

2011

# Early Childhood Obesity Prevention

The University of North Carolina at  
Chapel Hill

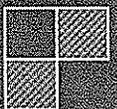
**Institute of Medicine of the National Academies**  
Early Childhood Obesity Prevention Policies (2011)

**North Carolina Division of Public Health**  
Enhanced Nutrition Standards for Child Care: Final Report to the General  
Assembly (2010)

**North Carolina Health & Wellness Trust Fund**  
Childhood Obesity in North Carolina: A Report of Fit Families NC (2005)

**North Carolina Institute of Medicine**  
Prevention for the Health of North Carolina: Prevention Action Plan (2009)

**White House Task Force on Childhood Obesity Report to the President**  
Solving the Problem of Childhood Obesity within a Generation (2010)



# Community and Environment

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# Clinical

## General

### Recommendation (North Carolina Health & Wellness Trust Fund)

In an effort to curb childhood obesity, North Carolina based medical schools, nursing and other health care professional schools should teach the basic principles of prevention including the benefits of healthful eating and physical activity, the importance of breastfeeding, and how to effectively counsel people to change health behaviors as part of the core curriculum.

### Update:

### Recommendation (North Carolina Health & Wellness Trust Fund)

North Carolina health care providers and institutions should educate their members and other health care providers about the issues of preventing childhood obesity and the need for effective weight management for overweight and obese people.

### Update:

## Prenatal Care

### Recommendation 1.1 (White House Task Force)

Pregnant women and women planning a pregnancy should be informed of the importance of conceiving at a healthy weight and having a healthy weight gain during pregnancy, based on the relevant recommendations of the Institute of Medicine.

Specifically, health care providers, as well as Federal, state, and local agencies, medical societies, and organizations that serve pregnant women or those planning pregnancies should provide information concerning the importance of conceiving at a normal body mass index (BMI) and having a healthy weight gain during pregnancy. Those who provide primary and prenatal care to women should offer them counseling on dietary intake and physical activity that is tailored to their life circumstances. In many cases, conceiving at a normal BMI will require some weight loss.

### Update:

## Breastfeeding

### Recommendation 1.3 (White House Task Force)

Hospitals and health care providers should use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly hospital standards.

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Hospitals and health care providers should routinely provide evidence-based maternity care that empowers parents to make informed infant feeding decisions as active participants in their care, and improves new mothers' ability to breastfeed successfully. Examples of specific practices and policies include: skin-to-skin contact between the mother and her baby; teaching mothers how to breastfeed; and early and frequent breastfeeding opportunities.

Hospitals, health care providers, and health insurers should also help ensure that new mothers receive proper information and support on breastfeeding when they are released from the hospital.

**Update:**

## **Recommendation 1.4 (White House Task Force)**

**Health care providers and insurance companies should provide information to pregnant women and new mothers on breastfeeding, including the availability of educational classes, and connect pregnant women and new mothers to breastfeeding support programs to help them make an informed infant feeding decision.**

**Update:**

## **Recommendation 1.5 (White House Task Force) [also in Community]**

**Local health departments and community-based organizations, working with health care providers, insurance companies, and others should develop peer support programs that empower pregnant women and mothers to get the help and support they need from other mothers who have breastfed.**

Peer support networks should exist in all communities across the country, allowing all new mothers to easily identify and obtain help from trained breastfeeding peer counselors. Community organizations can foster the creation of peer support networks through expansion of programs like the WIC Breastfeeding Peer Counseling program. They can work with local breastfeeding coalitions to ensure existence of other peer support networks, such as La Leche League groups or Nursing Mothers Councils. They can also foster the creation of mother-to-mother support groups in community health centers and advertise these groups, particularly as part of the hospital discharge process.

Early Head Start (EHS) programs that enroll pregnant women, including pregnant teenagers, can also support community breastfeeding networks. EHS can provide home visits and reach out to pregnant and breastfeeding mothers to encourage and support breastfeeding, including by providing professional and peer opportunities to disseminate information and provide on-going support. Funding for evidence-based home visitation programs in the recently-enacted Affordable Care Act will complement this program.

