

child care health connections

A HEALTH AND SAFETY NEWSLETTER FOR CALIFORNIA CHILD CARE PROFESSIONALS

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco School of Nursing (UCSF)



Bringing Food from Home: How to Do It Safely

When parents bring food for their children to an Early Care and Education (ECE) setting nutrition is a prime concern, but there are also important health issues to consider as well. The Food and Drug Administration reports that there are more than 76 million cases of food borne illness in the U.S. annually. To reduce the risk of food borne illness in children eating food sent from home, advise parents to:

- Prevent contamination of food during preparation.
 - Wash hands before preparing lunches.
 - Make sure the food prep area, utensils and lunch containers are clean.
 - Use foods that are naturally antibacterial. Garlic, onion, allspice, oregano, thyme, cinnamon, tarragon, and cumin all kill bacteria when used in food.
- Keep food hot or cold to prevent the growth of bacteria that can cause food poisoning.
 - Bacteria can multiply rapidly in foods that reach temperatures in the “**Danger Zone**” - between **40° F and 140° F** - for more than 2 hours (or 1 hour if temperatures are above 90° F).
 - Use cold packs or freeze some foods or drinks overnight.
 - Use a thermos for hot foods. Fill with hot water, let stand for a minute or two while preparing the food, then empty the thermos and fill with hot food, closing it quickly.
- Pack foods that are less likely to spoil, especially in warm weather.
- Label containers with the child’s name, the date, and the type of food.

Many parents are concerned about recent research that shows that chemicals in plastic food and drink packaging are leaching into our food. The health effects of these hormone-disrupting chemicals are not completely understood, but many scientists advise that we should practice the “precautionary principle” and avoid their use until we better understand their health effects. To protect children’s food from these chemicals:

- Choose food containers that are free of chemicals such as phthalates, bisphenol A (BPA), or lead.
 - Check lunch boxes for labels that say “lead safe” or “lead free,” “PVC-free,” “Vinyl-free” or “phthalates-free.”
 - Avoid containers that claim they are “antibacterial.”

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California Child Care

Healthline



Call **800.333.3212**
for free consultations
on health and safety
in child care

health + safety tips

Early Warning Signs of Asthma

A child may exhibit one or more of the following signs at the beginning of an asthma attack:

VISIBLE SIGNS

- Coughing
- Unusual tiredness
- Wheezing
- Appear worried or fearful
- Breathing faster than usual
- Itchy throat or neck
- Stuffy or runny nose

IMPORTANT SIGN

If the child is not looking or acting like his or her “normal” self. Take action and consult the Child Asthma Plan. Administer medication as prescribed.

Source: Asthma Information Handbook for Early Care and Education Providers. Online at www.ucsfchildcarehealth.org/pdfs/asthma/Handbook_EN_0606.pdf



Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety. Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

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Subscriptions, Renewals, Inquiries

Contact CCHP at (800) 333-3212 or cchp@ucsfchildcarehealth.org.

CCHP Program Office

1950 Addison St., Suite 107
Berkeley, CA 94704
T (510) 204-0930
F (510) 204-0931

California Child Care Healthline

(800) 333-3212
healthline@ucsfchildcarehealth.org

www.ucsfchildcarehealth.org

Newsletter Editors

A. Rahman Zamani, MD, MPH
Bobbie Rose, RN
Judy Calder, RN, MS
Tahereh Garakani, MA Ed
Victoria Leonard, RN, FNP, PHD

Preventing & Responding to Wild Fires



We recently had a forest fire near our child care program and the air is smoky and polluted. Aside from keeping the children indoors, what else should we do?



The risk of wildfires increases in early fall when the environment is dry and winds are high. People living in fire-stricken areas should remain indoors and avoid breathing the smoke and ashes in the air. Pay attention to local air quality reports and listen to warnings and public health messages from your local media sources. Keep windows and doors closed unless it's extremely hot inside and there is no air conditioning. If it's too hot to stay inside under these conditions you may have to rent a portable air conditioner or seek an alternative site and licensing should be consulted. If you run an air conditioner, keep the fresh-air intake closed and the filter clean to prevent outdoor smoke from getting inside. Do not add to indoor pollution by burning anything and limit vacuuming to times when children are not there as vacuuming stirs up particles already inside. When driving cars through smoky areas, keep your windows closed and air vents closed. Air conditioning should be operated in the "recirculate" setting only.

