

# Model Physical Activity Standards for Child-Care Providers

(For Infants Through Preschool-Age Children)

Developed by the National Policy & Legal Analysis Network to  
Prevent Childhood Obesity (NPLAN)

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Obesity rates among American infants, toddlers, and young children have risen along with rates among school-age children. Over the past four decades, obesity rates among preschool children ages 2 to 5 have nearly quintupled, from 4 to 19 percent.<sup>1</sup> A new national study also shows that over 18 percent of 4-year-olds are obese.<sup>2</sup>

At the same time, the number of young children receiving care in child-care setting has increased. At least 60 percent of infants and children up to age 5 currently spend an average of 29 hours each week in some form of child-care setting.<sup>3</sup> Child-care arrangements in the United States include care at home by relatives or a babysitter, by family child-care providers (non-relative child-care providers who care for two or more children in the provider's home), and by child-care centers (including nursery schools, preschools, and Head Start programs).

To date, government efforts to address the childhood obesity crisis have focused primarily on school-age children. Many states have adopted laws restricting the availability of low-nutrition, energy-dense foods in schools and mandating physical activity in schools.<sup>4</sup> Yet few states have addressed regulating physical activity for young children supervised in child-care settings.

### **Federal Early Child-Care Programs**

Although child care is regulated at the state level, the federal government provides three major programs that subsidize child care. Head Start operates child-care programs for low-income preschool-age children. However, Head Start's regulations do not address the amount, frequency, or type of physical activity for preschool children, nor do they address or limit television or other screen time.<sup>5</sup> In 2005, Head Start began a pilot program to address childhood obesity, "I Am Moving, I Am Learning: A Proactive Approach for Addressing Childhood Obesity in Head Start Children." The program trains local Head Start programs about the science of obesity prevention and provides them with resources and best practices for addressing obesity. The goals of the program are to increase the amount of time allocated for daily moderate to vigorous physical activity, improve the quality of structured movement experiences, and improve healthy nutrition choices for children every day. The program is currently undergoing evaluation.<sup>6</sup>

The two other major federal programs are the Child Care and Development Block Grants, which subsidize child-care costs for low-income families, and the Child and Adult Care Food Program, a

federal program that subsidizes meals and snacks for children and adults receiving day care. Neither program provides physical activity standards.<sup>7</sup>

### **Regulations at the State Level**

Each state sets and enforces its own child-care licensing regulations. Most states require both child-care providers and child-care facilities to meet specific standards to obtain and maintain a license to operate. Generally, the licensing regulations address health and safety requirements, physical facility (including space per child), equipment standards, caregiver-per-child ratios, and caregiver qualifications, such as training certifications and clean criminal clearances.

Less than half of all states regulate screen time for young children in child-care settings. The American Academy of Pediatrics (AAP) recommends that children under the age of 2 not watch any television, and that preschool children over the age of 2 accumulate no more than two hours of screen time daily.<sup>8</sup> A recent study found that 70 percent of children 2 years old and younger exceeded the AAP guidelines.<sup>9</sup> In a recent 50-state survey of state child-care licensing statutes, researchers found that only 17 states regulated screen time in child-care centers and only 15 states regulated screen time in family child-care settings.<sup>10</sup>

Few states set physical activity requirements for child care, the survey found. Only three states required a specified number of minutes of physical activity per day. Alaska and Delaware mandated that children engage in 20 minutes of moderate- to-vigorous physical activity for every three hours the child-care centers and family child-care homes were open between 7 a.m. and 7 p.m. Massachusetts requires 30 minutes of daily physical activity for all children in family child-care homes.<sup>11</sup>

### **NPLAN Model Physical Activity Standards for Child-Care Providers<sup>12</sup>**

To fill the gap, NPLAN has developed the following Model Physical Activity Standards.<sup>13</sup> The standards have been adapted from recommendations issued by the AAP, the National Association for Sport and Physical Education (NASPE), the National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care (a collaborative project of the AAP, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care), and the New York City Department of Health and Mental Hygiene Board of Health Day Care Regulations.<sup>14</sup>

The model standards are designed so they may be implemented in a variety of ways, including:

- Enacted as part of the state's licensing law;
- Included within a state's child-care quality rating system;
- Issued as state-level administrative regulations;
- By city or county resolution urging local child-care providers to adopt them;
- As conditions for subsidies or other grant funding by federal, state, or local governments or private funders; or
- Adopted voluntarily by child-care providers.

