



User Guide for the Licensing Toolkit Action Sheets

NRC Goals for Licensing Toolkits to Promote Healthy Weight:

- To develop tools and products to support states' child care licensing personnel and child care providers in ensuring environments that promote healthy weight by focusing on high-impact standards of best practice
- To facilitate conversations among licensors, child care and early education providers, legislators, health professionals, and families

Administrators of State Licensing programs have numerous responsibilities. Developing and revising state licensing requirements are among the most important. In areas where new findings are rapidly accruing, it is difficult to be aware of all the research and information that may influence licensing requirements. This Licensing Toolkit is intended to assist Licensing Administrators as they develop and revise licensing requirements addressing guidelines for the prevention of childhood obesity.

The Toolkit consists of three components:

- 1) Licensing Agencies' Action Sheet
- 2) Child Care Provider's Action Sheet
- 3) Legislator's Action Sheet

Here you will find suggested uses for each of the three Action Sheets. The NRC encourages you to find other uses for the Toolkit. Please let us know how you use them. You can email us at info@nrckids.org. We will share your ideas with others in the professional licensing community.

The NRC acknowledges the expert contributions of the NRC Licensing Advisory Panelists who worked with us to create the Toolkit concept and format: Judy Collins, Melissa Courts, Ann Ditty, Becky Fleming-Siebenaler, Pauline Koch, Ann Ryan, and Jackie Wood.

The NRC acknowledges the expert contributions of the members of the Use of Water and 100% Juice Licensing Toolkit Advisory Committee: Janet Carter, Catherine Cowell, Barbara U. Hamilton, Susan Johnson, Mira Killmeyer, Tracy Miller, and Susan Schlosser.

Toolkit Action Sheets may be used in several ways to:

Licensing Agencies' Action Sheet

- Provide guidance to Licensing Administrators who wish to strengthen obesity prevention regulations;
- Gain agency support by sharing with policy and management personnel;
- Provide up-to-date research and best practices to support licensing work groups;
- Facilitate wording of regulations by providing sample language for regulations;
- Guide policy with other agencies (such as departments of health and education);
- Provide background information to assist preparation of press releases to support regulations;
- Inform grant proposals;
- Inform quality improvement programs (such as Quality Rating Improvement Systems);

Child Care Provider's Action Sheet

- Offer technical assistance to providers during monitoring visits to
 - inform of new nutrition regulations,
 - review menus,
 - suggest tips for involving families in prevention of childhood obesity,
 - support providers who do not participate in a subsidized food program;
- Serve as a/n
 - training tool for current providers of care and orientation of potential providers,
 - training tool used by child care health consultants and child care resource and referral agencies,
 - refresher in periodic mailings to providers,
 - resource for curriculum development,
 - newsletter item or handout for families,
 - exhibit at professional meetings and conferences (such as NAEYC, provider organizations);

Legislator's Action Sheet

- Inform legislators and their staff of the importance of regulations or revisions that include stronger guidelines for prevention of childhood obesity;
- Inform legislative committees addressing child care and early education;
- Inform child advocacy groups.

Licensing Agencies' Action Sheet

Use of Water and 100% Juice in Child Care

Introduction

Obesity among children is on the rise in the United States and is one of the leading health issues for children. This action sheet provides specific information to regulators who wish to strengthen regulations for early care and education programs in order to assure that when children in care receive fluids other than milk, that those fluids are either water or limited amounts of 100% juice (1). It will assist agencies to promote the understanding that obesity can be prevented by the development and implementation of best practices and policies that instill healthy behavior and healthy lifestyle choices in our youngest children.



The Centers for Disease Control and Prevention released a study which looked at state child care licensing regulations and their possible use as tools for obesity prevention. This study observes that almost 75% of preschool-aged children are in non-parental child care arrangements each week (2). This suggests that strengthening child care regulations related to health and nutrition could have a broad, positive impact on promoting healthy weight among young children.