Children are more likely to be affected by smoke because their airways are still developing and they breathe more air per pound of body weight than adults. You know smoky air is affecting the children if there is increased coughing, scratchy throats, irritated sinuses, stinging eyes, runny noses and increased asthma symptoms. Children and adults with certain health conditions like asthma or other heart or lung conditions are especially vulnerable and may need more medical management during the recovery period.

Be especially aware of warnings of new wildfire outbreaks and make sure your evacuation and fire prevention plans are up-to-date. The plans should include emergency supplies, preservation of important documents off-site, identification of an alternative site to gather in case of evacuation. Your general emergency response plan and supplies will probably be sufficient but you should review it with wildfires in mind.

There are sources you can use to make sure your site is fire resistant.

www.firewise.org offers wonderful suggestions for building, landscaping and maintenance. FEMA www.usfa.fema.gov and Ready America www.ready.gov/america/beinformed/wildfires.html offer comprehensive planning guides. And remember your local Fire Department will always make a site visit if you are concerned about evacuation routes and procedures.

Resources:

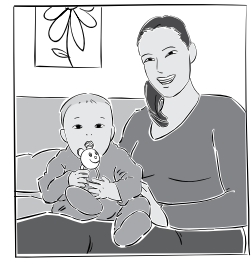
Environmental Hazards for Children in the Aftermath of Wildfires (developed by the Pediatric Environmental Health Specialty Units and the American Academy of Pediatrics)

www.coeh.uci.edu/pehsu/Wildfires%20-%20Recovery%20Phase.pdf

Identify your local air district, contact information, and local air quality forecast at:
www.arb.ca.gov/capcoa/roster.htm

Wildfire Smoke: a Guide for Public Health Officials:
www.arb.ca.gov/smp/progdev/pubeduc/wfgv8.pdf

by Judy Calder, RN, MS



Secure Attachments

The roots of our capacity to love are found in the infant's secure attachments to her caregivers. Through relationships, infants and toddlers learn trust and emotional security when their needs are met predictably and consistently. The most important relationship is the parental relationship, but research suggests that the formation of secure relationships in Early Care and Education (ECE) settings follows a pattern that is similar to that of the parent-infant relationship. Child care providers are important attachment figures when parents are temporarily unavailable.

Many experts in early childhood development argue that the single most important factor in ECE quality is the relationship between the child and the caregiver. A child's relationship with his caregivers, both parents and ECE providers, will result in the child having a secure, or insecure, attachment. A secure attachment is characterized by the child's ability to use her caregiver as a source of comfort and a "secure base" from which to explore the world. A sensitive, responsive caregiver fosters secure attachment when she provides protection and comfort and helps an infant or toddler deal with his feelings and behavior when he becomes overwhelmed by his environment or peers. This kind of attachment early in life forms the basis for the child's later social, emotional, and school functioning.

Young children are active, competent explorers who use their caregivers as a secure base from which to explore their environment and try out new skills. Infants without secure attachments are less confident that their caregivers will be available and responsive when they need them. They are also less likely to feel competent in exploring their world.

How can caregivers help the infants in their care develop secure attachments?

Behaviors that promote secure attachments:

- Displaying pleasure in a child's accomplishments
- Staying close enough to be available and responsive while also allowing the child to explore his environment

- Reading an infant's cues; for example, feeding an infant when she is hungry
- Providing comfort when an infant is distressed.
- Responding to a child's questions or participating in child-initiated conversations
- Naming objects and describing care routines to the infant as they are performed
- Teaching a child a new skill; for instance, how to throw a ball or write his name
- Explaining to the child another toddler's intentions or actions
- Responding to an infant's babbles, letting her take the lead in the "conversation."

