

Preventing Obesity In The Child Care Setting: Evaluating State Regulations



ROLE OF CHILD CARE IN OBESITY PREVENTION

Over the past few decades, the prevalence of childhood obesity has risen dramatically in the US. Today, 24.4% of children ages two through five years are classified as either overweight or obese.¹ The preschool period is a critical time for growth and development, and healthy eating and active play can help prevent later obesity.²⁻⁴

In the US, nearly 74% of children ages three to six are in some form of non-parental care and just over half are in center-based child care.⁵ With such large numbers of children in child care, child care providers are in a unique position to support and facilitate healthful eating and promote physical activity in young children.

In the US, regulation of child care facilities is the responsibility of the individual state, and each has an agency responsible for oversight and enforcement of their regulations.⁶ As a result, regulations for child care facilities vary considerably by state.

EVALUATION OF STATE CHILD CARE REGULATIONS

For this study, experts in nutrition, physical activity, early care and education, and policy and regulation reviewed a number of standards and recommendations that were developed to help child care facilities prevent obesity in young children. These experts compiled a list of ten healthy eating and ten physical activity model state regulations for child care facilities.⁷

The purpose of this review was to evaluate each state based on its current healthy eating and physical activity regulations. Our review included child care facilities for all US States, the District of Columbia, Puerto Rico, the Virgin Islands, and the Department of Defense (“states”). Most states license two types of child care facilities: child care centers and family child care homes. Although a number of states license additional types of facilities, when possible, we grouped additional types of facilities into one of these two classifications.

We examined each state individually and assigned a grade for healthy eating and physical activity for both child care centers and family child care homes.

The grade presented at the top of the following report card is the overall grade for healthy eating and physical activity for both types of child care facilities in Maine. We also grouped states into three categories based on their average score of healthy eating and physical activity regulations for child care centers and family child care homes. The state rankings are presented in the national maps that follow.

In order to calculate grades, we evaluated states based on their current healthy eating and physical activity regulations. Although we would have liked to compare state regulations to the ten healthy eating and ten physical activity model regulations, most states would have received a failing grade. Instead, we evaluated states based on more general healthy eating and physical activity regulations (listed in the following state report card) to calculate grades. For example, states received credit for having a regulation requiring physical activity daily, even if they did not specify an amount of time for physical activity as in the model regulation. This review reports on the presence or absence of a regulation and does not consider actual practice of child care facilities.

FINDINGS

Most states had few regulations related to obesity prevention for child care centers and family child care homes, leaving much room for improvement. No state had all ten model healthy eating or all ten model physical activity regulations. For healthy eating, states had an average (standard deviation) of 3.7 (1.4) regulations for their centers and 2.9 (1.6) for their family child care homes. For physical activity, states had even fewer regulations. The average number of regulations was 3.5 (1.6) for centers and 2.6 (1.7) for family child care homes. We ranked states based on the total number of healthy eating and physical activity regulations for both child care centers and family child care homes. Georgia and Nevada ranked highest for healthy eating and physical activity regulations, and South Dakota, Puerto Rico, and Idaho ranked lowest.



State regulation is only one way to improve healthy eating and physical activity in child care. Contact Sara Benjamin at sara.benjamin@duke.edu to hear how other states are addressing childhood obesity in creative and unique ways.

IMPROVING REGULATIONS IN YOUR STATE

We encourage states to be clear and specific in regulations for child care and adopt the model healthy eating and physical activity regulations presented in this report. We also encourage states to provide adequate support and assistance to child care facilities to ensure compliance and adherence to regulations.

It is important to note that cities or other geographic regions within a state have the ability to regulate child care facilities in their jurisdiction. New York City, for example, recently enacted healthy eating and physical activity regulations in Article 47 of the New York City health code that were more stringent than those for New York State. New York City is leading the way for other cities that may want to enact new regulations for child care facilities that go beyond their state's regulations.

To learn more about current regulations in your state, visit <http://nrckids.org/STATES/states.htm>. The National Resource Center for Health and Safety in Child Care provides a public access database of regulations for all fifty US states, the District of Columbia, Puerto Rico, and the Virgin Islands. Regulations are updated when changes are made and reflect the most current regulations available from states.