The method of enforcement will vary depending on the way the standards are implemented.

To implement these standards effectively, providers need training to lead developmentally appropriate physical activities for young children.<sup>15</sup> While child-care providers may face an added financial burden because of physical activity training and implementation, government or private subsidies may help with implementation. The American Recovery and Reinvestment Act of 2009 (the federal stimulus bill) contains substantial increases in funding for the Child Care and Development Block Grant, including money set aside for activities that improve the quality of infant and toddler care. The Act also provides substantial increases to Head Start, including money earmarked for training and technical assistance.<sup>16</sup>

NPLAN's model standards are designed for full-day child-care programs, but they can be modified for use in partial-day programs. Child-care centers, family day care providers, or other types of care providers may implement the standards.

The model standards provide comments explaining the sources of different provisions and options for implementation. Language written in *italics* provides different options or explains the type of information that needs to be inserted in the blank spaces in the regulations.

#### **A Note About Children with Disabilities**

The Americans with Disabilities Act (ADA), a federal law that prohibits discrimination against people with disabilities,<sup>17</sup> applies to almost all child-care providers – those run by government agencies, such as Head Start, but also privately run child-care centers and home-based providers.<sup>18</sup>

The ADA requires that child-care providers give children and parents with disabilities an equal opportunity to participate in the child-care center's programs and services. Child-care providers must make reasonable modifications to their policies and practices to integrate children with disabilities into their programs, unless doing so would constitute a fundamental alteration of the program.<sup>19</sup>

Another federal law, the Individuals with Disabilities Education Act (IDEA), mandates that a free appropriate education be made available to children with disabilities in the "least restrictive environment."<sup>20</sup> Under the IDEA, a child with disabilities is eligible from birth for early intervention services – specialized health, education, and therapeutic services – at home or in the community.<sup>21</sup>

Generally, then, a child-care provider is required to care for a child with disabilities and modify activities so that the disabled child can participate. Providers should work with the child's parents and service providers to adjust the center's physical activities as needed.<sup>22</sup>

## ***Model Physical Activity Standards for Child-Care Providers*** (For Infants Through Preschool-Age Children)

**Comment:**

These standards are drafted to be implemented in a variety of child-care settings, including family day care (non-relative child-care providers who care for a small number of children in the provider's home) and by child-care centers (including nursery schools, preschools, and other non-home-based settings).

Generally, child care is regulated at the state level. Different requirements and standards apply based on the type of care provided (family provider or center-based care) or the number of children cared for at the facility. State laws generally set health and safety standards, including the minimum amount of space per child, equipment safety standards, and requirements for outdoor space. If adopted as an amendment to state law or regulations, the standards would need to be added to the appropriate sections in the state law regulating the different types of child care.

These standards could also be implemented in other ways, such as:

- By city or county resolution urging local child care providers to adopt them;
- As conditions for subsidies or other grant funding by government or private funders; or
- Adopted voluntarily by child care providers.

### **I. Definitions**

#### a. Age Definitions.

- i. "Infant" means a child from birth up to 12 months old.
- ii. "Toddler" means a child from 12 months up to 36 months old.
- iii. "Preschool-age child" means a child from age 3 until enrolled in and attending kindergarten.

#### b. Physical Activity Definitions.

- i. "Physical activity" means any bodily movement produced by skeletal muscles that results in energy expenditure.
- ii. "*Structured physical activity*" means *developmentally appropriate physical activity that is guided by the caregiver.*<sup>23</sup>
- iii. "*Unstructured physical activity*" means *child-initiated physical activity that occurs as the child explores his or her environment.*

**Comment about “Physical Activity Definitions”:**

The definitions of physical activity, structured physical activity, and unstructured physical activity are adapted from “Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years,” the National Association for Sport and Physical Education (NASPE) (2002), pp. 17-18; hereafter “NASPE Guidelines.”

