

AMENDMENT NO. _____ Calendar No. _____

Purpose: To establish a pilot program to reduce the increasing prevalence of overweight/obesity among children from birth through 5 years of age in child care settings.

IN THE SENATE OF THE UNITED STATES—111th Cong., 1st Sess.

H.R. 3590

To amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by
_____ to the amendment (No. 2786)
proposed by Mr. REID

Viz:

- 1 At the appropriate place in title IV, insert the fol-
- 2 lowing:

1 **SEC. ____ . PILOT PROGRAM TO REDUCE THE INCREASING**
2 **PREVALENCE OF OVERWEIGHT/OBESITY**
3 **AMONG CHILDREN FROM BIRTH THROUGH 5**
4 **YEARS OF AGE.**

5 (a) FINDINGS.—Congress makes the following find-
6 ings:

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

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

12 (3) Aerobic fitness and healthy eating patterns
13 support enhanced behavioral, emotional, and aca-
14 demic performance in school.

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

18 (5) Obese preschool children already exhibit
19 signs of cardiovascular disease and diabetes.

20 (6) According to a 2007 Centers for Disease
21 Control and Prevention study, 12.4 percent of chil-
22 dren in the United States ages 2 through 6 are
23 obese.

24 (7) The 2001 National Household Education
25 Survey found that 74 percent of children in the
26 United States ages 3 through 6 are in some form of

1 non-parental child care, and 56 percent are in cen-
2 ter-based child care.

3 (8) According to a 2009 analysis of child care
4 center licensing regulations, only 12 States have a
5 policy prohibiting or limiting foods of low nutritional
6 value in child care centers, only 8 States require vig-
7 orous or moderate physical activity, only one of
8 which has a policy quantifying a required number of
9 minutes of physical activity by day or week, and only
10 7 States quantify a maximum amount of time for
11 media (television and electronic) each day or week.

12 (9) In July 2009, the Centers for Disease Con-
13 trol and Prevention released recommended commu-
14 nity strategies and measures to prevent obesity in
15 the United States that includes child care specific
16 policy and environmental initiatives to achieve
17 healthy eating and active living among children from
18 birth to 5 years of age.

19 (10) In September 2009, The Institute of Medi-
20 cine released findings supporting local governments'
21 ability to play a crucial role in creating environments
22 that make it easier for children to eat healthy diets
23 and remain active.

24 (11) States should strive to adopt nutrition
25 standards, practices, and policies for childcare cen-

1 ters that are consistent with the 2005 Dietary
2 Guidelines for Americans.

3 (12) The Child and Adult Care Food Program
4 is a Federal initiative that provides States with
5 grants to provide children and adults in care set-
6 tings with nutritious meals and snacks.

7 (13) Childcare centers should serve as settings
8 where children adopt healthy eating habits, have op-
9 portunities for age appropriate physical activity, and
10 set screen time limits.

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

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

16 (2) enhance the focus of child care centers serv-
17 ing the birth to 5 years of age population on chil-
18 dren’s healthy development through evidence-based
19 or data-informed policies and practices to improve
20 healthy eating, physical activity, and screen time
21 limits; and

22 (3) identify emerging and expand existing evi-
23 dence-based practices and understanding of healthy
24 eating, physical activity, and screen time limits, as
25 appropriate, as well as replicate curricula, interven-

1 tions, practices, and policy changes that are most ef-
2 fective in promoting nutrition and physical activity
3 among the birth to 5 years of age population in the
4 child care setting.

5 (c) DEFINITIONS.—In this section:

6 (1) CHILD CARE CENTER.—The term “child
7 care center” means a nonresidential facility that
8 generally provides child care services for fewer than
9 24 hours per day per child, unless care in excess of
10 24 hours is due to the nature of the parents’ work,
11 and that is certified, registered, or licensed in the
12 State in which it is located.

