

October 20, 2015

Dear Director Bicha & Members of the Colorado State Board of Human Services,

Every day, child care providers take on a big responsibility: helping to raise children in communities across our state. As kids grow and develop, the time they spend in child care should support their social and emotional health as well as their physical safety and well-being. Each parent who drops off a son or daughter at a licensed child care center has a right to be assured that the center will provide health, safety, and learning opportunities for their child throughout the day. Colorado has an important role in providing that assurance to every parent in our state.

We applaud the Colorado Office of Early Childhood for collaborating with diverse stakeholders, ranging from child care providers to health care professionals and early childhood advocates, in the process of proposing revised child care rules that support Colorado kids. The proposed new rules help to ensure that children in licensed child care are spending their most formative years in places and spaces that are safe, healthy, and supportive. The draft rules make meaningful progress in a number of areas, including social and emotional health, medication storage, the needs of children with special health conditions, and a variety of topics related to the growing issue of preventable childhood diseases, like obesity, tooth decay, and diabetes.

We would, in particular, like to express our appreciation for the Department's willingness to listen to the feedback of the health community over the past two years. **We highlighted several priorities as this process has advanced over the past few years and are pleased to see the following items included in the proposed rules:**

- Sugar-sweetened beverages
 - 7.702.65 (2) and (3): Limiting the provision of sugary drinks for young children is one of the most important priorities of Colorado's health community. Access to sugary drinks nearly doubles the risk of dental caries (tooth decay), **the most common chronic and unmet disease of childhood** nationally and in Colorado.^{1,2} Forty percent of all children have experienced tooth decay by kindergarten. By third grade, it's about 55 percent. Among Hispanic children or low income children, about 70 percent of third graders have experienced tooth decay. Consuming sugary drinks like soda, flavored milks, juice, and juice drinks increases the risks of not only tooth decay but also obesity, calcium deficiency, and associated health challenges. Each 12-ounce sugary drink consumed per day by **children increases their risk of becoming obese by 60 percent.**³ In fact, compared to children who rarely drink sugar-sweetened beverages, children who drink at least one serving of sugar-sweetened beverages per day **have a 55% increased probability of being overweight or obese.**⁴ Coloradans support limiting access to sugary drinks in child care settings. **79 percent of Coloradans** believe that child care "facilities should not be allowed to provide soda pop or other sugary drinks to children under age 6 in their care unless their parents provide them."⁵ For clarity, we encourage you to add flavored milks, which include

¹ Marshall TA, Levy SM, Broffitt B, Warren JJ, Eichenberger-Gilmore JM, Burns TL, Stumbo PJ. Dental caries and beverage consumption in young children. *Pediatrics*. 2003;112(3 Pt 1):e184- e191

² Dental Caries and Beverage Consumption in Young Children" Teresa A. Marshall, PhD, RD*; Steven M. Levy, DDS, MPH*; Barbara Broffitt, MS*; John J. Warren, DDS, MS*; Julie M. Eichenberger-Gilmore, PhD, RD*; Trudy L. Burns, PhD‡; and Phyllis J. Stumbo, PhD, RD§. "Pediatrics." (<http://www.pediatricsdigest.mobi/content/112/3/e184.full.pdf+html>)

³ Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis" Dr David S Ludwig, MD, Karen E Peterson, ScD, Steven L Gortmaker, PhD, "The Lancet". (<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2800%2904041-1/fulltext>)

⁴ Morenga LT, Mallard S, Mann J. Dietary sugars and body weight: systematic review and meta-analyses of randomized controlled trials and cohort studies. *Brit Med J*. Jan 15 2013;346.

⁵ The survey was conducted by Harstad Strategic Research, Inc. Interviews were conducted by live interviewers reaching land lines and cell phones from July 10-14, 2015. The results are based upon 602 random telephone interviews among active

added sugars, to the list of sugary drinks not permitted in child care centers under these proposed rules.