Private companies, including those that market baby products, can also help support and promote these

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types of community supports for mothers.

## **Recommendation 1.6 (White House Task Force) [also in Community & Policy]**

### **Early childhood settings should support breastfeeding.**

Child care centers and providers, health care providers, and government agencies should provide accurate information about the storage and handling of breast milk. They should also make sure child care employees and providers know how to store, handle, and feed breast milk, and understand the importance of breastfeeding.

**Update:**

## **Growth Monitoring**

### **Recommendation 2-1 (National Institute of Medicine)**

Healthcare providers should measure weight and length or height in a standardized way, plotted on World Health Organization growth charts (ages 0-23 months) or Centers for Disease Control and Prevention growth charts (ages 24-59 months), as part of every well-child visit.

**Update:**

### **Recommendation 2-2 (National Institute of Medicine)**

Healthcare professionals should consider 1) children's attained weight-for-length or BMI = 85th percentile, 2) children's rate of weight gain, and 3) parental weight status as risk factors in assessing which young children are at highest risk of later obesity and its adverse consequences.

**Update:**

### **Recommendation (North Carolina Health & Wellness Trust Fund)**

As outlined by the Institute of Medicine's report *Preventing Childhood Obesity: Health in the Balance*, pediatricians, family physicians, nurses, and other clinicians should engage in the prevention of childhood obesity. Health care professionals should routinely track body mass index (BMI), offer relevant evidence-based counseling and guidance, serve as role models, and provide leadership in their communities for obesity prevention efforts.

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Update:

## Sleep

**Recommendation 6-2 (National Institute of Medicine)**

Health and education professionals should be trained in how to counsel parents about their children's age-appropriate sleep durations.

Update:

## Healthy Eating and Nutrition

**Recommendation 4-6 (National Institute of Medicine)**

Health and education professionals providing guidance to parents of young children and those working with young children should be trained and educated and have the right tools to increase children's healthy eating and counsel parents about their children's diet.

Update:

## Screen Time

**Recommendation 5-2 (National Institute of Medicine)**

Healthcare providers should counsel parents and children's caregivers not to permit televisions, computers, or other digital media devices in children's bedrooms or other sleeping areas.

Update:

**Recommendation 1.8 (White House Task Force) [also in Community]**

The American Academy of Pediatrics guidelines on screen time should be made more available to parents, and young children should be encouraged to spend less time using digital media and more time being physically active. Health care provider visits and meetings with teachers and early learning providers are an opportunity to give guidance and information to parents and their children.

Update:

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## Physical Activity

### Recommendation 3-4 (National Institute of Medicine)

**Health and education professionals providing guidance to parents of young children and those working with young children should be trained in ways to increase children's physical activity and decrease their sedentary behavior, and in how to counsel parents about their children's physical activity.**

Potential actions include:

- Colleges and universities that offer degree programs in child development, early childhood education nutrition, nursing, physical education, public health, and medicine requiring content within coursework on how to increase physical activity and decrease sedentary behavior in young children.
- Child care regulatory agencies encouraging child care and early childhood education programs to seek consultation yearly from an expert in early childhood physical activity.
- Child care regulatory agencies requiring child care providers and early childhood educators to be trained in ways to encourage physical activity and decrease sedentary behavior in young children through certification and continuing education.
- National organizations that provide certification and continuing education for dietitians, physicians, nurses, and other health professionals (including the American Dietetic Association and the American Academy of Pediatrics) including content on how to counsel parents about children's physical activity and sedentary behaviors.