In January 2011, the National Resource Center for Health and Safety in Child Care and Early Education published *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010*. One of the recommendations from this report is for states' child care licensing agencies to carefully examine the findings in the report to fortify the obesity prevention terminology in their own regulations (3).

What Should Your Regulations Include?

- Most states have a regulation covering nutritional requirements for licensed child care to support regulations designed for prevention of childhood obesity. Existing regulations may often contain language similar to the wording below:

“Meals and snacks should contain at least the minimum amount of foods shown in the meal and snack patterns for children in the Child and Adult Care Food Program (CACFP) guidelines: www.fns.usda.gov/cnd/ProgramBasics/Meals/Meal_Patterns.”

- Sample language for regulations to address nutritional requirements (including the serving of water and 100% juice) could be:

The facility shall have a written nutrition policy which includes the following and is provided to all parents/guardians at the time of enrollment (1):

1. A description of all provided food services;
2. Times of snacks and meals;
3. Procedures related to food allergies, religious dietary requirements and other special needs;
4. Nutritious and age-appropriate fluids that meet the nutritional requirements outlined in the current USDA/Child and Adult Care Food Program (CACFP) meal pattern requirements or the USDA Nutritional Guidelines;
5. Offering clean, sanitary drinking water to children throughout the day;
6. Ensuring all fluids served, other than milk, should be either water or 100% juice;
7. The serving of 100% juice should be limited to one 4-6 oz serving per day for children between the age of one and six; and
8. The serving of 100% juice should be limited to 8-12 oz serving per day for children between the age of seven and twelve.

Licensing Agencies' Action Sheet

Use of Water and 100% Juice in Child Care



How Can You Promote Understanding?

Interpretative Guidelines can be provided that outline the following:

- Review of policies and procedures for providing fluids other than milk, and
- Review of current and past menus

References

1. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.
2. Kaphingst, K. M. and M. Story. 2009. 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. *Prev Chronic Dis* 6(1). http://www.cdc.gov/pcd/issues/2009/jan/07_0240.htm.
3. National Resource Center for Health and Safety in Child Care and Early Education, University of Colorado Denver. 2011. National Resource Center for Health and Safety in Child Care and Early Education: *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010*. Aurora, CO. http://nrckids.org/regulations_report_2010.pdf.

Resources

Altarum Institute. 2010. Challenges and opportunities related to implementation of child care nutrition and physical activity policies in Delaware.

<http://www.altarum.org/publications-resources-health-systems-research/CHOMP-Delaware-Focus-Group-Report>.

Benjamin, S. E., A. Craddock, E. M. Walker, M. Slining, and M. W. Gillman. 2008. Obesity prevention in child care: A review of U.S. state regulations. *BMC Public Health* 8:188. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2438347/pdf/1471-2458-8-188.pdf>.

Benjamin, S. E., M. W. Gillman, A. E. Traub, and J. Finkelstein. 2009. *Preventing childhood obesity in the child care setting: Evaluating state regulations*. Boston, MA: Harvard Medical School and Harvard Pilgrim Health Care. <http://cfm.mc.duke.edu/childcare>.

Casamassimo P, Holt K, eds. 2004.

Bright Futures in Practice: Oral Health - Pocket Guide. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/pocket.html>.

Let's Move! Child Care. <http://healthykidshealthyfuture.org/welcome.html>.

National Academy of Sciences. 2011. Early Childhood Obesity Prevention Policies. Washington DC. <http://www.iom.edu/~media/Files/Report%20Files/2011/Early-Childhood-Obesity-Prevention-Policies/Young%20Child%20Obesity%202011%20Recommendations.pdf>.

