



STATE CHILD CARE LICENSING AND PROMOTING INFANT AND TODDLER NUTRITION & MOVEMENT IN CHILD CARE

HOW ARE STATE LICENSING REGULATIONS STANDARDS IMPORTANT TO PROMOTING INFANT/TODDLER HEALTH IN CHILD CARE?

State child care licensing is a set of baseline health and safety requirements for out of home child care as well as policies and procedures for enforcing those requirements. Each state is free to determine which child care providers must adhere to licensing regulations, and what is required of them. States must certify that licensing requirements designed to protect the health and safety of children cared for by subsidized child care providers are in effect at the state or local level as a condition of receiving Child Care and Development Fund (CCDF) dollars.¹ In 2010, the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education released revised standards for promoting health in child care in *Caring for Our Children: National Health and Safety Performance Standards for Preventing Childhood Obesity in Early Care and Education Programs* (CFOC). These new standards reflect available research and expert opinion on young children and good nutrition, physical movement, and screen time.² At this point, no national study has looked at state licensing regulations specific to infants and toddlers and all aspects of health promotion.

This fact sheet provides overview of key recommendations in CFOC, discussion of some available relevant state licensing data (including the District of Columbia but not available for the territories), and highlights where more research is needed.

NUTRITION

Research conducted as part of the Feeding Infants and Toddlers Study (FITS)³ found that on average infants and toddlers are fed more nutrients in a day than it is estimated they will expend. CFOC recommends several standards that are of particular importance to nutrition and feeding of infants and toddlers in child care settings.

To address the special nature of infant feeding, CFOC recommendations include:

- ◆ Supporting breastfeeding mothers and requiring sanitary procedures for storing/handling human milk.
- ◆ Having a consistent teacher/caregiver hold and feed infants from a bottle appropriately.
- ◆ Introducing solid food only after infants reach 4 months, but preferably 6 months, of age.
- ◆ Limiting juice to no more than 4-6 ounces a day and only 100% juice for children over age one, and to none for infants.

According to the 2008 Child Care Licensing Study⁴ 48 states have regulations on feeding infants in centers, and 36 have them for family child care homes. The chart on the next page highlights other national research on state regulations specific to infant feeding.

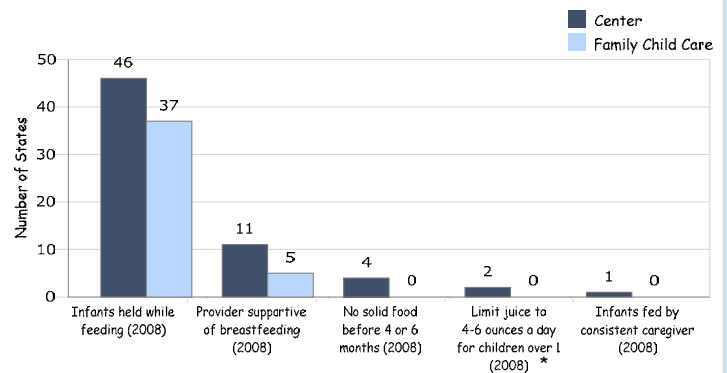
NUTRITION, CONT.

To promote good nutrition for toddlers and older children, the CFOC recommendations include:

- ◆ Developing the menus for meals and snacks with the help of a qualified Nutritionist/Registered Dietitian and making those written plans available to families in advance.
- ◆ Following the nutrition and meal pattern standards for toddlers set by the Child and Adult Care Food Program (CACFP)⁵ of U.S. Department of Agriculture (USDA), which address the need for whole grains, fruits/vegetables, and limited fat, salt, and sugar.
- ◆ Integrating nutrition education into the curriculum, staff training, and parent involvement opportunities.

According to the 2008 Child Care Licensing Study⁶ most states have regulations regarding nutritional content for centers (50) and family child care homes (41), but fewer require that this information be posted to inform families (40 for centers; 7 for family child care homes). Data available from multiple sources shows that fewer states have specific regulations that could improve child nutrition.

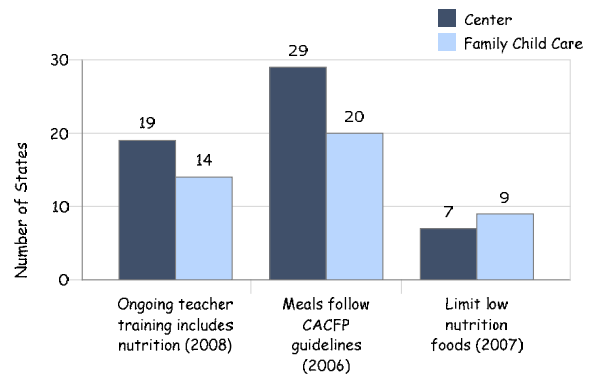
INFANT NUTRITION: STATE REGULATION DATA



* This study did observe Puerto Rico and the Virgin Islands, but neither territory had this regulation.