Behaviors that undermine secure attachment:

- Threatening, criticizing or embarrassing a child
- Maintaining so much distance from the child that the child feels abandoned
- Never showing pleasure or joy in a child's accomplishments
- Infrequent one-on-one interaction with a child
- Speaking to a child only to give directions; for example, telling a child to eat his lunch or brush his teeth.
- Ignoring a child's questions or comments.

ECE programs can help promote secure attachments by designating a primary caregiver for every child. Smaller groups for infants and toddlers also foster more secure relationships. Moving caregivers up with children as they age is another strategy that programs can use to preserve attachment relationships in ECE settings.

Resources

About Kids' Health, The Hospital for Sick Children: Attachment Part One, The dance of relationship. www.aboutkidshealth.ca/News/Attachment-Part-One-The-dance-of-relationship.aspx?articleID=7933&categoryID=news-type

by Vickie Leonard, RN, FNP, PhD

Bringing food from home: How to do it safely continued from page 1

- Choose containers made of unlined stainless steel.
- If food is to be microwaved, use tempered glass containers that are marked "microwave safe". Tempered glass is stronger and, if broken, it reduces the risk of injury by breaking into small pebbles rather than sharp, jagged pieces. Package tempered glass carefully to avoid breaking.

Resources

Food borne Illness-Causing Organisms in the U.S. - What You Need to Know www.fda.gov/Food/ResourcesForYou/Consumers/ucm103263.htm

The Partnership for Food Safety Education: Safe Food Handling www.fightbac.org/content/view/full/6/11/

by Vickie Leonard, RN, FNP, PhD



Emotional Well-being: Stress Reduction Techniques

The worries and strains of life can weigh heavily on those who care for others. Teachers of young children are exposed to the emotional stress of the children and families in their care in addition to their own stress. The active, sometimes noisy, and demanding work environment can contribute to feeling overwhelmed. Stress can lead to mental and emotional problems and physical ailments like digestive problems, poor sleep, high blood pressure and heart disease.

Stress reduction techniques can improve job satisfaction, mental health, physical health, and make Early Care and Education (ECE) professionals more effective in their work. Learning and practicing ways to self-soothe is good for your health.

Here are some techniques:

Mindfulness

Mindfulness means bringing your full awareness to each activity. Slow down as you go about your tasks. Don't judge or think about what to do next. Don't think about what you did or didn't do earlier. If your mind wanders, gently redirect it to the present moment.

Deep Breathing

Deep breathing has been shown to lower heart rate, blood pressure and breathing rate. Sit or stand with good posture. Slowly breathe in through your nose. Inhale deeply, filling the lower part of your lungs then the middle part, then the upper part until your lungs are fully expanded. Slowly exhale through your mouth.

Positive Affirmation

An affirmation is a true statement. "I am" statements are a kind of affirmation. Choose a positive "I am" statement that has meaning

for you and repeat it throughout the day, especially when stressed. For example: "I am doing valuable work", "I am helping children learn and grow" or "I am good role model."

Socialize

Enjoy meaningful conversations with your coworkers, friends and family. Share a funny story or a good laugh.

Manage Conflict

View conflict as a natural part of working with other people. Don't dwell on feelings or the personal aspects of the relationships. Rather, try to focus on the problem and how to solve it.

Exercise

Incorporate exercise and stretching into your day. Exercise with children. Use music and dance to increase movement, take the stairs and walk instead of driving.

Show gratitude

Studies show that expressing gratitude increases the happiness of both giver and receiver. Be grateful, say "thank you" and spread happiness!

Resources and References

Harvard Health Publications, Emotional Well Being and Mental Health at www.health.harvard.edu/category/emotional-well-being-and-mental-health

The Greater Good Magazine at <http://greatergood.berkeley.edu/greatergood/>

by Bobbie Rose RN

BOX OF FUN

Scrub-a-dub-dub: Washing Hands

Teaching children to wash their hands is an important part of developing healthy habits. Hand washing is also one of the most effective ways to control the spread of germs and diseases in early care and education programs.

