

# Illinois Action for Children's Trainings on the CDPH Nutritional and Physical Activity Standards for Children in Child Care Settings:

An Evaluation of How Child Care Providers Perceive and Practice the New Standards

March 2012





# Overview of Trainings

In November 2009, the Chicago Board of Health and the Chicago Department of Public Health passed a joint resolution recommending new standards for Chicago's child care programs. In support of the change in standards, the Otho S.A. Sprague Memorial Institute funded Erickson Institute and Illinois Action for Children to help local child care providers comply with these changes. The standards, designed to address the increasing problem of childhood obesity and related health risks, call on child care centers and family child care providers to adopt changes in the following areas:

- The provision of sweetened beverages to children;
- The reduction of fat content in milk served to the children;
- Participation in physical activity, and;
- Length of time spent viewing an electronic screen

Illinois Action for Children, in partnership with Erikson Institute, the Chicago Department of Public Health (CDPH) and the Chicago Board of Health, and working closely with the Consortium to Lower Obesity in Chicago Children (CLOCC), designed and conducted 75 trainings between March 1, 2011 and February 28, 2012 with Chicago area child care providers.

The trainings addressed why the standards were established, the dangers of childhood obesity and the important role that child care providers play in helping children form good exercise and eating habits.



# Method of Evaluation

Illinois Action for Children developed and conducted a telephone survey to learn how training attendees viewed and implemented the standards within their homes or classrooms after the training. The survey asked providers specifically about four standards discussed in the trainings:

- Limiting juice consumption to four ounces or less per day
- Serving only 1% or skim milk to children over two years old
- Providing 60 minutes per day of structured and unstructured physical activity
- Limiting screen time to 60 minutes or less of only educational content with no screen time for children under two years old

For each standard, the surveyor asks attendees: 1) if they remembered learning about the standards; 2) how strongly they agreed or disagreed with the standards, using a 4-point scale (*strongly agree, agree, disagree, strongly disagree*), including a "no opinion" response; 3) what changes they have made, if any, to meet the standards, choosing from four options (*already meeting the standards before the training, made some changes and are now meeting the standards, made some but not all recommended changes, or have not made any changes yet*); and finally, 4) whether the provider has faced any difficulties implementing the new standards and what they were. In conclusion, the surveyor asked providers if they had personally noticed an increase in obesity in children in the past several years.

The survey was conducted in an interview format over the phone and took approximately 5-10

minutes per interview. Providers who attended a training were called roughly eight weeks after attending the training to give them adequate time to attempt to implement the new standards into their programs. After two months, the providers shared the impact the training had in motivating them to make changes in areas of nutrition, physical activity and screen viewing and what obstacles they faced in making those changes.

The sample frame for this survey was Chicago home and center child care providers who attended one of 75 trainings conducted between June 1, 2011 and January 15, 2012. If a child care program had multiple attendees, as was common, only one attendee was included in the sample frame. The Illinois Action for Children Research Department followed a procedure for adjusting the frame to actual attendance as new trainings were completed. In the end forty percent (220) of the providers trained were randomly selected and telephoned<sup>1</sup>. Of these, 73 percent (160) completed the survey.

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<sup>1</sup>In order to complete surveys with providers from several December and January trainings, in early January the research department reduced this time lag from eight weeks to four weeks after training.



# Results





## Juice Standard

The new CDPH standard on juice recommends providing no more than four ounces per day of 100% juice for children 12 months and older.

### Provider Opinion

The majority of providers surveyed agreed with the juice standard. As shown in the chart below, 48 percent strongly agreed, 43 percent agreed, eight percent disagreed, and one percent strongly disagreed. Among providers who disagreed with the standard, many felt four ounces of juice wasn't enough for children, especially the older ones. Additionally, a few providers felt juice had positive health benefits for children and they should be allowed to have more than four ounces.

### Provider Implementation and Practices

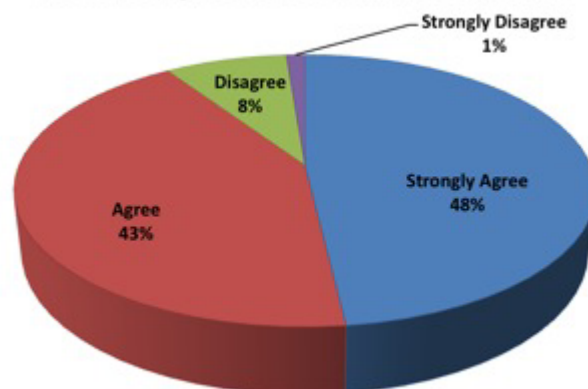
When asked about implementation of the juice standard, 52 percent of providers were already fully implementing the standard before the training. An additional 39 percent made changes after the training and are now meeting the standard, seven percent made some but not all recommended changes at the time of the interview and two percent had made no changes yet. The training, then, helped increase the number of providers who meet the juice standard by 75 percent.