Robert Wood Johnson Foundation. 2010. F as in Fat 2010: How Obesity Threatens America's Future <http://www.rwjf.org/files/research/20100629fasinfatmainreport.pdf>



Child Care Provider's Action Sheet

Use of Water and 100% Juice

Introduction

This action sheet provides specific information to child care providers on serving water and 100% juice to children in their care. The serving of these fluids does not replace serving milk as recommended. Following these practices is one way to do your part to reduce the growing rate of obesity in young children and encouraging healthy weight in childhood. Fluids such as sweetened drinks, fruit nectars and flavored milk provide calories with little to no nutritional value, reduce children's appetite for other healthy, nutritious foods and contribute to tooth decay. Reducing children's consumption of concentrated sugars in the fluids you serve, even limiting 100% juice, will give the children in your care a great start to developing lifelong healthy behaviors!



Did You Know?

- Obesity among preschool children has more than doubled in the United States over the last 30 years.
- Overweight and obesity in childhood can lead to lifelong health problems, including heart disease, diabetes, asthma, sleep apnea, discrimination based on weight, low self esteem, and adult obesity.
- The foods and beverages you serve to children in your care and the healthy eating and drinking habits you model can have a significant impact on childhood obesity and promote a healthy lifestyle.
- Juice, even 100% juice, is high in sugar and provides fewer nutritional benefits than fresh fruit. Therefore it is recommended children limit their consumption of even 100% juice.
- Excessive fruit juice/fruit nectar consumption may be associated with malnutrition, diarrhea, and abdominal distention.
- Unpasteurized fruit juice may contain germs that can cause serious illnesses.
- Replacing sweetened drinks, even 100% juice, with water is an inexpensive and easy way to help improve children's health, as well as your budget.

What Can You Do?

- Healthy infants do not usually need extra water; only provide water to infants whose parents/guardians have received clear instructions from their health care provider.
- Offer clean, sanitary drinking water throughout the day to children over the age of one.
- Make water readily available indoors and out, during meals (though not as a milk replacement), and when children are thirsty.
- Serve from a cup only full-strength (100%) pasteurized fruit juice or 100% fruit juice diluted with water to healthy children over the age of one.
- Limit 100% juice to a total of 4 to 6 oz/day for children age one to six years, and this total includes juice that may be given at home.
- Limit 100% juice to a total of 8 to 12 oz/day for children seven to twelve years of age, and this total includes juice that may be given at home.
- Do not serve juice (even 100%) to children under the age of one.
- Offer 100% juice only at specific meals and snacks to reduce the acids produced by bacteria in the mouth that cause tooth decay.
- Serve fresh fruits and vegetables instead of fruit juice. Have fun. Include children in healthy food preparations. Include healthy food activities throughout the classroom as part of your programs in art and music, and include healthy food in your play kitchens and play grocery stores.
- Encourage caregivers/teachers to model water consumption.

continued

Child Care Provider's Action Sheet

Use of Water and 100% Juice

- Enlist the people responsible for preparing and selecting food to be leaders for children's healthy eating and provide them with information/training on preventing childhood obesity.
- Contact a child care health consultant, dietitian, local chef or parent/guardian with a background in health or nutrition, to help you identify ways to promote healthy eating and drinking in your program.
- Suggest healthy options to celebrate special occasions, such as "Make-it-yourself pizza" with healthy fruit or vegetable toppings, serving a fresh fruit cup, organizing a trip to a local farm, etc.



How Can You Partner with Your Children's Families?

- Share information about healthy weight during childhood, especially the negative impact of sugar-sweetened drinks and foods on children's health. Provide tip sheets on the impact of sugar sweetened foods/beverages and on how families can help make the change to healthier beverages and foods.
- Share what you are doing to increase fresh fruit consumption, limit 100% juice and eliminate concentrated sugars. Discuss how your motivation is children's health, not a budget concern.
- Ask for your parents'/guardians' support in:
 - Providing water or low-fat, non-flavored milk (skim or 1% for children age two and older) in children's lunches instead of sugar-sweetened drinks;
 - Modeling water consumption at home;
 - Providing healthier food choices (fresh fruit and vegetables, healthy fruit/vegetable pizza toppings, etc.) for special occasions instead of sugar-sweetened foods; and
 - Talking with their children about the importance of drinking water and eating fresh fruits.
- Ask parents/guardians with backgrounds in health/nutrition to help you identify ways to promote healthy eating and drinking in your program.

