

111TH CONGRESS
2D SESSION

S. 3298

To establish a pilot program to reduce the increasing prevalence of overweight/obesity among 0–5 year-olds in child care settings.

IN THE SENATE OF THE UNITED STATES

MAY 4, 2010

Mr. UDALL of Colorado (for himself and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a pilot program to reduce the increasing prevalence of overweight/obesity among 0–5 year-olds in child care settings.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthy Kids from
5 Day One Act”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Life-long food preferences, eating habits,
2 and activity levels develop early in childhood.

3 (2) Preschool years are a critical time for deter-
4 mining whether or not an individual will develop obe-
5 sity later in life.

6 (3) Aerobic fitness and healthy eating patterns
7 support enhanced behavioral, emotional, and aca-
8 demic performance in school.

9 (4) Recent studies indicate that children who
10 are overweight at age 5 are more likely to be more
11 overweight at age 9.

12 (5) Obese preschool children already exhibit
13 signs of cardiovascular disease and diabetes.

14 (6) According to a 2007 Centers for Disease
15 Control and Prevention study, 12.4 percent of chil-
16 dren in the United States ages 2 through 6 are
17 obese.

18 (7) The 2001 National Household Education
19 Survey found that 74 percent of children in the
20 United States ages 3 through 6 are in some form of
21 non-parental child care, and 56 percent are in cen-
22 ter-based child care.

23 (8) According to a 2009 analysis of child care
24 center licensing regulations, only 12 States have a
25 policy prohibiting or limiting foods of low nutritional

1 value in child care centers, only 8 States require vig-
2 orous or moderate physical activity, only one of
3 which has a policy quantifying a required number of
4 minutes of physical activity by day or week, and only
5 7 States quantify a maximum amount of time for
6 media (television and electronic) each day or week.

7 (9) In 2009, the Centers for Disease Control
8 and Prevention released recommended community
9 strategies and measures to prevent obesity in the
10 United States that includes child care specific policy
11 and environmental initiatives to achieve healthy eat-
12 ing and active living among children from birth to
13 5 years of age.

14 (10) In 2009, The Institute of Medicine re-
15 leased findings supporting local governments' ability
16 to play a crucial role in creating environments that
17 make it easier for children to eat healthy diets and
18 remain active.

19 (11) States should strive to adopt nutrition
20 standards, practices, and policies for child care cen-
21 ters that are consistent with the 2005 Dietary
22 Guidelines for Americans.

23 (12) Child care centers and family child care
24 homes should serve as settings where children adopt
25 healthy eating habits, have opportunities for age ap-

1 appropriate physical activity, and set screen time lim-
2 its.

3 (13) Rates of obesity are higher for Black and
4 Latino children than the overall population of chil-
5 dren in the United States.

6 (b) PURPOSES.—It is the purpose of this Act to—

7 (1) establish a 3-year pilot program in 5 States
8 that will focus on reducing the increasing prevalence
9 of overweight/obesity among children between birth
10 and 5 years of age in child care settings;

11 (2) enhance the focus of child care centers and
12 family child care homes serving the birth to 5 years
13 of age population on children’s healthy development
14 through evidence-based or data-informed practices to
15 improve healthy eating, physical activity, and screen
16 time limits; and

17 (3) identify emerging and expand existing evi-
18 dence-based practices and understanding of healthy
19 eating, physical activity, and screen time limits, as
20 appropriate, as well as replicate curricula, interven-
21 tions, practices, and policy changes that are most ef-
22 fective in promoting nutrition and physical activity
23 among the birth to 5 years of age population in the
24 child care setting.

1 **SEC. 3. HEALTHY KIDS PROGRAM.**

2 Title III of the Public Health Service Act (42 U.S.C.
3 241 et seq.) is amended by adding at the end the fol-
4 lowing:

5 **“PART W—HEALTHY KIDS PROGRAM**

6 **“SEC. 39900. DEFINITIONS.**

7 “In this part:

8 “(1) CHILD CARE CENTER.—The term ‘child
9 care center’ means a center licensed or otherwise au-
10 thorized to provide child care services for fewer than
11 24 hours per day per child in a non-residential set-
12 ting, unless care in excess of 24 hours is due to the
13 nature of the parents’ work.

14 “(2) EARLY LEARNING COUNCIL.—The term
15 ‘early learning council’ means an early childhood as-
16 sembly that is established to advise governors, State
17 legislators, or State agency administrators on how
18 best to meet the needs of young children and their
19 families specifically through improvement of pro-
20 grams and services.