### Difficulties

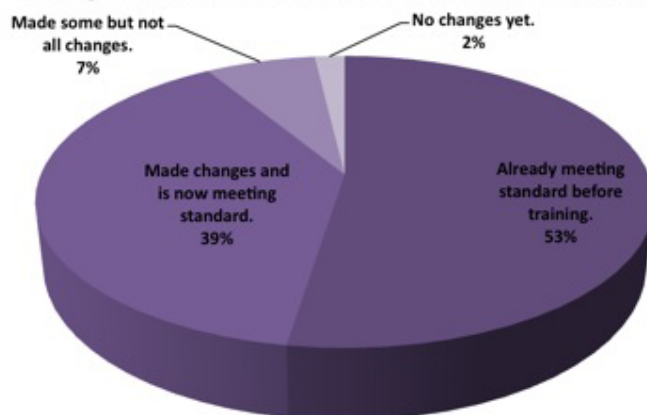
Twelve percent of providers reported difficulty with implementing the juice standard. An additional eight percent did not report difficulty when asked specifically, but at another point in the survey expressed an obstacle or barrier they faced in meeting the juice standard.

Of those who had difficulties implementing the juice standard, forty-six percent reported that children want more than four ounces of juice. Twenty-three percent said children did not like milk or water as a substitute for juice and an additional 19 percent reported that parents did not agree with the standard. Twelve percent of providers mentioned some other difficulty with meeting the standard, such as cost or children's allergies to fruit.

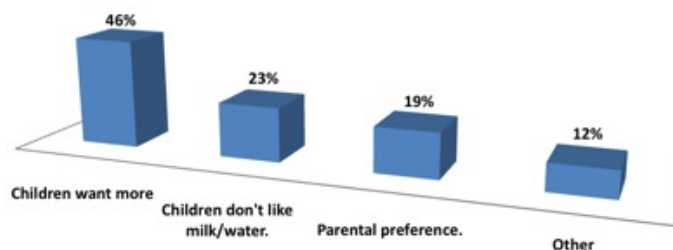
**Provider Agreement with Juice Standard**



**Change in Provider Practices to Meet Juice Standard**



**Difficulties Providers Faced when Implementing Juice Standard**



N = 26





# Milk Standard

The new CDPH standard on milk recommends providing milk with only 1% or less milk fat for children over age two.

## Provider Opinion

While the majority of providers agreed with the new milk standard, more providers disagreed with this standard than any of the other new standards. Thirty-three percent strongly agreed, 47 percent agreed, 16 percent disagreed, and one percent strongly disagreed. An additional three percent had no opinion on the milk standard.

Even among providers who say they agreed with the standard, their comments often reflected other preferences. Of those who disagreed with the standard, nearly half reported that they prefer to serve 2% or whole milk to the children in their care because they feel it is better for children. Several providers reported that the type of milk they serve should depend on the individual needs of the child (for example, whether the child is underweight or overweight). Another small portion reported that they disagreed with the standard because children don't like 1% or skim milk and won't drink it.

## Provider Implementation and Practices

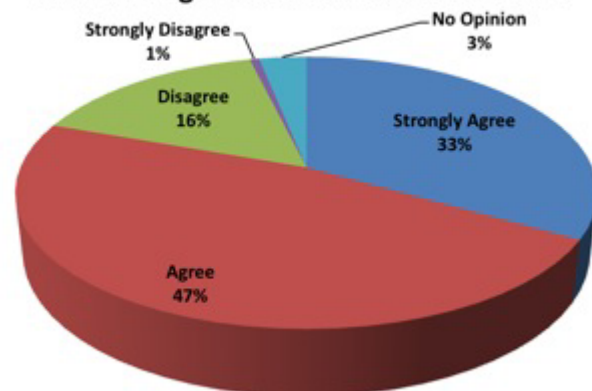
When asked about implementation of the milk standard, 32 percent of providers were already meeting the standard before the training. An additional 49 percent made changes after the training and are now meeting the standard. The training, then, helped to increase the number of providers who meet the standard by almost 150 percent. Another 11 percent of the providers made some but not all recommended changes at the time of the interview and nine percent had made no changes yet.

## Difficulties

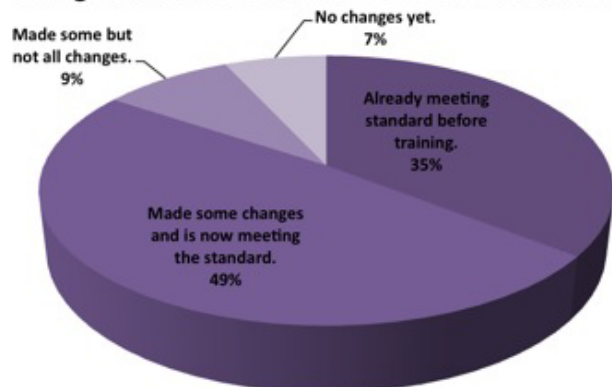
The milk standard was the most difficult standard for providers to implement. Twenty-eight percent of providers experienced difficulty with it. An additional five percent did not report difficulty when asked specifically, but at another point in the survey expressed an obstacle or barrier they faced in meeting the milk standard.