If you are interested in learning more about obesity prevention in child care, please contact Sara Benjamin at sara.benjamin@duke.edu to access a group of nutrition and physical activity professionals. This group can provide guidance on a variety of issues including enhancing state regulations, implementing a Quality Rating System, improving requirements for the Child and Adult Care Food Program (CACFP), or implementing interventions to prevent obesity in children in child care. ■

1. Ogden C, Carroll M and Flegal K. "High Body Mass Index for Age Among US Children and Adolescents, 2003–2006." *Journal of the American Medical Association*, 299(20): 2401–2405, May 2008.
2. Whitaker RC, Pepe MS, Wright JA, Seidel KD, Dietz WH: Early adiposity rebound and the risk of adult obesity. *Pediatrics* 1998, 101:E5.
3. Dietz WH: Periods of risk in childhood for the development of adult obesity--what do we need to learn? *J Nutr* 1997, 127:1884S-1886S.
4. Dietz WH: "Adiposity rebound": reality or epiphenomenon? *Lancet* 2000, 356:2027-2028.
5. Federal Interagency Forum on Child and Family Statistics: *America's Children: Key National Indicators of Well-Being*, 2002. Washington, DC: U.S. Government Printing Office; 2002.
6. *Child Care: State Efforts to Enforce Safety and Health Requirements* (U.S. General Accounting Office GH-- ed.; 2000.
7. The model regulations are based, in part, on recommendations developed by the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) research team from the University of North Carolina at Chapel Hill. The regulations are also based on draft standards put forth by the Nutrition Technical Panel convened by The National Resource Center for Health and Safety in Child Care and Early Education (NRC), in partnership with the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) for the third edition of *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-Home Child Care Programs* (CFOC).

MODEL STATE CHILD CARE REGULATIONS

Healthy Eating

- High fat*, high sugar, and high salt foods are served less than one time per week or are not served
- Sugar sweetened beverages are not served
- Children older than two years are served reduced fat milk (skim or 1%)
- Clean, sanitary drinking water is available for children to serve themselves throughout the day
- Nutrition education is offered to child care providers at least one time per year
- Juice is limited to a total of 4-6 ounces or less per day for children over one year of age
- Child care providers do not use food as a reward or punishment
- Nutrition education is offered to children at least three times per year
- At least one child care provider sits with children at the table and eats the same meals and snacks
- Providers encourage, but do not force, children to eat

*saturated fat and trans fat

Physical Activity

- Children are provided with 60 minutes of physical activity per day, a combination of both teacher led and free play
- Television, video, and computer time are limited to one time per week or less and not more than 30 minutes each time
- Child care providers do not withhold active play time as punishment
- Children with special needs are provided opportunities for active play while other children are physically active
- Children are provided outdoor active play time at least two times per day
- Physical activity education is offered to child care providers at least one time per year
- At least one provider joins children in active play at least one time per day
- Shaded area provided during outdoor play
- Children are not seated for periods longer than 30 minutes except when sleeping or eating
- Physical activity education is offered to children at least three times per year

State Regulations for Child Care: Healthy Eating and Physical Activity

MAINE **OVERALL GRADE: C+**

Healthy Eating Grades

Centers

C

Homes

C-

| Centers | Homes | Healthy Eating Regulations in Maine |
|---------|-------|---|
| | | Foods of low nutritional value are served infrequently |
| | | Sugar sweetened beverages are not served |
| | | Children older than two years are served reduced fat milk |
| ✓ | | Clean, sanitary drinking water is available for children to serve themselves throughout the day |
| | | Nutrition education is offered to child care providers |
| | | Juice is limited to a total of 4-6 ounces per day for children over one year of age |
| ✓ | ✓ | Child care providers do not use food as a reward or punishment |
| | | Nutrition education is offered to children |
| | | At least one child care provider sits with children at the table and eats the same meals and snacks |
| ✓ | ✓ | Providers encourage, but do not force, children to eat |

**Checkmark indicates presence of state regulation*

Physical Activity Grades

Centers

B

Homes

B

| Centers | Homes | Physical Activity Regulations in Maine |
|---------|-------|---|
| ✓ | ✓ | Children are provided with physical activity daily |
| ✓ | ✓ | Television, video, and computer time are limited |
| | | Child care providers do not withhold active play time as punishment |
| ✓ | ✓ | Children with special needs are provided opportunities for active play while other children are physically active |
| ✓ | ✓ | Children are provided outdoor active play time |
| | | Physical activity education is offered to child care providers |
| | | At least one provider joins children in active play |
| ✓ | ✓ | Shaded areas are provided during outdoor play |
| ✓ | ✓ | Children are not seated for long periods of time |
| | | Physical activity education is offered to children |

**Checkmark indicates presence of state regulation*

Interested in improving your state regulations related to healthy eating and physical activity?

