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MINNESOTA CHILD CARE

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 old have a high body mass index (BMI).¹ BMI is a number calculated from a person's weight and height; a high number can indicate that a person is overweight or obese. Weight issues should be addressed early in life because children who are obese in their preschool years are more likely to be obese through adolescence and into adulthood.² These children are also more likely to develop diabetes, hypertension, hyperlipidemia, asthma, and sleep apnea.³ Promoting better nutrition and physical activity behaviors for children could reduce childhood obesity and improve immediate and long term health outcomes.⁴

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Child care settings are an integral part of American life. Over half of all preschool-aged children regularly spend significant time in non-parental child care.⁵ Child care providers are uniquely positioned to help children cultivate healthy eating and positive exercise habits early in life.⁶

The Minnesota Legislature has enacted a series of statutes regulating the child care setting. These statutes establish a licensing structure,⁷ outline some specific safety standards, and delegate authority to the Commissioner of the Department of Human Services (DHS).⁸ The statutes do not require anything relating to nutrition, physical activity, breastfeeding, or screen time. However, the legislature has delegated power to DHS to regulate child care. As a result, the Commissioner may implement regulations to govern these areas.

Are the regulations for licensed family child care providers the same as those for child care centers?

No, different regulations apply to licensed family child care providers⁹ and child care centers. While the regulations do overlap in some areas, there are many differences between the two sets of regulations. When analyzing a child care regulation, pay close attention to the setting the regulation addresses.

What does Minnesota law say about physical activity requirements in the child care setting?

The regulations do not require that children in child care settings spend a certain amount of time each day in physical activity or at a certain level of play (moderate-to-vigorous). However, programming and space requirements may promote physical activity in child care settings.¹⁰

TABLE 1: Minnesota Child Care Physical Activity Regulations

Physical Activity	Child Care Centers	Licensed Family Child Care Providers
Indoor Space	Minimum 35 sq. feet per child	Minimum 35 sq. feet per child
Outdoor Space	Area of at least 1,500 sq. feet, with 75 sq. feet per child within area	Minimum 50 sq. feet per child
Activity	Written plan providing daily indoor and outdoor activities, including active and quiet play	Daily indoor and outdoor activities, including active and quiet play
Level of Play (moderate/vigorous)	None	None
Time	None	None
Equipment	Three pieces of indoor and outdoor large muscle equipment for toddlers and preschoolers	None
Screen Time Limitations	None	None



emotional development of the children, and specify activities designed to promote those goals.¹²

Are there indoor physical space requirements?

Yes, both licensed family child care providers and child care centers are required to have a minimum of 35 square feet of usable indoor space per child (Table 1).¹³

Are there outdoor physical space requirements?

Licensed family child care providers must have an outdoor play area that provides at least 50 square feet of space per child (Table 1). The play area can be adjacent to the residence, or it can be a park or playground within 1,500 feet of the residence.¹⁴ Child care centers must have an outdoor activity area of at least 1,500 square feet, and there must be at least 75 square feet of space for each child using the area at any given time.¹⁵

What does the law say about program requirements relating to physical activity?

Minnesota regulations require both child care centers and licensed family child care providers to offer daily opportunities for indoor and outdoor activities (Table 1). The activities must be both provider-directed and child-initiated, and include active and quiet play.¹¹

Are providers required to have a written activity plan?

Licensed family child care providers do not need to have a written activity plan. However, child care centers must develop a written program plan to carry out the activity requirements (Table 1). The written plan must have stated goals and objectives to promote the physical, intellectual, social, and

Does the law require child care providers to have certain physical activity equipment?

There are no equipment standards or requirements for licensed family child care providers, but there are for child care centers. Child care centers are required to have certain equipment for toddlers and preschoolers, including three pieces of durable, indoor, large-muscle¹⁶ equipment,¹⁷ and three pieces of durable, outdoor, large muscle equipment (Table 1).¹⁸

Are there special requirements for physical activity as it relates to infants?

Yes, licensed family child care providers are required to provide freedom of movement to infants during a large part of each day (Table 1). Infants must have the opportunity to safely explore outside a crib or infant seat.¹⁹ Infants need to be provided activities

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that develop their motor skills, self-awareness, and social responsiveness.²⁰ Child care centers have no specific physical activity requirements for infants.

Are there special requirements for other age groups?