As described more fully in comments below, the recommendations from the American Academy of Pediatrics (AAP) place less emphasis on structured physical activity than the NASPE standards. Communities may prefer to set minimum time standards for physical activity without specifying whether the activity is structured or unstructured.

**II. Implementation**

- a. These standards shall be instituted for family child-care providers and child-care centers.
- b. The standards are designed for full-day programs. These standards shall be implemented on a proportional basis for children attending less than full-day programs.

**Comment about “Implementation”:**

Communities may prefer to specify time requirements for partial day programs. For example, a community could specify that for each three hours in child care, the child shall have 20 minutes of physical activity.

**III. Infants**

- a. Screen Time Limitations  
Infants shall not watch television, video, or other visual recordings, or view computers.
- b. Physical Activity Standards
  - i. Caregivers shall provide a safe, nurturing, and minimally structured play environment.
  - ii. Caregivers shall interact with infants in daily physical activities that encourage active exploration of the infants’ environment.

- iii. Caregivers shall place infants in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time, promote the development of movement skills, and allow infants to perform small and large muscle activities.

**Comment:**

Adapted from “Active Start,” p. 5. State licensing laws and regulations may contain similar requirements.

- c. Outdoor Play

- i. Infants shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Infants shall be dressed appropriately for the weather.
- ii. Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be permitted daily opportunities for independent gross motor play outdoors.

**Comment about “Outdoor Play” for infants:**

Adapted from American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*, 2<sup>nd</sup> ed., (2002), Standard 2.009, p. 51, hereafter NHSP Standards. Communities may wish to add more specific or different standards based on local weather and environmental conditions.

These standards presume that the child care facility has outdoor play space, consistent with the state’s licensing scheme. If the state does not require outdoor play space, a community may want to add more specific requirements addressing safety and other concerns related to outdoor play time.

## IV. Toddlers

- a. Screen Time Limitations
  - i. Toddlers under the age of 24 months shall not watch television, video, or other visual recordings, or view computers.
  - ii. Toddlers age [ 24 to 36 months ] shall not watch television, video, or other visual recordings, or view computers for more than [ 60 ] minutes per day of child care.

Any screen time programming shall be limited to educational programs or programs that actively engage child movement.

**Comment about “Screen Time Limitations” for toddlers:**

The AAP recommends that children under age 2 not watch any television and that screen time for preschool-age children be limited to less than two hours. (AAP Policy Statement, p. 1838.) The NASPE Guidelines recommend that toddlers not remain sedentary for more than 60 minutes per day except when napping. (NASPE Guidelines, p. 7.) The model standards are drafted to meet both recommendations.

b. Physical Activity Standards

- i. Toddlers shall engage in no less than [ 60 ] minutes per day at child care of daily, unstructured physical activity.
- ii. *Toddlers shall engage in no less than 30 minutes of structured physical activity, accumulated throughout the course of the day at child care.*
- iii. Toddlers shall not be sedentary for more than [ 60 ] minutes at a time, except when sleeping.
- iv. Toddlers shall have adequate indoor and outdoor space, equipment for active play, and opportunities to develop gross and fine motor skills.

**Comments about “Physical Activity Standards” for toddlers:**

Communities may prefer to set minimum time standards for physical activity without specifying whether the activity is structured or unstructured. The AAP and NASPE recommendations differ in the areas of structured physical activity.

The AAP states, “[t]here is insufficient evidence to recommend exercise programs or classes for infants and toddlers as a means of promoting increased physical activity or preventing obesity in later years. . . . Infants and toddlers should [ ] be allowed to develop enjoyment of outdoor physical activity and unstructured exploration under the supervision of a responsible adult caregiver.” (AAP Policy Statement, p. 1838.)

