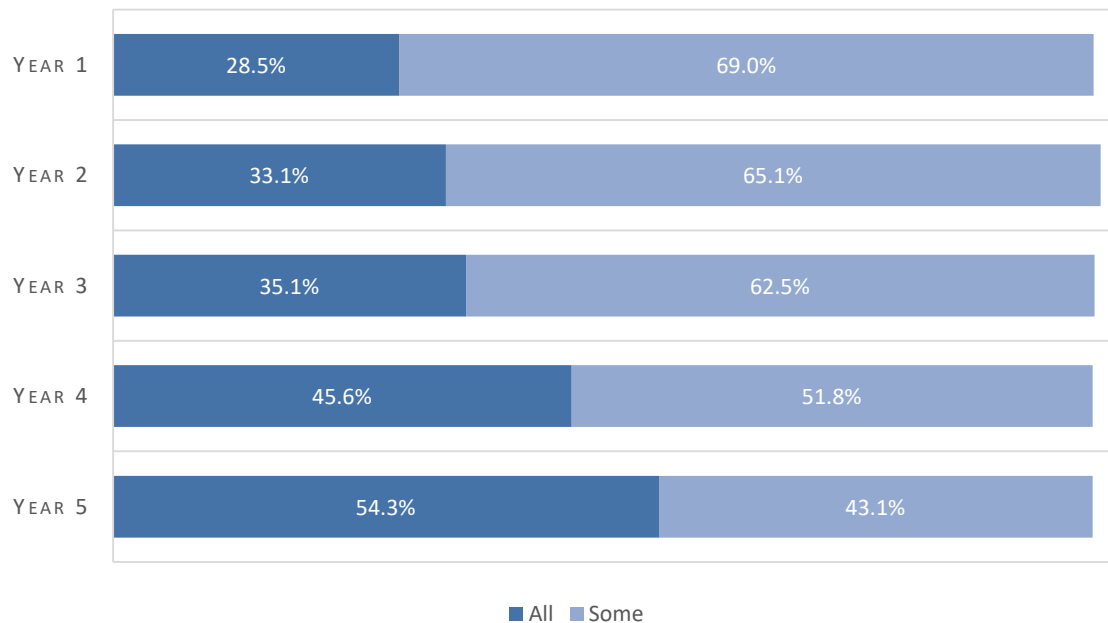
## STANDARD 7: ORAL HEALTH

The oral health standard requires facilities to protect the health of their students concerning tooth decay by following these components:

1. Provide monthly oral health education and/or implement a daily tooth brushing program.<sup>8</sup>
2. Do not allow children to carry a bottle or sippy cup during the day unless it is water.<sup>9</sup>
3. Educate parents on the importance of a dental visit by their child’s first birthday.<sup>9</sup>
4. Do not put children to sleep with a bottle.<sup>8</sup>
5. Limit serving of meals and snacks to scheduled times.<sup>8</sup>
6. Educate parents about cleaning teeth and oral hygiene at home.
7. Provide information on tooth decay to families at least annually.

The percentage of facilities reporting full implementation of the oral health components increased from 29 percent in Year 1 to 54 percent in Year 5. In the first three years, facilities reporting full implementation of all of the original nine components are included in the category “All.” Beginning with Year 4, facilities reporting implementation of those components that were continued, plus the two new components that were added on August 15<sup>th</sup>, 2016, are included in the category “All” (some components were reworded or eliminated). In Year 5, 43 percent (865 facilities) have room for improvement to increase their implementation of the oral health standard. See Figure 20.

**Figure 20: Percentage of facilities reporting all or some implementation of all oral health components by year**

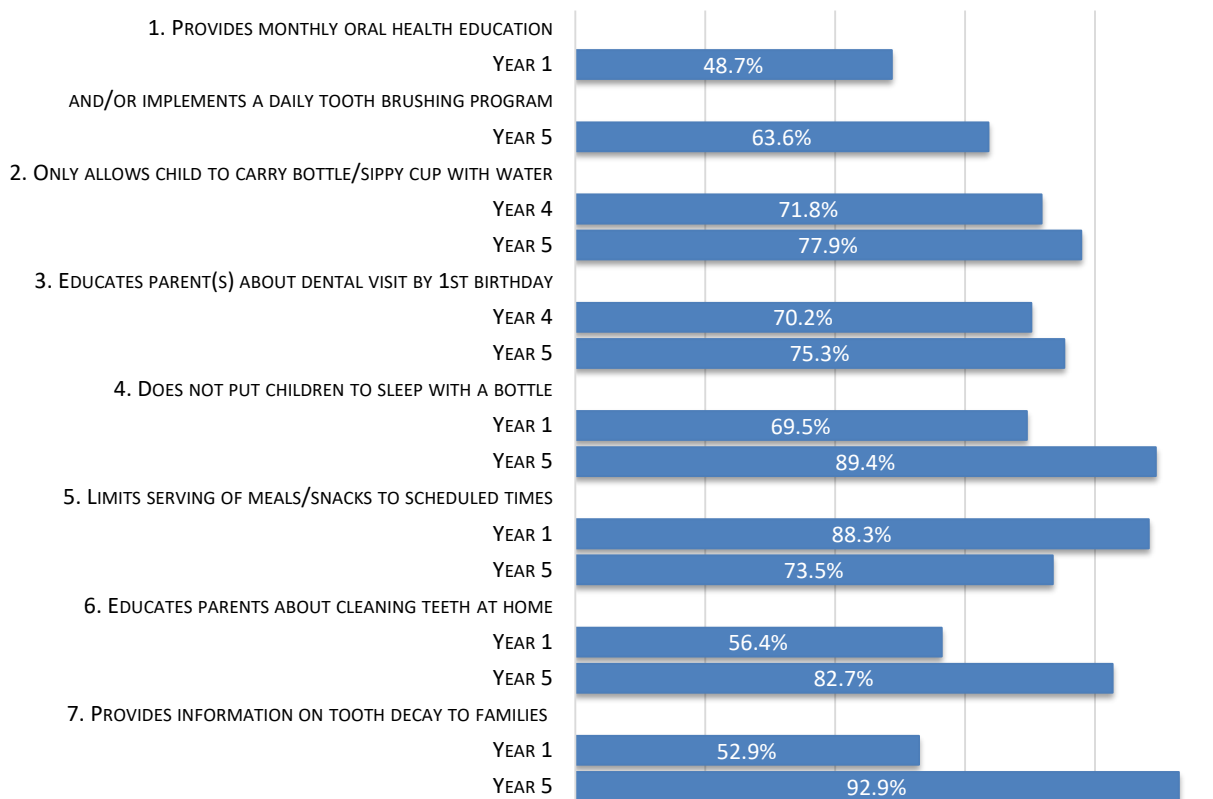


<sup>8</sup> Modified in Year 4. See appendix for details.

<sup>9</sup> Added in Year 4.

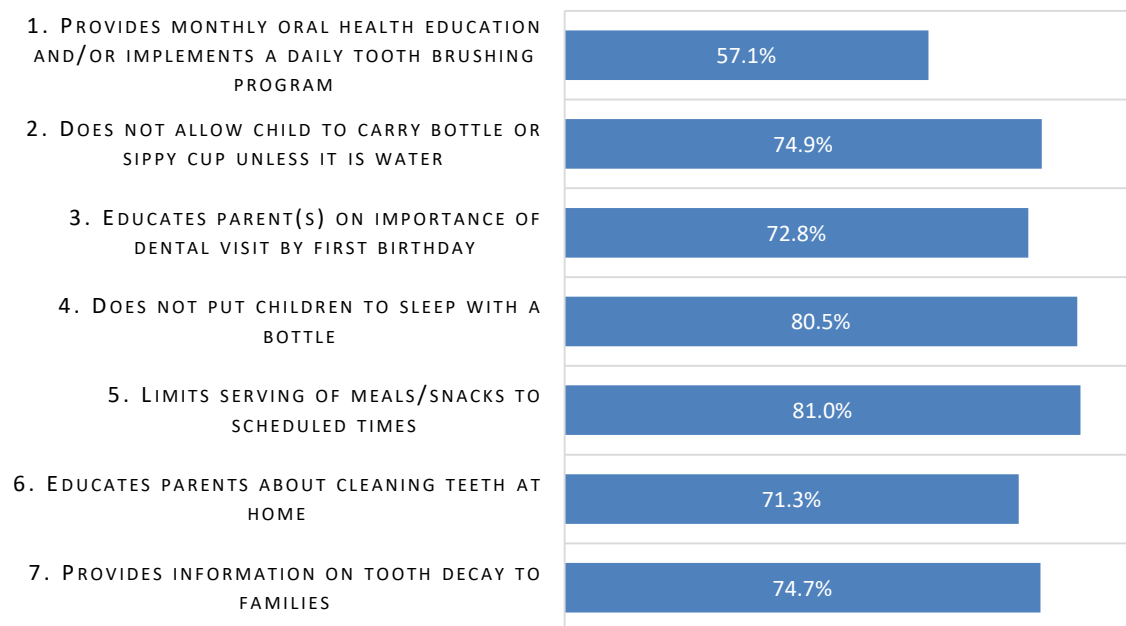
For the oral health standard, the percentage of facilities reporting full implementation of each component increased except for limiting serving of snack to scheduled times, which has decreased from 88 percent in Year 1 to 74 percent in Year 5. Educating parents about cleaning teeth at home had the greatest increase from 56 percent in Year 1 to 83 percent in Year 5. Providing information on tooth decay to families had the highest level of full implementation in Year 5 at 93 percent. In Year 4, the component on providing monthly oral health education was modified to include ‘and/or implementing a daily tooth brushing program.’ In Year 5, it remained the component with lowest implementation level at 64 percent. See Figure 21 for the percentage of facilities reporting full implementation by component with a comparison of Year 1 and Year 5, except for those components that were discontinued in Year 4. For the components added in Year 4, the graph shows a comparison of Years 4 and 5. See the appendix for a detailed table and graph showing all five years.

**Figure 21: Percentage of facilities reporting full implementation by component in Year 1 and Year 5**



Looking at the five-year period, the components with the highest rates of full implementation include limiting serving of snacks to scheduled times (81 percent) and not putting children to sleep with a bottle (81 percent). The components with the most room for improvement include providing monthly oral health education and/or implementing a daily tooth brushing program (57 percent) and educating parents about cleaning teeth at home (71 percent). See Figure 22.