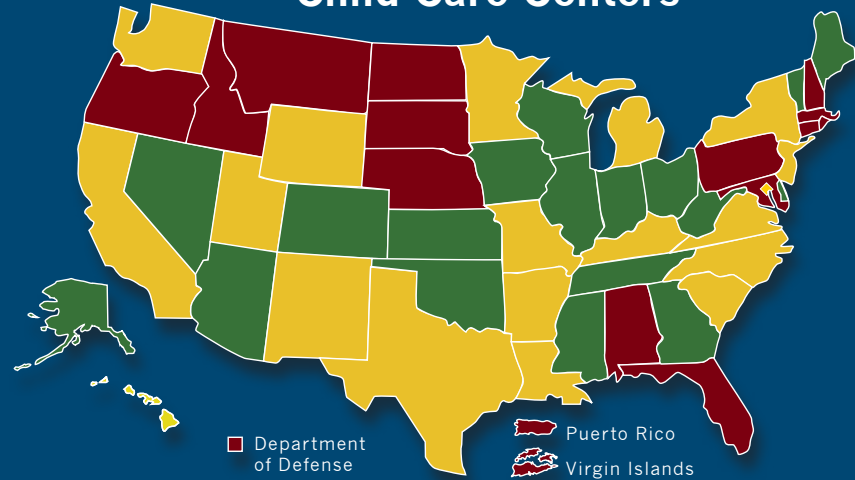
Contact Sara Benjamin at sara.benjamin@duke.edu.

STATE RANKINGS FOR HEALTHY EATING AND PHYSICAL ACTIVITY REGULATIONS

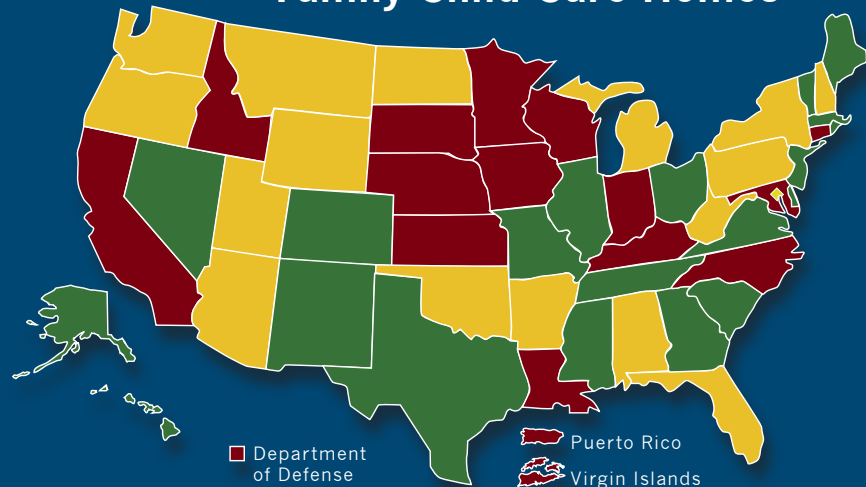
STATE GRADES FOR HEALTHY EATING AND PHYSICAL ACTIVITY REGULATIONS

| | |
|-----------------------|----|
| Georgia | B |
| Nevada | B |
| Colorado | B- |
| Illinois | B- |
| Mississippi | B- |
| Ohio | B- |
| South Carolina | B- |
| Tennessee | B- |
| Alaska | C+ |
| Delaware | C+ |
| Hawaii | C+ |
| Maine | C+ |
| Missouri | C+ |
| New Jersey | C+ |
| New Mexico | C+ |
| Oklahoma | C+ |
| Rhode Island | C+ |
| Texas | C+ |
| Vermont | C+ |
| Virginia | C+ |
| Washington | C+ |
| West Virginia | C+ |
| Alabama | C |
| Arizona | C |
| Arkansas | C |
| California | C |
| Florida | C |
| Indiana | C |
| Iowa | C |
| Kansas | C |
| Maryland | C |
| Massachusetts | C |
| Michigan | C |
| Minnesota | C |
| Montana | C |
| New Hampshire | C |
| New York | C |
| North Carolina | C |
| Oregon | C |
| Pennsylvania | C |
| Utah | C |
| Wisconsin | C |
| Wyoming | C |
| Washington DC | C |
| Connecticut | C- |
| Kentucky | C- |
| Louisiana | C- |
| Nebraska | C- |
| North Dakota | C- |
| Virgin Islands | C- |
| Department of Defense | C- |
| South Dakota | D |
| Puerto Rico | D |
| Idaho | F |

Child Care Centers



Family Child Care Homes



MAP LEGEND:

- States with average grade in the top third = ■
- States with average grade in the middle third = ■
- States with average grade in the lower third = ■

We would like to thank the nutrition, physical activity, early care and education, and policy and regulatory experts who reviewed potential model regulations and selected the 10 healthy eating and 10 physical activity regulations presented in this report. The writing and production of this report was supported by the Robert Wood Johnson Foundation through its national program Healthy Eating Research.