

September 1, 2019

To: Stacey Simek-Dreher
Acting Administrator, Office of Child and Family Policy
Illinois Department of Child and Family Services
RE: Childcare licensing rules part 406 and 408 updates

Cc: Dallas (Jay) Chrome, Administrator for Policy and Rules; Jeff Osowski, Administrative Rules Coordinator, Office of Child and Family Policy; George Vennikandam, Deputy Director for Licensing, Co-Chair of the DCFS Child Day Care Licensing Advisory Council; Edie Washington Gurley, Acting Associate Deputy Director for Licensing

Dear Ms. Simek-Dreher,

The undersigned organizations are writing to urge the Illinois Department of Child and Family Services (DCFS) to include improved nutrition and physical activity policies and practices in the updates being planned for child care licensing rules part 406 (family homes) and 408 (group homes). The Child Day Care Licensing Advisory Council (CDCLAC) has worked with DCFS to make recommendations for rules promulgation for nutrition, physical activity and screen time updates to mirror those practices already required in rule part 407 (day care centers) and it is critical that the agency follow through with these recommendations for the health of children, and to ensure equity across all types of care facilities in Illinois. Below we provide our recommendations for specific changes and follow with a brief history of the improvements made by DCFS to date and subsequent steps for bringing parts 406 and 408 into alignment.

Specifically, the undersigned organizations strongly recommend that the following language be added to child care licensing rules 406 and 408 (with the associated section in rule 407):

Nutrition:

- Drinking water should be readily available and offered to children throughout the day (407.310.l)
- Beverages with added sweeteners (such as flavored milk, other flavored drinks and soda), whether artificial or natural, shall not be provided to children (407.330.k.1.F)
- Concentrated sweets such as candy, cakes, pastries and cookies should be avoided (407.330.k.2)
- No food should be given to children as a reward for good behavior or taken away as a punishment (407.330.q)
- No juice is permitted for children under 12 months of age (407.210.f.18)
- For children 12 months of age and older, juices shall be 100 percent fruit juice and limited to a 4 ounce daily serving; Juice shall only be offered during meals or snack times (407.210.f.18)
- Human milk or infant formula shall be served to children younger than 1 year of age. (407.210.f.21)

Additionally:

- Infants should always be held for bottle feeding and bottles should never be propped. Caregivers should hold infants in their arms or on their laps
- The day care home shall not permit infants to have bottles in cribs
- The day care home shall not permit infants to carry a bottle while standing, walking or running around
- Caregivers should not force infants to finish a bottle but instead should discontinue feeding when the infant displays clear signs of satiety (e.g. turning away, pushing bottle out/away from mouth)

- Children 2 years of age and older shall not be served milk with a fat content higher than 1 percent, unless recommended in writing by the child's medical provider (407.210.f.21)
- The day care home shall encourage, provide arrangements for, and support breastfeeding, including:
 - Day care homes should provide a private, comfortable place for breastfeeding mothers who want to come to breastfeed their child or pump breast milk on site. "Private place" is a place, other than a bathroom, that is shielded from view and free from intrusion from staff, children or the public. (407.370.u)
 - Ensure that all day care staff are trained in the proper handling and feeding of milk product, including human milk and infant formula (related to 407.201.f)
 - Providers should notify parents in writing and verbally of the options for breastfeeding as described above. (407.370.u)
- Caregivers shall introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age, in consultation with the child's parents/guardians (407.210.f.26)
- Meals should be prepared so as to moderate fat and sodium content, including:
 - Choose monounsaturated and polyunsaturated fats (olive oil, safflower oil); avoid trans fats, saturated fats and fried foods (including pre-fried meats and potatoes) (407.330.k.1.E)
 - Limit salty foods such as pretzels and chips (407.330.k)
- Meal planning, including snacks, should be consistent with healthy meal patterns and nutrition standards of the Child and Adult Care Food Program (CACFP)

Physical Activity/Screen Time:

- Infants shall have supervised tummy time every day when they are awake. Caregivers shall interact with infants while on their tummy for short periods of time (3 to 5 minutes), increasing the amount of time as the infant shows his/her enjoyment for the activity (407.210.h.7)
- Infants and toddlers shall be free to creep, crawl, toddle and walk as they are physically able. Walkers are not permitted unless prescribed by a physician (407.210.h.2)
- For awake infants who cannot move about the room, caregivers shall hold, rock, and/or carry the child at least every 30 minutes and change the place and position of the child and the selection of toys available (407.210.h.6)
- Children of all ages should participate daily in at least two occasions of age-appropriate outdoor time, with active movement or play for children who are mobile, weather permitting and in a safe environment (407.200.d.3)
 - In inclement weather, active play and movement shall be supported and encouraged in a safe indoor play areas
 - During outdoor play, children shall be dressed appropriately for weather and temperature
- Children shall not be allowed to remain sedentary or to sit passively for more than 30 minutes continuously, except during scheduled rest or naptime (407.200.d.4)
- Prohibit the passive use of television, videos, DVDs and other non-interactive technologies and media in early childhood programs for children younger than 2 years old (407.200.d.7)
- For children two years and older, who are in a program for 6 hours or more a day, passive screen use shall be limited to no more than 60 minutes per day of age-appropriate and educational media. (407.200.d.8) The American Academy of Pediatrics recommends children view no more than 60 minutes a day of screen time both in and out of the home, so caregivers should consider this when determining how much screen time to allow, striving toward the best practice of no more than 30 minutes of screen time a week. Additionally,
 - Each passive screen use "session" shall be limited to a maximum of 30 minutes (407.200.d.8 A and B)

- Children attending a program less than 6 hours a day shall be limited to a proportionate amount of passive screen use (407.200.d.8 A and B)
- During meal or snack time, TV, video or DVD use shall not be allowed (407.200.d.9)

In addition to what is included in rule 407, we recommend the following best practices be added to all rules 406, 407, and 408:

- Active play should never be withheld from children. There may be times when a child needs time to calm or settle down before resuming cooperative play or activities; However, the removal of physical activity should not be used as a disciplinary action.
- Children ages 12 months to 36 months shall be provided at least 60 minutes of age-appropriate moderate-to-vigorous physical activity each day. Children ages 3 (36 months) and older shall be provided at least 90 minutes of age-appropriate moderate-to-vigorous physical activity each day and at least 30 of the 90 minutes shall be structured and guided moderate-to-vigorous physical activity. The remaining 60 minutes can be concurrent with active play, learning and movement activities.
- Any screen media, interactive or non-interactive, used shall be free of food advertising and food placement

Background

Evidence has shown that the early years of life determine and influence health, well-being, behavior and cognitive functions of people.ⁱ According to the Centers for Disease Control and Prevention, “good nutrition (including the consumption of key micronutrients) and increased physical activity are vital for healthy growth and development. In contrast, poor nutrition and low levels of physical activity contribute to childhood obesity.”ⁱⁱ Childhood obesity is related to a plethora of health issues, including: type 2 diabetes, high blood pressure, liver disease, and asthma.ⁱⁱⁱ Obese children are more likely to have academic problems related to absenteeism which can be exacerbated because of the emotional effects of bullying and depression.^{iv} Children who are obese are more likely to be obese as adults and therefore at higher risk for cardiovascular disease, certain cancers, and premature death. Recent research suggests that prevention efforts should begin as early as pregnancy,^v that attention should be paid to weight gain even in the first six months of life,^{vi} and that weight status in early childhood is highly predictive of weight beyond the age of five, throughout childhood, and into adulthood.^{vii}

As sixty percent of children regularly spend significant portions of their day in early care and education settings, it is critical that these settings support health. Setting up healthy nutrition and physical activity habits in early childhood can help positively influence growth and development, and lead to healthy children and adults and improved academic outcomes.

History of Recommendations

DCFS worked with the CDCLAC, Ounce of Prevention Fund, and other advocates on the updates to rule 407 and recommendations for rules 406 and 408, as described below:

- Child care licensing [rule 407](#) was updated in 2014 after the Illinois Department of Child and Family Services (DCFS) approached the Ounce of Prevention Fund to help with major updates needed at the time, including updates to the nutrition, physical activity, and screen time licensing standards based on the current research and national best practices. A fact sheet pertaining to the Rule 407 improvements is enclosed, co-authored by the Department and key advocacy organizations.