See [Standard 4.2.0.6: Availability of Drinking Water](#) and [Standard 4.2.0.7: 100% Fruit Juice](#) (page 157 in hard copy) in *Caring For Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition (CFOC3). Other related CFOC3 standards are [Standard 3.1.5.1: Routine Oral Hygiene Activities](#), [Standard 3.1.5.3: Oral Health Education](#), and [Standard 4.2.0.4: Categories of Food](#). The full set of standards is accessible online at <http://nrckids.org/CFOC3/index.html>.

Reference

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2010. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*, 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org/>

Resources

American Academy of Pediatrics Committee on Nutrition 2007. Policy statement: The use and misuse of fruit juice in pediatrics. *Pediatrics*, 119:405.

Casamassimo P, Holt K, eds. 2004. *Bright Futures in Practice: Oral Health—Pocket Guide*. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/pocket.html>.

Let's Move! Child Care. <http://healthykidshealthyfuture.org/welcome.html>.

National Academy of Sciences. 2011. Early Childhood Obesity Prevention Policies. Washington DC. <http://www.iom.edu/-/media/Files/Report%20Files/2011/Early-Childhood-Obesity-Prevention-Policies/Young%20Child%20Obesity%202011%20Recommendations.pdf>.

U.S. Department of Agriculture, Food and Nutrition Service. 2011. Child and Adult Care Food Program (CACFP). <http://www.fns.usda.gov/cnd/Care/ChildCare.htm>.

U.S. Department of Agriculture, Food and Nutrition Service. 2011. MyPlate: Health and Nutrition for Preschoolers. <http://www.choosemyplate.gov/preschoolers.html>.

Legislator's Action Sheet

Use of Water and 100% Juice in Child Care

Introduction

“Currently one in four preschool children is overweight or obese” (1). Recent research confirms that obesity among children is on the rise in the United States and is a leading health issue in our nation. In the past 30 years, obesity among 2-5 year old children has more than doubled. Encouraging the consumption of water and limited amounts of 100% juice in early care and education settings can help children develop healthy practices that will go a long way to developing healthy, life-long habits to reduce this obesity trend (2).



This action sheet provides specific information for legislators who wish to understand and support research-based child care regulations that address healthy nutrition, especially a rule requiring that children in care are only served water or 100% juice when being served fluids other than milk (2). It will give you the information you need to support the prevention of obesity through the development of best practices and policies to instill healthy behavior and healthy lifestyle choices in our youngest children.

Did You Know?

- “Eight in ten American voters believe childhood obesity is a serious problem” (3);
- “Obesity-related medical costs are nearly 10 percent of all annual medical spending; rising health care costs and a workforce in poor health are driving down our ability to compete in the global economy” (3);
- “The onset of obesity in the first years of life is a strong predictor of continued obesity into adulthood, largely because eating habits are formed during the early years” (1);
- Addressing this issue during infancy through the preschool years is an opportune time to develop healthy eating habits to help prevent later obesity (4); and
- Since a large percentage of children under the age of 5 years are in some form of child care, child care centers and family child care homes provide the perfect setting to support and facilitate healthful eating in young children (4).

What Should the Regulation Say?

- Nutrition regulations in early care and education programs generally follow minimum national standards provided by *Caring for Our Children*, 3rd Edition (CFOC3), USDA/Child and Adult Care Food Program (CACFP) Guidelines or other USDA Nutritional Guidelines.
- One way to address the obesity problem in early childhood is to strengthen nutrition regulations. Critical components that could be added are:
 - Offer items of food and fluids that avoid or limit concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars and flavored milk (1).
 - Serve clean, sanitary drinking water to children over the age of one throughout the day whenever children are thirsty (1).