Again, licensed family child care providers have requirements, but not child care centers (Table 1). Licensed family child care providers must provide toddlers with large muscle activities,²¹ freedom of movement and freedom to explore outside cribs and playpens.²² Preschoolers must be provided time and space for age-appropriate large muscle play.²³

Are there any limitations on withholding or using physical activity as a disciplinary measure?

No, neither the statutes nor the regulations place any restrictions on a licensed family child care providers

or child care center provider withholding physical activity opportunities as a means of punishment.

Must child care providers undergo training related to physical activity?

Child care providers must complete a certain number of in-service training hours each year. No training requirements are related specifically to physical activity. However, providers have the option of fulfilling some in-service training requirements by participating in training that deals with learning environment and curriculum, which can include information on recreation and sports.²⁴

Does Minnesota law regulate screen time in child care settings?

No, neither the statutes nor the regulations place any restrictions on content or the amount of time children may use electronic media.

Does Minnesota law have nutritional standards for child care facilities?

There are no Minnesota statutes that specifically deal with healthy eating or nutrition for child care facilities

TABLE 2: Minnesota Child Care Nutrition Regulations

Nutrition	Child Care Centers	Licensed Family Child Care Providers
CACFP	Must comply with all CACFP standards, although not other requirements such as record-keeping, even if not in program	Must serve food from each food group recognized by CACFP, but do not have to comply with all standards if not receiving CACFP reimbursement
Access to Water	Water must be available, and offered at frequent intervals	Water must be available, and offered at frequent intervals
Food as Punishment	Not allowed	Not allowed
Breastfeeding	Must ensure sanitary procedures are used in preparing, handling, and storing breast milk.	None

(Table 2). But Minnesota regulations do have minimum nutrition standards for both licensed family child care providers and child care centers. Licensed family child care providers must offer well-balanced meals and snacks,²⁵ 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).²⁶ Child care centers must ensure that each meal provides one-third of a child's daily nutritional needs,²⁷ and that the menus comply with all the nutritional requirements of the CACFP, even if the child care center does not participate in CACFP.²⁸

What are the CACFP nutritional requirements?

There are four food groups according to CACFP: (1) milk, (2) fruit/vegetable, (3) grains/bread, and (4) protein. Breakfast must include milk, a vegetable or fruit, and a bread or grain product made with whole-grain or enriched flour/meal. Lunch and supper must contain milk, two servings of fruit and/or vegetables, bread or grain product made with whole-grain or enriched flour/meal, and lean protein. Snacks must contain items from at least two of the four food groups.

Are there special requirements for infants?

Yes. Licensed family child care providers are required to offer flexible feeding schedules for infants, following the infant's usual diet and schedule (Table 2).²⁹ Also, licensed family child care providers are supposed to hold infants during bottle feedings; bottles are never to be propped.³⁰ In child care centers, providers must obtain written dietary instructions from parents,³¹ and offer the child formula, milk, or other age-appropriate foods at specified times.³²

Do the child care laws require that children have access to drinking water?

Yes, both licensed family child care providers and child care centers must have a potable water supply, and drinking water must be available to children throughout the day, and offered at frequent intervals (Table 2).

Are there any limitations on whether food can be used for discipline?

Yes, neither child care centers nor licensed family child care providers may withhold food from children as punishment for unacceptable behavior.³³

Must child care providers participate in training that deals with nutrition?

As with physical activity, there are no training requirements related specifically to nutrition.³⁴ However, providers have the option of fulfilling some of their in-service training requirement by participating in child nutrition training.³⁵

Are there laws specifically dealing with breast milk, nursing mothers or breastfeeding as it relates to the child care setting?

Minnesota law has protections for nursing mothers in the workplace and in public.³⁶ But the law says very little about breastfeeding specific to the child care setting. There is no mention of breastfeeding in the statutes, nor is the topic dealt with in the licensed family child care providers regulations. The only reference to breastfeeding is in the child care center regulations, which requires centers to ensure that sanitary procedures and practices are used to prepare, handle, and store breast milk, and that these procedures are reviewed by a certified health consultant.³⁷

Conclusion

The Minnesota Legislature has enacted relatively few statutes regulating child care, opting instead to delegate broad authority to the Commissioner of the DHS to regulate the child care setting. This situation allows for expansion of physical activity and nutrition requirements by adopting new regulations instead of enacting new statutes. The regulations will carry the force of law as long as they are in line with the statute that granted DHS the power to create the regulations.