**Figure 22: Percentage of facilities reporting full implementation of components from Years 1-5**



In the five-year data collection period, many child care facility staff commented that their facility did not serve children that used pacifiers or bottles or did not allow the practice at their site. Some mentioned that their facility does not have nap time. A few said that their center was only utilized as a before- or after-school program so they did not offer the components of the oral health standard. One comment said that a dentist comes twice each year to provide education to the children. Another said that they are still working to develop a tooth brushing program.

In Year 4, updates were made to the assessment due to feedback from providers and Licensing staff. In the previous version, there were components related to sharing utensils and licking a pacifier to clean it that were discontinued because there were no longer any issues with facilities allowing those activities. In Year 5, there were no specific comments related to the oral health standard.

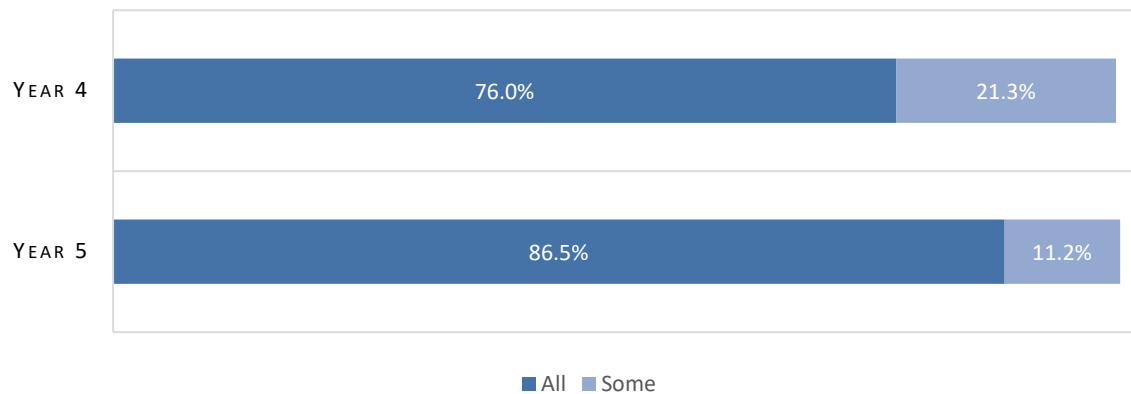
## STANDARD 8: STAFF TRAINING

The staff training standard requires facilities to commit to furthering staff education on the Empower Program and topics by following these components:

1. Staff required to receive three hours of training on Empower topics annually.
2. Program directors required to provide training opportunities to staff members.<sup>10</sup>

The percentage of facilities reporting full implementation of the staff training components increased from 76 percent in Year 4 to 87 percent in Year 5. The second component was added in Year 4 to require program directors to provide training opportunities. In Year 5, 11 percent (225 facilities) have room for improvement to increase their implementation of the staff training standard. See Figure 23.

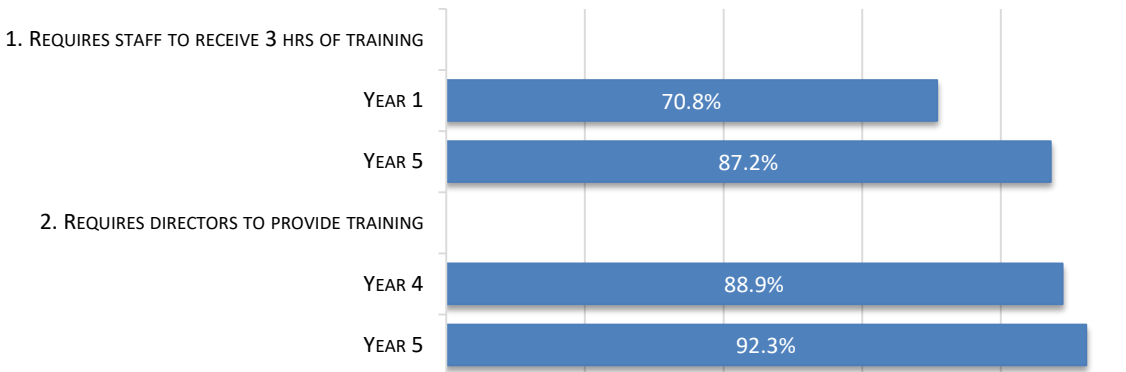
**Figure 23: Percentage of facilities reporting all or some implementation of all staff training components by year**



<sup>10</sup> Added in Year 4.

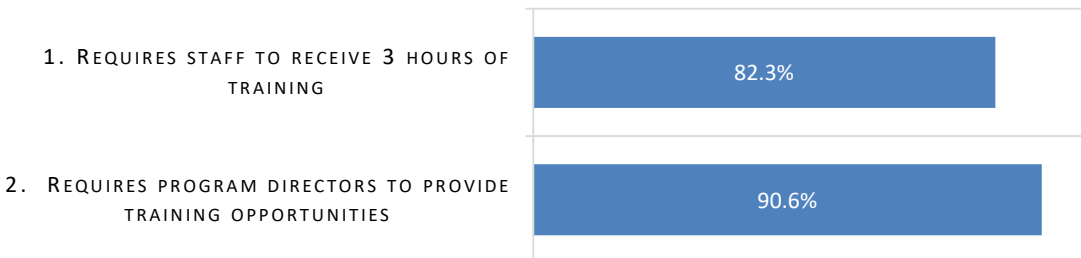
Approximately 71 percent of facilities reported full implementation of the staff training component in the first year, increasing to 87 percent by the fifth year. An additional component was added in Year 4 to require program directors to provide training opportunities, which increased from 89 percent to 92 percent of facilities fully implementing from Year 4 to Year 5. See Figure 24. See the appendix for a detailed table and graph showing all five years.

**Figure 24: Percentage of facilities reporting full implementation by component and year**



Looking at the five-year period, the component requiring staff to receive three hours of training is at 82 percent. The average for Years 4 and 5 for requiring program directors to provide training opportunities is 91 percent. See Figure 24.

**Figure 25: Percentage of facilities reporting full implementation from Years 1-5**



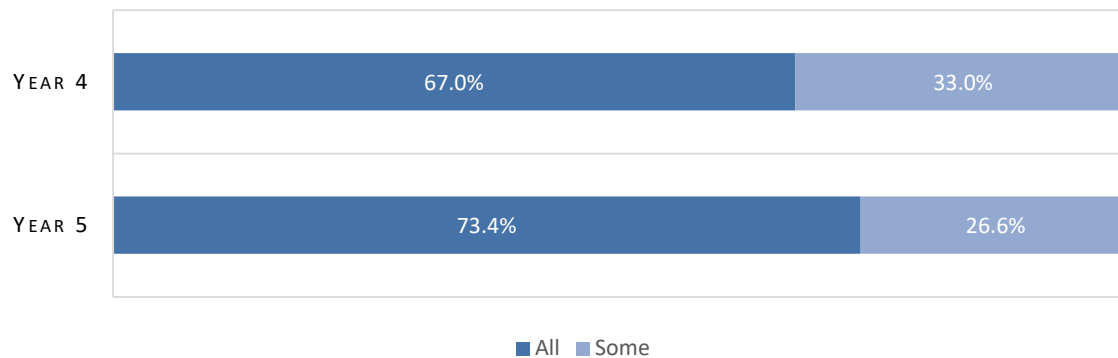
## STANDARD 9: ASHLINE

The ASHLine standard requires facilities to help staff and families quit tobacco by following these components.

1. Provide information on the dangers of second- and third-hand smoke to families.
2. Provide ASHLine education materials to families at least annually.<sup>11</sup>

The percentage of facilities reporting full implementation of the ASHLine components increased from 67 percent in Year 4 to 73 percent in Year 5. This means that the facility indicated they are fully implementing each one of the two components listed above. In Year 5, 27 percent (535 facilities) have room for improvement to increase their implementation of the ASHLine standard. See Figure 26.

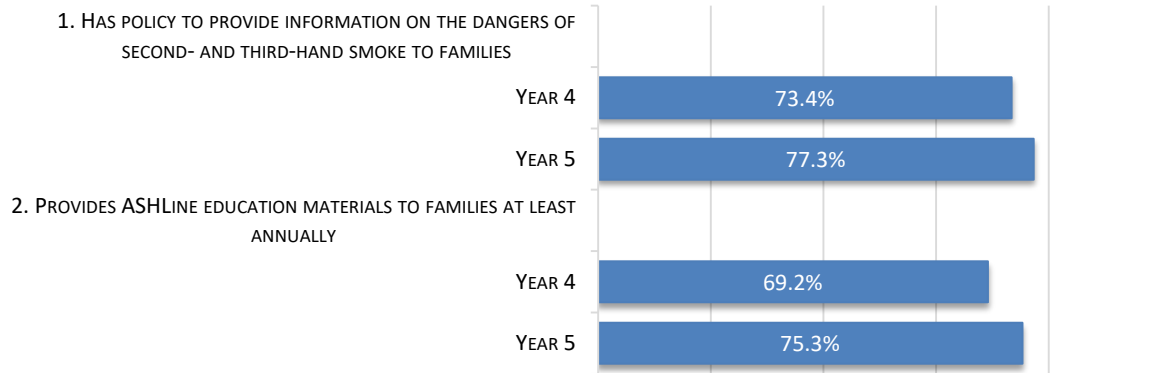
**Figure 26: Percentage of facilities reporting all or some implementation of all ASHLine components by year**



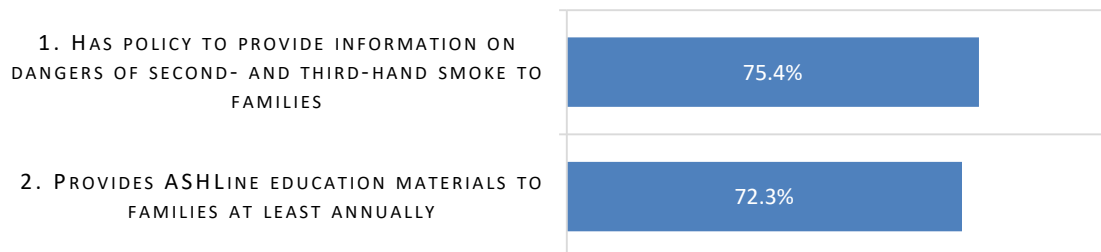
<sup>11</sup> Added in Year 4.