- After rule 407 was updated, the health subcommittee of the Early Learning Council (public-private partnership created by [Public Act 93-380](#)) published a comprehensive set of recommendations regarding health and well-being in early childhood that included a section on obesity prevention. That committee recommended additional updates to rule 407 and recommended that rule 406 be updated to mirror those updates in 407.
- In 2014, Acting Director of DCFS, Bobbie Greg, received recommendations from the CDCLAC to also update rule 406 to mirror rule 407, and he agreed that similar updates should be made to rule 406 and that he'd pass them along to the Office of Advocacy and Policy for action. The specific recommendations for rule 406 from the licensing advisory council are listed in that document, enclosed.
- The CDCLAC later proposed rule 406 and 408 be updated to match rule 407 and, in 2016, the Systems Integration subcommittee of the CDCLAC submitted recommended rule changes to the department for promulgation.

Because low-income Illinois children are at higher risk of obesity than their higher-income peers^{viii} (15.2% of 2 to 4 year olds in the Women, Infant and Children program were obese in 2014^{ix}), and low-income families are more likely to place children in family and group homes than childcare centers due to the flexibility of hours and relationship with the provider often found in homes,^x it is imperative that the licensing standards supporting nutrition and physical activity practices are equitable across all care settings in Illinois. With over 2,500 centers and nearly 7,000 licensed child care family homes, it's critical the department ensure equity by making the nutrition and physical activity/screen time updates to rules 406 and 408 in the next round of updates.

We have recently learned that the department no longer plans to proceed with making all of the recommended updates and instead will focus on only a select few. We strongly urge the department to incorporate all of the aligned best practice nutrition and physical activity standards included in rule part 407 (day care centers) in the next revisions of the rules to improve health and ensure equity for children across all types of care facilities in Illinois.

We thank you for your work to update child care licensing rules part 406 and 408 to include these nutrition and physical activity/screen time best practices to support healthy children across Illinois. Please contact Janna Simon, Program Director at the Illinois Public Health Institute, if you have any questions- janna.simon@iphionline.org and 312-786-5365. We look forward to hearing the department's next steps regarding these updates.

Sincerely,

Consortium to Lower Obesity in Chicago Children at Ann and Robert H. Lurie Children's Hospital of Chicago
 Illinois Alliance to Prevent Obesity
 Illinois Public Health Institute
 Illinois State Alliance of YMCAs

[list in formation]

ⁱ World Health Organization (2019). Child and adolescent health: Early child development. Retrieved August 23, 2019 from <http://www.emro.who.int/child-adolescent-health/child-health/early-childhood-development.html/>

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- ⁱⁱ Centers for Disease Control and Prevention (2019). Division of Nutrition, Physical Activity and Obesity at a glance. Retrieved August 23, 2019 from <https://www.cdc.gov/chronicdisease/resources/publications/aag/dnpao.htm>.
- ⁱⁱⁱ Trasande L. and Chatterjee S. "The Impact of Obesity on Health Service Utilization and Costs on Childhood." *Obesity* (Silver Spring) 17.7 (2009): 1749-1754.
- ^{iv} An R., Yan H., Shi X., Yang Y, (2017). Childhood obesity and school absenteeism: a systematic review and meta-analysis. *Obes Rev.* 2017 Dec;18(12):1412-1424. Retrieved August 23, 2019 from <https://www.ncbi.nlm.nih.gov/pubmed/28925105>.
- ^v Whitaker, Robert C. "Predicting Preschooler Obesity at Birth: The Role of Maternal Obesity in Early Pregnancy." *Pediatrics* 114.1 (2004): e29-e36.
- ^{vi} Taveras, Elsie M. et al. "Weight Status in the First 6 Months of Life and Obesity at 3 Years of Age." *Pediatrics* 123.4 (2009): 1177-1183.
- ^{vii} Cunningham, Solveig A. et al. "Incidence of Childhood Obesity in the United States." *New England Journal of Medicine* 370 (2014): 403-411.
- ^{viii} Ogden CL, Carroll MD, Fakhouri TH, et al. Prevalence of Obesity Among Youths by Household Income and Education Level of Head of Household — United States 2011–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:186–189. DOI: <http://dx.doi.org/10.15585/mmwr.mm6706a3external> icon
- ^{ix} Robert Wood Johnson Foundation (2019). The state of obesity in Illinois. Retrieved August 23, 2019 from <https://www.stateofobesity.org/states/il/>.
- ^x Layzer, J., Goodson, B., and Brown-Lyons, M. (2007). National study of child care for low-income families: Care in the home: a description of family child care and the experiences of the families and children that use it. Abt Associates, Inc. Retrieved August 23, 2019 from https://www.acf.hhs.gov/sites/default/files/opre/a_description_of_family_child_care_and_the_experiences_of_the_families.pdf.