**Update:**

# Community and Environment

<b>General</b>
<p><b>Recommendation (North Carolina Health &amp; Wellness Trust Fund)</b></p> <p>The North Carolina Association for the Education of Young Children and other statewide associations working to improve the education, health and care for young children in NC should consider the benefits of adopting policies and programs that promote the benefits of proper nutrition and increased physical activity.</p>
<p><b>Update:</b></p>
<p><b>Recommendation (North Carolina Health &amp; Wellness Trust Fund)</b></p> <p>State and/or private grant funding organizations in North Carolina providing grants for pre-schools and before/after school child care programs should give preference, when appropriate, to those applicants that demonstrate established high standards of physical activity and nutrition.</p>
<p><b>Update:</b></p>
<p><b>Recommendation (North Carolina Health &amp; Wellness Trust Fund)</b></p> <p>NC hospitals and medical centers should be good role models by offering healthy food and beverage choices and physical activity opportunities for employees, staff, patients, and their families.</p>
<p><b>Update:</b></p>
<p><b>Recommendation (North Carolina Health &amp; Wellness Trust Fund)</b></p> <p>As a public service, appropriate communications / media associations should develop a strategic plan for promoting healthy eating and physical activity and encourage members to broadcast and promote the campaign on a local level.</p>
<p><b>Update:</b></p>
<p><b>Recommendation (North Carolina Health &amp; Wellness Trust Fund)</b></p> <p>Public and private insurers should adopt policies that provide incentives for members to achieve a healthy lifestyle.</p>

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**Update:**

## **Recommendation (North Carolina Health & Wellness Trust Fund)**

**The North Carolina Health and Wellness Trust Fund and the Blue Cross and Blue Shield of North Carolina Foundation should consider an expansion of the FitTogether television and web site campaign beyond the three year budgeted plan.**

**Update: In the event that the North Carolina Health & Wellness Trust Fund no longer exists, another state partner may be suitable to help Blue Cross and Blue Shield of North Carolina.**

## **Prenatal Care**

### **Recommendation 1.2 (White House Task Force) [also in Policy]**

**Education and outreach efforts about prenatal care should be enhanced through creative approaches that take into account the latest in technology and communications.**

Partners in this effort could include companies that develop technology-based communications tools, as well as companies that market products and services to pregnant women or prospective parents.

**Update:**

## **Breastfeeding**

### **Recommendation 1.5 (White House Task Force) [also in Clinical]**

**Local health departments and community-based organizations, working with health care providers, insurance companies, and others should develop peer support programs that empower pregnant women and mothers to get the help and support they need from other mothers who have breastfed.**

Peer support networks should exist in all communities across the country, allowing all new mothers to easily identify and obtain help from trained breastfeeding peer counselors. Community organizations can foster the creation of peer support networks through expansion of programs like the WIC Breastfeeding Peer Counseling program. They can work with local breastfeeding coalitions to ensure existence of other peer support networks, such as La Leche League groups or Nursing Mothers Councils. They can also foster the creation of mother-to-mother support groups in community health centers and advertise these groups, particularly as part of the hospital discharge process.

Early Head Start (EHS) programs that enroll pregnant women, including pregnant teenagers, can also support community breastfeeding networks. EHS can provide home visits and reach out to pregnant and breastfeeding mothers to encourage and support breastfeeding, including by providing professional and

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peer opportunities to disseminate information and provide on-going support. Funding for evidence-based home visitation programs in the recently-enacted Affordable Care Act96 will complement this program.

Private companies, including those that market baby products, can also help support and promote these types of community supports for mothers.

**Update:**

## **Recommendation 1.6 (White House Task Force) [also in Clinical & Policy]**

### **Early childhood settings should support breastfeeding.**

Child care centers and providers, health care providers, and government agencies should provide accurate information about the storage and handling of breast milk. They should also make sure child care employees and providers know how to store, handle, and feed breast milk, and understand the importance of breastfeeding.