Among providers facing difficulties, 69 percent reported that the children did not like or would not drink 1% or skim milk. Another 17 percent reported that the parents did not want their children drinking it or preferred they drink whole milk. Eight percent reported the higher cost and less availability of 1% milk as a difficulty. Another 6 percent experienced other difficulties such as a child's allergy to milk or lack of consistent information about the standard.

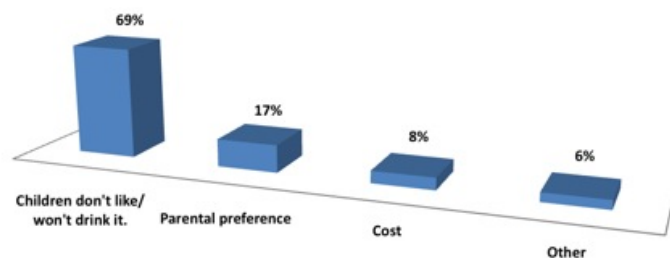
**Provider Agreement with Milk Standard**



**Change in Provider Practices to Meet Milk Standard**



**Difficulties Providers Faced when Implementing Milk Standard**



N = 52



# Physical Activity Standard

The new CDPH standard on physical activity recommends children over 12 months old participate in at least 60 minutes of physical activity per day. It is also recommended that 30 minutes of the time be **structured activity** and 30 be **unstructured activity**.

## Provider Opinion

In reporting how strongly they agreed or disagreed with this standard, 59 percent of providers strongly agreed, 38% agreed, while only 3% disagreed with the physical activity standard.

Very few providers disagreed with the physical activity standard. Reasons given for disagreement were that the younger children had difficulty paying attention during structured activities and that the winter weather sometimes put a constraint on meeting the time requirements for this standard.

## Provider Implementation and Practices

When asked about implementation of the physical-activity standard, 56 percent of providers were already meeting the standard before the training. An additional 37 percent made changes after the training and are now meeting the standard. The trainings, then, helped increase the number of providers meeting the physical activity standard by about two-thirds. Another six percent made some but not all recommended changes at the time of the interview and one percent had made no changes, yet.

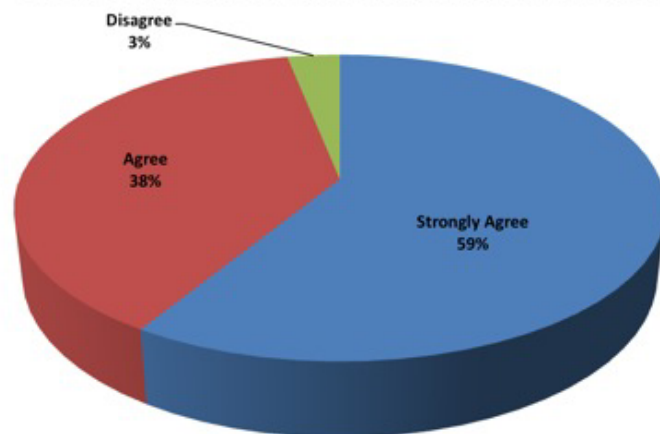
## Difficulties

Nine percent of providers reported some kind of difficulty with implementing **structured activities**. An additional five percent did not report difficulty when asked specifically, but at another point in the survey expressed an obstacle or barrier they faced in implementing structured activities.

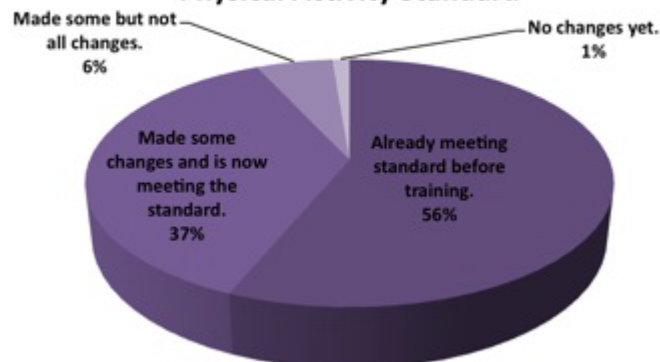
Only one percent of providers reported difficulty with implementing **unstructured activities**, with similar responses to difficulties with structured activities.

Forty-three percent of providers who had difficulty said they faced challenges with children's behavior or attention span when trying to implement structured activities. Some of the behavioral issues included bullying, fighting and taking direction for structured play time. An additional 30 percent reported that the weather or amount of time a child was in care served as a barrier to activities. Thirteen percent reported difficulties with documenting the activities the children participated in or encouraging staff implementation. An additional 13 percent reported other barriers or did not specify what difficulties they had.

