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MINNESOTA CHILD CARE

Good Food and Active Play

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 identifies how child care nutrition is being improved across the country and how those policy options translate into the Minnesota experience.

Over the past 30 years, childhood obesity has more than tripled in the United States.¹ Contributing causes include lack of easy access to healthy foods, increased portion sizes, and lack of opportunities to be physically active.² Other factors, including sex,

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race, ethnicity, and socioeconomic status, place some groups of children at greater risk for obesity. For example, a national study found that almost 15% of low-income children between the ages of two and five are obese.³

Unhealthy weights come with significant health consequences. Children who are obese are more likely to be obese as adults, and are at risk for developing serious, life-shortening chronic diseases, including cardiovascular disease, type-2 diabetes, and several types of cancer.⁴ The earlier children can learn healthy eating and physical activity habits, the better for their long-term health.

Because over half of all infants and young children regularly spend much of their time in non-parental child care, child care settings provide a unique and important opportunity to address the childhood obesity epidemic.⁵ Child care providers are well positioned to intervene and help decrease the risk of childhood obesity by cultivating environments that promote healthy eating and positive exercise habits at young ages.

At the same time, strong policies for nutrition and physical activity without robust monitoring mechanisms may result in policies that are solid on paper, but not followed by child care providers. Child care safety regulations provide an example. In its 2011 report on state requirements for child care center safety and management, Child Care Aware noted that five of the states with the strongest policies for child care safety were also among the weakest when it came to oversight of their programs.⁶

There are indications that child care providers are not following the minimum nutrition standards. Licensed family child care providers must offer well-balanced meals and snacks,⁷ and food served during the day must include servings from each of the basic food groups defined by the Child and Adult Care Food Program (CACFP).⁸ Child care centers must ensure that each meal provides one-third of a child’s daily nutritional needs,⁹ and that the menus comply with all the nutritional requirements of the CACFP, even if the child care center does not participate in CACFP.¹⁰

Provider survey results paint a different picture relating to food being served in both settings. University of Minnesota’s Dr. Susie Nanney conducted a survey of child care providers. The results show providers are not providing meals that match the nutritional requirements of the current Child and Adult Care Food Program (CACFP) meal patterns.¹¹ Almost 90 percent of providers in the survey participated in CACFP.¹²

Policy Opportunities: Voluntary and Mandatory Standards

There are several policy opportunities to increase healthy foods and active play in the child care settings. One strategy is to add nutritional requirements to the CACFP meal patterns.

For example, current CACFP meal patterns require that providers serve full-strength fruit juice in specific portion sizes: a ¼ cup for one and two-year olds, and half a cup (4 fluid ounces) for children ages three to 12. In a survey of providers by the University of Minnesota’s Dr. Nanney, 67 percent of child care center and family providers said they served 100 percent juice in 4-6 ounce servings to children in their programs.

TABLE 1: Provider Ability to Follow Physical Activity and Nutrition Guidelines¹³

Evidenced-Based Guideline	Where child care providers are	Where child care providers could easily be	Potential increase
Serve only whole-grains	22%	52%	+153%
Serve low-sodium foods	21%	53%	+152%
Serve high sugar foods less than 1x/week	35%	66%	+89%
Serve high fat foods less than 1x/week	33%	57%	+73%
Serve one fruit/veggie at meal/snack	53%	70%	+32%
Provide activities for kids with special needs	35%	45%	+29%
Never serve sugar sweetened beverages	60%	73%	+22%
Limit inactivity to 30 min./day	55%	67%	+22%
Provide physical activity at least 2x/day	52%	61%	+17%
Serve only 100% fruit juice, 4-6 oz.	67%	76%	+13%
Provide physical activity at least 60 min./day	62%	70%	+13%
Limit computer/TV/video to 60 min./day	66%	74%	+12%

The University of Minnesota survey found several “low-hanging fruit” — nutrition and physical activity standards that Minnesota’s family providers and child care centers said they could easily meet. Over 70 percent of providers surveyed said they could easily meet standards for regular physical activity, serving a fruit and vegetable at every snack, serving 100 percent juice in 4 to 6 ounce portions, and limiting screen time (Table 1).

