

Policy Recommendations to Improve Child Care Regulations/Settings

Institute of Medicine:

Include specific requirements related to physical activity, sedentary activity, and child feeding in child care regulations

- **Recommendation 3-1:** Child care regulatory agencies should require child care providers and early childhood educators to provide infants, toddlers, and preschool children with opportunities to be physically active throughout the day.
- **Recommendation 3-2:** The community and its built environment should promote physical activity for children from birth to age five.
- **Recommendation 3-3:** Child care regulatory agencies should require child care providers and early childhood educators to allow infants, toddlers, and preschoolers to move freely by limiting the use of equipment that restricts infants' movement and by implementing appropriate strategies to ensure that the amount of time toddlers and preschoolers spend sitting or standing still is limited.
- **Recommendation 3-4:** Health and education professionals providing guidance to parents of young children and those working with young children should be trained in ways to increase children's physical activity and decrease their sedentary behavior, and in how to counsel parents about their children's physical activity.
- **Recommendation 4-1:** Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more.
- **Recommendation 4-2:** To ensure that child care facilities provide a variety of healthy foods and age-appropriate portion sizes in an environment that encourages children and staff to consume a healthy diet, child care regulatory agencies should require that all meals, snacks, and beverages served by early childhood programs be consistent with the Child and Adult Care Food Program meal patterns and safe drinking water be available and accessible to the children.
- **Recommendation 4-3:** The Department of Health and Human Services and the U.S. Department of Agriculture should establish dietary guidelines for children from birth to age two years in future releases of the *Dietary Guidelines for Americans*.
- **Recommendation 4-4:** State child care regulatory agencies should require that child care providers and early childhood educators practice responsive feeding
- **Recommendation 4-5:** Government agencies should promote access to affordable healthy foods for infants and young children from birth to age five in all neighborhoods, including those in low-income areas, by maximizing participation in federal nutrition assistance programs and increasing access to healthy foods at the community level.
- **Recommendation 4-6:** Health and education professionals providing guidance to parents of young children and those working with young children should be trained and educated and have the right tools to increase children's healthy eating and counsel parents about their children's diet

- **Recommendation 5-1:** Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two-five.
 - **Recommendation 5-2:** Healthcare providers should counsel parents and children’s caregivers not to permit televisions, computers, or other digital media devices in children’s bedrooms or other sleeping areas.
 - **Recommendation 5-3:** The Federal Trade Commission, the U.S. Department of Agriculture, Centers for Disease Control and Prevention, and the Food and Drug Administration should continue their work to establish and monitor the implementation of uniform voluntary national nutrition and marketing standards for food and beverage products marketed to children.
 - **Recommendation 5-4:** The Secretary of the Department of Health and Human Services, in cooperation with state and local government agencies and interested private entities, should establish a sustained social marketing program to provide pregnant women and caregivers of children from birth to age five with consistent, practical information on the risk factors for obesity in young children and strategies for preventing overweight and obesity.
 - **Recommendation 6-1:** Child care regulatory agencies should require child care providers to adopt practices that promote age-appropriate sleep durations.
 - **Recommendation 6-2:** Health and education professionals should be trained in how to counsel parents about their children’s age-appropriate sleep durations.
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The National Resource Center for Health and Safety in Child Care and Early Education, American Academy of Pediatrics, and American Public Health Association: Preventing Childhood Obesity in Early Care and Education Programs: *Selected standards from Caring for Our Children: National Health and Safety Performance Standards*

Preventing Childhood Obesity in Early Care and Education Programs presents a selected set of evidence based and expert consensus-based standards in three topic areas: nutrition, physical activity, and screen time in early care and education. More information can be found here: [link](#)

Nutrition Standards General Requirements Recommendation Executive Summary:

- Feeding Plans; Use of USDA –CACFP Guidelines; Meal Pattern; Written Menus; Drinking Water and 100% Fruit Juice; Care of Children with Food Allergies, Vegetarian/Vegan Diets.
- **Requirements for Infants:** Breastfeeding; Feeding by a Consistent Caregiver/Teacher; Preparing, Feeding, Storing Human Milk or Formula; Techniques for Bottle Feeding; Introduction of Age-Appropriate Solid Food; Use of Soy-based Products.
- **Requirements for Toddlers and Preschoolers:** Meal and Snack Patterns; Serving Size, Encouraging Self Feeding.
- **Meal Service and Supervision:** Socialization; Numbers of Children Fed Simultaneously by One Adult; Adult Supervision; Familiar and New Foods; Use of Nutritionist/Registered Dietitian.
- **Food Brought from Home:** Nutritional Quality of Food Brought from Home; Selection and Preparation of Food Brought from Home.
- **Nutrition Education:** Nutritional Learning Experiences for Children and Parents/Guardians; Health, Nutrition, Physical Activity, and Safety Awareness.