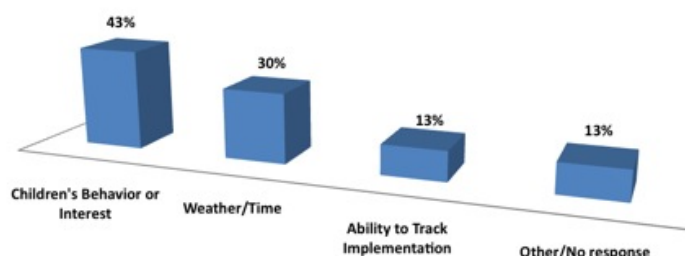
Provider Agreement with Physical Activity Standard



Change in Provider Practices to Meet Physical Activity Standard



Difficulties Providers Faced when Implementing Structured Activities



N = 23





## Screen Viewing Standard

The new CDPH standard on screen time recommends no more than 60 minutes per day of television or screen time for children over age two and no screen time for children under two years old. It also recommends that the screen viewing be only of educational content.

### Provider Opinion

In response to how strongly providers agreed or disagreed with this standard, 55 percent strongly agreed, 38 percent agreed, five percent disagreed and two percent strongly disagreed with the screen viewing standard.

A few providers reported feeling that in some cases the time limit should be extended for older children who need computer time for school or if the content is educational and related to what they are learning. Another few providers believed children under two should be allowed to have screen time. Otherwise, most providers were in agreement with this standard and its requirements.

### Provider Implementation and Practices

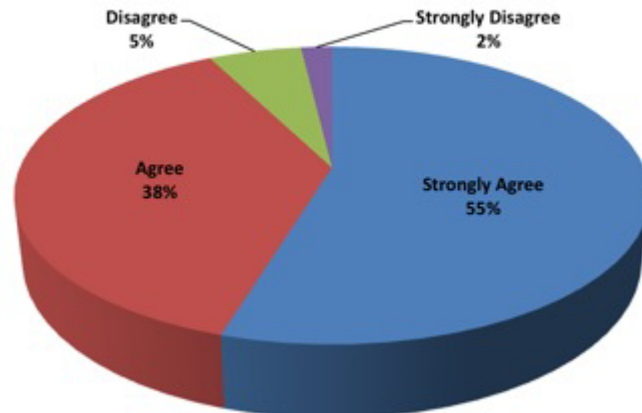
Among the new standards, the screen viewing standard had the greatest degree of implementation prior to the training. Sixty-four percent of providers were already meeting the standard before the training. An additional 22 percent made changes after the training and are now meeting the standard. The trainings, then, helped increase the number of providers meeting the screen time standard by about one-third. Another eleven percent made some but not all recommended changes at the time of the interview and three percent had made no changes, yet.

### Difficulties

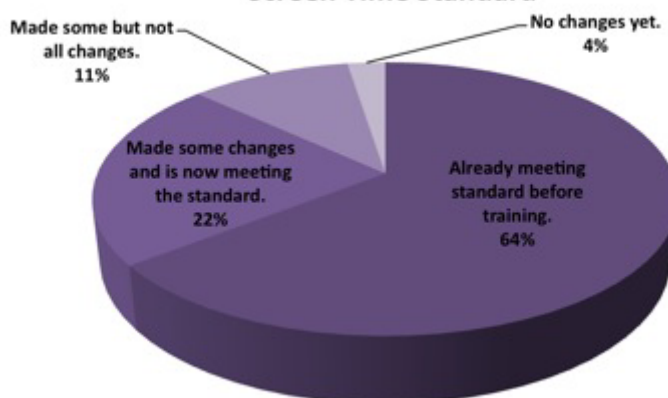
Eighteen percent of providers reported difficulty with implementing the screen viewing standard. An additional six percent did not report difficulty when asked specifically, but at another point in the survey expressed an obstacle or barrier they faced in implementing the screen time standard.

Seventy-one percent of these providers reported that children's complaints were their major difficulty with implementing the screen time standard. Another 12 percent faced difficulties with the age of the child, specifically that it was difficult to keep the younger children away from the older children who were having screen time. Nine percent felt 60 minutes was not enough time, especially if children wanted to watch a movie. Another six percent reported that when weather kept children indoors providers relied on more screen time. Finally, three percent reported that screen time enabled providers to work with other children or on meals.