States around the country have been implementing child care policies to promote nutrition and physical activity. For example, at least six states and the District of Columbia have additional CAFCP requirements for nutrition.¹⁴ These states offer models that could be useful for the Minnesota context.

New York State and Arizona

Both Arizona and New York State adopted regulations that providers could implement with little difficulty. New York State, for example, implemented additional CAFCP standards in 2009. The standards apply to child care centers, licensed family child care homes, and unlicensed providers with CAFCP enrolled children. The state split standards into required and recommended “Healthy Child Meal Pattern” policies.

The required standards are nutrition standards that providers could easily implement based on the state’s research on provider menus. Required standards include no flavored milk for children ages one through five, limiting juice to one time per day, and eliminating sweet cereals and sweet breads, such as cookies, PopTarts®, and muffins (Table 2).

TABLE 2: New York State Required and Recommended Meal Patterns

A. Milk — Required Changes	A. Milk — Recommended Changes
<ul style="list-style-type: none"> ■ Children ages 1–5 must be served only unflavored milk. ■ For children 1–2 years of age, the milk must be whole. ■ For children 2–18 years of age, the milk must be fat-free or low-fat (1 percent). ■ The menu must specify the type of milk served. 	<ul style="list-style-type: none"> ■ Unflavored fat-free or low-fat (1 percent) milk is recommended for school-age children.
B. Vegetables/Fruits — Required Changes	B. Vegetables/Fruits — Recommended Changes
<ul style="list-style-type: none"> ■ No more than one serving of juice may be served per day. 	<ul style="list-style-type: none"> ■ Vegetables and fruits should be fresh, frozen, or canned and prepared with no added sugar, salt or fat. ■ At least one of the two servings of vegetable/fruit required at lunch and supper should be a vegetable. ■ One or more servings of vegetable/fruit per day should be high in vitamin C. ■ Three or more servings of vegetable/fruit per week should be high in vitamin A. ■ Three or more servings of vegetable/fruit per week should be fresh.
C. Grains/Breads — Required Changes	C. Grains/Breads — Recommended Changes
<ul style="list-style-type: none"> ■ Sweet-grain products and sweet cereals may not be served at lunch or supper. ■ No more than two servings of sweet-grain products and/or sweet cereals may be served per week. ■ Sweet-grain products are specified in the Grains/Breads section of the Crediting Foods in CACFP under groups D, E, F and G. They include doughnuts, pastries, Pop-Tarts,[®] toaster pastries, granola bars, breakfast bars, muffins, cookies, cakes and brownies. ■ Sweet cereals are those that contain more than 6 grams of sugar per adult serving. 	<ul style="list-style-type: none"> ■ All breads and cereals served should be whole grain. To be considered whole grain, the first ingredient listed on the nutrition label should be whole grain, not enriched.
D. Meat/Meat Alternates — Required Changes	D. Meat/Meat Alternates — Recommended Changes
<ul style="list-style-type: none"> ■ Yogurt must be fat-free or low-fat and prepared without artificial sweeteners. 	<ul style="list-style-type: none"> ■ Meat and meat alternates (chicken, turkey, beef, pork, lamb, fish, and/or vegetable proteins) should be lean or low-fat. ■ Meat and meat alternates should be prepared without adding extra fat. ■ No more than one serving of processed or high-fat meat should be served per week. This includes hot dogs, chicken nuggets, fish sticks, fried chicken, Vienna sausages, corn dogs and/or cold cuts. ■ No more than one serving of cheese should be served per week, unless the cheese is low-fat.

TABLE 2: New York State Required and Recommended Meal Patterns

E. Other — Required Changes	E. Other — Recommended Changes
<ul style="list-style-type: none"> ■ Water must be served with a snack if neither of the two required components is a beverage. Water is not counted as a snack component. ■ The menu must specify when water is served with a snack. 	<ul style="list-style-type: none"> ■ Meat and meat alternates (chicken, turkey, beef, pork, lamb, fish, and/or vegetable proteins) should be lean or low-fat. ■ Meat and meat alternates should be prepared without adding extra fat. ■ No more than one serving of processed or high-fat meat should be served per week. This includes hot dogs, chicken nuggets, fish sticks, fried chicken, Vienna sausages, corn dogs and/or cold cuts. ■ No more than one serving of cheese should be served per week, unless the cheese is low-fat.