**Update:**

## **Recommendation 4-1 (National Institute of Medicine)**

### **Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more.**

Potential actions include:

- Hospitals and other health care delivery settings improving access to and availability of lactation care and support by implementing the steps outlined in the Baby-Friendly Hospital Initiative and following American Academy of Pediatrics policy recommendations.
- Hospitals enforcing the World Health Organization's International Code of Marketing of Breast Milk Substitute. This step includes ensuring that hospitals' informational materials show no pictures or text that idealizes the use of breast milk substitutes; that health professionals give no samples of formula to mothers (this can be complied with through the Baby-Friendly Hospital Initiative); and that the Federal Communications Commission, the Department of Health and Human Services, hospital administrators (through the Baby-Friendly Hospital Initiative), health professionals, and grocery and other stores are required to follow Article 5 of the Code, which states that there should be no advertising or promotion to the general public of products within the scope of the code (i.e., infant formula).
- The Special Supplemental Nutrition Program for Women, Infants, and Children, the Child and Adult Care Food Program, Early Head Start, other child care settings, and home visitation programs requiring program staff to support breastfeeding.
- Employers reducing the barriers to breastfeeding through the establishment of worksite policies

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that support lactation when the mothers return to work.

**Update:**

## Screen Time

### Recommendation 5-1 (National Institute of Medicine)

**Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two-five.**

Potential actions include:

- Child care settings limiting screen time, including television, cell phone, or digital media, for preschoolers (aged two-five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs.
- Health care providers counseling parents and children’s caregivers to permit no more than a total of two hours per day of screen time, including television, cell phone, or digital media, for preschoolers, including time spent in child care settings and early childhood education programs.
- Health care providers counseling parents to coordinate with child care providers and early education programs to ensure that total screen time limits are not exceeded between at-home and child care or early education settings.
- State and local government agencies providing training, tools, and technical assistance for child care providers, early education program teachers and assistants, healthcare providers, and community service agency personnel in how to provide effective counseling of parents regarding the importance of reducing screen time for young children.

**Update:**

### Recommendation 1.8 (White House Task Force) [also in Clinical]

**The American Academy of Pediatrics guidelines on screen time should be made more available to parents, and young children should be encouraged to spend less time using digital media and more time being physically active. Health care provider visits and meetings with teachers and early learning providers are an opportunity to give guidance and information to parents and their children.**

**Update:**

### Recommendation 1.9: (White House Task Force)

**The American Academy of Pediatrics (AAP) guidelines on screen time should be made more available**

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in early childhood settings. Early childhood settings should be encouraged to adopt standards consistent with AAP recommendations not to expose children two years of age and under to television, as well as to limit media exposure for older children by treating it as a special occasion activity rather than a daily event.

Update:

## Physical Activity

### Recommendation 3-2 (National Institute of Medicine)

The community and its built environment should promote physical activity for children from birth to age five.

Potential actions include:

- ensuring that indoor and outdoor recreation areas encourage all children, including infants, to be physically active;
- allowing public access to indoor and outdoor recreation areas located in public education facilities; and
- ensuring that indoor and outdoor recreation areas provide opportunities for physical activity that meet current standards for accessible design under the Americans with Disabilities Act.

Update:

## Faith-Based

### Recommendation (North Carolina Health & Wellness Trust Fund)

Church and faith-based organizations in NC should:

- Consider the health benefits of serving healthy and nutritious snack options in all children's activities.
- Serve as community locations for physical activity and nutrition promotion programs.
- Emphasize, through educational programming, preaching, printed resources and modeling, the significance of the "Family Meal" in order to reduce the number of meals eaten away from the home.
- Explore ways in which their proprietary recreational facilities (gymnasiums, playgrounds, ball fields, etc.) might be opened to their member children/families (and, if feasible, non-members) in order to encourage and promote respect for the body through increased physical activity.

