

# Improving the Health of Young Texans

## Testimony to Department of Family and Protective Services

### Minimum Standards for Child Care Centers

*Every kid deserves a healthy start in life. Parents and early care and education providers agree that infants and children deserve to learn in a safe environment and benefit from healthy food, active play, and limited screen time. With the majority of children spending much of their day in early childhood programs, such as child care centers, stronger state minimum standards must be in place to ensure safe environments for children and help these programs deliver what is best for children to maintain a healthy weight and achieve lifelong health.*

Thank you for the opportunity to provide testimony to the Department of Family and Protective Services (DFPS) Council. I am Adriana Kohler, Senior Health Policy Associate with Texans Care for Children, a statewide nonprofit organization that works to drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We collaborate with community and health leaders around the state to identify health challenges for children and families, barriers to health care, and potential policy solutions to improve the well-being of Texas children and families.

We appreciate DFPS's work to review and revise 40 TAC 746, Minimum Standards for Child Care Centers, including gathering input from caregivers, advocates, parents, and child care licensing staff. We are deeply concerned that DFPS is not proposing critically-needed improvements in the area of group size and child-to-caregiver ratios (Subchapter E); nutrition and food service standards (Subchapter Q); active play standards (Subchapter F); and breastfeeding supportive practices (Subchapter B, 746.501). DFPS must prioritize improvements in these areas to ensure that children in child care centers have sufficient supervision and access to healthy foods and opportunities for active play. Stronger child care minimum standards allow child care providers and parents to partner to help children stay safe, be physically active, develop their minds, and form healthy eating habits at an early age.

## Recommendations

**Recommendation 1: Significantly improve child-to-caregiver ratios and group size standards to ensure safe environments for children in child care centers.**

The child-to-caregiver ratios and group sizes allowed under the state's minimum standards are among the lowest in the nation and do not adequately safeguard our children physically, emotionally, or developmentally. For example, DFPS standards allow a single child care teacher to care for 15 three-year-olds or 11 two-year-olds, far exceeding recommended best practices.<sup>1</sup>

Allowing such large group sizes puts the safety of Texas children in jeopardy. In fact, the 2015 Sunset Advisory Commission staff report regarding DFPS found that the third most frequently repeated violation in child care centers – and one of the highest risk violations – was that a "caregiver at a day care operation failed to adequately supervise children."<sup>2</sup> These safety risks must be addressed through smaller group sizes and child care ratios.

Research has shown that when caregivers have fewer children to supervise and the group size is limited, the likelihood of injuries and illness in children *decreases* and the opportunities for positive interaction with children *increase*. Specifically, recent analysis looking at the relationship between serious incidents and child-to-caregiver ratios in the 13-county Gulf Coast Region found that child care centers that only met minimum DFPS ratio standards had an *above average* rate of serious incidents. In contrast, Texas child care centers that voluntarily implemented child-to-caregiver ratios *better* than Texas' minimum standards had, on average, 41 percent *fewer* reported serious incidents (e.g. death of a child, serious harm caused by abuse or neglect, inappropriate restraint, serious accidental injury).<sup>3</sup>

In addition to reducing risk of injury, smaller group sizes give caregivers greater opportunity to provide the individualized attention that children need during this critical stage of social, emotional, and cognitive development. Stable and nurturing relationships between children and their caregivers provide a buffer against the impact of potential stressors, such as child maltreatment, and are fundamental to healthy brain development. Nurturing environments also shape the development of a child's physical, emotional, social, behavioral, and intellectual capacities – which ultimately impact their health and success as an adult.<sup>4</sup>

**Recommendation 2: Align minimum nutrition standards with CACFP nutrition and meal pattern standards in order to improve the nutrient quality of foods served and ensure children have access to healthy foods and grow up at a healthy weight.**

Young children who eat healthy foods and stay active are more likely to maintain a healthy weight and have the potential for lifelong health. Unfortunately, too many young Texans do not have access to

healthy foods and are not growing up at a healthy weight, which has a dramatic impact on a child's development and health into adulthood. Looking at low-income families participating in the Women, Infant, and Children (WIC) program, nearly one-third (31%) of 2-to-5-year-olds in Texas are overweight or obese, which is higher than the national average among this age group.<sup>5</sup> Ensuring children grow up at a healthy weight is not only essential to keep Texas kids healthy and ready to learn; it is critical for improved productivity in adulthood and to put a stop to unnecessary costs related to diabetes and heart disease. Children who are overweight or obese as preschoolers are five times more likely to be overweight or obese as adults.<sup>6</sup> Compared to their healthy weight peers, overweight and obese children are at a higher risk of developing chronic conditions, including heart disease, stroke, asthma, and certain forms of cancer.<sup>7</sup>

Child care centers play a critical role in helping kids eat healthy and stay active. During the first five years a child's life, kids are developing vital skills – from walking and speaking to choosing healthy habits and understanding social interactions. Since the majority of young children in Texas spend much of their day in child care outside the home,<sup>8</sup> child care programs are the places where kids are forming eating habits and physical activity patterns. Parents know their children deserve the benefits of healthy foods, and they want to know their kids are learning in an environment that reinforces positive habits.