Before implementing the policy, the state incorporated the new guidelines into its trainings. Regulators check menus “at least every two years, but usually once a year.”¹⁶

Arizona’s example may also be useful for Minnesota. Arizona’s additional CACFP standards were originally part of a very successful voluntary program. Arizona offered providers a 50 percent discount on licensing fees if they participated in trainings on nutrition, physical activity, screen time, and second-hand smoke exposure, and promised to implement standards in their centers.

Participants in the voluntary program were assessed during annual or license renewal inspections.¹⁷ Technical assistance was offered if standards were not met.¹⁸ Four of the ten standards, standards that were easily met by providers, eventually became part of the state’s licensing and CACFP requirements. Arizona’s CACFP meal pattern requirements stipulate that providers limit high fat and high sugar items to twice a week.¹⁹

Policy Opportunities: Increasing Oversight through CACFP

A combination of announced and unannounced visits by regulators could also help providers meet existing

standards, such as nutrition requirements of CACFP. In Oregon, two of three inspection visits must be unannounced, and regulators often make three unannounced visits a year. According to a report by Oregon Child Development Coalition, 30 percent of providers who considered leaving the CACFP program cited the unannounced visits as a reason for their dissatisfaction with the program. The Coalition recommended the use of announced visits to give providers an opportunity to prepare questions and ask for advice in following regulations, fostering an environment of “learning and training.”²⁰

Minnesota’s licensing regulators visit providers once every two years. Child care providers receiving CACFP funding also have three additional visits, by the CACFP sponsoring agencies. These CACFP sponsoring agencies have contracts with the Minnesota Department of Education that require two out of the three visits be unannounced.²¹ The sponsoring agencies are required to report any imminent threats to the children or capacity violations.

If announced or unannounced visits are increased or combined with CACFP visits, the visits could be seen as a way to increase the level of technical support available to providers. In its review of CACFP regulations, the Institute of Medicine

strongly recommended that new policies in CACFP settings should be introduced incrementally, with plenty of training support for child care staff, and strong oversight.²²

Focusing on strengthening CACFP oversight or adding easily met standards to current regulations has several benefits. Currently, 8,500 Minnesota licensed family child care homes are enrolled in the CACFP program.²³ Children enrolled in the CACFP program are generally from low-income families and stand to benefit the most from improved nutrition and physical activity standards. The U.S. Department of Agriculture is also in the process of updating CACFP nutrition recommendations based on the Institute of Medicine's recommendations. Increased oversight and/or technical assistance in the CACFP program would strengthen an existing system that

is already offering healthier meals to children, and prepare providers and regulators with the tools to implement stronger policies.

Increasing the child care nutrition standards is not without challenges, however. For example, since CACFP regulators focus on compliance with the program requirements, they are not necessarily trained on nutrition or how to assess physical activity standards. Furthermore, the number of family providers in Minnesota using CACFP has dropped 30 percent in the 15 years spanning 1996 to 2011. Between 2010 and 2011, over three hundred family providers closed their businesses.²⁴ Since a majority of Minnesota's children receive child care through family-based programs, a drop in CACFP participation may leave some children vulnerable to weaker nutritional standards.

Last updated: January 2013

The Public Health Law Center thanks Hanna Kite, MPH, and Sarah Hall, for their assistance in writing and editing these series of resources, as well as Lyndsey Guthrey for her work on the project. The Public Health Law Center would also like to thank the following individuals for their review and comments on earlier drafts of these resources: Rachel Callanan, JD MNM, Midwest Affiliate of the American Heart Association; Jenna Carter, MPH, Blue Cross and Blue Shield of Minnesota; Katy Chase, Minnesota Licensed Family Child Care Association; and Dr. Marilyn S. Nanney, PhD, MPH, RD, Associate Professor in the Department of Family Medicine & Community Health of the University of Minnesota Medical School.



This publication was prepared by the Public Health Law Center at William Mitchell College of Law, St. Paul, Minnesota, with financial support provided by Blue Cross® and Blue Shield® of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association. The Center used information gathered as part of a Robert Wood Johnson Foundation's Healthy Eating Research grant (#69299) regarding the child care setting.

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Endnotes

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