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

20 (3) FAMILY CHILD CARE HOME.—The term
21 “family child care home” means a private family
22 home where home-based child care is provided for a
23 portion of the day, unless care in excess of 24 hours
24 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 (d) GRANTS.—

13 (1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, shall award 3-year competitive
16 grants to 5 State health departments (or other
17 appropriate State agency administering the Child
18 and Adult Care Food Program or other child care
19 programs) to help reduce and prevent obesity among
20 the birth to 5 year old population of the State in
21 child care centers and family child care homes.

22 (2) USE OF FUNDS.—State grantees shall use
23 amounts received under a grant under this sub-
24 section to—

1 (A) provide, or enter into contracts to pro-
2 vide, training (that meets the requirements of
3 paragraph (3)) to the staff of national, State,
4 or community-based organizations with net-
5 works of child care centers, or a consortium of
6 childcare centers and family child care homes
7 consisting of at least 10 child care centers or
8 family child care homes, for the purpose of im-
9 plementing evidence-based or data-informed
10 healthy eating and physical activity policies and
11 practices, including curricula and other inter-
12 ventions; and

13 (B) provide grants to child care centers
14 and family child care homes, whose staff re-
15 ceived the training described in subparagraph
16 (A), to implement practice, curricula, and policy
17 changes (that meet the requirements of para-
18 graph (4)) that promote healthy eating and
19 physical activity among the birth to 5 years of
20 age population.

21 In determining who receives grant funds, a State
22 shall consider, but not be limited to, child care cen-
23 ters and family child care homes that receive funds
24 under the Child and Adult Care Food Program ad-
25 ministered by the Department of Agriculture. Pref-

1 erence shall be given to those States that dem-
2 onstrate collaboration between relevant State entities
3 related to child care and health and with key stake-
4 holders, such as State early learning councils and
5 other community based organizations working with
6 child care centers or family child care homes.

7 (3) TRAINING REQUIREMENTS.—

8 (A) IN GENERAL.—Training provided
9 under paragraph (2) shall—

10 (i) include the provision of informa-
11 tion concerning age-appropriate healthy
12 eating and physical activity interventions
13 and curricula for the birth to 5 years of
14 age population in the State involved;

15 (ii) identify, improve upon, and ex-
16 pand nutrition and physical activity best
17 practices targeted to the birth to 5 years
18 of age population in the State involved and
19 identify strategies for incorporating paren-
20 tal education and other parental involve-
21 ment; and

22 (iii) provide instruction on how to ap-
23 propriately model, direct, and encourage
24 child care staff behavior to apply the best

1 practices and strategies identified under
2 clause (ii).

3 (B) TRAINING ENTITIES.—A grantee may
4 conduct the training required under this sub-
5 section directly, or may provide such training
6 through a contract with—

7 (i) an appropriate national, State, or
8 community organization with relevant ex-
9 pertise;

10 (ii) a health care provider or profes-
11 sional organization with relevant expertise;

12 (iii) a university or research center
13 that employs faculty with relevant exper-
14 tise; or

15 (iv) any other entity determined ap-
16 propriate by the State and approved by the
17 Secretary.

18 (C) REQUIREMENT OF CONTRACT.—If a
19 grantee elects to provide the training under this
20 subsection through a contract, the grantee shall
21 ensure that a consistent healthy eating and
22 physical activity curriculum is being developed
23 for all child care entities that provide care for
24 10 or more children throughout the State.

1 (4) PRACTICE, CURRICULA, AND POLICY
2 CHANGES.—After training is provided as required
3 under paragraph (3), a State grantee shall ensure
4 that the organizations and consortium involved—

5 (A) implement, in child care settings, evi-
6 dence-based or data-informed policy changes
7 that promote healthy eating, physical activity,
8 and appropriate screen time limits among the
9 birth to 5 years of age population;

10 (B) utilize an evidence-based or data-in-
11 formed healthy eating and physical activity cur-
12 riculum in child care settings focusing on such
13 birth to 5 age population;

14 (C) implement programs, activities, and
15 procedures for incorporating parental education
16 and involvement of parents in programs, includ-
17 ing disseminating a written parental involve-
18 ment policy, and coordinating and integrating
19 parental involvement strategies under this sec-
20 tion, to the extent feasible and appropriate,
21 with parental involvement strategies under
22 other programs, such as the Head Start pro-
23 gram and the Early Head Start Program; and

1 (D) find innovative ways to remove bar-
2 riers that exist to providing opportunities for
3 healthy eating and physical activity.