Unfortunately, only a handful of guidelines exist in DFPS minimum standards for child care centers to promote nutritious foods and drinks. For example, the licensing standards include no guidelines on infant feeding and types of foods to serve kids under 12 months. Minimum standards for child care centers that serve foods must align with newly-updated CACFP meal pattern standards, which include evidence-based and age-appropriate guidelines on milk, juice, whole grains, fruits and vegetables, and infant feeding. At the very minimum, DFPS standards should specify that:

- Only breastmilk and infant formula are served to infants 0 through 5 months old;
- Solid foods are gradually introduced around 6 months of age, as developmentally appropriate;
- Grain-based desserts do not count as a serving of grain;
- Ready-to-eat cereals may not contain more than 6 grams of sugar per dry ounce;
- Flavored milk should be eliminated;
- Yogurt must contain no more than 23 grams of sugar per 6 ounces;
- Fruit or vegetable juice is limited to no more than four to six ounces per day or less, for kids 12 months and older; and

- For kids 12 months and younger, fruit or vegetable juice may not be served.

Research shows that following CACFP nutrition guidelines positively influences children’s diets and improves the nutrient quality of food served. Children in centers that participate in CACFP have higher intakes of key nutrients and fewer servings of fats and sweets, compared to children in facilities not meeting CACFP nutrition guidelines.<sup>9</sup> The state must make child care minimum standards consistent with CACFP nutrition standards to ensure children receive meals and snacks full of vegetables, fruits, and whole grains to help their bodies grow and minds develop.

Moreover, child care programs play a vital role in ensuring each child receives routine screening to monitor weight, growth, and development. To understand kids’ growth and weight over time, DFPS should add routine growth monitoring into child care standards. In line with evidence-based recommendations supported by the Centers for Disease Control and Prevention (CDC), the National Resource Center for Health and Safety in Child Care, and the American Academy of Pediatrics (AAP), child care centers should require that each child has routine health supervision – including routine screening tests, immunizations, and chronic illness monitoring – by the child’s primary care provider.<sup>10</sup> For kids age 2 and older, this includes tracking height and weight in addition to body mass index.<sup>11</sup>

**Recommendation 3: Significantly improve activity standards and screen time limits in child care minimum standards to ensure kids have sufficient opportunities for active play.**

Young children need opportunities to be active – to jump, run, dance, and move their bodies. Physical activity patterns that develop in childhood tend to last through adulthood. Physical activity is not just important for kids to achieve a healthy weight, it’s essential for kids to reach their developmental milestones.

We appreciate the efforts of the Department of State Health Services (DSHS) and Interagency Council on Early Childhood Health and Nutrition, which have surveyed child care providers across Texas to collect baseline data and understand kids’ current opportunities for active play (e.g., number of minutes of structured and unstructured physical activity, frequency and duration of screen time, and barriers to physical activity). We strongly encourage DFPS to work with DSHS and with stakeholders to analyze the caregiver survey results and improve physical activity standards based on the findings.

While DFPS minimum standards include a handful of guidelines related to media time and activity planning, significant improvements are needed to ensure kids have opportunities for active play to help them stay active and reach developmental milestones. Compared to other states, Texas ranks *far below* average when it comes to incorporating high-impact, evidence-based obesity prevention strategies into child care licensing. In fact, Texas' child care licensing standards include only 13 of the 47 components for obesity prevention in child care that are supported by the CDC, the National Resource Center for Health and Safety in Child Care, and the AAP.<sup>12</sup> Texas child care standards must incorporate critical evidence-based policies and practices related to active play and screen time that are proven to set kids up to achieve a healthy weight. In particular, in line with CDC- and AAP- supported recommendations, Texas standards should specify that:

- Early care and education staff should be provided orientation and annual training opportunities to learn age-appropriate gross motor activities and games that promote physical activity;
- Child care providers should have written policies on the promotion of physical activity;
- For kids two and older in early care and early education settings, time spent in front of electronic devices, such as TV, computers, and tablets, should be limited to no more than thirty minutes once a week and only for educational purposes;
- Media viewing is not permitted during meal or snack time; and
- Children should have ample opportunity to do moderate to vigorous activities, such as running, climbing, dancing, skipping, and jumping. Children from birth to age 6 should participate daily in two or more structured or caregiver-led activities or games that promote movement (indoor or outdoor).

DFPS must add these elements into child care standards to ensure children enjoy the benefits of active play to help them reach developmental milestones and set them up for a healthy weight.