Activities to promote hand washing:

- Demonstrate how long to wash (10-15 seconds) by singing "Happy Birthday", "Row, Row, Row Your Boat" or create your own song or lyrics for hand washing.
- Make felt board figures that show the steps of hand washing. Ask children to put them in order and describe the steps.
- Read children's books like: Wash Your Hands! By Tony Ross, Why do I Wash My Hands? By Angela Royston, and Por Que Debo...Lavarme Las Manos? By Judy Gaff
- Try training products like "Glo-Germ" or "GlitterBug Potion" to help children see how to wash away germs. (Available in school health and teacher supply catalogs.)
- Place a hand washing poster by the sink to reinforce your activities. www.ucsfchildcarehealth.org/pdfs/posters/stop_disease/Wash_EN.pdf

Bed Bugs—What you need to Know

Bed bug infestations are rapidly increasing worldwide and have made a comeback in the United States. Bed bugs are increasingly being seen in homes, apartments, health care facilities, schools, dormitories, shelters, motels, and even upscale hotels. Sometimes they also appear in movie theaters, laundries/dry cleaners, office buildings, and furniture rental outlets.

Increased international travel, the end of the use of the pesticide DDT and other changes in pest control practice are some of the factors contributing to this resurgence.

What are bed bugs?

Bed bugs are small but visible to the naked eye, oval shaped, wingless, brownish, flattened insects with prominent eyes. They get their name because they like to live and feed in beds. Adult bed bugs are about $\frac{1}{4}$ inch long, do not fly, and are sometimes mistaken for ticks or cockroaches. They are mainly night feeders and feed only on blood of warm-blooded animals. Depending on the temperature, bed bugs may live for several weeks or months without feeding.



Adult Bed Bug



Bed Bug Egg



Nymph

Under good conditions (temperature above 70° F and regular feeding), a female bed bug, during her lifetime, will lay about 200 to 500 tiny, white eggs in batches of 10 to 50. The eggs hatch in 6 to 17 days and the nymphs (larvae that resemble the adult) begin to feed on blood immediately.

How can you tell if your house is infested

Bed bugs can hide in mattresses, furniture, behind loose wallpaper, baseboards, even inside electrical equipment. They emerge to feed in the dark. Carefully inspect the bed frame, mattress and other furniture for signs of bed bugs, their eggs and dark spotting—feces or blood stains from a bug that had a full meal.

Since bed bugs are hard to spot and difficult to eliminate, you may need an inspection from a professional pest management agency. Some companies do this for free, hoping to be hired to

remove the bed bugs. Recent research has shown searching with trained dogs can be an effective method for finding bed bug infestations.

What are the signs and symptoms?

A bed bug infestation is more a skin-crawling nuisance than a health problem. The most common sign of bed bug bites is development of small red-looking, itchy bumps on the surface of skin. The linear or clustered lesions indicate repeated feedings by a single bed bug. Some people may develop severe skin reactions that results in inflammation and swelling of the skin at the site of the bite.

In rare cases reactions to bed bug bites can include asthma, generalized hives and even a life-threatening allergy called anaphylaxis that requires emergency treatment. Currently there is no scientific evidence that bed bugs spread diseases such as human immunodeficiency virus (HIV).

Tips for Prevention

- **Avoid bringing bed bugs home when you travel.** If you visit infested areas, bed bugs may travel by hiding in your suitcases and clothes. Inspect your luggage and clothes.
- **Inspect your house carefully.** You can detect a bed bug infestation by searching for the insects or their fecal spots, egg cases, and shed skins. This includes mattresses, carpeting, pillows and sofa beds, as well as behind chairs and dressers.
- **Cover your mattress in plastic.** Experts agree that covering mattresses and box springs with durable, leak-proof encasements that prevent any bugs from getting in or out may help.
- **Check any secondhand furniture you buy.** If you purchase second-hand furniture, especially beds or mattresses, carefully inspect it.