Why Is This Important?

The Centers for Disease Control and Prevention released a study which looked at state child care licensing regulations and their possible use as tools for obesity prevention. This study observes that almost 75% of preschool-aged children are in non-parental child care arrangements each week (5). This suggests that strengthening child care regulations related to healthy nutrition and beverage consumption could have a broad, positive impact on promoting obesity prevention among young children.

- According to recent research (6),
 - “No state had all 10 (model) healthy regulations . . . including those in the area of nutrition.”
 - “7 states (14%) restricted sugar sweetened beverages in both child care centers and family child care homes.”

Legislator's Action Sheet

Use of Water and 100% Juice in Child Care

- 56% of voters believe that combating childhood obesity is worth any financial investment (3).
- Obesity prevention initiatives by the [Nemours Foundation](#) provide examples of how to implement the new nutrition guidelines successfully in licensing regulations and in child care programs.
- Delaware's comprehensive regulations on health and nutrition as well as those in several other states, e.g., Georgia and Nevada, provide model language and approach for other states to follow.
- These regulations and alternative choices are not costly to implement:
 - Offering or making clean drinking water available throughout the day whenever children are thirsty is important for good health and can actually reduce costs (2);
 - Limiting the amount of 100% fruit juice to 4-6 oz. daily for children between the ages of one and six and to 8-12 oz. daily for children between the ages of seven and twelve will also help to reduce food costs (2); and
 - Replacing all sugar-sweetened drinks with water, 100% juice or low-fat, non-flavored milk (skim or 1% for children age two and older) (2).



What Can You Do?

- Work with your state licensing agency and the early childhood system to provide support and resources to strengthen licensing regulations on this topic and their enforcement in licensed programs.
- Educate your colleagues, the business community, and the general public on the benefits of implementing the regulation to serve only water and 100% juice when not serving milk.
- Work for change in state and early childhood policy that will play a primary role in preventing childhood obesity and decrease the potential of future high medical costs related to treating obesity and its related illnesses (4).

References

1. Altarum Institute. 2010. Challenges and opportunities related to implementation of child care nutrition and physical activity policies in Delaware. <http://www.altarum.org/publications-resources-health-systems-research/CHOMPDelaware-Focus-Group-Report>.
2. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.
3. Robert Wood Johnson Foundation. 2010. F as in Fat 2010: How Obesity Threatens America's Future <http://www.rwjf.org/files/research/20100629fasinfatmainreport.pdf>.
4. Benjamin, S. E., M.W. Gillman, A. E. Traub, and J. Finkelstein. 2009. *Preventing childhood obesity in the child care setting: Evaluating state regulations*. Boston, MA: Harvard Medical School and Harvard Pilgrim Health Care. <http://cfm.mc.duke.edu/childcare>.
5. Kaphingst, K. M. and M. Story. 2009. 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. *Prev Chronic Dis 6(1)*. http://www.cdc.gov/pcd/issues/2009/jan/07_0240.htm.
6. National Resource Center for Health and Safety in Child Care and Early Education, University of Colorado Denver. 2011. National Resource Center for Health and Safety in Child Care and Early Education: *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010*. Aurora, CO. http://nrckids.org/regulations_report_2010.pdf.

Resources

- Casamassimo P, Holt K, eds. 2004. *Bright Futures in Practice: Oral Health—Pocket Guide*. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/pocket.html>.
- Let's Move! Child Care. <http://healthykidshealthyfuture.org/welcome.html>.
- National Academy of Sciences. 2011. Early Childhood Obesity Prevention Policies. Washington DC. <http://www.iom.edu/~media/Files/Report%20Files/2011/Early-Childhood-Obesity-Prevention-Policies/Young%20Child%20Obesity%202011%20Recommendations.pdf>.
- Nemours Health and Prevention Services. 2012. Online Resources. <http://www.nemours.org/content/nemours/www/service/preventive/nhps/521a/onlineResource.html>.
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