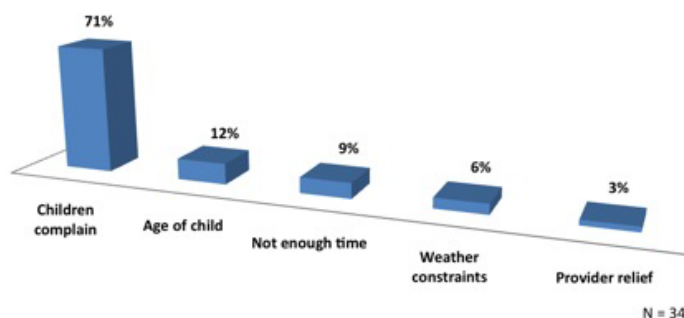
**Provider Agreement With Screen Time Standard**



**Changes in Provider Practices to Meet Screen Time Standard**

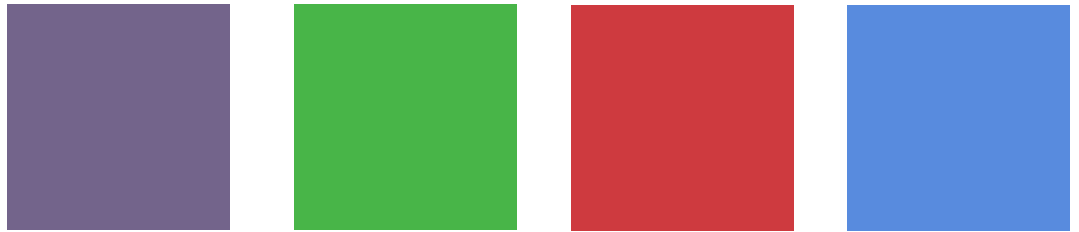


**Difficulties Providers Faced when Implementing Screen Time Standard**



# Increase in Obesity

Finally, we asked an impressionistic question of the providers, whether they had noticed an increase in obesity over the past several years. Seventy-nine percent of providers reported that they personally noticed an increase in obesity in children over the past several years. Fifteen percent said they had not noticed an increase in childhood obesity and six percent weren't sure.



## Summary of Important Findings

- At the time of the post-training interview, over 90 percent of providers attending the training reported that they were meeting the juice and physical activity standards and over 84 percent were meeting the milk and screen time standards.
- Of the four new standards, providers found the milk standard the most disagreeable (17%) and the most difficult to implement (28%). However, the training appears to have had the greatest impact in this area. While only 35 percent of providers were meeting the milk standard prior to the training, an additional 49 percent made changes as a result of the training and are now meeting the standard. Another seven percent made some changes toward meeting the standard.
- The majority of providers trained agreed with the new standards. With the exception of the milk standard, high proportions of providers were already meeting the standards before the training. The percentage of providers already meeting the other standards ranged from 53 to 64 percent. Many providers in attendance have been involved in food programs that already informed them of the upcoming changes.
- Some of the biggest difficulties reported in implementing the standards involved the children's opinions or behavior in response to the change. For future trainings, it might be helpful to train providers on strategies to address these kinds of difficulties with the children in their care.

# Appendix



# Provider Comments

## Juice Standard: Comments on Disagreement

### Four ounces is not enough juice.

- Because they already don't get any treats. The juice and the snack are something for them to look forward to in the afternoon.
- When you have the bigger kids, 4 oz. isn't really giving them something to drink. For the smaller kids, that's okay, but not for the school age kids.
- The YWCA food program said the 4 oz. rule wasn't going to be the standard. It has to be pure, but it doesn't matter how many ounces.
- Kids want the juice.
- Because the kids - you might want to give them something else that day. For instance peanut butter and crackers, you might want to give them juice with it.
- Differs from Federal Food Program. We may serve more than 4 oz.
- That's a little bitty juice.

### Disagree - Juice has positive health benefits.

- I'm a nurse and I know what the juice does for their bowels. It can help them with digestion.
- I think kids need 100% juice.
- I think that juice is a good supplement for them to have along with water as well as milk. There are many vitamins in 100% juice.

## Juice Standard: Comments on Difficulties

### Children want more juice.

- You always have one or two that want more. But I didn't have any problems with them wanting more.
- Yes, we get criers. They want more. I did a program back in November and I did it again with my assistants.
- When you have the bigger kids, 4 oz. isn't really giving them something to drink. For the smaller kids, that's okay, but not for the school age kids.
- They want more juice.
- They complain. Can I have more juice, instead of water? My mom said I can drink more juice.
- The kids will complain, but after you tell them they can't have it then they are okay.
- The children want more juice so she tries to dilute it with water.
- The children are used to getting juice whenever they asked for it, so it made the adjustment a little difficult.
- Sometimes they want more, but I offer water and other options instead.
- Some difficulties because they always want more. Since we were already doing it, they know. Some are resistant, but not too much.
- I agree to a certain extent with the standard, but the children want more juice/milk/ and water at times.
- It's kind of hard for the children because they want more juice.
- I have a five year old. It's hard for them to just drink four ounces of juice. It seems like they should be able to drink a little bit more. It's hard for them to just drink four ounces of juice per day.



### Children don't like milk or water.

- Yes, especially with the older children, she dilutes the juice with water, the children are not used to drinking water as much with the meals.
- They expect the juice and don't just want to drink water.
- The only thing is about the water. We were taught during the training that they need to have some many ounces of water, also. They don't really like to drink the water.
- Some children refuse to drink the water. Some parents do not support following the standards. Sometimes it is costly to provide 100% juice.
- I cut down on the juice, but the problem is the milk. It depends on how long you keep them. If you have children that you keep all day long - like 9 hours. I give them all juice with their dinner. In the morning I give them milk with their cereal or with their pancakes. When younger children want a snack, they want juice, they don't want milk again. When they sit down for a meal or a snack, they want their juice. They don't want milk.
- A lot of kids don't like milk.