From Year 4 to Year 5, the percentage of facilities with a policy to provide information on the dangers of second- and third-hand smoke to families increased from 73 percent to 77 percent. The percentage of facilities providing ASHLine education materials to families at least annually increased from 69 percent to 75 percent. See Figure 27. See the appendix for a detailed table and graph showing all five years.

**Figure 27: Percentage of facilities reporting full implementation by component and year**



**Figure 28: Percentage of facilities reporting full implementation from Years 4-5\*\***



Before the survey tool was revised in Year 4, there were components in the ASHLine standard related to participation in an ASHLine pilot program. Many of the comments through Year 3 referenced those components such as not knowing whether they participate in the pilot. A few said they were not familiar with the program but were interested in participating. Others reported calling ADHS and receiving no response. These respondents tended to also mention that they needed more information about the program and the materials. Licensing staff mentioned that ASHLine is generally handled by program administrative staff and classroom staff is rarely aware of this standard. One comment unrelated to the pilot was that “no one smokes.” In Year 5, there were no specific comments on the ASHLine standard.

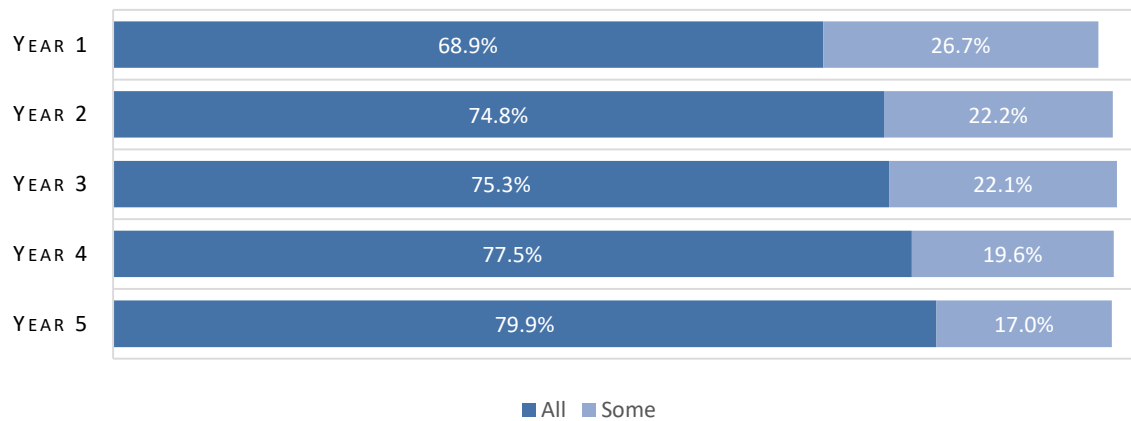
## STANDARD 10: SMOKE-FREE CAMPUS

The smoke-free campus standard requires facilities to commit to providing a smoke-free environment for children and staff by following these four components:

1. Create and display a smoke-free policy for the facility.
2. Provide written guidelines about the smoke-free policy to families.
3. Provide written guidelines about the smoke-free policy to staff members.
4. Post the provided Smoke-Free Arizona Act (A.R.S. §36-601.01) sign at the entrance of the facility.

The percentage of facilities reporting full implementation of the smoke-free campus components increased from 69 percent in Year 1 to 80 percent in Year 5. This means that the facility indicated they are fully implementing each one of the four smoke-free campus components listed above. In Year 5, 17 percent (341 facilities) have room for improvement to increase their implementation of the smoke-free campus standard. See Figure 29.

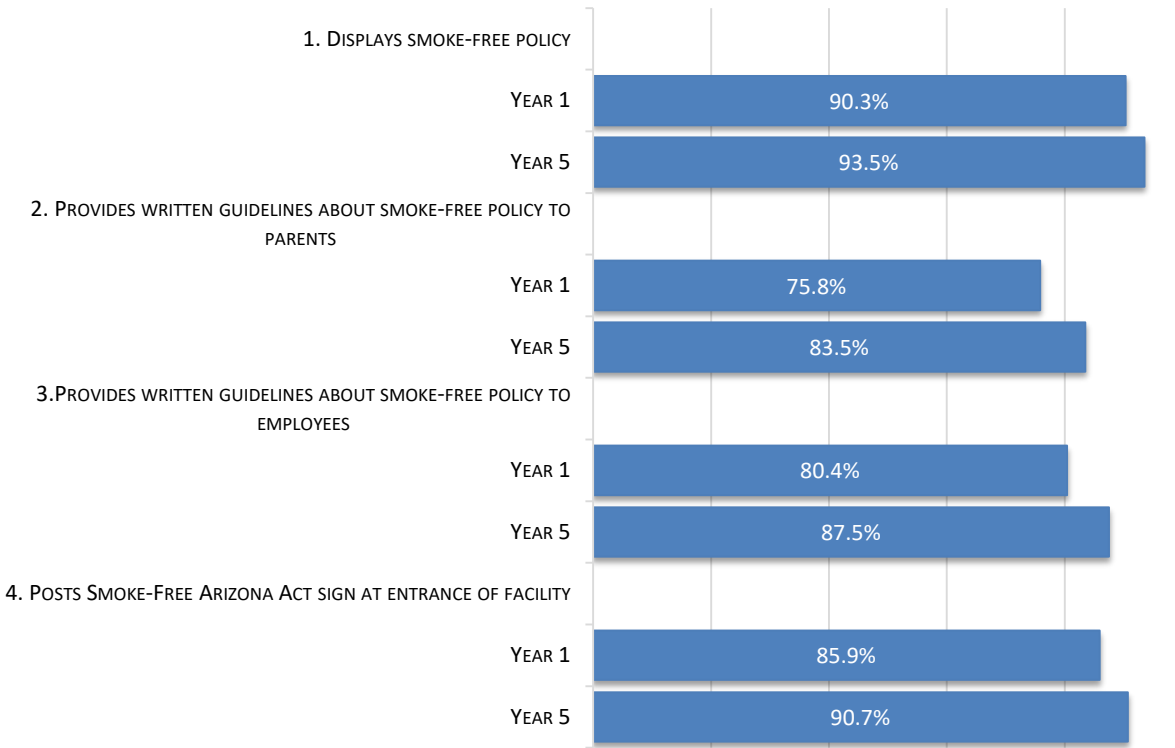
**Figure 29: Percentage of facilities reporting all or some implementation of all smoke-free campus components by year**





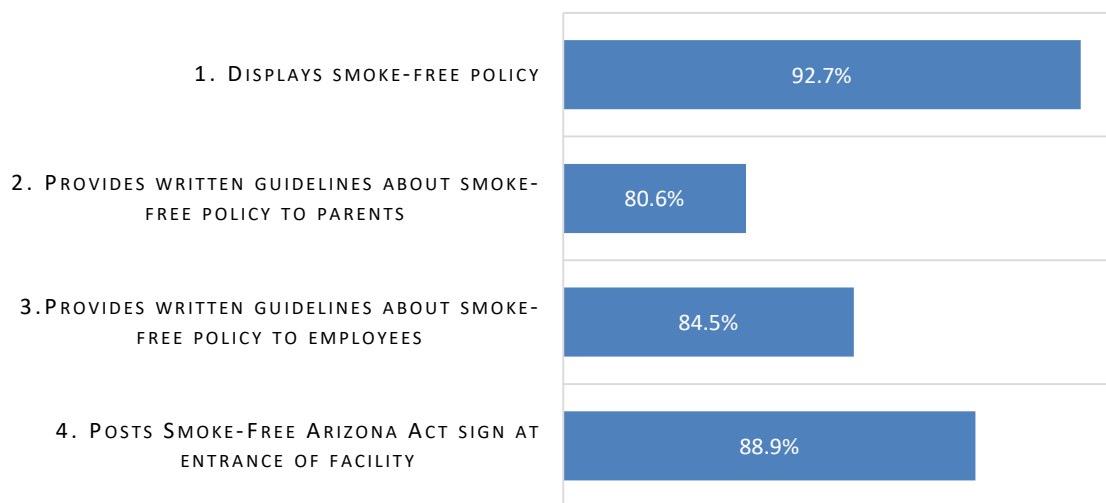
For the smoke-free campus standard, the percentage of facilities reporting full implementation of each component increased from Year 1 to Year 5. Providing written guidelines about a smoke-free policy had the greatest increase from 76 percent in Year 1 to 84 percent in Year 5; however, it remains the component with the lowest implementation level. Displaying a smoke-free policy had the highest level of full implementation in Year 5 at 94 percent. See Figure 30 for the percentage of facilities reporting full implementation by component with a comparison of Year 1 and Year 5. See the appendix for a detailed table and graph showing all five years.

**Figure 30: Percentage of facilities reporting full implementation by component in Year 1 and Year 5**



Looking at the five-year period, the components with the highest implementation rates include displaying a smoke-free policy (93 percent) and posting the Smoke-Free Arizona Act sign at the entrance of the facility (89 percent). The components with the most room for improvement include providing written guidelines about a smoke-free policy to parents (81 percent) and employees (85 percent). See Figure 31.

**Figure 31: Percentage of facilities reporting full implementation of components from Years 1-5**



In the five-year reporting period, few comments have referenced the smoke-free campus standard. One facility mentioned losing their Smoke-Free Arizona Act sign and said they would repost it. However, Licensing staff reported that some facilities choose not to enroll in Empower due to this standard, particularly in group homes, because staff members wanted to be able to smoke at the site. In Year 5, there were no specific comments on this standard.

## CONCLUSION

The Arizona Department of Health Services began evaluating the Empower Program using the current method in State Fiscal Year 2014. In 2016, the evaluation tool was updated as a result of feedback from surveyors in the field and from staff at Empower facilities with modifications to clarify components for better evaluation.

From the first year of implementation through the fifth year, there has been an increase in implementation levels of most standards. There has also been an increase in the level of implementation overall in each subcomponent of each standard. The standards that need the most improvement include breastfeeding, CACFP, and oral health.