The NASPE Guidelines recommend that toddlers engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except for sleeping.

The NASP standards recommend that, “[t]oddlers should accumulate at least 30 minutes daily of structured physical activity.” Basic movement skills “should be practiced in both structured or unstructured settings.” (NASPE recommendations, p. 7.)

Communities that require structure play should ensure that the child care provider is trained in and uses appropriate activities for leading structured physical activity for young children.

c. Outdoor Play

Toddlers shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Toddlers shall be dressed appropriately for the weather.

## V. Preschool-age Children

a. Screen Time Limitations

Preschool-age children shall not watch television, video, or other visual recordings, or view computers for more than [ 60 ] minutes per day of child care. Any screen time programming shall be limited to educational programs or programs that actively engage child movement.

**Comment about “Screen Time Limitations” for preschool-age children:**

The AAP recommends that children under age 2 not watch any television and that screen time for preschool-age children be limited to less than two hours. (AAP Policy Statement, p. 1838.) The NASPE Guidelines recommend that preschool-age children not remain sedentary for more than 60 minutes per day except when napping. (NASPE Guidelines, p. 9.) The model standards are drafted to meet both recommendations.

b. Physical Activity Standards

- i. Preschool-age children shall engage in no less than [ 60 ] minutes per day of child care of daily, unstructured physical activity.
- ii. *Preschool-age children shall engage in no less than [ 60 ] minutes of structured physical activity, accumulated throughout the course of the day at child care.*

- iii. Preschool-age children shall not be sedentary for more than [ 60 ] minutes at a time, except when sleeping.
- iv. Preschool-age children shall have adequate indoor and outdoor space, equipment for active play, and opportunities to develop gross and fine motor skills.

**Comments about “Physical Activity Standards” for preschool-age children:**

Communities may prefer to set minimum time standards for physical activity without specifying whether the activity is structured or unstructured. The AAP and NASPE recommendations differ in the areas of structured physical activity. The AAP states: “Free play should be encouraged with emphasis on fun, playfulness, exploration, and experimentation while being mindful of safety and property supervision. Preschool-age children should take part in unorganized play, preferably on flat surfaces with few variables and instruction limited to a show-and-tell format.” AAP Policy Statement, p. 1838.

c. Outdoor Play

- i. Preschool-age children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Children shall be dressed appropriately for the weather.
- ii. Caregivers should ensure that children walk distances and reduce sedentary transportation by stroller.

**Comment about “Outdoor Play” for preschool-age children:**

AAP Policy Statement, p. 1838.