### Parents prefer their child to have more juice.

- We were already doing 100% juice. But some parents didn't like the idea of me stopping them from bringing something extra. More about parents having a problem with the transition, but the children are okay.
- Some parents want to bring the juice with their kids in the morning.
- It is harder to educate the parents and get them on board to implement the changes in the children home.
- I just tell the parents that it is my policy.
- Generally the children come here from 6 weeks or two months old. While they are growing, I explain to the parents what they need. I have meetings with the parents to teach them how to cook.

### Other

- It is harder to supplement fruit because there are not enough staff to cut up fruit. It is easier to just pour drinks like milk or juice.
- I have one child who breaks out from too much fruit - from the acid.
- Having to clarify with staff, children, and parents. Especially the children - they want juice. It's a transition, especially for returning kids.



# Milk Standard: Comments on Disagreement

## Children don't like it.

- The kids don't agree.
- I tried to move them from whole to 2%, they had a problem with it.
- I think they need more milk than they do juice. I tried, but sometimes the kids didn't like it.
- Trying my best to, but we serve 2%. What if you get a child that won't drink it? They only drink whole milk.

## The milk served should depend on the child.

- Some children she has to provide whole milk by her doctors order.
- Children that were premature need more milk fat in their diet per doctor's orders.
- It depends on the child. Some parents don't want them to drink 1%.
- I agree and disagree at the same time. It depends on the day care provider. If the provider provides the children healthy food, they you can use the 2%, but it should be restricted for the children who are overweight. I'm using the 1% now, but I would like to use 2% because they eat healthy here.
- For children that were born premature, I would like to serve them whole milk, but for children that were chunky you would serve 1% milk.

## Provider would prefer 2% or whole milk.

- We were already doing the 2%. I don't see why it can't just stay there.
- We always do 2%. I was shocked with that standard.
- They can deal with it in cereal, but actually drinking it - what I have to do is gradually turn over to that. Just like when an infant is switching from formula to whole milk. I didn't do whole milk anyway. I did 2%. I think it should be okay.
- I believe 2% is good enough to meet the standard.
- My baby doesn't drink milk at all now. I think children should have whole milk. I try to get milk content in there through yogurt, pudding, milk in eggs. The one child she cares for doesn't seem to like milk but she feels children should have higher percentage milk.
- If the physical activity cuts away some of the calories, I don't see why maybe they can have higher milk fat.
- I'm kind of in between with that one, but if that's the rule, then that's what I go by. I think kids need the whole milk up until a little older.
- I just went to buy the 1% this week. I think they need the milk - the vitamin D and the calcium.
- I do disagree only because all this time we were taught that whole milk was better. I have incorporated it, but it wasn't easy.
- I always thought Vitamin D milk was better for children.
- Children need more than 1%. Children should drink vitamin D until at least the age of 5.
- Still serving 2%. Because it's organic, we think that it's okay.
- We still use 2% milk.
- I'm serving what I need to serve, but I would myself serve 2% if it weren't the new standard.
- Prefer 2% milk for the children who are two and older.
- A lot of the parents don't want the children drinking 1% the parents prefer 2%, but stated the parents are resistant to the change and stated the children's stomachs does not agree with 1% milk.



# Milk Standard: Comments on Difficulties

## Children don't like low fat milk and/or won't drink it.

- A little bit. Not too much. The flavor is a little different. Sometimes they don't like it.
- Just fussiness for the older children.
- The transition from vitamin D to 2% was difficult. The new transition was too. They say it tastes like water. My parents are not agreeable with it. I feel like it's good for them, it should taste good. You'll lose more children drinking milk at all.
- I agree with the older kids, but it is a little tough for the ones that are 2.
- The children initially didn't like the taste of it, they said it taste like water. The parents initially complained but I've complied with the new standard and more children are becoming accustomed to the 1% milk now.
- The children do not like the milk. I mix 1% with 2% milk and that is the only way the children will drink the milk.
- The children noticed the difference in taste from the change in milk, after the first week the children have now accepted the new milk.
- The children don't like the milk.
- The children were resistant to milk that was not whole milk.
- It tastes like water.
- They do not like the taste of 1% milk
- Children like 2% better
- Some of her children don't like 1% milk.
- The children prefer whole milk over 2%
- They won't drink it.
- At first with the kids, but it's better now.
- Some children were initially resistant but now they are drinking it more easily with the 1% change.
- In the beginning, but now the children are pretty much accustomed to it.
- They don't really care for it and it's a waste of money.
- The children drink 2% milk in school and I provide 2% in my center. The children don't like 1% milk because it is too watery.
- The kids complain What is this? It doesn't have any taste to it. It's alright with cereal or with chocolate in it. Unless you give it with something sweet or to dip the graham cracker in.
- The children are still adjusting to the change and prefer 2% milk.
- A couple of the older kids said they didn't like it, but I try to comply with the standards
- Some children are used to the Vitamin D.
- The kids don't like it at all.
- The kids won't drink it.
- Some of the kids didn't like it.
- Some kids don't want to drink less than whole milk. Out of 8 kids, 2 only want the whole milk. I don't even like 1% or skim milk.
- Children won't drink the 1%.
- Some children are refusing the skim milk, they prefer 2% milk. They are drinking less milk than usual. The children drank all of the 2% milk. I've tried to mix the two milks and the children still drink less milk than before.
- Child will not drink milk.
- Some kids don't like the 1%.
- I tried the 1%, but they won't drink.
- Just different. It's not as tasteful as the whole milk or 2%.
- The children were resistant, but they are drinking more readily than before.
- The children don't like it, but we're working with it.