## APPENDIX: EMPOWER YEARS 1-5 IMPLEMENTATION REPORT

### STANDARD 1: PHYSICAL ACTIVITY

Years 1-3	Years 4-5
Includes <u>teacher</u> -led activities	Includes <u>adult</u> -led activities
Includes <u>outdoor</u> physical activity	Includes <u>outdoor and indoor</u> physical activity
Includes moderate physical activity	Includes moderate physical activity ( <u>for example: dancing, bouncing a ball</u> )
Includes vigorous physical activity	Includes vigorous physical activity ( <u>for example: running, skipping</u> )
Limits sedentary activity to no more than 60 minutes at a time not including nap time	Limits sedentary <u>or non-moving</u> activity to no more than 60 minutes at a time not including nap time
Limits screen time to 3 hours or less per week	Limits screen time to 3 hours or less per week <u>and no screen time for children under age 2</u>
<u>Prohibits use of</u> physical activity as punishment	<u>Does not withhold or use</u> physical activity as punishment
Provides information on screen time to families	Provides information on <u>physical activity and screen time</u> to families <u>at least annually</u>

	ALL	SOME
<b>PHYSICAL ACTIVITY</b>		
<b>YEAR 1</b>	43.8%	55.9%
<b>YEAR 2</b>	51.4%	47.9%
<b>YEAR 3</b>	55.3%	44.3%
<b>YEAR 4</b>	69.1%	30.7%
<b>YEAR 5</b>	73.0%	27.0%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>1. PROVIDES &gt;= 60 MINS PHYSICAL ACTIVITY/DAY</b>				
YEAR 1	88.7%	10.1%	0.3%	0.9%
YEAR 2	91.2%	7.8%	0.3%	0.7%
YEAR 3	91.7%	7.7%	0.2%	0.4%
YEAR 4	94.4%	5.3%	0.0%	0.2%
YEAR 5	95.5%	4.7%	0.1%	0.1%
<b>2. INCLUDES ADULT-LED ACTIVITIES</b>				
YEAR 1	86.4%	12.5%	0.5%	0.7%
YEAR 2	89.4%	9.6%	0.2%	0.8%
YEAR 3	89.5%	9.8%	0.2%	0.5%
YEAR 4	90.0%	9.7%	0.1%	0.3%
YEAR 5	89.3%	10.2%	0.1%	0.4%
<b>3. INCLUDES FREE PLAY OPPORTUNITIES</b>				
YEAR 1	92.3%	7.2%	0.1%	0.5%
YEAR 2	95.0%	4.2%	0.1%	0.6%
YEAR 3	94.6%	5.1%	0.1%	0.3%
YEAR 4	95.9%	3.8%	0.1%	0.2%
YEAR 5	96.1%	3.8%	0.0%	0.0%
<b>4. INCLUDES INDOOR/OUTDOOR PHYSICAL ACTIVITY</b>				
YEAR 1	90.8%	7.9%	0.9%	0.3%
YEAR 2	93.6%	4.8%	0.9%	0.7%
YEAR 3	93.1%	6.1%	0.4%	0.4%
YEAR 4	95.6%	4.1%	0.1%	0.2%
YEAR 5	96.4%	3.4%	0.1%	0.0%
<b>5. INCLUDES MODERATE PHYSICAL ACTIVITY</b>				
YEAR 1	87.1%	11.9%	0.3%	0.7%
YEAR 2	90.5%	8.2%	0.3%	1.0%
YEAR 3	91.3%	7.9%	0.1%	0.7%
YEAR 4	95.3%	4.5%	0.0%	0.2%
YEAR 5	96.5%	3.4%	0.1%	0.0%
<b>6. INCLUDES VIGOROUS PHYSICAL ACTIVITY</b>				
YEAR 1	66.6%	27.3%	4.5%	1.6%
YEAR 2	73.0%	22.1%	2.9%	2.0%
YEAR 3	75.4%	20.3%	3.0%	1.3%
YEAR 4	90.4%	8.4%	0.8%	0.3%
YEAR 5	93.0%	6.5%	0.4%	0.1%
<b>7. LIMITS SEDENTARY ACTIVITY TO &lt;= 60 MINS</b>				
YEAR 1	89.7%	6.1%	2.3%	2.0%
YEAR 2	90.5%	6.0%	2.1%	1.4%
YEAR 3	90.6%	6.4%	2.2%	0.8%
YEAR 4	93.6%	5.0%	1.0%	0.4%
YEAR 5	94.3%	3.8%	1.3%	0.4%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>8. LIMITS SCREEN TIME TO &lt;=3 HOURS/WEEK AND 0 FOR CHILDREN &lt;2</b>				
YEAR 1	88.3%	4.1%	6.5%	1.0%
YEAR 2	90.2%	3.8%	4.5%	1.5%
YEAR 3	87.8%	4.9%	4.4%	2.9%
YEAR 4	92.5%	3.0%	3.9%	0.6%
YEAR 5	92.9%	2.3%	4.3%	0.5%
<b>9. DOES NOT USE/WITHHOLD PA AS PUNISHMENT</b>				
YEAR 1	89.7%	1.5%	8.2%	0.6%
YEAR 2	91.3%	1.2%	6.7%	0.9%
YEAR 3	92.7%	2.2%	4.6%	0.5%
YEAR 4	95.2%	1.6%	2.9%	0.3%
YEAR 5	95.2%	1.1%	3.3%	0.3%
<b>10. PROVIDES INFORMATION ON SCREEN TIME TO FAMILIES</b>				
YEAR 1	65.9%	16.2%	14.5%	3.3%
YEAR 2	71.5%	15.2%	10.2%	3.1%
YEAR 3	73.8%	14.2%	9.9%	2.2%
YEAR 4	84.4%	10.8%	3.3%	1.6%
YEAR 5	87.0%	9.8%	2.0%	1.2%



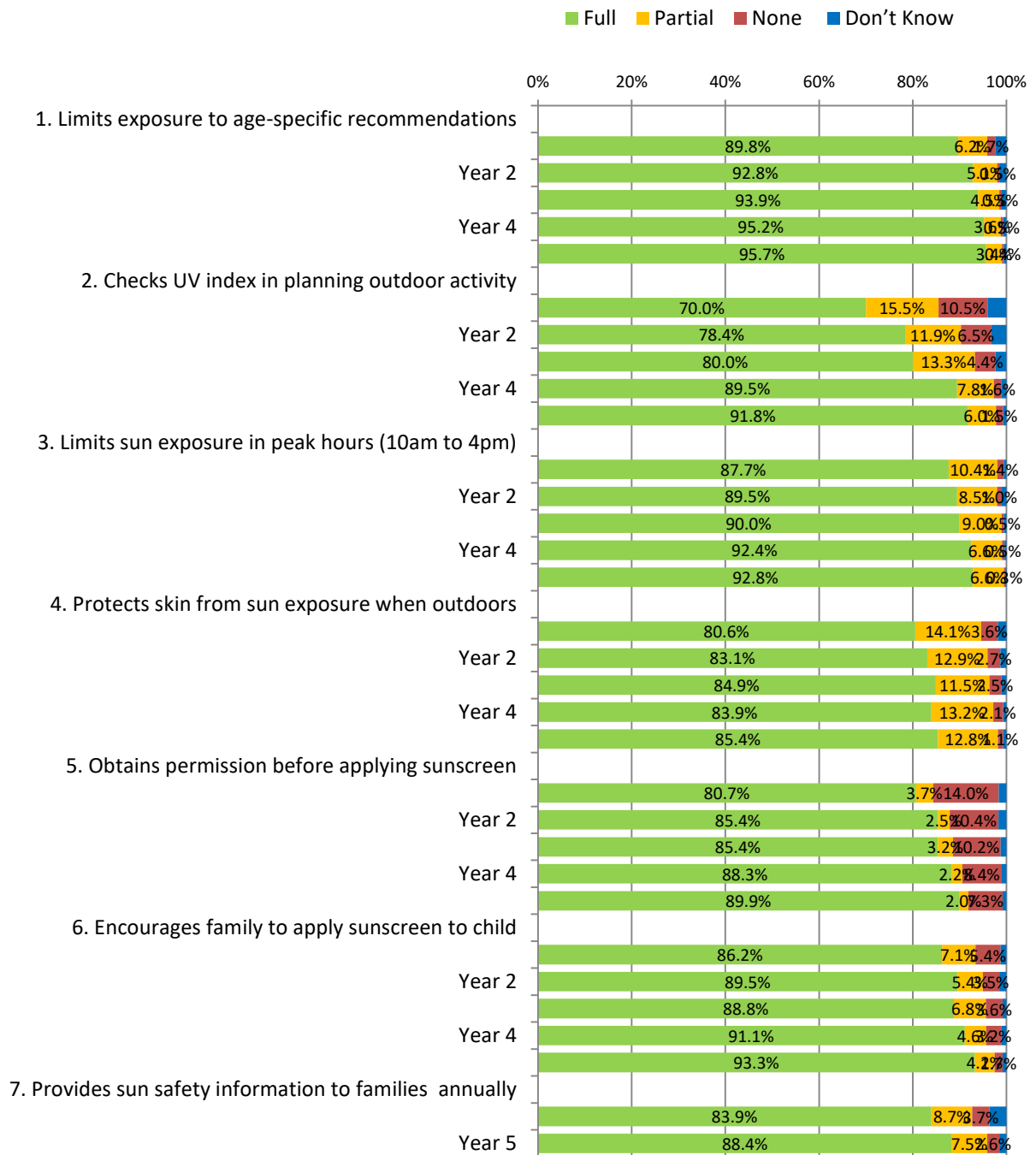
## STANDARD 2: SUN SAFETY

Table 2. Wording Changes to Sun Safety Components	
Years 1-3	Years 4-5
<u>Checks</u> intensity of sun's rays (UV index) in planning outdoor activity	<u>Monitors</u> intensity of sun's rays (UV Index) in planning outdoor activity
Limits sun exposure <u>in</u> peak hours (10am to 4pm)	Limits sun exposure <u>during</u> peak hours (10am to 4pm)
Protects skin from sun exposure during outdoor activities.	Protects skin from sun exposure during outdoor activities ( <u>for example: hat, sunglasses, protective clothing</u> )
Obtains permission from <u>families</u> before applying sunscreen	Obtains permission from <u>parent(s)</u> before applying sunscreen
Encourages <u>families</u> to apply sunscreen to children prior to arrival at <u>site</u>	Encourages <u>parent(s)</u> to apply sunscreen to children prior to arrival at <u>facility</u>
<i>Added component</i>	<u>Provides sun safety information to families at least annually</u>