Update:

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<b>General</b>
<p><b>Recommendation 1.10 (White House Task Force)</b></p> <p>The Federal government, incorporating input from health care providers and other stakeholders, should provide clear, actionable guidance to states, providers, and families on how to increase physical activity, improve nutrition, and reduce screen time in early child care settings.</p>
<p><b>Update:</b></p>
<p><b>Recommendation 1.11 (White House Task Force)</b></p> <p>States should be encouraged to strengthen licensing standards and Quality Rating and Improvement Systems to support good program practices regarding nutrition, physical activity, and screen time in early education and child care settings.</p>
<p><b>Update:</b></p>
<p><b>Recommendation 4.4 (North Carolina Institute of Medicine)</b></p> <p><b>Expand Physical Activity and Nutrition in Child Care Centers and After-school Programs</b></p> <p>a) The North Carolina Division of Public Health (DPH) and the North Carolina Partnership for Children, inc. (NCPC) should expand dissemination of evidence-based approaches for improved physical activity and nutrition standards in preschools using Nutrition and Physical Activity Self-Assessment for Child Care (NP-SACC). Beginning in SFY 2011, the North Carolina General Assembly should appropriate \$70,000 in recurring funds to the DPH and \$325,000 in recurring funds to NCPC for these activities.</p> <p>b) The North Carolina Child Care Commission should assess the funding needed for child care centers to incorporate healthy eating and physical activity practices and the process to include healthy eating and physical activity as quality indicators in North Carolina's Star Rated License system for licensed childcare centers.</p>
<p><b>Update:</b></p>
<p><b>Recommendation (North Carolina Health &amp; Wellness Trust Fund)</b></p> <p>The Department of Insurance should commission a study committee to investigate the fiscal impact of programs and services for the prevention and treatment of childhood obesity by public and private third party payers. In addressing these issues, the committee will consider the fiscal impact of action</p>

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versus inaction.

**Update:**

**Recommendation (North Carolina Health & Wellness Trust Fund)**

**The State Health Plan, Medicaid, Health Choice and Special Health Services coverage in NC should increase financial support for prevention services designed to promote healthy lifestyles which lower risk for childhood obesity related co-morbidities.**

**Update:**

**Recommendation (North Carolina Health & Wellness Trust Fund)**

**The Lt. Governor and the Co-Chairs should commend academic and research institutions in NC that have invested in research and outreach to address childhood obesity prevention and treatment. Further, whereas there remains an acute need for further research examining the relationship between physical activity and nutrition with academic performance, the Lt. Governor and the Co-Chairs should encourage these respective institutions to conduct this type of research.**

**Update: In the event that the Lieutenant Governor and Co-Chairs of the North Carolina Health and Wellness Trust Fund study are no longer the appropriate persons, other representatives may fill the role.**

**Recommendation 5-4 (National Institute of Medicine)**

**The Secretary of the Department of Health and Human Services, in cooperation with state and local government agencies and interested private entities, should establish a sustained social marketing program to provide pregnant women and caregivers of children from birth to age five with consistent, practical information on the risk factors for obesity in young children and strategies for preventing overweight and obesity.**

**Update:**

**Recommendation 1.6 (White House Task Force) [also in Clinical & Community]**

**Early childhood settings should support breastfeeding.**

**Child care centers and providers, health care providers, and government agencies should provide accurate information about the storage and handling of breast milk. They should also make sure child**

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care employees and providers know how to store, handle, and feed breast milk, and understand the importance of breastfeeding.

**Update:**

## Prenatal Care

### **Recommendation 1.2 (White House Task Force) [also in Community]**

**Education and outreach efforts about prenatal care should be enhanced through creative approaches that take into account the latest in technology and communications.**

Partners in this effort could include companies that develop technology-based communications tools, as well as companies that market products and services to pregnant women or prospective parents.

**Update:**

## Sleep

### **Recommendation 6-1 (National Institute of Medicine)**

**Child care regulatory agencies should require child care providers to adopt practices that promote age-appropriate sleep durations.**

Potential actions include:

- creating environments that ensure restful sleep, such as no screen media in rooms where children sleep and low noise and light levels during napping;
- encouraging sleep-promoting behaviors and practices, such as calming nap routines;
- encouraging practices that promote child self regulation of sleep, including putting infants to sleep drowsy but awake; and
- seeking consultation yearly from an expert on healthy sleep durations and practices.