21 “(3) FAMILY CHILD CARE HOME.—The term
22 ‘family child care home’ means a private family
23 home where home-based child care is provided for a
24 portion of the day, unless care in excess of 24 hours
25 is due to the nature of the parents’ work, and that

1 is certified, registered, or licensed in the State in
2 which it is located.

3 “(4) SCREEN TIME LIMITS.—The term ‘screen
4 time limits’ means policies or guidelines, such as
5 those developed by the American Academy of Pediatrics,
6 designed to reduce the daily amount of time
7 that children spend watching or looking at digital
8 monitors or displays, including television sets, computer
9 monitors, or hand-held gaming devices.

10 “(5) SECRETARY.—The term ‘Secretary’ means
11 the Secretary of Health and Human Services.

12 **“SEC. 30000-1. GRANTS.**

13 “(a) IN GENERAL.—The Secretary, in consultation
14 with appropriate entities within the Department of Health
15 and Human Services, shall award 3-year competitive
16 grants to 5 State health departments (or other appropriate
17 child care licensing entities within such States) to
18 help reduce and prevent obesity among the birth to 5 year
19 old population of the State in child care settings outside
20 a child’s place of residence.

21 “(b) USE OF FUNDS.—State grantees shall use
22 amounts received under a grant under this subsection to—

23 “(1) provide, or enter into contracts to provide,
24 training (that meets the requirements of subsection
25 (c)) to the staff of national, State, or community-

1 based organizations with networks of child care cen-
 2 ters, or a consortium of child care centers and fam-
 3 ily child care homes consisting of at least 10 centers,
 4 for the purpose of implementing evidence-based or
 5 data-informed healthy eating and physical activity
 6 policies and practices, including curricula and other
 7 interventions; and

8 “(2) provide grants to child care centers and
 9 family child care homes, whose staff received the
 10 training described in paragraph (1), to implement
 11 practice, curricula, and policy changes (that meet
 12 the requirements of subsection (d)) that promote
 13 healthy eating and physical activity among the birth
 14 to 5 years of age population.

15 Preference in awarding grants shall be given to those
 16 States that demonstrate collaboration between relevant
 17 State entities related to child care and health and with
 18 key stakeholders, such as State early learning councils and
 19 other community-based organizations working with child
 20 care centers or family child care homes.

21 “(c) TRAINING REQUIREMENTS.—

22 “(1) IN GENERAL.—Training provided under
 23 subsection (b) shall—

24 “(A) include the provision of information
 25 concerning age-appropriate healthy eating and

1 physical activity interventions and culturally
2 competent curricula for the birth to 5 years of
3 age population in the State involved, which at
4 a minimum shall include—

5 “(i) a handbook that includes rec-
6 ommendations, guidelines, and best prac-
7 tices for child care centers and family child
8 care homes relating to healthy eating,
9 physical activity, and screen time reduc-
10 tion;

11 “(ii) information about the availability
12 of and services provided by child care
13 health consultants; and

14 “(iii) health and wellness resources
15 available through the Child Care Bureau
16 and the Maternal and Child Health Bu-
17 reau;

18 “(B) identify, improve upon, and expand
19 nutrition and physical activity best practices
20 targeted to the birth to 5 years of age popu-
21 lation in the State involved and identify strate-
22 gies for incorporating parental education and
23 other parental involvement; and

24 “(C) provide instruction on how to appro-
25 priately model, direct, and encourage child care

1 staff behavior to apply the best practices and
 2 strategies identified under subparagraph (B).

3 “(2) TRAINING ENTITIES.—A grantee may con-
 4 duct the training required under this section di-
 5 rectly, or may provide such training through a con-
 6 tract with—

7 “(A) an appropriate national, State, or
 8 community organization with relevant expertise;

9 “(B) a health care provider or professional
 10 organization with relevant expertise;

11 “(C) a university or research center that
 12 employs faculty with relevant expertise; or

13 “(D) any other entity determined appro-
 14 priate by the State and approved by the Sec-
 15 retary.

16 “(3) REQUIREMENT OF CONTRACT.—If a grant-
 17 ee elects to provide the training under this section
 18 through a contract, the grantee shall ensure that a
 19 consistent healthy eating and physical activity cur-
 20 riculum is being developed for all child care entities
 21 participating in the pilot program in the State.