SUN SAFETY	FULL	PARTIAL
YEAR 1	50.1%	49.1%
YEAR 2	60.0%	39.0%
YEAR 3	63.6%	35.8%
YEAR 4	66.4%	33.2%
YEAR 5	68.9%	30.9%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>1. LIMITS EXPOSURE TO AGE-SPECIFIC RECOMMENDATIONS</b>				
YEAR 1	89.8%	6.2%	1.7%	2.4%
YEAR 2	92.8%	5.1%	0.5%	1.5%
YEAR 3	93.9%	4.5%	0.5%	1.0%
YEAR 4	95.2%	3.6%	0.5%	0.7%
YEAR 5	95.7%	3.4%	0.4%	0.5%
<b>2. CHECKS UV INDEX IN PLANNING OUTDOOR ACTIVITY</b>				
YEAR 1	70.0%	15.5%	10.5%	4.0%
YEAR 2	78.4%	11.9%	6.5%	3.2%
YEAR 3	80.0%	13.3%	4.4%	2.3%
YEAR 4	89.5%	7.8%	1.6%	1.1%
YEAR 5	91.8%	6.0%	1.5%	0.7%
<b>3. LIMITS SUN EXPOSURE IN PEAK HOURS (10AM TO 4PM)</b>				
YEAR 1	87.7%	10.4%	1.4%	0.5%
YEAR 2	89.5%	8.5%	1.0%	1.0%
YEAR 3	90.0%	9.0%	0.5%	0.5%
YEAR 4	92.4%	6.6%	0.5%	0.4%
YEAR 5	92.8%	6.6%	0.3%	0.2%
<b>4. PROTECTS SKIN FROM SUN EXPOSURE WHEN OUTDOORS</b>				
YEAR 1	80.6%	14.1%	3.6%	1.8%
YEAR 2	83.1%	12.9%	2.7%	1.3%
YEAR 3	84.9%	11.5%	2.5%	1.1%
YEAR 4	83.9%	13.2%	2.1%	0.7%
YEAR 5	85.4%	12.8%	1.1%	0.7%
<b>5. OBTAINS PERMISSION BEFORE APPLYING SUNSCREEN</b>				
YEAR 1	80.7%	3.7%	14.0%	1.6%
YEAR 2	85.4%	2.5%	10.4%	1.7%
YEAR 3	85.4%	3.2%	10.2%	1.2%
YEAR 4	88.3%	2.2%	8.4%	1.0%
YEAR 5	89.9%	2.0%	7.3%	0.8%
<b>6. ENCOURAGES FAMILY TO APPLY SUNSCREEN TO CHILD</b>				
YEAR 1	86.2%	7.1%	5.4%	1.2%
YEAR 2	89.5%	5.4%	3.5%	1.5%
YEAR 3	88.8%	6.8%	3.6%	0.8%
YEAR 4	91.1%	4.6%	3.2%	1.1%
YEAR 5	93.3%	4.2%	1.7%	0.8%
<b>7. PROVIDES SUN SAFETY INFORMATION TO FAMILIES ANNUALLY</b>				
YEAR 4	83.9%	8.7%	3.7%	3.6%
YEAR 5	88.4%	7.5%	2.6%	1.5%





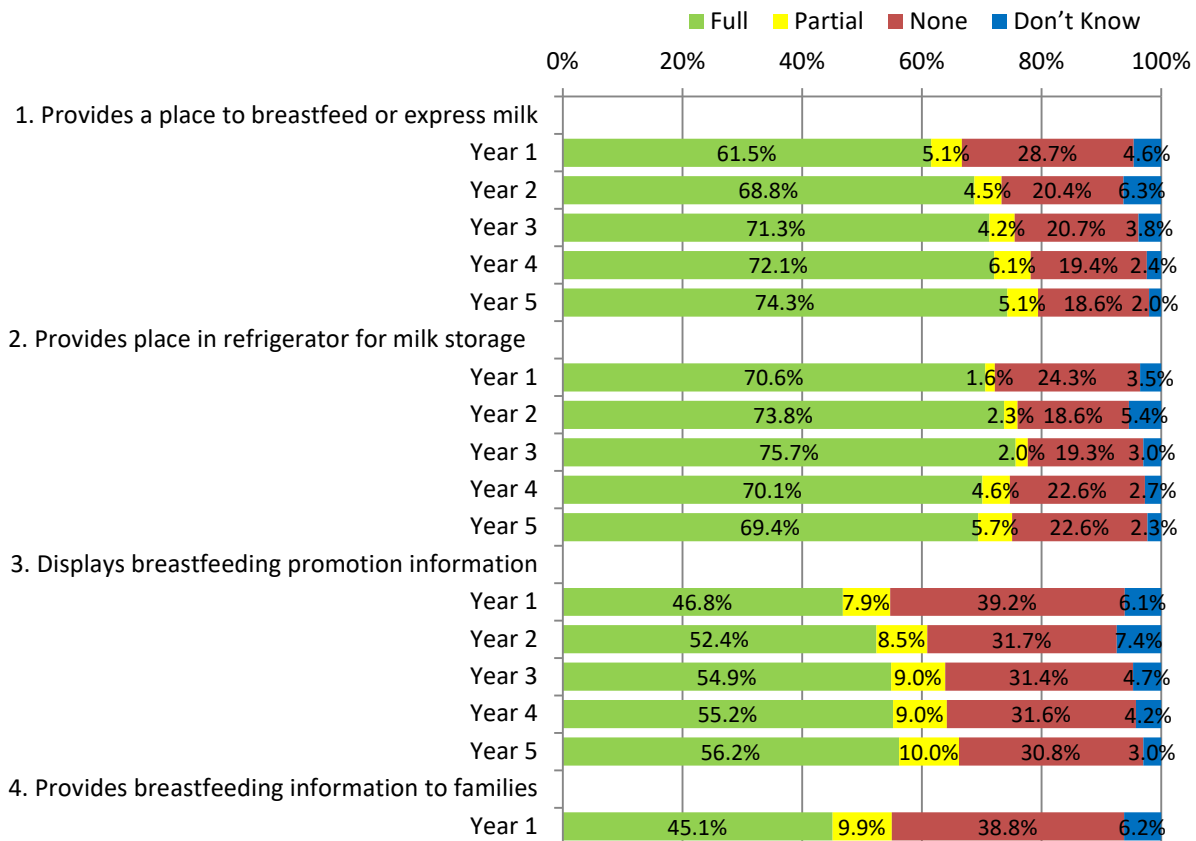
## STANDARD 3: BREASTFEEDING

Years 1-3	Years 4-5
Provides a refrigerator for milk storage	Provides a <u>designated space in refrigerator or freezer</u> for <u>breastmilk</u> storage
Displays breastfeeding <u>promotion information</u>	Displays breastfeeding <u>promotional materials such as posters</u>
Provides breastfeeding information to families	Provides breastfeeding information to families <u>at least annually</u>

BREASTFEEDING	FULL	PARTIAL
YEAR 1	39.9%	34.9%
YEAR 2	45.2%	34.6%
YEAR 3	49.1%	32.1%
YEAR 4	48.7%	31.8%
YEAR 5	50.7%	30.4%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>1. PROVIDES A PLACE TO BREASTFEED OR EXPRESS MILK</b>				
YEAR 1	61.5%	5.1%	28.7%	4.6%
YEAR 2	68.8%	4.5%	20.4%	6.3%
YEAR 3	71.3%	4.2%	20.7%	3.8%
YEAR 4	72.1%	6.1%	19.4%	2.4%
YEAR 5	74.3%	5.1%	18.6%	2.0%
<b>2. PROVIDES PLACE IN REFRIGERATOR FOR MILK STORAGE</b>				
YEAR 1	70.6%	1.6%	24.3%	3.5%
YEAR 2	73.8%	2.3%	18.6%	5.4%
YEAR 3	75.7%	2.0%	19.3%	3.0%
YEAR 4	70.1%	4.6%	22.6%	2.7%
YEAR 5	69.4%	5.7%	22.6%	2.3%
<b>3. DISPLAYS BREASTFEEDING PROMOTION INFORMATION</b>				
YEAR 1	46.8%	7.9%	39.2%	6.1%
YEAR 2	52.4%	8.5%	31.7%	7.4%
YEAR 3	54.9%	9.0%	31.4%	4.7%
YEAR 4	55.2%	9.0%	31.6%	4.2%
YEAR 5	56.2%	10.0%	30.8%	3.0%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>4. PROVIDES BREASTFEEDING INFORMATION TO FAMILIES</b>				
<b>YEAR 1</b>	45.1%	9.9%	38.8%	6.2%
<b>YEAR 2</b>	50.6%	11.4%	30.7%	7.3%
<b>YEAR 3</b>	54.5%	10.1%	30.8%	4.7%
<b>YEAR 4</b>	56.2%	9.8%	29.1%	4.9%
<b>YEAR 5</b>	57.6%	10.1%	28.9%	3.4%

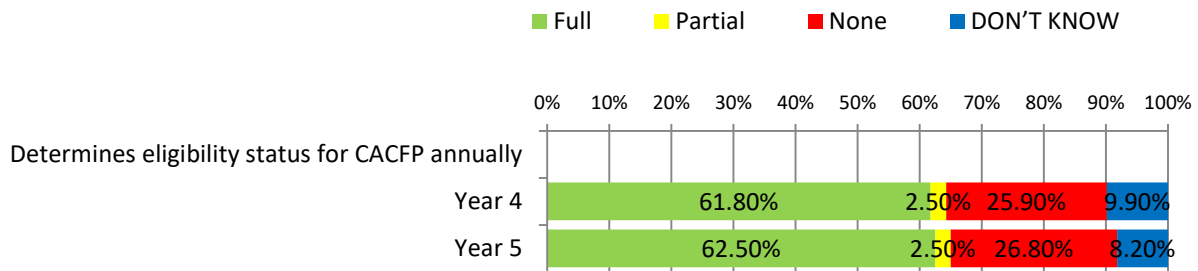


## STANDARD 4: CHILD AND ADULT CARE FOOD PROGRAM

CHILD AND ADULT CARE FOOD PROGRAM	FULL	PARTIAL
YEAR 4	61.8%	2.5%
YEAR 5	62.5%	2.5%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>DETERMINES ELIGIBILITY STATUS FOR CACFP ANNUALLY</b>				
YEAR 4	61.8%	2.5%	25.9%	9.9%
YEAR 5	62.5%	2.5%	26.8%	8.2%