**Update:**

## Healthy Eating and Nutrition

### **Recommendation 4-3 (National Institute of Medicine)**

**The Department of Health and Human Services and the U.S. Department of Agriculture should establish dietary guidelines for children from birth to age two years in future releases of the *Dietary Guidelines for Americans*.**

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**Update:**

**Recommendation 4-5 (National Institute of Medicine)**

**Government agencies should promote access to affordable healthy foods for infants and young children from birth to age five in all neighborhoods, including those in low-income areas, by maximizing participation in federal nutrition assistance programs and increasing access to healthy foods at the community level.**

Potential actions include:

- For children that qualify, U.S. Department of Agriculture and state agencies maximizing participation in federal nutrition assistance programs serving children from birth to age five, including for Special Supplemental Nutrition Program for Women, Infants, and Children; the Child and Adult Care Food Program; and the Supplemental Nutrition Assistance Program.
- The federal government assists state and local governments in increasing access to healthy foods.

**Update:**

**Recommendation 5-3 (National Institute of Medicine)**

**The Federal Trade Commission, the U.S. Department of Agriculture, Centers for Disease Control and Prevention, and the Food and Drug Administration should continue their work to establish and monitor the implementation of uniform voluntary national nutrition and marketing standards for food and beverage products marketed to children.**

**Update:**

**Recommendation (North Carolina Health & Wellness Trust Fund)**

**The Lt. Governor and the Co-Chairs of the Study Committee should send letters to the representatives of the packaged food industry in NC commending those that have developed and distributed age-appropriate portion sizes for snack foods and beverages and encouraging other vendors to follow suit.**

**Update: In the event that the Lieutenant Governor and Co-Chairs of the North Carolina Health and Wellness Trust Fund study are no longer the appropriate persons, other representatives may fill the role.**

**Recommendation (North Carolina Health & Wellness Trust Fund)**

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The Lt. Governor and the Co-Chairs of the Study Committee should co-sign a letter to NC's congressional delegation and federal regulatory authorities asking for consideration of limits on national youth-targeted advertising of unhealthy foods and beverages.

**Update:** In the event that the Lieutenant Governor and Co-Chairs of the North Carolina Health and Wellness Trust Fund study are no longer the appropriate persons, other representatives may fill the role.

## Physical Activity

### Recommendation (North Carolina Health & Wellness Trust Fund)

The Division of Public Health and appropriate partners should develop physical activity guidelines to promote the benefits of physical activity during the first two years of life and promote that program to licensed child care centers in NC.

**Update:**

## Child Care

### Recommendation (North Carolina Health & Wellness Trust Fund)

The North Carolina Star rating system of licensed childcare centers, developed by the Frank Porter Graham Child Development Institute, should be examined as a possible point of intervention for childhood obesity by placing more emphasis on criteria related to physical activity and nutrition. As such, the Frank Porter Graham Child Development Institute should consider the benefits of more stringent physical activity and nutrition standards for the Early Childhood Environment Rating Scale-Revised (ECERS) and Infant/Toddler Environment Rating Scale-Revised (ITERS) child care evaluation.

**Update:**

### Recommendation (North Carolina Health & Wellness Trust Fund)

The NC State Commission on Childcare should examine the state's Five-Star rating system of licensed childcare centers as a possible point of early intervention in the state's fight against childhood obesity by placing greater emphasis on physical activity and nutrition standards.

**Update:**

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## Recommendation (North Carolina Division of Public Health)

### Enhanced Nutrition Standards for Child Care

As a result of reviewing the evidence-base on nutrition for young children, the data on childhood overweight and obesity in North Carolina, a comparison of existing North Carolina child care nutrition standards to those recently proposed by the Institute of Medicine for the Child and Adult Care Food Program, and feedback from a variety of North Carolina stakeholders, the North Carolina Division of Public Health, in conjunction with the North Carolina Division of Child Development, recommends a phased implementation of the following enhanced nutrition standards for licensed child care facilities.

