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Healthy Eating | Active Living



Partnering to Improve Child Care

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The Public Health Law Center



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We help Drue eat strawberries and kale!

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-  Legal Research
-  Policy Development
-  Publications
-  Trainings
-  Direct Representation
-  Lobby



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doesn't mean

Equity

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Child Care

As the rate of childhood obesity has more than tripled in the United States over the past 30 years, many obesity prevention efforts have focused on school-age children and the school environment. Child care settings also play a fundamental role in establishing healthy eating and physical activity habits. Over half of all children between the ages of zero and five regularly spend significant time in non-parental child care. There is untapped potential for government to take meaningful action to prevent childhood obesity through the implementation of nutrition, physical activity, screen time standards and other policies in child care settings.

There are many other exciting strategies to promote health in the child care setting, including healthy food procurement and group purchasing agreements, Farm to Preschool and Safe Routes to School programs, shared use agreements, supportive breast milk policies, and school gardens.

Check out our resources below and in the sidebar.

Healthy Child Care - 50 State Review



Every state regulates the child care setting differently, depending on the type of child care facility and provider. The Public Health Law Center has developed a 50-state analysis of child care licensing laws, including state statutes and licensing regulations. We have highlighted the laws in each state for easy review by advocates

Related Topics

- [Access to Healthy Affordable Food](#)
- [Breastfeeding](#)
- [Food Safety](#)
- [Out of School Time](#)
- [Smoke-free & Tobacco-free Places](#)
- [State-Specific Resources](#)

Related Publications

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- [Kansas Child Care: An Overview \(2014\)](#)



- ✓ **Yellow—Definitions of Child Care Arrangements**
- ✓ **Orange—Licensing Agency Authority**
- ✓ **Red—Exemptions from Licensing**
- ✓ **Purple—Environmental Contaminants**
- ✓ **Green—Action/Behavior**
- ✓ **True Blue—Physical Activity**
- ✓ **Gray—Screen Time**
- ✓ **Pink—Breastfeeding**
- ✓ **Burgundy—Smoking/Tobacco Use**
- ✓ **Pale Yellow—Playground Safety**
- ✓ **Fuchsia—Overlapping Information**

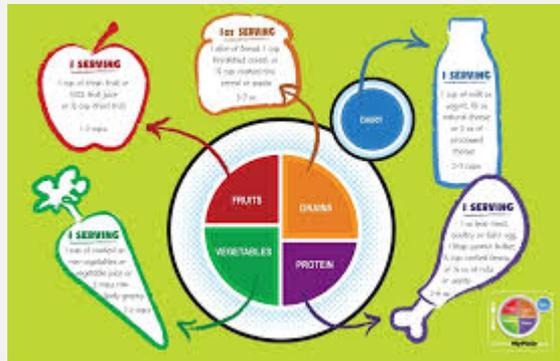


Who is Regulated: States Vary

- Type & Number of Settings
- Definition
- Exemptions from Licensure

Alaska	North Dakota	
Child Care Facilities	*Child Care Centers *Family Child Care *School-Age Child Care *Self-Declaration Providers	*Group Child Care *In-Home Child Care *Preschool

Nutrition Standards Vary



MEET HEPA

**MAKING HEALTHY
CHOICES
EASY CHOICES**

INTRODUCING HEPA

We have expanded our longtime commitment to supporting healthy living by adopting a set of Healthy Eating and Physical Activity (HEPA) standards. These standards will ensure that we are making the healthy choice the easy and accessible choice.



Caring for Our Children

**National Health and Safety Performance Standards
Guidelines for Early Care and Education Programs**

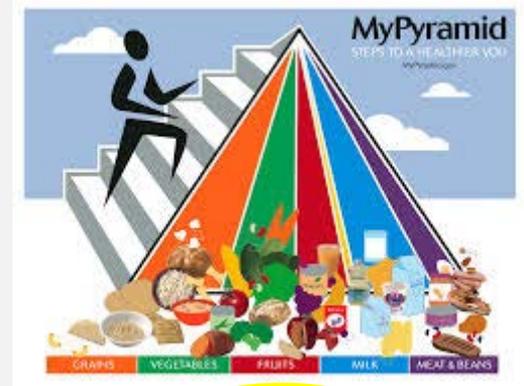
Third Edition



**National Association
of Educators**



**U.S. DEPARTMENT OF
EDUCATION**



Linkage to CACFP: Should Update

The state regulation for the specific child care setting *will* automatically update when the final rule takes effect. Some examples include:

- USDA's CACFP as the required nutritional standard, without a specific chart
- "Current" USDA or CACFP, with or without a chart
- Code of Federal Regulations (CFR) by reference, no date

Linkage to CACFP: May Update

The state regulation for the specific child care setting *may or may not* automatically update when the final rule takes effect. Language is less clear in these circumstances. Some examples include:

- Indirectly references CACFP (“meet USDA standards”, “Food and Nutrition Service, USDA”)
- State agency must provide the update, which means an automatic update is ambiguous.
- Links to CACFP with a chart with the current CACFP meal pattern
- Ambiguous reference to a federal program, with CACFP chart
- Regulation uses permissive language, like “may use” or “must be based on” CACFP.
- CACFP is one example of nutrition standards, and the other examples used are also CACFP-based nutrition standards (i.e. Virginia)

Linkage to CACFP: Will Not Update

The state regulation for the specific child care setting ***will not*** automatically update when the final rule takes effect. Some examples include:

- Different nutrition standard, no mention of CACFP
- Standards mirror CACFP, but no mention of CACFP or any federal program
- Citation to Code of Federal Regulations (CFR) *and* a specific year of reference



Linkage to CACFP

- **SHOULD UPDATE** “The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program.” *Iowa Child Care Centers and Preschools*
- **MAY UPDATE** “The licensee must design and implement a nutrition program that meets the U.S.D.A. guidelines for the nutritional and dietary needs and feeding requirements of each child...”
Massachusetts Child Care Settings
- **WILL NOT UPDATE** “All food shall be safe and of the quality and in the quantity necessary to meet the needs of the children. Each meal shall include, at a minimum, the amount of food components as specified by Title 7, Code of Federal Regulations, Part 226.20, (Revised January 1, 1990) Requirements for Meals, for the age group served.”
California Child Care Centers

Child Care Centers & Small Family Homes

Should Update (8)	May Update (8)	Does Not Update (22)	Mixed (13)
Alaska, Arkansas, Hawaii, Iowa, New Mexico, North Carolina, Rhode Island, Washington DC	Alabama, Louisiana, Maryland, Massachusetts, North Dakota, Oregon, Virginia, Wisconsin	Arizona, California, Colorado, Florida, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Mississippi, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas, Vermont, Wyoming	Connecticut, Delaware, Georgia, Michigan, Minnesota, Montana, Nebraska, New Jersey, New York, South Carolina, Utah, Washington, West Virginia

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— FIGURE 1 —

Spectrum of Opportunities for Obesity Prevention
in Early Care and Education Settings





Leveraging the Child & Adult Care Food Program

to Promote Healthier Out-of-School Time Settings in Florida

Children and youth spend up to 15 hours per week in afterschool and other out-of-school time (OST) activities when school is in session, or as many as 40 hours per week during the summer or other extended school breaks. Implementation of healthy eating and physical activity (HEPA) standards and programming in OST settings is a natural complement to school wellness and early learning wellness initiatives. Multiple studies have found that OST programs can make modest improvements in unhealthy weight gain in children and youth.

A focus on OST environments must be part of a comprehensive strategy to prevent childhood obesity.

One tool that states can use to provide healthier meals and snacks for more children and youth in early care and education settings is the federal Child and Adult Care Food Program (CACFP). This program and how it can be leveraged for how it could be a key consideration.



Public Health Law Center 875 Summit Avenue St. Paul, Minnesota 55105

Promoting Healthier Eating Standards for Out-of-School Time in Virginia
NOVEMBER 2015



Leveraging the Child & Adult Care Food Program

to Promote Healthier Out-of-School Time Settings in Illinois

Children and youth spend up to 15 hours per week in afterschool and other out-of-school time (OST) activities when school is in session, or as many as 40 hours per week during the summer or other

Leveraging the Child & Adult Care Food Program

While the evidence for physical activity and nutrition programs is still growing, multiple OST programs can make a difference in reducing unhealthy weight gain in children and youth. A focus on OST environments must be part of a comprehensive strategy to prevent childhood obesity. One tool that states can use to provide healthier meals and snacks for more children and youth in early care and education settings is the federal Child and Adult Care Food Program (CACFP). This resource provides information on the program and how it can be leveraged for how it could be a key consideration.