## STANDARD 5: FRUIT JUICE

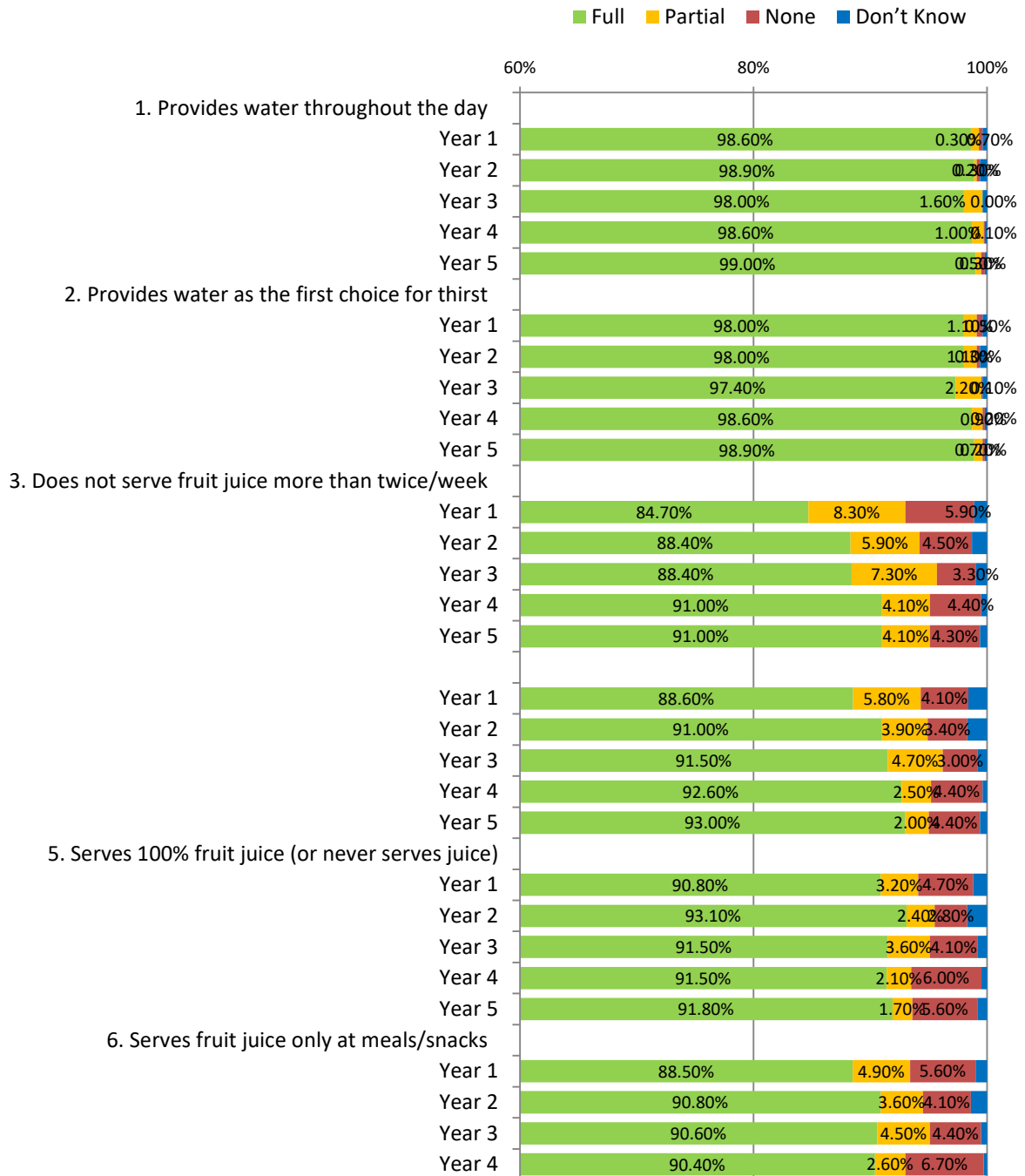
Years 1-3	Years 4-5
Offers water throughout the day	Offers water throughout the day <u>both inside and outside</u>
<u>Prohibits serving</u> fruit juice more than twice/week <u>for 1 year and older (or never serves fruit juice)</u>	<u>Does not serve</u> fruit juice more than twice per week <u>for children 1 year and older</u>
<u>Prohibits</u> serving more than 4-6 ounces of fruit juice at one time <u>(or never serves fruit juice)</u>	Limits serving more than 4-6 ounces of fruit juice at one time
Serves <u>juice that is only 100% fruit juice</u> with no added sugar <u>(or never serves fruit juice)</u>	Serves <u>only 100% fruit juice</u> with no added sugar
Serves fruit juice only at meal or snack times <u>(or never serves fruit juice)</u>	Serves fruit juice only at meal or snack times
Provides information on fruit juice to families	Provides information <u>about limiting</u> fruit juice to families <u>at least annually</u>

### FRUIT JUICE

YEAR 1	50.4%	49.2%
YEAR 2	60.7%	38.6%
YEAR 3	62.7%	37.0%
YEAR 4	72.3%	27.3%
YEAR 5	75.1%	24.5%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>1. PROVIDES WATER THROUGHOUT THE DAY</b>				
YEAR 1	98.6%	0.7%	0.3%	0.4%
YEAR 2	98.9%	0.2%	0.3%	0.6%
YEAR 3	98.0%	1.6%	0.0%	0.4%
YEAR 4	98.6%	1.0%	0.1%	0.2%
YEAR 5	99.0%	0.5%	0.3%	0.2%
<b>2. PROVIDES WATER AS THE FIRST CHOICE FOR THIRST</b>				
YEAR 1	98.0%	1.1%	0.5%	0.4%
YEAR 2	98.0%	1.1%	0.3%	0.6%
YEAR 3	97.4%	2.2%	0.1%	0.4%
YEAR 4	98.6%	0.9%	0.2%	0.2%
YEAR 5	98.9%	0.7%	0.2%	0.2%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>3. DOES NOT SERVE FRUIT JUICE MORE THAN TWICE/WEEK</b>				
YEAR 1	84.7%	8.3%	5.9%	1.1%
YEAR 2	88.4%	5.9%	4.5%	1.3%
YEAR 3	88.4%	7.3%	3.3%	1.0%
YEAR 4	91.0%	4.1%	4.4%	0.5%
YEAR 5	91.0%	4.1%	4.3%	0.6%
<b>4. DOES NOT SERVE MORE THAN 4-6 OZ. OF FRUIT JUICE AT A TIME</b>				
YEAR 1	88.6%	5.8%	4.1%	1.6%
YEAR 2	91.0%	3.9%	3.4%	1.7%
YEAR 3	91.5%	4.7%	3.0%	0.8%
YEAR 4	92.6%	2.5%	4.4%	0.4%
YEAR 5	93.0%	2.0%	4.4%	0.6%
<b>5. SERVES 100% FRUIT JUICE (OR NEVER SERVES JUICE)</b>				
YEAR 1	90.8%	3.2%	4.7%	1.2%
YEAR 2	93.1%	2.4%	2.8%	1.7%
YEAR 3	91.5%	3.6%	4.1%	0.8%
YEAR 4	91.5%	2.1%	6.0%	0.5%
YEAR 5	91.8%	1.7%	5.6%	0.8%
<b>6. SERVES FRUIT JUICE ONLY AT MEALS/SNACKS</b>				
YEAR 1	88.5%	4.9%	5.6%	1.0%
YEAR 2	90.8%	3.6%	4.1%	1.4%
YEAR 3	90.6%	4.5%	4.4%	0.5%
YEAR 4	90.4%	2.6%	6.7%	0.3%
YEAR 5	90.9%	2.0%	6.4%	0.7%
<b>7. PROVIDES INFORMATION ON FRUIT JUICE TO FAMILIES</b>				
YEAR 1	58.4%	16.4%	21.2%	4.0%
YEAR 2	68.3%	13.4%	13.7%	4.6%
YEAR 3	68.9%	14.8%	13.3%	3.0%
YEAR 4	79.7%	8.7%	8.7%	2.9%
YEAR 5	82.5%	8.2%	6.7%	2.7%



## STANDARD 6: FAMILY-STYLE MEALS

Years 1-3	Years 4-5
Uses child-friendly serving utensils	Uses child- <u>sized</u> serving utensils
Requires staff <u>participation</u> in mealtime with children	Requires staff <u>to sit, participate, and interact with children during mealtime</u>
<u>Prohibits using</u> food as a punishment or reward	<u>Does not use</u> food as a punishment or reward
Provides information <u>on</u> healthy eating to families	Provides information <u>about</u> healthy eating to families <u>at least annually</u>