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- <sup>1</sup> Healthy Eating Research. *Promoting Good Nutrition and Physical Activity in Child-Care Settings*, May 2007.
- <sup>2</sup> Anderson SE and Whitaker RC. “Prevalence of Obesity Among US Preschool Children in Different Racial and Ethnic Groups.” *Archives of Pediatrics & Adolescent Medicine*, 163(4):344-348, April 2009.
- <sup>3</sup> Healthy Eating Research, *supra* note 1.
- <sup>4</sup> As of the end of state legislative sessions in 2008, 18 states have passed nutritional standards for school meals and all 50 states and the District of Columbia have passed legislation addressing physical education requirements for schools. (Trust for America’s Health. *F as in Fat: How Obesity Policies are Failing in America*, August 2008, p. 43.)
- <sup>5</sup> See Head Start Act 42 U.S.C. 9801; *see also* Head Start Program Performance Standards & Other Regulations (45 C.F.R. Parts 1301 - 1311).
- <sup>6</sup> Department of Health and Human Services, Administration for Children and Families. *Summary Report: The First Two Years, I am Moving, I am Learning: A Proactive Approach for Addressing Childhood Obesity*, December 2006. Available at: [www.acf.hhs.gov/programs/opre/hs/eval\\_move\\_learn/index.html](http://www.acf.hhs.gov/programs/opre/hs/eval_move_learn/index.html)
- <sup>7</sup> *See* 45 C.F.R. Parts 98 and 99 (Child Care and Development Block Grants) and section 17 of the National School Lunch Act (42 U.S.C. 1766), 7 C.F.R. Part 226 (Child and Adult Care Food Program).
- <sup>8</sup> Committee on Sports Medicine and Council on School Health of the American Academy of Pediatrics, Policy Statement. “Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity.” *Pediatrics*, 117(5): 1834-1842, May 2006.
- <sup>9</sup> Vandewater EA, Rideout VJ, Wartella EA, et al. “Digital childhood: electronic media and technology use among infants, toddlers, and preschoolers.” *Pediatrics*, 119(5): e1006-1115, 2007.
- <sup>10</sup> Benjamin S, Cradock A, Walker E, et al. “Obesity Prevention in Child Care: A Review of U.S. State Regulations.” *BMC Public Health*, 8: 188, 2008.
- <sup>11</sup> *Id.*
- <sup>12</sup> The federal government has issued nutrition and physical activity standards: The United States Department of Health and Human Services (HHS) 2008 Physical Activity Guidelines for Americans and HHS and Department of Agriculture’s. “Dietary Guidelines for Americans 2005.” These guidelines, however, address children and adolescents aged six to 17 years. Neither institution has developed specific physical activity recommendations for infants, toddlers, and young children from birth through age five. The World Health Organization’s guidelines, “Recommended Amount of Physical Activity,” similarly do not address children under age five.
- <sup>13</sup> Kaphingst KM and Story M. “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): 2009. Available at: [www.cdc.gov/pcd/issues/2009/jan/07\\_0240.htm](http://www.cdc.gov/pcd/issues/2009/jan/07_0240.htm).
- <sup>14</sup> *See* Committee on Sports Medicine and Council on School Health of the American Academy of Pediatrics. “Policy Statement: Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity.” *Pediatrics*, 117(5): 1834-18442, May 2006; Committee on Nutrition of the American Academy of Pediatrics. “Policy Statement: Prevention of Pediatric Overweight and Obesity.” *Pediatrics*, 112(2): August 2003; National Association for the Sport and Physical Education (an association of the American Alliance for Health, Physical Education, Recreation, and Dance). *Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years*. 2002; American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care. *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*. 2nd ed., 2002; New York City Health Code §§ 47.01, 47.35-47.37.
- <sup>15</sup> Information on developmentally appropriate physical activity for young children is available from the National Association for the Education of Young Children ([www.naeyc.org](http://www.naeyc.org)), NASPE ([www.aahperd.org](http://www.aahperd.org)), and PE Central ([www.pecentral.org](http://www.pecentral.org)).
- <sup>16</sup> National Conference of State Legislatures, *Human Services Provisions of the American Recovery and Reinvestment Act of 2009*. Feb. 26, 2009.
- <sup>17</sup> 42 U.S.C. §§ 12101 *et. seq.* The U.S. Dept. of Justice, responsible for enforcement of the ADA, has a website containing the statute, regulations, and many helpful technical assistance documents at: [www.ada.gov](http://www.ada.gov). Especially helpful is “Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act,” U.S.

Dept. of Justice Civil Rights Division, Disability Rights Section, subsequently referred to us “Commonly Asked Questions.”

<sup>18</sup> Child care centers actually operated by religious entities are not subject to the ADA. Commonly Asked Questions.

<sup>19</sup> *Id.*

<sup>20</sup> 20 U.S.C. §§ 1400 *et. seq.*

<sup>21</sup> More information about early intervention services is available from the National Dissemination Center for Children with Disabilities at [www.nichcy.org](http://www.nichcy.org).

<sup>22</sup> More information on accommodating children with disabilities is available from the National Association for the Education of Young Children at [www.naeyc.org](http://www.naeyc.org) and the National Early Childhood Technical Assistance Center at: [www.nectac.org](http://www.nectac.org).

<sup>23</sup> For more information on the AAP’s position on play, *see* Ginsburg K, AAP Committee on Communications and the Committee on Psychosocial Aspects of Child and Family Health. “The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds.” *Pediatrics*, 119(1): 2007.