# Milk Standard: Comments on Difficulties

## Cost or availability of low fat milk.

- The problem is the prices went up on 1% milk. I know it's much more expensive at Sam's Club where I buy the bulk of my milk. I usually get skim training.
- I've had some difficulty finding skim/1% in bulk or value retailers, she has to go to the regular stores and pay a higher price.
- A lot of the stores don't carry it - especially discount stores.
- It's difficult. That means that you have to get two kinds of milk and that doubles your budget. Then you have parents who want their kids to have more fat. I prefer 2%.The most difficulty I have is finding 1% milk and all the parents agreeing to the change.

## Parents prefer their children have 2% or whole milk.

- But some parents don't agree with it. They want to give them that whole milk.
- I talked to my parents and the kids. I didn't want the kids to be saying they had something that the kids weren't aware of. The parents sometimes gave me a puzzled look, but then they saw that I was making the change. I had to remind parents.
- Some parents are concerned about their children being underweight and needing more than 1% milk.
- Some parents want their kids to have 2% or whole.
- I knew it was coming. I had to wean my parents...let them know what's coming up. One parent came in here and brought me two chocolate milks for her child. She said her child won't drink it unless you have chocolate syrup. I have four or five parents who don't agree, but we're getting there.
- The parents I have talked to aren't for it.
- You will have some parents complaining about it and getting kids used to it.
- Sometimes the parents complain.
- A lot of the parents don't want the children drinking 1% the parents prefer 2%, but stated the parents are resistant to the change and stated the children's stomachs does not agree with 1% milk.

## Other

- Provider receives different information from different food programs about the different types of acceptable milk.
- Just a couple, but now I'm okay with that.
- Two children were lactose intolerant so she had to negotiate with the food delivery service to send enough lactose free milk for the children.



# Physical Activity Standard: Comments on Disagreement

- Because children from 12 months to 3 years old don't have the attention span to sit there for longer than 3 minutes. I feel like they learn through listening to us. You do more trying to keep their attention during the structured play time. I don't agree with that.
- We get exercise anyway. They do better with structured.
- I disagree with having the activity standard during the winter time.

# Physical Activity Standard: Comments on Difficulties

## Difficulties with children's behavior or interest

- The kids can't pay attention for that long.
- We had some when the kids didn't want to do what we had planned.
- I just have two bullies who always want to be first or be in charge of the activity.
- Sometimes I have to monitor the little kids because they don't want to share and fight over the toy.
- It's always a little more difficult than free play.
- It was hard to get children away from wanting to watch cartoons and videos of cartoons.
- It's a little tough for one year olds, but we'll get there.
- Sometimes they just want to play by themselves.
- I have a two year old - I don't have a problem with it, except that some of them get bored real quick. You can only do certain things with a certain age group.
- 60 minutes is too long for 1 year olds, but for 3-5 year olds it is good.

## Difficulties with weather or time constraints

- It's just kind of hard for one hour especially in the wintertime. Of course there is always that one child who doesn't want to participate, but I come pick them up and say Let's do this, let's do this! Then they are laughing and having a good time. We've been doing that a long time and most of our nursery rhymes involve movement. We move around a lot. They are role playing when we do the nursery rhymes.
- There are so many different things to do and we have to be so time-conscious with everything. I have children of different ages. I am the only adult that is working with the children. I have four children. All of them are my grandchildren, but they are different. When they're all together, the youngest sometimes can't participate. I do have a couple of activities - when we do our phonics, he is able to blend in well with the other children.
- I don't have enough indoor activity ideas for winter time.
- It is difficult due to the weather, some activities are limited.
- Due to scheduling, no time for it.
- I had a little problem at first with learning their ABCs and numbers and stuff like that. I think I was teaching it to them too long. I was teaching them for too long. The 30 minutes works better.
- The winter is more difficult.