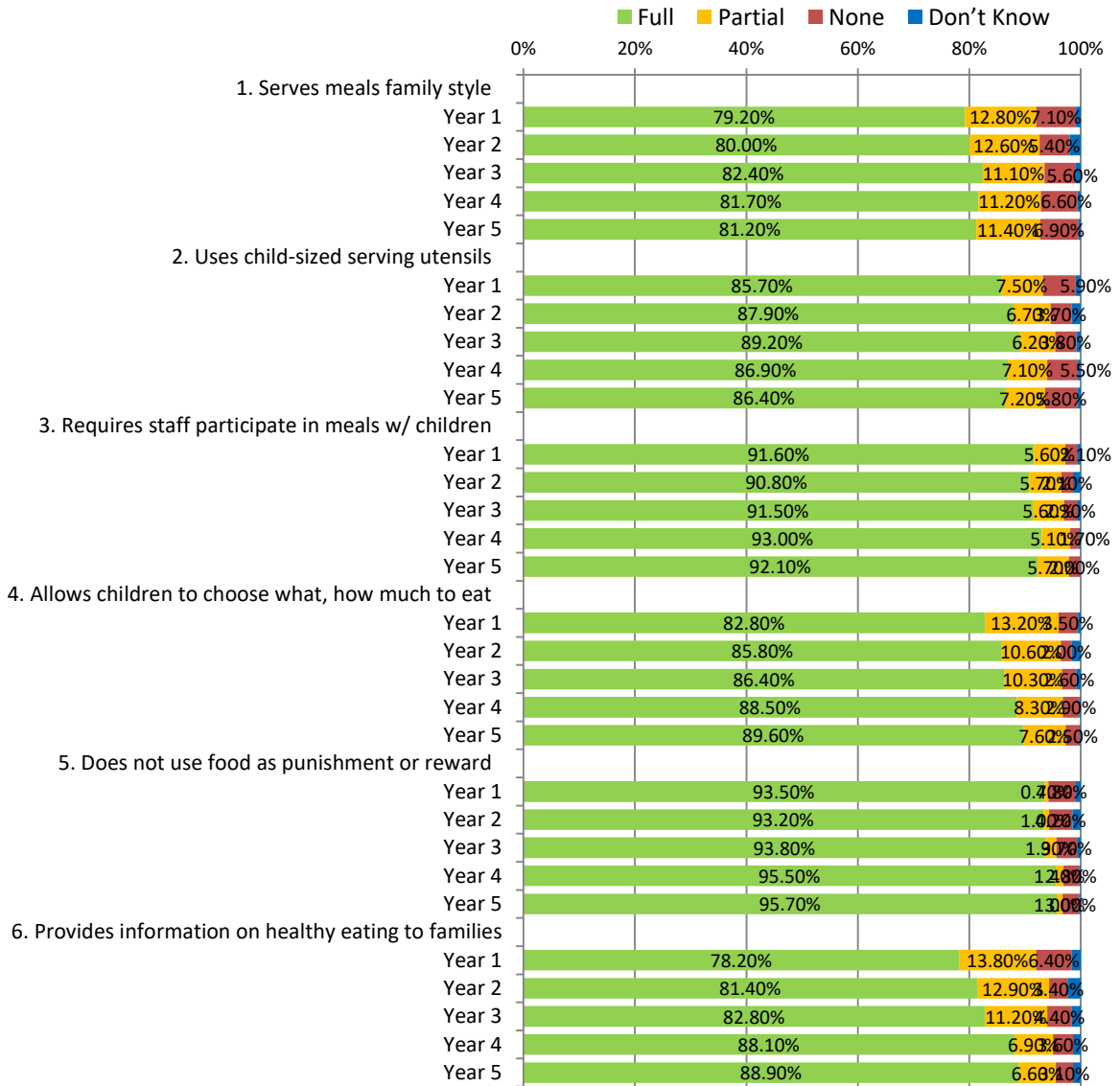
### FAMILY-STYLE MEALS

YEAR 1	57.4%	41.4%
YEAR 2	62.6%	35.3%
YEAR 3	68.0%	30.1%
YEAR 4	69.8%	29.0%
YEAR 5	70.7%	27.9%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>1. SERVES MEALS FAMILY STYLE</b>				
YEAR 1	79.2%	12.8%	7.1%	0.9%
YEAR 2	80.0%	12.6%	5.4%	2.0%
YEAR 3	82.4%	11.1%	5.6%	0.9%
YEAR 4	81.7%	11.2%	6.6%	0.6%
YEAR 5	81.2%	11.4%	6.9%	0.4%
<b>2. USES CHILD-SIZED SERVING UTENSILS</b>				
YEAR 1	85.7%	7.5%	5.9%	0.9%
YEAR 2	87.9%	6.7%	3.7%	1.7%
YEAR 3	89.2%	6.2%	3.8%	0.8%
YEAR 4	86.9%	7.1%	5.5%	0.5%
YEAR 5	86.4%	7.2%	5.8%	0.6%
<b>3. REQUIRES STAFF PARTICIPATE IN MEALS W/ CHILDREN</b>				
YEAR 1	91.6%	5.6%	2.1%	0.7%
YEAR 2	90.8%	5.7%	2.1%	1.4%
YEAR 3	91.5%	5.6%	2.3%	0.7%
YEAR 4	93.0%	5.1%	1.7%	0.2%
YEAR 5	92.1%	5.7%	2.0%	0.1%



	FULL	PARTIAL	NONE	DON'T KNOW
<b>4. ALLOWS CHILDREN TO CHOOSE WHAT, HOW MUCH TO EAT</b>				
YEAR 1	82.8%	13.2%	3.5%	0.5%
YEAR 2	85.8%	10.6%	2.0%	1.6%
YEAR 3	86.4%	10.3%	2.6%	0.8%
YEAR 4	88.5%	8.3%	2.9%	0.3%
YEAR 5	89.6%	7.6%	2.5%	0.2%
<b>5. DOES NOT USE FOOD AS PUNISHMENT OR REWARD</b>				
YEAR 1	93.5%	0.7%	4.8%	1.0%
YEAR 2	93.2%	1.0%	4.2%	1.5%
YEAR 3	93.8%	1.9%	3.7%	0.7%
YEAR 4	95.5%	1.4%	2.8%	0.3%
YEAR 5	95.7%	1.0%	3.0%	0.3%
<b>6. PROVIDES INFORMATION ON HEALTHY EATING TO FAMILIES</b>				
YEAR 1	78.2%	13.8%	6.4%	1.6%
YEAR 2	81.4%	12.9%	3.4%	2.3%
YEAR 3	82.8%	11.2%	4.4%	1.6%
YEAR 4	88.1%	6.9%	3.6%	1.4%
YEAR 5	88.9%	6.6%	3.1%	1.4%



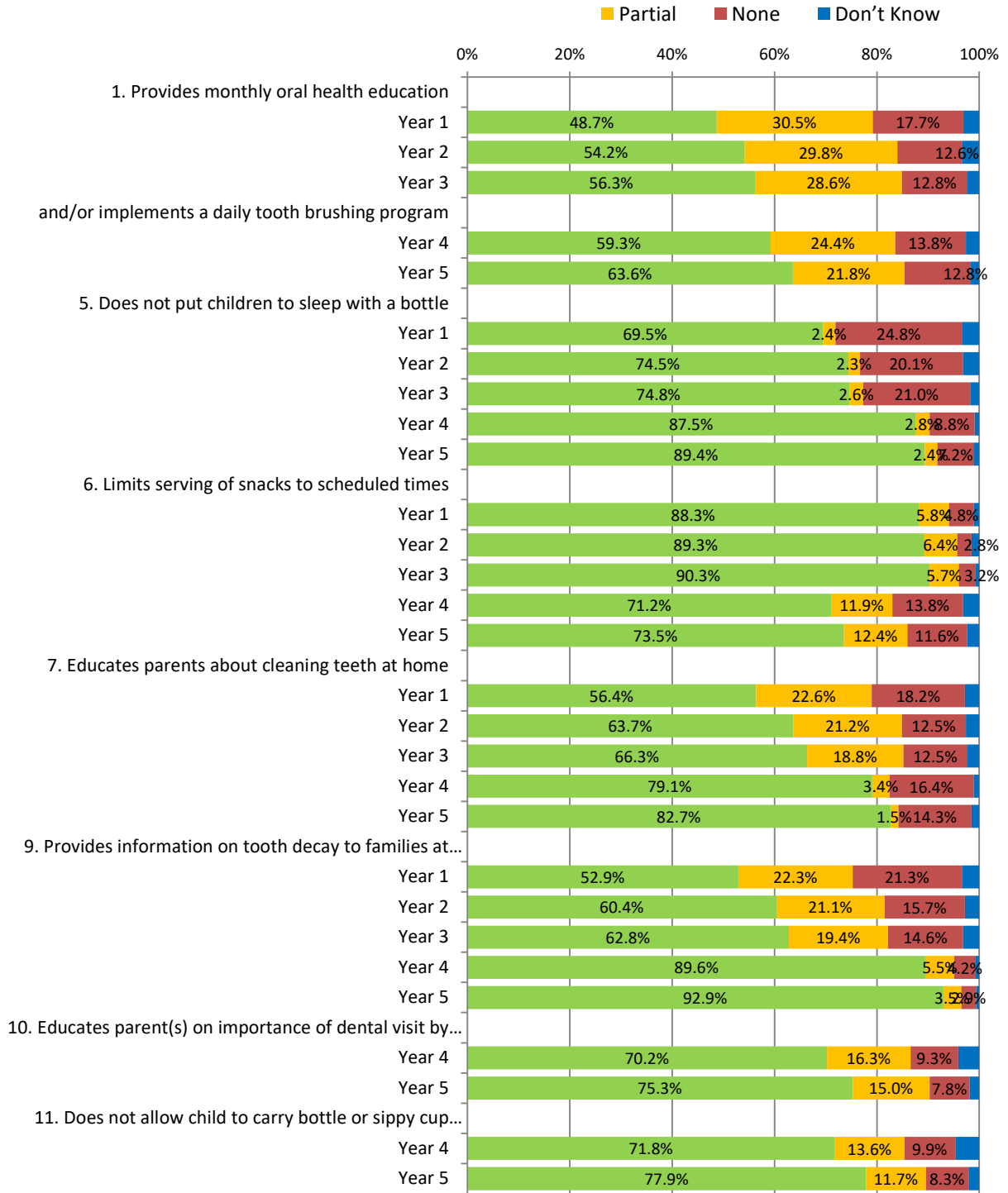
## STANDARD 7: ORAL HEALTH

Table 6. Wording Changes to Oral Health Components	
Years 1-3	Years 4-5
Provides monthly oral health education	Provides monthly oral health education <u>and/or implements a daily tooth brushing program</u>
<u>Prohibits putting</u> children to sleep with a bottle	<u>Does not put</u> children to sleep with a bottle
Limits serving of snacks to scheduled times	Limits serving of <u>meals and</u> snacks to scheduled times
Informs parents about cleaning teeth at home	<u>Educates</u> parents about cleaning teeth <u>and oral hygiene</u> at home
Includes a tooth brushing program	<i>Discontinued</i>
Prohibits sharing utensils with a child	<i>Discontinued</i>
Prohibits licking a pacifier to 'clean' it	<i>Discontinued</i>
Educates parents on oral hygiene	<i>Discontinued</i>
<i>Added component</i>	Educates parents on the importance of a dental visit by their child's first birthday
<i>Added component</i>	Does not allow children to carry a bottle or sippy cup during the day unless it is water

### ORAL HEALTH

<b>YEAR 1</b>	28.5%	69.0%
<b>YEAR 2</b>	33.1%	65.1%
<b>YEAR 3</b>	35.1%	62.5%
<b>YEAR 4</b>	45.6%	51.8%
<b>YEAR 5</b>	54.3%	43.1%