- **Policies:** Infant Feeding Policy; Food and Nutrition Service Policies and Plans.

Physical Activity Standards

- Active Opportunities for Physical Activity and playtime (Outdoors and Indoors); Policies and Practices and Caregivers/Teachers' Encouragement of Physical Activity.

Screen Time Standard

- Limiting Screen Time —Media, Computer Time.
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[California Department of Education: Keeping Children Healthy in California's Child Care Environments: Recommendations to Improve Nutrition and Increase Physical Activity](#)

1. Goal 1: Strengthen the Child and Adult Care Food Program (CACFP).
2. Goal 2: Establish nutrition and physical activity requirements for child care programs.
3. Goal 3: Provide consistent messaging related to nutrition and physical activity.
4. Goal 4: Expand nutrition and physical activity training in child care programs.

Goal 1 Recommendations:

- **Establish California nutrition and physical activity standards for an improved CACFP.** The California Department of Education (CDE) should convene an expert committee to review and improve the federal CACFP meal pattern with enhanced California nutrition and physical activity standards. This group should examine evidence to determine (1) how the current CACFP meal pattern impacts the nutritional status of children in child care settings and how the meal pattern could be improved; (2) the degree to which behavioral standards for caregivers (such as feeding styles) could be used to improve children's nutritional status; and (3) the potential benefits of physical activity standards.
- **B. Modify the federal CACFP meal pattern.** The CDE should work with the U.S. Department of Agriculture (USDA) and Congress to modify the federal CACFP meal pattern in accordance with the California standards described in Recommendation A above.
- **C. Streamline the CACFP compliance requirements to increase agency participation.** The CDE should work with state and community agencies to address their CACFP participation challenges by (1) advocating changes to federal compliance requirements; (2) continuing to modernize and streamline compliance reporting requirements; and (3) continuing to develop guidance for CACFP agencies to help them meet federal program requirements.
- **D. Collaborate on a CACFP marketing plan.** The CDE, the California Department of Social Services' Community Care Licensing Division (CCLD), and the California Department of Public Health (CDPH) should collaborate to develop and implement a marketing plan that encourages child care providers to participate in the CACFP. The plan should emphasize the CACFP's benefits and the efforts underway to streamline federal paperwork requirements.

- **E. Evaluate nutrition and physical activity education during CACFP monitoring visits.** The CDE should receive sufficient resources to expand monitoring-visit requirements so that child care providers can be evaluated on the quality of nutrition and physical activity education that they offer to children.
- **F. Require CACFP participation for state-funded child care providers.** All eligible child care providers receiving state funds should be required to participate in the CACFP

Goal 2 Recommendations:

- **Include nutrition and physical activity standards in the child care licensing requirements.** The CCLD should collaborate with the CDE and the CDPH to modify child care licensing requirements so that all licensed child care providers comply with the new California nutrition and physical activity standards recommended by the expert committee. (See Goal 1, Recommendation A.)
- **B. Require nutrition-related training for initial child care licensure.** The CCLD and the California Emergency Medical Services Authority (EMSA) should collaborate with the CDE and the CDPH to develop and integrate evidence-based nutrition, physical activity, and wellness education into the preventive health training required for initial licensure of child care providers.
- **C. Incorporate nutrition and physical activity into training required for maintaining child care licensure.** The CCLD and the EMSA should collaborate with the CDE and the CDPH to incorporate nutrition and physical activity education into the ongoing cardiopulmonary resuscitation (CPR) classes that are required for maintaining licensure.
- **D. Align child-care-related nutrition and physical activity standards.** All relevant state and federal agencies should align their child-care-related nutrition and physical activity standards and requirements to ensure that they do not conflict.
- **E. Report key nutrition and physical activity outcomes for child care.** All appropriate state and community agencies should work together to identify, track, and publicly report key nutrition and physical activity outcomes for child care settings. As part of this effort relevant state and community agencies should do the following:
 - Identify key outcomes to evaluate interventions for improving nutrition and increasing physical activity in child care settings.
 - Identify or create statewide data-collection systems to track key nutrition and physical activity outcomes and complete periodic data analysis.
 - Report statewide outcomes at least every three years, making reports and key findings available to the public through the Internet, print media, public service announcements, and other forms of communication.