References and Resources

Centers for Diseases Control and Prevention, Emerging Infectious Disease at www.cdc.gov/ncidod/EID/

Harvard School of Public Health, Bed Bugs Biology and Management online at www.hsph.harvard.edu/bedbugs/

by A. Rahman Zamani, MD, MPH



Dyslexia and Young Children

According to the National Institutes of Health, 15 to 20% of Americans have some kind of learning disability and about 7% of these children have dyslexia. Dyslexia affects children from different cultural and economic backgrounds; boys and girls are affected equally. Despite having difficulty with learning skills, most children with dyslexia have average or above average intelligence. They are often gifted and talented individuals, skilled in fields such as art, electronics, music, and computer science.

What is dyslexia?

Dyslexia is a learning disability that specifically affects a person's ability to read. Despite having normal intelligence, children with dyslexia typically read at levels much lower than expected. Although the disorder varies from person to person, difficulty with spelling, memorizing words and their sounds, organizing sentences, memorizing number facts and calculation are some of the common problems associated with dyslexia.

Other signs of dyslexia include the following:

- Delays in starting to talk
- Difficulty in learning nursery rhymes
- Problems with following directions
- Difficulty in learning the alphabet, or certain letters
- Delays in learning new words.

What causes dyslexia?

Experts do not know exactly what causes dyslexia but they know it is inherited through genetics and may run in families. Scientific research has identified an abnormality in the brain's neurobiological functioning. This dysfunction involves language, reading, and processing information.

How is dyslexia treated?

Reading difficulties and learning disabilities are complex problems that have no simple solutions. However, early identification and intervention are most beneficial. Multisensory and structured language activities are helpful. Due to difficulty with language skills, children with dyslexia may feel embarrassed. Working with a mental health specialist may be helpful.

What are the rights of a person with dyslexia?

Children with dyslexia are legally entitled to get special services by The Americans with Disabilities Act [ADA] and The Individuals with Disabilities Education Act [IDEA]). They are also protected against unjust and unlawful discrimination by Section 504 of the Rehabilitation Act and by IDEA.

Recommendations for child care providers

Dyslexic conditions range in severity. Each child with dyslexia will need different intervention. Your understanding of the child's abilities and disabilities sets the stage for the child's academic future.

What can you do to help?

- Respect the child's strengths and understand the child's limitations
- Learn about dyslexia
- Get family support
- Be patient and supportive to the child and the family
- Give lots of praise and encourage
- Focus on phonemes, such as playing with rhyming words
- Read with or to the child slowly and emphasize sounds
- Children with severe dyslexic conditions need to have an Individualized Education Programs (IEP) through the school district, ask parents to share the information with you and implement the activities.

References & Resources

Recognition & Response Web site at www.recognitionandresponse.org. This site offers information and resources to help early educators address the needs of young children (3 to 5 year-olds) who show signs that they may not be learning in an expected manner, even before they begin kindergarten

National Institute of Neurological Disorders and Stroke at www.ninds.nih.gov/disorders/dyslexia/dyslexia.htm

American Academy of Pediatrics: Learning Disabilities, Dyslexia, and Vision: A Subject Review at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;102/5/1217>

Kids Health at http://kidshealth.org/teen/diseases_conditions/learning/dyslexia.html#

by Tahereh Garakani, MA Ed

Picky and Selective Eater: Sensory Food Aversion (SFA)

Many picky eaters have sensory food aversions—a feeding disorder that causes children to eat only certain types of food. SFA is one of the most common feeding disorders during the first three years of life. Children with SFA consistently refuse to eat certain foods because of taste, color, texture, smell, or appearance. However, these children have good appetites and will eat foods they do like. They are different from children who avoid new foods (food neophobia) or those who don't have any appetite (anorexia). They are also different from children who refuse to eat a particular food one day, but will eat it the next day.

Signs of SFA in children

Taste researchers divide people into three different groups: non-tasters, medium tasters and supertasters:

- **Non-tasters** have fewer taste buds than usual on their tongues and they don't taste much of any food. They will eat anything. Taste buds are sensory organs that help us to sense different flavors.
- **Medium tasters** have the average number of taste buds. Most people are medium tasters who like a lot of foods but have certain foods they don't like.
- **Super-tasters** have excessive sensitivity to taste due to the large number of taste buds on their tongues that create stronger than usual taste and make most foods unappealing, causing some children to grimace, gag or vomit.