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875 Summit Avenue St. Paul, Minnesota



Leveraging the Child & Adult Care Food Program

Promoting Healthier Eating Standards for Out-of-School Time in New York
OCTOBER 2015





Nutrition, Active Play & Screen Time Florida's Child Care Licensing Laws

Child care providers are in a unique position to cultivate practices by children that encourage healthy eating, active play and limited screen time. Nearly two-thirds of all three- to five-year-olds are in some form of child care. Children and youth spend up to 15 hours per week in afterschool and other out-of-school time (OST) activities when school is in session, or as many as 40 hours per week during the summer or other extended school breaks. Implementation of healthy eating and physical activity (HEPA) standards and programming in the child care setting is a natural complement to school wellness and early learning wellness initiatives. A focus on licensed child care environment must be part of a comprehensive strategy to provide nutritious food and increased active play. This resource outlines how the current child care licensing laws in Florida address nutrition, breastfeeding, active play, and screen time compared to the YMCA of the USA's Healthy Eating and Physical Activity (HEPA) standards.¹



Who regulates child care settings in Florida?

The Florida Legislature has enacted relatively few statutes regulating child care, opting instead

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Who regulates child care settings in Kentucky?

The Kentucky Legislature has enacted relatively few laws regulating child care, instead delegating broad



authority to the Cabinet for Health and Family Services.² This state agency has enacted a series of regulations governing the child care licensing structure in Kentucky.¹

What are child care programs?

There are two categories of child care subject to licensure by the Cabinet for Health and Family Services: certified family child care home and licensed child care center.⁴



Kansas Child Care: An Overview

Child care providers are in a unique position to address the childhood obesity epidemic and tobacco-related health hazards. The Public Health Law Center has developed a series of resources designed to inform and support Kansas's efforts to cultivate child care settings that promote healthy eating, positive exercise habits, reduced screen time, and tobacco-free environments. This fact sheet outlines how child care is defined and regulated in Kansas.



Background

Child care providers are in a unique position to address the childhood obesity epidemic and tobacco-related health hazards. The Public Health Law Center has developed a series of resources designed to inform and support Kansas's efforts to cultivate child care settings that promote healthy eating, positive exercise habits, reduced screen time, and tobacco-free environments. This fact sheet outlines how child care is defined and regulated in Kansas.

Kansas that part of a known as

St. Paul, Minnesota



Nutrition, Active Play & Screen Time Missouri's Child Care Licensing Laws

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The Missouri Legislature has enacted a series of statutes regulating the child care setting. These statutes establish a basic licensing structure and delegate authority to the Department of Health and Senior Services (DHSS) to create rules for child care programs.¹ The statutes do not regulate anything relating to nutrition, physical activity, breastfeeding, or screen time; the power granted to DHSS allows for implementation of rules to



Nutrition, Active Play & Screen Time Laws in Minnesota

Child care providers are in a unique position to address the childhood obesity epidemic and tobacco-related health hazards. The Public Health Law Center has developed a series of resources designed to inform and support Minnesota efforts to cultivate child care settings that promote healthy eating, positive exercise habits, reduced screen time, and tobacco-free environments. This fact sheet outlines existing laws in Minnesota that promote healthy eating and active play.

Approximately 25% of children aged two to five years



Implementing Healthy Out-of-School Time in South Carolina

Voluntary Health Recognition Programs

JULY 2015



Using a Voluntary Recognition Program

to Promote Healthier Out-of-School Time Settings in Florida

Children and youth spend up to 15 hours per week in afterschool and other out-of-school time (OST) activities when school is in session, or as many as 40 hours per week during the summer or other extended school breaks. Implementation of healthy



eating and physical activity (HEPA) standards and programming in OST settings is a natural complement to school wellness and early learning wellness initiatives. Multiple studies have found that OST programs can make modest improvements in unhealthy weight gain in children and youth. A focus on OST environments must be part of a comprehensive strategy to prevent childhood obesity.

Statewide voluntary health recognition programs represent a promising new model for promoting broad implementation of healthy eating and physical



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An Emerging Approach

Voluntary Healthy Out-of-School Time Recognition Programs

Many children and school-age youth spend most of their waking hours in child care, school, and out-of-school (OST) settings. Implementation of healthy eating and physical activity (HEPA) standards in OST settings is a crucial part of a comprehensive strategy to prevent and reduce unhealthy weights.¹ To further this goal, the YMCA of the USA, with the National Institute on Out-of-School Time and the University of Massachusetts/Boston, formed the Healthy Out-of-School-Time Coalition and developed a national set of HEPA standards tailored specifically for OST providers.² Statewide voluntary health recognition programs are one promising new way to support broad implementation of these HEPA standards.