**Recommendation 3: Improve minimum standards to support breastfeeding moms, facilitate breastfeeding-friendly practices, and increase training for child care staff on ways to support breastfeeding moms.**

Breastfeeding fulfills critical health needs for babies, helping protect against child obesity, diabetes, respiratory infections, and other illnesses. The AAP recommends exclusive breastfeeding for the first six months of life, continued breastfeeding for at least the first year, and continued breastfeeding



thereafter for as long as desired by the infant and nursing mom. Despite the many benefits of breastfeeding, only about 43 percent of Texas babies are being breastfed at six months.<sup>13</sup>

Not all mothers with infants who enter child care settings will choose to breastfeed. Those that do, however, can face challenges when trying to coordinate breastfeeding or expressing milk with work and child care schedules. Current child care licensing standards include minimal requirements, such as informing moms of their right to breastfeed and offering a comfortable room other than a restroom for a mother to breastfeed.

However, stronger child care minimum standards are needed – and trainings for child care staff are critical – to reduce barriers and ensure that moms who choose to breastfeed are supported. In particular, minimum standards should specify that:

- Child care staff must receive resources on the benefits of breastfeeding and training on proper handling and bottle feeding of milk, including human milk; and
- Child care providers are encouraged to provide breastfeeding education and support resources to parents at the time of enrollment and make them readily available for any parent who is trying to breastfeed. For example, resources may include Every Ounce Counts, which has a number of resources available online and a directory of lactation counselors in Texas. Sharing these resources with families can strengthen community connections and make child care a better place for parents and kids.

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Thank you for your time and commitment to these important issues. If you have any questions, please feel free to contact me at 512.473.2274.

Respectfully,

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- <sup>1</sup> The American Academy of Pediatrics (AAP) worked with the National Resource Center for Health and Safety in Child Care and the American Public Health Association to issue recommendations and guidelines for health and safety practices in early education and child care programs. See *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs* (3<sup>rd</sup> Ed.). Available at <http://cfoc.nrckids.org/>.
- <sup>2</sup> Sunset Advisory Commission. *Staff Report with Final Results, Department of Family and Protective Services Report*. p. 59 (June 2015).
- <sup>3</sup> <http://texanscareforchildren.org/Images/Interior/deea-childcareratios-and-safetyminimumstandards.pdf>.
- <sup>4</sup> Jennifer Guerra. "Five Things to Know About Early Childhood Development." State of Opportunity. (Nov. 14, 2012). Available at [http://www.cdc.gov/violenceprevention/pdf/essentials\\_for\\_childhood\\_framework.pdf](http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf).
- <sup>5</sup> Centers for Disease Control. *2011 Pediatric Nutrition Surveillance System*. Available at [http://www.cdc.gov/pednss/pednss\\_tables/pdf/national\\_table6.pdf](http://www.cdc.gov/pednss/pednss_tables/pdf/national_table6.pdf).
- <sup>6</sup> Centers for Disease Control. *Progress on Childhood Obesity*. (Aug. 2013). Available at <http://www.cdc.gov/vitalsigns/childhoodobesity/>.
- <sup>7</sup> Freedman DS, Zuguo M, Srinivasan SR, Berenson GS, Dietz WH. *Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study*. *Journal of Pediatrics* 150(1):12–17 (2007). Kushi LH, Byers T, Doyle C, Bandera EV, McCullough M, Gansler T, et al. *American Cancer Society guidelines on nutrition and physical activity for cancer prevention: reducing the risk of cancer with healthy food choices and physical activity*. *CA: A Cancer Journal for Clinicians* 56:254–281 (2006).
- <sup>8</sup> See Centers for Disease Control and Prevention. *Weight of the National, Early Care and Education Policy Review*. Available at [http://www.cdc.gov/obesity/downloads/Early-Care-and-Education-Policy-Review-FINAL\\_web508.pdf](http://www.cdc.gov/obesity/downloads/Early-Care-and-Education-Policy-Review-FINAL_web508.pdf).
- <sup>9</sup> Food Research & Action Center, CACFP Participation Trends, 2014. Available at <http://frac.org/pdf/cacfp-participation-trends-2014.pdf>. See also <http://frac.org/federal-foodnutrition-programs/child-and-adult-care-program/cacfp-the-nutrition-of-young-children/>
- <sup>10</sup> National Resource Center for Health and Safety in Child Care and Early Education. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children. National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. P. 14. (2012). Available at [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).
- <sup>11</sup> Ibid.
- <sup>12</sup> Centers for Disease Control and Prevention, *Prevention Status Reports: Texas*. Available at <http://wwwn.cdc.gov/psr/>. The 47 components, which are considered to have a high impact for obesity prevention in child care settings, are supported by CDC, the American Academy of Pediatrics, the American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. See *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children. National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. (2012). Available at [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf).
- <sup>13</sup> Centers for Disease Control and Prevention. *Breastfeeding Report Card*. (2014). Available at <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>.