



Colorado State Profile for Child Care Health, Nutrition, and Obesity Prevention

Healthy Child Care, Healthy Communities Partner with Child Care Aware® of America	Child Care and Development Fund State Administrator
<p>Qualistar Colorado Taran Schneider Director of Healthy Child Care Colorado 3607 Martin Luther King Jr. Blvd., Denver, CO 80205 Phone: (303) 339-6831 http://www.qualistar.org/home.html Email: tschneider@qualistar.org</p>	<p>State Administrator Erin Mewhinney Director (303) 866-5946 erin.mewhinney@state.co.us</p> <p>Tamara Schmidt CCCAP Administrator (303) 866-4556 tamara.schmidt@state.co.us</p> <p>Division of Early Care and Learning Office of Early Childhood Colorado Department of Human Services First Floor 1575 Sherman Street Denver, CO 80203 General phone: (303) 866-5948 http://www.coloradoofficeofearlychildhood.com</p>

Profile of Families, Children, and Potential Child Care Needs

How many children and families are there?	Colorado	United States
Total residents	5,192,076	313,861,723
Children age birth to 4 years	337,866	19,930,834
Children age birth to 4 years living in poverty	67,784	4,997,150
Children age 5 to 11	490,441	28,719,013
Total families with children	586,494	33,589,629
Single parent families	171,152	11,121,083
Families in poverty	91,063	6,888,151

How Many Children Under Age 6 Potentially Need Child Care?

	Colorado	United States
Children in two-parent families, both parents in labor force	154,857	8,538,727
Children in single-parent families, parent in labor force	91,034	6,486,355
Total children under age 6 potentially needing child care	245,891	15,025,082

Source: Child Care in America: 2015 State Fact Sheet

Rates of Obesity for Adults and Young Children

Adults	21.3%
Children 2-4	10%

Source: State of Obesity, 2011 and 2014

Utilization of Federal Nutrition Programs

Program	Average Annual Number of Participants
WIC	91,991
SNAP	505,169

Source: USDA FNS Program Data

Health, Nutrition, and Obesity Prevention Factors in State Systems

Role of Child Care Health Consultants

In Colorado, every licensed child care center must meet with a child care health consultant once per month in order to ensure that the center meets or exceeds health and safety requirements. Monthly consultations are specific to the needs of the center and include topics such as medication administration, special health procedures, disease prevention, hygiene, equipment safety, nutrition, child growth and development, and child-adult interactions.

Healthy Child Care Colorado developed [competencies for child care health consultants](#). The competencies were designed to help providers choose and work with consultant and to help consultants assess and develop their consulting skills. The Lead Agency funds Qualistar Colorado through CCDF quality set aside funds to support child care health consultants by offering training and technical assistance. This includes tracking and reporting on the types of support given to the consultants.

Health, Nutrition, and Obesity Prevention in Early Learning Guidelines

The Colorado Early Learning and Developmental Guidelines are intended to:

- Improve families' and professionals' knowledge of child development;
- Guide families and professionals working with children in planning and implementing developmental and learning activities;
- Inform or guide developmental support, instruction, assessment, and intervention; and
- Provide unifying guidelines that are embraced by and embedded in programs and services (e.g. early care and education, home visitation, medical homes, early intervention) across the comprehensive early childhood service delivery system.

The Colorado Early Learning and Developmental Guidelines are divided into three major sections: birth–age 3; ages 3–5, and ages 5–8 (kindergarten through third grade).

Domains shift for each age group as learning and development become more complex and specific over time. Physical development and health domains are present throughout the guidelines, from birth to age 8. Within the domains are indicators, or specific actions, behaviors, or skills, that the child may

demonstrate. These indicators show evidence that the child is developing critical, age appropriate skills within the domain.

Physical development and health guidelines for children ages zero to three support healthy active living by encouraging parents, caregivers, and educators to provide children with stimulating environments that encourage exploration, movement, and activity. The guidelines make a clear connection between these environments and opportunities for movement to the rate of a child's motor skill development and to better health outcomes.