What is it?

A voluntary recognition program sets out specific HEPA standards for programs to implement that go beyond minimum legal requirements. It typically also provides support—including technical assistance and/or incentives—to encourage programs to meet the standards. In 2014, the California legislature established the Distinguished After School Health (DASH) voluntary recognition program.³ Similar legislation has been proposed in Texas⁴ and North Carolina.⁵

How does it work?

DASH applies to OST programs serving school-age kids and youth. It establishes HEPA standards that providers self-certify they meet through a website and receive a certificate to use as a marketing tool. The California Department of Education administers the program. The standards address: healthy eating; physical activity; screen time use; fundraisers involving food; connecting with schools (for school-based programs); staff training; staff modeling of healthy behaviors; nutrition education; and parent engagement (see table on next page). The website may also provide resources to help OST providers implement HEPA standards. The California governor's 2015 budget included \$177,000 to support DASH implementation.



What to consider ...

The voluntary focus avoids objections about imposing more mandates on providers. Also, because OST programs vary widely in ages of kids served and types of activities offered (from educational to recreational to athletic, from very short to longer programs), a voluntary approach allows providers flexibility to choose whether and to what extent applying HEPA standards makes sense. But of course, a voluntary program is inherently limited because it applies only to those who choose to participate.

When applying this model to Wisconsin, it would be important to make sure that the program is consistent with other relevant Wisconsin laws and voluntary programs, such as child care licensing laws and YoungStar, Wisconsin's quality rating and improvement system for child care.⁶

And?

Maintaining an effective voluntary recognition program requires resources, including staff, marketing expertise, and technical assistance resources. If the program is not adequately funded or staffed, it could create a misleading impression that more progress has been made than is actually the case, deflecting resources from efforts that would result in real improvements. Similar to voluntary quality rating programs, a DASH-type program may also be more attractive to providers that are already high-performing.

Implementing Healthy Out-of-School Time in North Carolina

Voluntary Health Recognition Programs

OCTOBER 2015



Promoting Healthy Eating & Physical Activity

for Indiana's Out-of-School Time Programs
through Paths to QUALITY

DECEMBER 2015



Available for Each State

- Highlighted Child Care Licensing Regulations
- State-specific Healthy Food, Active Play & Screen-time Comparison Charts
- CACFP Analysis by Setting
- OST Voluntary Program Analysis

dressed in clothing appropriate for sleeping, the caregiver does not need to awaken the infant to change his or her clothes.

- c. Facilities shall use a firm mattress covered by a fitted sheet.
- d. Items such as but not limited to pillows, blankets, sheepskins, bumpers, soft objects, stuffed toys, loose bedding, etc., shall not be in the crib. |

Source: Miss. Code Ann. §43-20-8.

Rule 2.9.5 Outdoor Activities:

Blue and pale yellow

1. Each infant shall have a minimum of 30 minutes of outdoor activities per day, weather permitting.
2. Toddler, preschool, and school age children shall have a minimum of two hours of outdoor activities per day, weather permitting. Children who are in attendance at a facility for seven hours per day or less shall have a minimum of 30 minutes of outdoor activity per day, weather permitting.
3. Sun safe practices shall be used during outdoor activities scheduled between 10 A.M. and 2 P.M. during the period April 1 to September 15.
4. Sun safe practices shall be evident in the planning of all outdoor events.
5. Outdoor activities shall be held in areas providing shade or covered spaces. Source: Miss. Code Ann. §43-20-8.

Rule 2.9.6 Infant, Toddler, and Preschool Activities:

Blue, green, and grey

1. Infants, toddlers, and preschoolers shall be free to creep, crawl, toddle, and walk as they are physically able.
 - a. Cribs, car seats, and high chairs are to be used only for their primary purpose, i.e., cribs for sleeping, car seats for vehicle travel, and high chairs for eating.
 - b. Providers should limit the use of equipment such as strollers, swings, and bouncer seats/chairs for holding infants while they are awake.
 - c. Providers should implement activities for toddlers and preschoolers that limit sitting or standing to no more than 30 minutes at a time.
 - d. Providers should use strollers for toddlers and preschoolers only when necessary.

In Production

- State Child Care Setting Definitions & Exemptions
- State-specific Ratings on Healthy Food, Active Play and Screen-time Components



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