#### Phase 1:

- Prohibit the serving of sweetened beverages, other than 100% fruit juice, to children of any age.
- Prohibit the serving of more than six ounces of juice per day to children of any age.
- Prohibit the serving of juice from a bottle.
- Prohibit the serving of whole milk to children two years of age or older.
- Prohibit the serving of flavored milk to children of any age.
- Create an exception from the rules for parents of children who have medical needs, special diets, or food allergies.

#### Phase 2

- Limit the number of grains containing added sugars and increase the number of whole grains.
- Limit foods high in fat and salt.

In consideration of the challenges and training needs expressed by stakeholders during the Listening Sessions held across the state, a phased approach is recommended for implementation of the latter two recommendations. The first six recommendations (Phase 1) are expected to be cost-neutral for child care facilities and to require minimal training for implementation. However, the latter two will require additional collaboration between DPH and DCD to develop training materials and resources, as well as to work with food vendors to ensure availability of healthy options.

#### Update:

### Recommendation 3-1 (National Institute of Medicine)

**Child care regulatory agencies should require child care providers and early childhood educators to provide infants, toddlers, and preschool children with opportunities to be physically active throughout the day.**

For infants, potential actions include:

- providing daily opportunities for infants to move freely under adult supervision to explore their indoor and outdoor environments;
- engaging with infants on the ground each day to optimize adult-infant interactions; and
- providing daily “tummy time” (time in the prone position) for infants less than six months of

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age.

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- integrating physical activity into activities designed to promote children’s cognitive and social development;
- providing an outdoor environment with a variety of portable play equipment, a secure perimeter, some shade, natural elements, an open grassy area, varying surfaces and terrain, and adequate space per child;
- providing an indoor environment with a variety of portable play equipment and adequate space per child;
- providing opportunities for children with disabilities to be physically active, including equipment that meets the current standards for accessible design under the Americans with Disabilities Act;
- avoiding punishing children for being physically active; and avoiding withholding physical activity as punishment.

**Update:**

## **Recommendation 3-3 (National Institute of Medicine)**

**Child care regulatory agencies should require child care providers and early childhood educators to allow infants, toddlers, and preschoolers to move freely by limiting the use of equipment that restricts infants’ movement and by implementing appropriate strategies to ensure that the amount of time toddlers and preschoolers spend sitting or standing still is limited.**

Potential actions include:

- using cribs, car seats, and high chairs for their primary purpose only—cribs for sleeping, car seats for vehicle travel, and high chairs for eating;
- limiting the use of equipment such as strollers, swings, and bouncer seats/chairs for holding infants while they are awake;
- implementing activities for toddlers and preschoolers that limit sitting or standing to no more than 30 minutes at a time; and
- using strollers for toddlers and preschoolers only when necessary.

**Update:**

## **Recommendation 4-2 (National Institute of Medicine)**

**To ensure that child care facilities provide a variety of healthy foods and age-appropriate portion sizes**

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in an environment that encourages children and staff to consume a healthy diet, child care regulatory agencies should require that all meals, snacks, and beverages served by early childhood programs be consistent with the Child and Adult Care Food Program meal patterns and safe drinking water be available and accessible to the children.

**Update:**

## **Recommendation 4-4 (National Institute of Medicine)**

**State child care regulatory agencies should require that child care providers and early childhood educators practice responsive feeding.**

Potential actions include:

- For infants—holding infants in one’s arms or sitting up on one’s lap while feeding, and not propping bottles; recognizing infant feeding cues (e.g., rooting, sucking); offering an age-appropriate volume of breast milk or formula to infants and allowing infants to self-regulate their intake; and introducing developmentally appropriate solid foods in age-appropriate portions, allowing all infants to self-regulate their intake.
- For toddlers/preschoolers—providing meals and snacks as part of a daily routine; requiring adults to sit with and eat the same foods as the children; when serving children from common bowls (family-style service) allowing them to serve themselves; when offering foods that are served in units (e.g., sandwiches) providing age-appropriate portions and allowing children to determine how much they eat; and reinforcing children’s internal cues of hunger and fullness.

**Update:**