	FULL	PARTIAL	NONE	DON'T KNOW
<b>1. PROVIDES MONTHLY ORAL HEALTH EDUCATION</b>				
YEAR 1	48.7%	30.5%	17.7%	3.1%
YEAR 2	54.2%	29.8%	12.6%	3.4%
YEAR 3	56.3%	28.6%	12.8%	2.3%
<b>AND/OR IMPLEMENTS A DAILY TOOTH BRUSHING PROGRAM</b>				
YEAR 4	59.3%	24.4%	13.8%	2.6%
YEAR 5	63.6%	21.8%	12.8%	1.8%
<b>5. DOES NOT PUT CHILDREN TO SLEEP WITH A BOTTLE</b>				
YEAR 1	69.5%	2.4%	24.8%	3.3%
YEAR 2	74.5%	2.3%	20.1%	3.2%
YEAR 3	74.8%	2.6%	21.0%	1.7%
YEAR 4	87.5%	2.8%	8.8%	0.9%
YEAR 5	89.4%	2.4%	7.2%	1.0%
<b>6. LIMITS SERVING OF SNACKS TO SCHEDULED TIMES</b>				
YEAR 1	88.3%	5.8%	4.8%	1.1%
YEAR 2	89.3%	6.4%	2.8%	1.5%
YEAR 3	90.3%	5.7%	3.2%	0.8%
YEAR 4	71.2%	11.9%	13.8%	3.2%
YEAR 5	73.5%	12.4%	11.6%	2.4%
<b>7. EDUCATES PARENTS ABOUT CLEANING TEETH AT HOME</b>				
YEAR 1	56.4%	22.6%	18.2%	2.8%
YEAR 2	63.7%	21.2%	12.5%	2.6%
YEAR 3	66.3%	18.8%	12.5%	2.3%
YEAR 4	79.1%	3.4%	16.4%	1.1%
YEAR 5	82.7%	1.5%	14.3%	1.5%
<b>9. PROVIDES INFORMATION ON TOOTH DECAY TO FAMILIES AT LEAST ANNUALLY</b>				
YEAR 1	52.9%	22.3%	21.3%	3.4%
YEAR 2	60.4%	21.1%	15.7%	2.8%
YEAR 3	62.8%	19.4%	14.6%	3.2%
YEAR 4	89.6%	5.5%	4.2%	0.7%
YEAR 5	92.9%	3.5%	2.9%	0.6%
<b>10. EDUCATES PARENT(S) ON IMPORTANCE OF DENTAL VISIT BY FIRST BIRTHDAY</b>				
YEAR 4	70.2%	16.3%	9.3%	4.1%
YEAR 5	75.3%	15.0%	7.8%	1.9%
<b>11. DOES NOT ALLOW CHILD TO CARRY BOTTLE OR SIPPY CUP UNLESS IT IS WATER</b>				
YEAR 4	71.8%	13.6%	9.9%	4.7%
YEAR 5	77.9%	11.7%	8.3%	2.1%

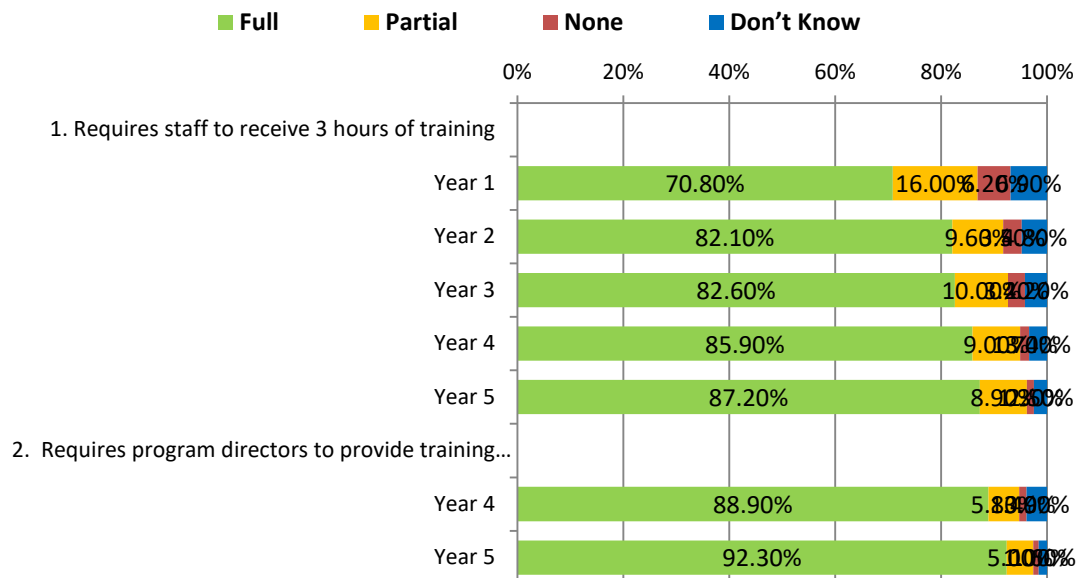


## STANDARD 8: STAFF TRAINING

Table 7. Wording Changes to Staff Training Components	
Years 1-3	Years 4-5
<i>Added component</i>	Program directors required to provide training opportunities to staff members

### STAFF TRAINING

	FULL	PARTIAL	NONE	DON'T KNOW
<b>YEAR 4</b>	76.0%		21.3%	
<b>YEAR 5</b>	86.5%		11.2%	
<b>1. REQUIRES STAFF TO RECEIVE 3 HOURS OF TRAINING</b>				
<b>YEAR 1</b>	70.8%	16.0%	6.2%	6.9%
<b>YEAR 2</b>	82.1%	9.6%	3.5%	4.8%
<b>YEAR 3</b>	82.6%	10.0%	3.2%	4.2%
<b>YEAR 4</b>	85.9%	9.0%	1.7%	3.4%
<b>YEAR 5</b>	87.2%	8.9%	1.3%	2.5%
<b>2. REQUIRES PROGRAM DIRECTORS TO PROVIDE TRAINING OPPORTUNITIES</b>				
<b>YEAR 4</b>	88.9%	5.8%	1.4%	3.9%
<b>YEAR 5</b>	92.3%	5.0%	1.0%	1.6%

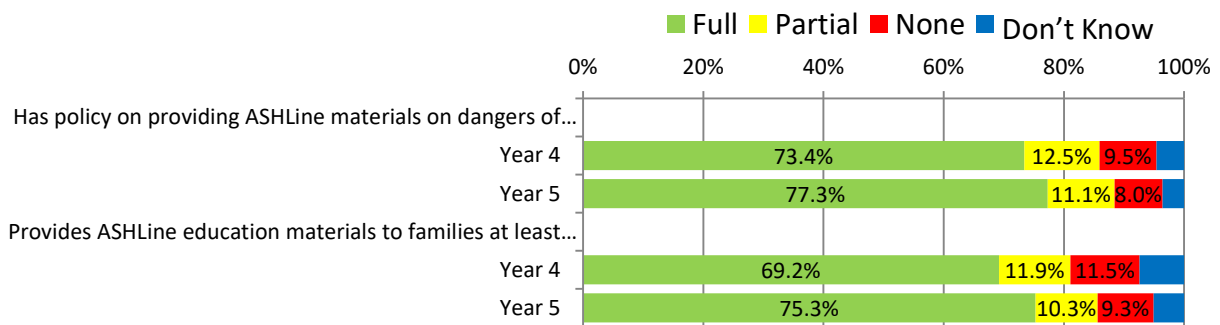


## STANDARD 9: ASHLINE

Table 8. Wording Changes to ASHLine Components	
Years 1-3	Years 4-5
Does facility have a policy on providing ASHLine materials on dangers of second- and third-hand smoke?	Provides information on the dangers of second- and third-hand smoke to families
Does facility participate in ASHLine Referral Training pilot?	Discontinued
If yes, was any staff trained by ASHLine Referral Coordinator?	Discontinued
Added component	Provides ASHLine education materials to families at least annually

### ASHLINE

	FULL	PARTIAL	NONE	DON'T KNOW
<b>YEAR 4</b>	67.1%		24.4%	
<b>YEAR 5</b>	72.9%		19.8%	
<b>HAS POLICY ON PROVIDING ASHLINE MATERIALS ON DANGERS OF SECOND- AND THIRD-HAND SMOKE</b>				
<b>YEAR 4</b>	73.4%	12.5%	9.5%	4.6%
<b>YEAR 5</b>	77.3%	11.1%	8.0%	3.6%
<b>PROVIDES ASHLINE EDUCATION MATERIALS TO FAMILIES AT LEAST ANNUALLY</b>				
<b>YEAR 4</b>	69.2%	11.9%	11.5%	7.4%
<b>YEAR 5</b>	75.3%	10.3%	9.3%	5.1%



## STANDARD 10: SMOKE-FREE CAMPUS

### SMOKE-FREE CAMPUS

YEAR 1	68.9%	26.7%		
YEAR 2	74.8%	22.2%		
YEAR 3	75.3%	22.2%		
YEAR 4	77.4%	19.6%		
YEAR 5	79.9%	16.8%		
	<b>FULL</b>	<b>PARTIAL</b>	<b>NONE</b>	<b>DON'T KNOW</b>
<b>1. DISPLAYS SMOKE-FREE POLICY</b>				
YEAR 1	90.3%	2.5%	5.4%	1.8%
YEAR 2	92.7%	2.6%	3.1%	1.6%
YEAR 3	93.1%	2.6%	2.5%	1.7%
YEAR 4	93.1%	2.6%	2.5%	1.8%
YEAR 5	93.5%	2.2%	2.7%	1.5%
<b>2. PROVIDES WRITTEN GUIDELINES ABOUT SMOKE-FREE POLICY TO PARENTS</b>				
YEAR 1	75.8%	10.4%	10.0%	3.8%
YEAR 2	80.2%	9.8%	7.4%	2.6%
YEAR 3	79.8%	9.5%	7.8%	2.9%
YEAR 4	82.0%	8.7%	6.3%	3.0%
YEAR 5	83.5%	8.0%	6.0%	2.6%
<b>3. PROVIDES WRITTEN GUIDELINES ABOUT SMOKE-FREE POLICY TO EMPLOYEES</b>				
YEAR 1	80.4%	7.9%	8.4%	3.3%
YEAR 2	83.5%	7.7%	5.9%	3.0%
YEAR 3	84.2%	7.1%	6.0%	2.7%
YEAR 4	85.3%	6.6%	5.2%	2.9%
YEAR 5	87.5%	5.5%	4.8%	2.2%
<b>4. POSTS SMOKE-FREE ARIZONA ACT SIGN AT ENTRANCE OF FACILITY</b>				
YEAR 1	85.9%	2.7%	7.7%	3.7%
YEAR 2	88.2%	2.8%	5.2%	3.8%
YEAR 3	90.0%	3.2%	4.2%	2.6%
YEAR 4	88.9%	3.4%	5.1%	2.7%
YEAR 5	90.7%	2.7%	4.3%	2.3%