22 “(d) PRACTICE, CURRICULA, AND POLICY
 23 CHANGES.—After training is provided as required under
 24 subsection (c), a State grantee shall ensure that the orga-
 25 nizations and consortium involved—

1 “(1) implement, in child care settings, evidence-
2 based or data-informed policy changes that promote
3 healthy eating, physical activity, and appropriate
4 screen time limits among the birth to 5 years of age
5 population;

6 “(2) utilize an evidence-based or data-informed,
7 culturally competent healthy eating and physical ac-
8 tivity curriculum in child care settings focusing on
9 such birth to age 5 population;

10 “(3) implement programs, activities, and proce-
11 dures for incorporating parental education and in-
12 volvement of parents in programs, including dissemi-
13 nating a written parental involvement policy, and co-
14 ordinating and integrating parental involvement
15 strategies under this section, to the extent feasible
16 and appropriate, with parental involvement strate-
17 gies under other programs, such as the Head Start
18 program and the Early Head Start Program; and

19 “(4) find innovative ways to remove barriers
20 that exist to providing opportunities for healthy eat-
21 ing and physical activity.

22 All activities described in this paragraph shall be evidence-
23 based and data-informed and be consistent with the cur-
24 riculum presented through training activities described in
25 subsection (c).

1 **“SEC. 39900–2. GRANTS FOR THE EVALUATION OF PILOT**
2 **PROGRAMS.**

3 “The Secretary shall award competitive grants to
4 Prevention Research Centers or universities to evaluate
5 the programs carried out with grants under section
6 39900–1, including baseline, process, and outcome meas-
7 urements.

8 **“SEC. 39900–3. COORDINATION.**

9 “(a) INTERAGENCY COORDINATION.—To the extent
10 practicable, the Secretary shall coordinate activities con-
11 ducted under this part with activities undertaken by the
12 National Prevention, Health Promotion and Public Health
13 Council established under section 4001 of the Patient Pro-
14 tection and Affordable Care Act (Public Law 111–148).
15 Where practicable, such coordination shall—

16 “(1) include the sharing of current and emerg-
17 ing best practices concerning healthy eating, physical
18 activity, and screen time limits that have a popu-
19 lation-level impact in promoting nutrition and phys-
20 ical activity in child care settings;

21 “(2) promote the effective implementation and
22 sustainability of such programs; and

23 “(3) avoid unnecessary duplication of effort.

24 “(b) PILOT COORDINATION.—The Secretary shall
25 designate an individual (directly or through contract) to
26 provide technical assistance to States and pilot centers in

1 the development, implementation, and evaluation of activi-
 2 ties and dissemination of information described in para-
 3 graphs (1), (2), and (3) of subsection (a).

4 **“SEC. 39900–4. EVALUATION AND REPORTING.**

5 “(a) TECHNICAL ASSISTANCE AND INFORMATION.—

6 The Secretary shall—

7 “(1) provide technical assistance to grantees
 8 and other entities providing training under a grant
 9 under this part; and

10 “(2) disseminate to health departments and
 11 trainers under grants under this part information
 12 concerning evidence-based or data-informed ap-
 13 proaches, including dissemination of existing tool-
 14 kits, curricula, and existing or emerging best prac-
 15 tices that can be expanded or improved upon
 16 through a program conducted under this part.

17 “(b) EVALUATION REQUIREMENTS.—With respect to
 18 evaluations conducted under section 39900–2, the Sec-
 19 retary shall ensure that—

20 “(1) evaluation metrics are consistent across all
 21 programs funded under this part;

22 “(2) interim outcomes are measured by the
 23 number of centers that have implemented policy and
 24 environmental strategies that support use of cur-

1 ricula and practices supporting healthy eating, phys-
2 ical activity, and screen time limits;

3 “(3) interim outcomes are measured, to the ex-
4 tent possible, by behavior changes in healthy eating,
5 physical activity, and screen time; and

6 “(4) upon completion of the program, the eval-
7 uation shall include an identification of best prac-
8 tices relating to behavior change and reductions in
9 the increasing prevalence of overweight and obesity
10 that could be replicated in other settings.

11 “(c) DISSEMINATION OF INFORMATION.—Upon the
12 conclusion of the programs carried out under this part,
13 the Secretary shall disseminate to all appropriate agencies
14 within the Department of Health and Human Services evi-
15 dence, best practices, and lessons learned from grantees.
16 Such agencies shall encourage the adoption of the best
17 practices.

18 “(d) REPORT TO CONGRESS.—Not later than 6
19 months after the completion of the pilot program under
20 this part, the Secretary shall submit to Congress a report
21 concerning the evaluation of the pilot programs, including
22 recommendations as to how lessons learned from such pro-
23 grams can be incorporated into future guidance docu-
24 ments developed and provided by the Secretary and other
25 Federal agencies, as appropriate.

1 **“SEC. 39900–5. AUTHORIZATION OF APPROPRIATIONS.**

2 “**There is authorized to be appropriated to carry out**
3 **this part, \$2,500,000 for each of fiscal years 2011, 2012**
4 **and 2013.”.**