The process of making a regulation or rule in Minnesota is complicated and can take a minimum

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of 3–18 months depending on whether the rule requires a hearing. Nevertheless, passing a regulation is often easier than appealing to the legislature to enact a statute. Furthermore, stakeholders suggest that revision of the regulations could increase compliance and reduce confusion.

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Endnotes

- ¹ Karen M. Kaphingst & Mary Story, *Child Care as 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*, 6 PREVENTING CHRONIC DISEASE: PUB. HEALTH RESEARCH, PRACTICE, AND POLICY 1, 6 (2009), http://www.cdc.gov/pcd/issues/2009/jan/pdf/07_0240.pdf.
- ² Mary K. Serdula et al., *Do obese children become obese adults? A review of the literature*, 22 PREVENTATIVE MED. 167 (1993).
- ³ Am. Acad. of Pediatrics, *Policy Statement: Prevention of Pediatric Overweight and Obesity*, 112 PEDIATRICS 424 (2003), <http://pediatrics.aappublications.org/content/112/2/424.full.pdf+html>.
- ⁴ Kaphingst, *supra* note 1, at 7.

- ⁵ Fed. Interagency Forum on Child and Family Statistics, *America's Children in Brief: Key National Indicators of Well-Being* (2012), <http://www.childstats.gov/americaschildren/index.asp>.
- ⁶ Am. Acad. of Pediatrics, *Preventing Childhood Obesity in Early Care and Education Programs* (2010), http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf.
- ⁷ MINN. STAT. §§ 245A.03-245A.06 (2010).
- ⁸ MINN. STAT. § 245A.09 (2010).
- ⁹ Minnesota law refers to day care homes in statute and regulation, but this fact sheets utilizes the industry used term “licensed family child care providers.”
- ¹⁰ See MINN. R. 9502.0415(1)(A) (2007); MINN. R. 9502.0425(1), (2) (2007); MINN. R. 9503.0045(1)(F), (G) (2010); MINN. R. 9503.0155(7)(A) (2010).
- ¹¹ MINN. R. 9502.0415(1) (2007); 9503.0045(1) (2010).
- ¹² MINN. R. 9503.0045 (1)(F),(G) (2010).
- ¹³ MINN. R. 9502.0425(1) (2007); 9503.0155(9)(2010).
- ¹⁴ MINN. R. 9502.0425(2) (2007).
- ¹⁵ MINN. R. 9503.0155(7)(A) (2010).
- ¹⁶ “Large muscle equipment” means equipment that is designed to enhance large muscle development and coordination, such as playground equipment, large boxes and pillows, large wheel toys, pull toys, balls, jump ropes, climbers, and rocking boats. MINN. R. 9503.0060 (2)(C) (2010).
- ¹⁷ MINN. R. 9503.0060(4)(B)(8),(5)(B)(8) (2010).
- ¹⁸ MINN. R. 9503.0060(4)(B)(9),(5)(B)(9).
- ¹⁹ MINN. R. 9502.0415(4)(C) (2007).
- ²⁰ *Id.* at (4)(D).
- ²¹ *Id.* at (6)(C).
- ²² *Id.* at (6)(A).
- ²³ *Id.* at (8)(F).
- ²⁴ MINN. STAT. § 245A.40(7)(a)(7) (2010).
- ²⁵ MINN. R. 9502.0445(3) (2007).
- ²⁶ *Id.* at (3)(A).
- ²⁷ MINN. R. 9503.0145(4) (2010).
- ²⁸ *Id.* at (2).
- ²⁹ *Supra* note 11, at (3)(C).
- ³⁰ *Id.* at (4)(A).
- ³¹ *Id.* at (7)(A).
- ³² *Id.* at (7)(C).
- ³³ MINN. R. 9502.0395 (2)(B) (2007); MINN. R. 9503.0055(3)(E) (2010).
- ³⁴ Providers participating in CACFP are required to complete training in the USDA guidelines. This is nutrition training, but it is required because of CACFP (a national program) not because of Minnesota law.
- ³⁵ MINN. STAT. § 245A.40(7)(a)(7) (2010).
- ³⁶ See The Public Health Law Center, *Legal Protections for Nursing Mothers in Minnesota* (2011), <http://www.publichealthlawcenter.org/sites/default/files/resources/ship-fs-nursingmothersmn-2011.pdf>.
- ³⁷ *Supra* note 27, at (7).