- Healthy eating
 - 7.702.65 (1) and (5): Aligning meals and snacks offered in child care settings with CACFP meal pattern requirements is a vital step to ensuring access to healthy foods, appropriate portion sizes, and limiting unhealthy foods that contribute to childhood obesity.
- Screen time
 - 7.702.68(B) (1) through (6): The recommendations regarding limiting screen time, particularly for our youngest children and during meals, are important provisions that promote adult and child interactions that we know are at the center of quality early experiences. We would note that rule #5 in this section, however, does not include a weekly or daily limit (as rule #4 does) for computer and tablet time. We would encourage an age-appropriate overall time limitation for computer and tablet use similar to rule #4 governing television, recorded media, and video time to ensure alignment and effective implementation of this rule.
- Physical activity
 - 7.702.68 (3) through (9): Ensuring that children have access to regular physical gross motor activity throughout the day is vital to addressing Colorado’s childhood obesity challenges and for promoting the healthy development of young children. We would note, however, the absence of an equivalent rule for gross motor activities for toddlers as a concern. We recommend that, like preschoolers and infants, providers who care for toddlers follow the NASPE guidelines and accumulate at least 30 minutes of gross motor activities in a full day program. In addition, we would recommend that these physical activities for all age groups should be “structured” per the NASPE guidelines and “at a moderate to vigorous level.”
- Immunizations
 - 7.702.43(N): While the rules do not advance the immunization expectations for child care staff, the minimal threshold of ensuring that staff members responsible for the collection, review, and maintenance of immunization records completes the annual CDPHE course is a vitally important starting point and are pleased to see the inclusion of this rule.
 - 7.702.55(C)(6): Recent changes to oversight of immunization compliance means that universal and ongoing training for nurses and doctors working with child care facilities are vital to consistency in the application of these vital rules. New Board of Health rules, which become effective December 2016, require all licensed child care facilities to annually report to CDPHE on the current immunization and exemption rates of the children in their care. This new rule is technical and requires new and ongoing training for both childcare health consultants and the staff responsible for the collection, review and maintenance of immunization records The CDC’s Advisory Committee on Immunization Practices meets three times each year to regularly make changes on recommended vaccines and all health care providers benefit from annual updates and trainings on immunizations CDPHE’s training is regularly updated to reflect new recommendations and best practices which benefit both childcare health consultants and the staff responsible for the collection, review and maintenance of immunization records so that they have a shared understanding and skill set around required data collection and recordkeeping.
 - 7.702.62(A): Bringing the child care center rules into compliance with CDPHE expectations for immunization documentation provides important protections for children and ensures there is an immunization schedule that is reflective of the changing needs of children at different ages. We are pleased to see alignment between state agencies for these expectations.
- Social-emotional development
 - 7.701.41(H), 7.701.41(Z), 7.701.43(K): Given recent federal requirements under the reauthorization of CCDBG and the emerging recognition importance of behavioral health and social emotional development, we believe these are not overly-burdensome changes that should

voters in Colorado who voted in 2012, 2014 or registered since November 2012. This random sample of 602 has a worst-case 95% confidence interval of $\pm 4.0\%$ about any one reported percentage. <http://healthiercolorado.org/colorado-poll-shows-strong-support-for-public-policy-action-on-sugary-drinks/>

be included in a basic assurance of health in an early care setting as provided by holding a license. These provisions are important first steps toward a robust commitment to children's overall well-being.

- Medication storage
 - 7.702.62(C): While content experts will be providing separate comment regarding some of the specifics of this section, we would like to reiterate the importance of clarity of labeling, safe storage, adequate training, and emergency medication administration as vital protections for children's safety and are pleased to see efforts to clarify how medications should be utilized in child care settings.
- Staff training on health priorities
 - 7.702.43: We are pleased to see specific requirements for staff training that address safe sleep, abusive head trauma, standard precautions aligned with OSHA requirements, and child abuse prevention.

Taken in whole, these rules mark a significant step forward in advancing children's health, nutrition, social-emotional development, and safety in child care settings. At the same time, there is more we can and should do to improve the quality of child care throughout our state. In particular, we would encourage the Department and the State Board to take important steps to ensure that child care staff receive and provide documentation of a seasonal influenza vaccine annually and tighten existing language to ensure staff document compliance with the Centers for Disease Control and Prevention (CDC) recommended immunization schedule. We also would like to see child care centers do more to support breastfeeding mothers, including providing breastfeeding mothers with a sanitary place (other than a toilet stall) to breastfeed their children or express milk, providing a refrigerator to store expressed milk, and ensuring staff understand the safe and proper storage and handling of human milk. Moving forward, we will continue to encourage the Office of Early Childhood and the Colorado Department of Human Services to strengthen rules when it comes to important public health issues like vaccine-preventable diseases, supporting breastfeeding, and pursuing other important preventative safety measures.

We respectfully urge the State Board of Human Services to support the policies noted above included in this package and encourage the Department of Human Services to consider incorporating our additional suggestions into this or future rule revisions.

Sincerely,

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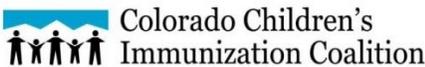
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