4 All activities described in this paragraph shall be evi-
5 dence-based or data-informed and be consistent with
6 the curriculum presented through training activities
7 described in paragraph (3).

8 (e) GRANTS FOR THE EVALUATION OF PILOT PRO-
9 GRAMS.—The Secretary, acting through the Director of
10 the Centers for Disease Control and Prevention, shall
11 award competitive grants to Prevention Research Centers
12 or universities to evaluate the programs carried out with
13 grants under subsection (d), including baseline, process,
14 and outcome measurements.

15 (f) COORDINATION.—

16 (1) INTERAGENCY COORDINATION.—To the ex-
17 tent practicable, the Secretary, acting through the
18 Centers for Disease Control and Prevention, shall
19 coordinate activities conducted under this section
20 with activities undertaken by the National Preven-
21 tion, Health Promotion and Public Health Council
22 established under section 4001. Where possible, such
23 coordination should—

24 (A) include the sharing of current and
25 emerging best practices concerning healthy eat-

1 ing, physical activity, and screen time limits
2 that have a population-level impact in pro-
3 moting nutrition and physical activity in child
4 care settings;

5 (B) promote the effective implementation
6 and sustainability of such programs; and

7 (C) avoid unnecessary duplication of effort.

8 (2) PILOT COORDINATION.—The Director of the
9 Centers for Disease Control and Prevention shall
10 designate an individual (directly or through con-
11 tract) to provide technical assistance to States and
12 pilot centers in the development, implementation,
13 and evaluation of activities and dissemination of in-
14 formation described in subparagraphs (A), (B), and
15 (C) of paragraph (1).

16 (g) EVALUATION AND REPORTING.—

17 (1) TECHNICAL ASSISTANCE AND INFORMA-
18 TION.—The Secretary, acting through the Director
19 of the Centers for Disease Control and Prevention,
20 shall—

21 (A) provide technical assistance to grantees
22 and other entities providing training under a
23 grant under this section; and

24 (B) disseminate to health departments and
25 trainers under grants under this section infor-

1 mation concerning evidence-based or data-in-
2 formed approaches, including dissemination of
3 existing toolkits, curricula, and existing or
4 emerging best practices that can be expanded
5 or improved upon through a program conducted
6 under this section.

7 (2) EVALUATION REQUIREMENTS.—With re-
8 spect to evaluations conducted under subsection (e),
9 the Secretary, acting through the Director of the
10 Center for Disease Control and Prevention, shall en-
11 sure that—

12 (A) evaluation metrics are consistent
13 across all programs funded under this section;

14 (B) interim outcomes are measured by the
15 number of centers that have implemented policy
16 and environmental strategies that support use
17 of curricula and practices supporting healthy
18 eating, physical activity, and screen time limits;

19 (C) interim outcomes are measured, to the
20 extent possible, by behavior changes in healthy
21 eating, physical activity, and screen time; and

22 (D) upon completion of the program, the
23 evaluation shall include an identification of best
24 practices relating to behavior change and reduc-
25 tions in the increasing prevalence of overweight

1 and obesity that could be replicated in other
2 settings.

3 (3) DISSEMINATION OF INFORMATION.—Upon
4 the conclusion of the programs carried out under
5 this section, the Secretary, acting through the Direc-
6 tor of the Centers for Disease Control and Preven-
7 tion, shall disseminate evidence, best practices, and
8 lessons learned from grantees and shall submit to
9 Congress a report concerning the evaluation of such
10 programs, including recommendations as to how les-
11 sons learned from such programs can be incor-
12 porated into future guidance documents developed
13 and provided by the Director for States and commu-
14 nities funded for nutrition, physical activity, and
15 obesity prevention.

16 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section,
18 \$7,500,000 for each of fiscal years 2011, 2012 and 2013.