Source: Benjamin, S.E., Cradock, A., Walker, E. M., Slining, M., and Gillman, M. Obesity prevention in child care: A review of U.S. state regulations. (2008) BMC Public Health 2008, 8:188; Benjamin SE, Gillman MW, Traub AE, Finkelstein J. Preventing Childhood Obesity in the Child Care Setting: Enhancing State Regulations. Boston, MA: Harvard Medical School and Harvard Pilgrim Health Care, 2009. Available at <http://cfm.mc.duke.edu/childcare>

IMPROVING CHILD NUTRITION: STATE REGULATION DATA



Source: Benjamin, S.E., Cradock, A., Walker, E. M., Slining, M., and Gillman, M. Obesity prevention in child care: A review of U.S. state regulations. (2008) BMC Public Health 2008, 8:188; Kaphingst, K.M. & Story, M., Child Care and an Untapped Setting for Obesity Prevention: State Child Care Licensing Regulations Related to Nutrition, Physical Activity, and Media Use for Preschool-Aged Children in the United States. Preventing Chronic Disease 2009; 6(1); NARA and NCCIC, The 2008 Child Care Licensing Study, 2010.

PHYSICAL MOVEMENT

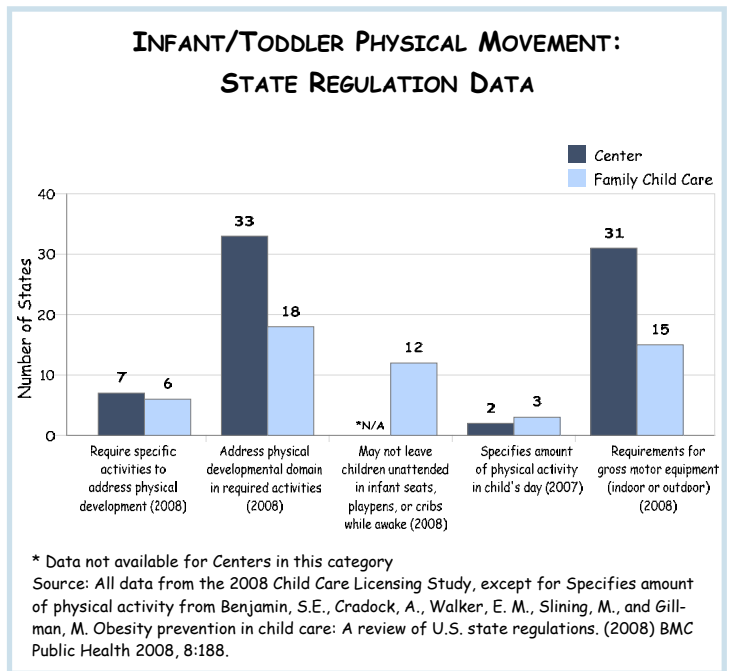
Research indicates that children who are not in the habit of healthy movement or physical activity are more likely to continue those habits into adolescence and adulthood. CFOC recommends encouraging physical movement starting from infancy by incorporating into child care: time outside, age appropriate opportunities to develop gross motor and movement skills, and interaction with teachers/caregivers. Recommendations that are particularly important to infants and toddlers in child care include:

- ◆ Providing supervised tummy time every day when infants are awake, starting at 3-5 minutes and increasing as children respond to it.
- ◆ Restricting time spent in equipment such as swings, stationary activity centers (ex. Exersaucers), infant seats, molded seats, and car seats to a minimum.

PHYSICAL MOVEMENT, CONT.

- ◆ Bringing infants outside two to three times a day for both stroller rides and opportunities for gross motor play (as long as weather and environmental conditions do not pose a significant health or safety risk).
- ◆ Allowing toddlers to play at least 60-90 minutes a day outside, weather permitting.
- ◆ Encourage or allow for activities that toddlers can engage in that promote movement at least twice a day.
- ◆ Requiring written policies and practices that encourage physical movement.

According to the 2008 Child Care Licensing Study, 46 state regulations include some sort of requirement about outdoor play in centers, 39 do so for active play, and 20 for gross motor activities. For family child care homes, 33 state regulations address outdoor play, 23 address active play, and 9 do so for gross motor skills. No publicly available study has analyzed whether these regulations specifically address infants and toddlers.