“Higher levels of physical activity in late infancy and toddlerhood have also been associated with healthier weight and lower rates of chronic diseases in adulthood, so engaging infants in fun activities that involve movement will not only help them develop these skills but will also help them develop healthy habits, laying the foundation for a healthier lifestyle.”

The guidelines then offer specific examples of activities that can help the child meet the developmental milestones specified. These suggestions are broken up into age ranges.

Physical development and health guidelines for children ages three to five explicitly highlight the importance of physical activity health status and further connecting the link between early in-life habits to long-term health. Indicators in this age range include maintaining a healthy weight and obtaining sufficient rest and exercise to promote healthy development. Health indicators also include a child's ability to recognize the continuum of more healthy to less healthy foods, eating a variety of healthy foods, and participation in physical activities.

Physical development and health guidelines for children ages five through eight expand on the skills and competencies demonstrated in earlier years and focus on expansion of a child's understanding of physical wellness and build to lead children to develop the ability to make healthy choices, given their understating of the importance of rest, healthy eating, and physical activity.

Health, Nutrition, and Obesity Prevention in Quality Rating and Improvement System

Qualistar ratings look at five different quality components:

- **Learning Environment:** A total of 10 quality points can be earned for the learning environment component, and points are awarded based on average scores obtained through the ECERS-R[®], ITERS-R[®] or FCCERS-R[®] observation.
- **Family Partnerships:** A total of 10 quality points can be earned for family partnerships. The point value for this Qualistar Rating™ component is calculated based on scores from family partnerships questionnaires and program documentation.
- **Training and Education:** A total of 10 quality points can be earned for training and education. Points are awarded to teachers, family child care home providers, and center administrators based on their highest level of professional development and amount of work experience, with criteria separated by position.
- **Adult-to-Child Ratios and Group Size:** A total of 10 quality points can be earned for adult-to-child ratios and group size. Eight points can be earned for ratios and two points can be earned for group size. The point value for this Qualistar Rating™ component is calculated by tracking the average ratios and average group size in each classroom. Eight ratio and group size counts are

taken for full-day programs and four ratio and group size counts are taken for part-day programs.

- **Accreditation:** A total of two points can be earned for accreditation. Points are awarded to early learning programs that are accredited by a nationally recognized early childhood organization.

Colorado's QRIS addresses health and nutrition and obesity prevention in several areas. Programs receive additional points for:

- Classroom teachers lead children in structured physical activities daily (once in a 3 hour period and twice in a 5 hour or more time period).
- Programs offers nutrition information and education programs, annually, led by nutritionist or registered dietician.
- Program has a garden and serves fruits/vegetables from the garden for children to taste.

Summary of Existing Initiatives

Healthy Child Care Colorado Partnership is a collaborative initiative that focuses on child health, wellness, and nutrition. This coalition addresses programmatic and systems changes to improve health, mental health and safety in child care throughout the state of Colorado. This consensus based coalition engages JFK Partners of Pediatrics and Psychiatry of the University Of Colorado School Of Medicine; Pyramid Plus; the Colorado Department of Public Health and Environment, Early Childhood Obesity Prevention Unit; The Colorado Children's Campaign; the Colorado Department of Human Services, Office of Early Childhood; and Children's Hospital Colorado, School Health Program. This coalition addresses programmatic and implementation issues for health and wellness. This past year, we were able to address unsafe sleep practices in child care. With the help of the Colorado Department of Public Health and Environment this coalition was able to encourage the Colorado Department of Human Services improve child care licensing rules to meet the American Academy of Pediatrics recommendations for safe sleep. This regulatory change positively affects thousands of children in Colorado and is an example of strategically optimizing impact.

Health, Nutrition, and Obesity Prevention in Regulations

Regulations were recently revised and are in effect 2/1/2016. Review is pending. For summary of immediately preceding state regulations on health, nutrition and obesity prevention, please review the following summary page, as prepared by the [National Public Law Center](#).