Signs of SFA vary with level of severity and the aversive reactions range from grimacing and spitting out the food to gagging and vomiting. SFA is suspected when:

1. The child consistently refuses to eat a food with a specific taste, color, texture, smell, or appearance
2. The child refuses food during the introduction of different types of foods
3. The child eats when his preferred food is offered
4. Diet limitation causes specific nutritional deficiencies.

When to seek help?

If children refuse many foods or whole food groups, their limited diet may lead to a lack of vitamins, minerals and protein. Encourage parents/guardians to consult the child's health care provider if the child:

- has a weight loss, or no weight gain for 2 to 6 months
- has colds or ear infections frequently
- exhibits behavioral problems
- is tired and does not have energy
- refuses to eat any solid foods
- has dark skin around eyes or skin problems.

Caregivers should remember that they play an important role in children's eating. Open communication between caregivers and parents will help children and families cope with eating disorders.

Resources and References

Sensory Food Aversions in Infants and Toddlers at www.zerotothree.org/site/DocServer/29-3_Chatoorv.pdf

California Childcare Health program's *Fact Sheet for Families: Picky Eaters*, available online at

www.ucsfchildcarehealth.org/html/pandr/factsheetsmain.htm

by Tahereh Garakani, MA Ed

child care health connections

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The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect

The manual explores the responsibilities that are essential to child care providers (e.g., recognizing physical abuse, sexual abuse, psychological maltreatment, and neglect, reporting child abuse and neglect, minimizing the risk of maltreatment in child care programs, preventing and responding to child abuse and neglect, caring for maltreated children and children at risk for maltreatment, and supporting parents). Available online from the Child Welfare Information Gateway website at www.childwelfare.gov/pubs/usermanuals/childcare

The entire *User Manual Series* is available at www.childwelfare.gov/pubs/usermanual.cfm

Evidence-Based Social-Emotional Curricula for Children 0-5 Years and Their Families

The Technical Assistance Center on Social Emotional Intervention for Young Children recently published *Evidence-Based Social-Emotional Curricula and Intervention Packages for Children 0-5 Years and Their Families*. This synthesis provides informa-

tion that programs can use as guidance in selecting curricula or intervention packages that are most appropriate for their setting and that best meet the needs of the children and families they serve. Available at www.challengingbehavior.org/do/resources/documents/roadmap_2.pdf

Making the Most of Playtime

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has published a new resource for families entitled *Making the Most of Playtime*, which offers tips and strategies for families to consider when playing with their infant or toddler. It is part of the CSEFEL Family Tools Collection and can be accessed online at www.vanderbilt.edu/csefel/familytools/make_the_most_of_playtime2.pdf

Lead Poisoning Prevention Resources

For support in obtaining blood lead testing and lead poisoning prevention educational resources please see the California Childhood Lead Poisoning Prevention Program Coordinator's list at www.cdph.ca.gov/programs/CLPPB/Documents/CLPPP_CoorList.pdf

New Health Orientation Guide coming this fall

This comprehensive guide will help Head Start and Early Head Start Health managers with their daily activities. The guide addresses many components of health services in Head Start such as oral health, nutrition, and safety. You will also find important information on how to build partnerships, and work with families to establish a medical and dental home. This Health Orientation Guide will be released later this year and may be a useful resource for you. It will be available on Head Start's Early Childhood Learning and Knowledge Center (ECLKC) website at <http://eclkc.ohs.acf.hhs.gov/hslc>

America's Children: Key National Indicators of Well-Being, 2009

America's Children: Key National Indicators of Well-Being, 2009 is a compendium of indicators illustrating both the promises and the difficulties confronting our Nation's young people. The report presents 40 key indicators on important aspects of children's lives. Available at <http://childstats.gov/americaschildren/index.asp>

California Child Care Health Program
1950 Addison Street, Suite 107
Berkeley, CA 94704-1182

CHANGE SERVICE REQUESTED