## Difficulties tracking implementation

- Just documenting it and putting it on the lesson plan.
- It is hard for teachers to participate in structured activities.
- Some teachers implement it better than others.

## Other

- A little bit, but not too much.

## Screen Time Standard: Comments on Disagreement

- The school kids don't agree - they're in school all day. An hour of TV isn't going to kill them. I only have one that is under 2. I give her a little of Channel 11, but otherwise we just have play time.
- It seems like it could be a little bit longer because it is educational. One of my kids has learned to speak Spanish from Dora and another program. They are learning from these programs. I think it could be extended a little longer, as long as it is educational. On the weekends it can be a little bit longer, but none on the weekdays - for school age children. They need a little break.
- It depends on the kind of education you are talking about. These kids need all kinds of education, not just academics. My kids they like the computer, too and most of that is educational.
- I think that because of the way the television is structured for the educational programs. I do have to weed out what they are watching to be only educational. It can promote their listening skills as well as being interactive with what he's doing (Sid the Science Kid). There are quite a few very educational programs on Channel 11. You can structure that time into your own setting. I'm home structured so I'm cooking dinner. Two of the children do their homework. I'm trying to structure activities for the two younger ones. I think an hour total is just ridiculous.
- I don't agree 100%. Sometimes depending on what the lesson is, you may give them a few extra minutes than what the allotted time is. All kids don't learn the same.

## Screen Time Standard: Comments on Difficulties

### Depends on age of child.

- Yes for those under the age of 2 it is more difficult in the mornings.
- I don't quite remember it, but I don't go for that. My kids like to look at movies and I try to do like Shirley Temple. It depends on age, too. I have three different ages here. Very seldom do you find a home with all the same ages.
- Kids between 5-6 years are bored easily with educational programs. She has to find different activities for the older children. Kids 2-4 ages watch the programs with more interest.
- I'm struggling with not the length of time so much, but with separating the kids. I told the teachers about the standard, but just today I saw the younger kids in there. I am struggling with this.





## Children complain

- They don't feel it's fair.
- Sometimes they want to watch Sponge Bob. I don't know why they put that on TV.
- Sometimes they want to watch cartoons.
- The children prefer educational cartoons, but they prefer cartoons in general.
- Sometimes, but it's just kids being kids.
- At first yes, but now the children are getting used to it.
- They don't like the idea, but they are getting used to it.
- In the beginning, yes. Now the kids do other activities so it's not too difficult.
- The two year olds were disappointed but they'll get over it. They watch enough TV at home. We have a lot of single parents who are busy and I'm sure they sit them down in front of the TV at home. That's enough.
- I had one girl that one girl that wants to watch Princess and the Frog. My grandma lets me watch TV all the time.
- The children are used to watching only certain cartoons from home and they want to watch the same ones from home at the day care.
- The kids want to watch other stuff.
- Some of them cry, but they get over it. The children are redirected to different activities.
- I try to distract the children by taking them out for walks and activities.
- It is easier to implement changes with new children in care, harder to implement changes with children that were used to watching TV for extended period of time.
- The children wanted to watch the cartoons, they were resistant to educational programs, and the children want to utilize the computer
- Some of them want to watch what they watch at home.
- They want to use the computer more, they wanted to watch more TV.
- They usually want to see the usual movies that they love. All the time they want to see them, but I can usually guide them and change their minds.
- They tell me what they want to watch, but I keep in on the educational programs. I usually only keep it on Channel 11.
- They would go to the computer and want us to put it back on, but they got used to it when the teachers started singing and doing more activities with them.
- It was hard to get children away from wanting to watch cartoons and videos of cartoons.
- The kids watch a lot of TV at home. With them, it's like background music. I think we'll be able to transition eventually. It's less time than they are used to.
- No, because I have them doing so many other things and I think that they just understand that's the way I feel about it. The children who are 5 or 6 are in school. After school they realize they can't do it. In the summer they struggled with it sometimes. Even this morning, the little boy brought me the remote. He wanted to look at cartoons. Today he said, can I bring you the remote.

## Not enough time allowed.

- I'm kind of torn between that. I think if it is educational, I think 60 minutes is not always enough when a child is with you for 8 hours. My kids like Channel 11 or Little Einstein. I think that is good. No, they shouldn't be sitting in front of it all day. That is just my personal opinion.
- Movie day is on Friday and the children cannot watch a full movie.
- Sometimes older children's homework takes longer to complete on the computer

## Provides provider relief

- The children want to watch more TV and it allows the provider time to get done what needs to be done when they sit down and be quiet.

## Weather constraints

- When the weather doesn't permit them going outside and doing different activities, you can put educational shows on and they enjoy it. Two of my girls learned all of their ABCs and colors by watching the TV and DVDs I have. They get bored with you sitting there trying to do activities with them inside. But when I put the educational shows on, the ones with the short attention spans seem to pay attention. I say no more than two hours in a day, but not 60 minutes.
- Sometimes on the raining days it is difficult to limit screen viewing time.



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