Goal 3 Recommendations:

- **Collaborate on the development and delivery of consistent messaging.** All relevant state agencies—including the CHHS (the CDPH, the California Department of Health Care Services, the EMSA, and the CCLD), the CDE, First 5 California, the California Department of Food and Agriculture, and others as appropriate—should collaborate on social marketing and health education strategies to provide consistent messaging about nutrition and physical activity.

- **Establish nutrition and physical activity foundations for preschool.** The CDE should incorporate nutrition and physical activity components into the health-related Preschool Learning Foundations.
- **Include nutrition-related criteria in child care ratings.** As efforts to develop child care ratings in California move forward, the CDE should collaborate with appropriate state and community agencies to include nutrition, physical activity, and parent involvement criteria in these ratings. Minimally, these criteria must be aligned with the California nutrition and physical activity standards. Further recommendations and “best practices” should be incorporated into criteria used for higher ratings.

Goal 4 Recommendations:

- **Strengthen relevant community-college curricula by emphasizing the importance of nutrition and physical activity in child care programs.** The CDE should work with California community colleges to include relevant nutrition and physical activity information in all levels of child-care-related curricula. Students should have the opportunity to increase their skills, knowledge, and understanding of their role in helping each child meet his or her unique nutritional and physical activity needs.
 - **Incorporate nutrition and physical activity into continuing education for child care providers.** The CDE and the CHHS should collaborate with other appropriate entities—such as resource and referral agencies, local planning councils, and community agencies—to incorporate effective nutrition, physical activity, and wellness education into training programs offered to child care providers.
 - **Incorporate nutrition and related topics into parent and caregiver education.** The CDE and the CHHS should collaborate with agencies and groups serving families with young children to incorporate nutrition, physical activity, and wellness topics into educational opportunities for parents and other caregivers.
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American Heart Association:

- Child care providers should meet minimum, uniform standards in nutrition, physical activity, screen time limitations, breastfeeding, and professional development

To support the development of healthy early childhood habits surrounding diet and physical activity, the American Heart Association makes the following recommendations: [link](#)

- **Child care providers should meet minimum, uniform standards in nutrition, physical activity, screen time limitations, breastfeeding, and professional development (e.g. nutrition and physical activity education) such as the Healthy Way to Grow best practices, recommendations in the IOM’s report *Child and Adult Care Food Program: Aligning Dietary Guidance for All*, recommendations in the collaborative report *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, and the CACFP program nutrition guidelines.** While awaiting the final ruling on CACFP nutritional standards, child care settings should closely align their nutrition requirements with the IOM’s recommendations. In

order to ensure compliance, licensing and accreditation should require providers and centers to meet these standards.

- **Technical support and funding to child care settings should be expanded in order to assist those needing help reaching these standards.** Attention should be given to centers/providers serving the needs of high-risk populations and underserved communities
- **Mandatory, statewide, quality rating recognition programs should be provided and funded.** These programs would distinguish child care settings going above and beyond minimum requirements and help ensure continuous improvement throughout child care settings. These recognition programs should incorporate best practice standards for nutrition, physical activity, and screen time. They should be overseen by the appropriate state agency in collaboration with other relevant agencies such as the Department of Education, the Department of Agriculture, the Department of Health, and others. Oversight of recognition programs may differ by state. Additional funding should be provided to help centers/providers serving the needs of high-risk populations and underserved communities to participate in these programs and meet the requirements.
- **States should disseminate research and best practices pertaining to nutrition, physical activity, screen time, breastfeeding, and professional development to child care providers.** In order to help parents better understand the quality of child care in their communities, states should make available, potentially through a state-run website, easily understandable information on the quality rating recognition programs in the state and how settings rank. In addition to rankings, the state could also highlight improvements by providers over time.
- **All forms of marketing and advertising of unhealthy foods and beverages to children should be prohibited in child care programs.** Definitions for what qualifies as the marketing/advertising of unhealthy foods and beverages may be based on the IOM's report *Food Marketing to Children and Youth: Threat or Opportunity?* or from the Robert Wood Johnson Foundation's Healthy Eating Research report *Recommendations for Responsible Food Marketing to Children*.