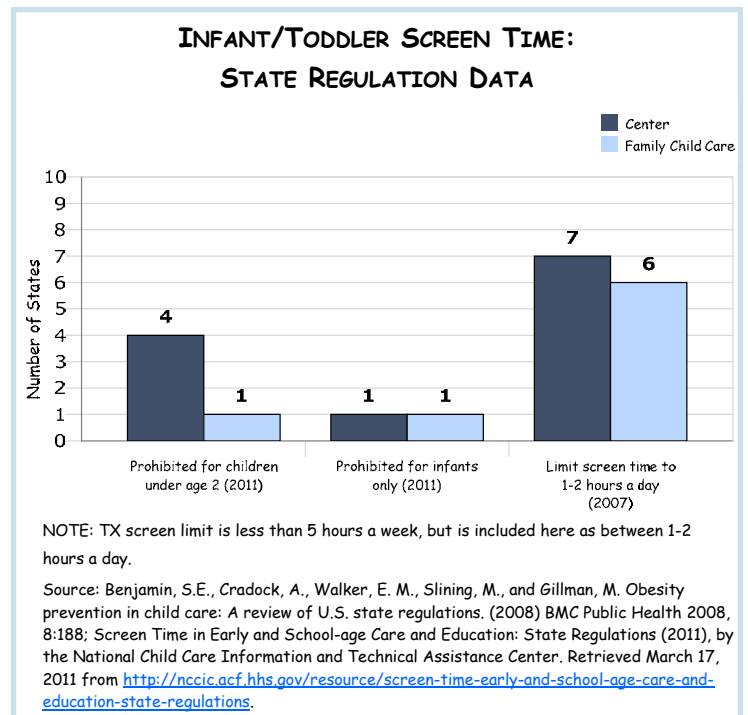


SCREEN TIME

Screen time includes both media (television and videos/DVDs) and computer usage. Research has found no evidence of value to viewing media marketed as educational for children under age two, and some studies have raised concerns about the potential for harm to infant brain development.⁷ The AAP recommends no television for children under 24 months of age.⁸ The CFOC recommended standards include:

- ◆ Prohibiting screen time for children under age two in child care.
- ◆ Limiting media time to 30 minutes a week, and allowing computer usage only in 15 minute increments for older children.

According to a review of 2007 state regulations, 17 states regulate screen time in some way in centers, and 15 do so for family child care.⁹ Current regulations fall far short of the CFOC recommendations.



RELEVANT RESOURCES

For more information on promoting health, nutrition, and physical movement:

- ◆ *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* may be found at http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf.
- ◆ The Early Head Start National Resource Center has resources specific to infant/toddler health promotion from the *Little Voices Healthy Choices* - a one-year initiative focusing on brain and motor development, music, movement, nutrition and sleep for children from birth through three years of age, their families, caregivers and communities - <http://www.ehsnrc.org/Activities/littlevoices.htm>.
- ◆ The American Academy of Pediatrics provides extensive obesity prevention research, recommendations, and tools in one webpage - <http://www.aap.org/obesity>.
- ◆ Healthy Child Care America, a program of the American Academy of Pediatrics, provides resources for child care administrators, providers, and families on promoting health and safety in child care settings - <http://www.healthychildcare.org>.
- ◆ First Lady Michelle Obama leads the Let's Move campaign - <http://www.letsmove.gov/>.

For more information on health promotion in state licensing regulations:

- ◆ *State and Regional Variation in Regulations Related to Feeding Infants in Child Care* provides information on which of the 50 states and DC had relevant licensing regulations for centers and family child care homes - <http://pediatrics.aappublications.org/cgi/reprint/124/1/e104>.
- ◆ *Preventing Childhood Obesity in the Child Care Setting: Enhancing State Regulations* includes information for all 50 states, DC, Puerto Rico, the Virgin Islands, and U.S. Department of Defense operated child care centers and family child care homes - <http://cfm.mc.duke.edu/childcare>.
- ◆ The National Child Care Information and Technical Assistance Center (NCCIC) analyzed screen time regulations in state child care licensing - <http://nccic.acf.hhs.gov/resource/screen-time-early-and-school-age-care-and-education-state-regulations>.
- ◆ *The 2008 Child Care Licensing Study* includes information for 50 states and DC on a range of provisions, including health and safety, for centers, large family child care homes, and small family child care homes - <http://naralicensing.org/displaycommon.cfm?an=1&subarticlenbr=205>.

¹ Child Care and Development Block Grant Act of 1990, Sec. 685E(c)(2)(F), <http://www.acf.hhs.gov/programs/ccb/law/ccdbgact/ccdbgact.pdf>.

² American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2010. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

³ Devaney, B.; Ziegler, P.; Pac, S.; Karwe, V., Barr, SI (2004): Nutrient intakes of infants and toddlers. *Journal of the American Dietetic Association*, 104, S14-21.

⁴ The National Child Care Information and Technical Assistance Center and the National Association for Regulatory Administration, *The 2008 Child Care Licensing Study*, May 2010. <http://naralicensing.org/displaycommon.cfm?an=1&subarticlenbr=205>

⁵ U.S. Department of Agriculture, Food and Nutrition Service, *Child and Adult Care Food Program* <http://www.fns.usda.gov/cnd/care/>

⁶ Same as 4

⁷ Christakis, D.A. (2009) The effects of infant media usage: what do we know and what should we learn? *Acta Paediatrica*, 98(1), pp. 8-16.

⁸ American Academy of Pediatrics. (2001). Children, Adolescents, and Television. *PEDIATRICS*, 107(2), p. 423-426.

⁹ Benjamin, S.E., Craddock, A., Walker, E. M., Slining, M., and Gillman, M. (2008). Obesity prevention in child care: A review of U.S. state regulations. *BMC Public Health*, 8:188. Retrieved from <http://www.biomedcentral.com/1471-2458/8/188>

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