



## California Childcare Health Program (CCHP)

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*E-News for*

# Child Care Health Consultants

April 2009

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## Greetings

There is both possibility and challenge in the air as President Obama includes substantial funding for early childhood programs in his stimulus package, the American Recovery and Reinvestment Act (aka the Stimulus Bill) while the State of California struggles with unprecedented budget problems. These momentous events are affecting all of us involved in early childhood care and education. This issue of the eNews contains resources for learning about what the state budget and the stimulus package might mean for Child Care Health Consultants working in the field.

Proposition 1D, to be voted on in a special election on May 19th, would divert \$268 million annually from First 5 commissions to the state General Fund for five years, beginning July 1, 2009. This constitutes more than 50% of First 5 funding now and, as tobacco sales decline, the percentage could climb to 65% in five years. If passed, this measure would take away funds for many community-based First 5 programs for children and families in every county. Prop 1D would also require that all First 5 revenues be used for “direct services.” This would eliminate funding to train preschool teachers and child care providers.

On the federal level, President Obama’s stimulus bill includes \$2 billion for the **Child Care and Development Block Grant**. For California, the Block Grant funding is \$220,273,864. Of this, \$18,209,798 is for quality improvement and \$10,545,859 is specifically for infants and toddlers. This two year funding will be available immediately, and must be used to supplement, not supplant, existing state general revenue funds. This means that programs being cut on the state level cannot be funded by the stimulus money. For more information on what this means see these resources:

**New resources on the federal stimulus package funding for children and families:** Center for Law and Social Policy (CLASP) is launching a new “Reinvesting in Child Care” web page that includes general information on the economic recovery act,

including implementation guidance from the Office of Management and Budget, state by state breakdowns of CCDBG economic recovery funds, and a recording of CLASP's audio conference on the act as it relates to early childhood. CLASP will be updating this page with additional resources as they become available.

<http://childcareandearlyed.clasp.org/reinvestinginchildcare.html>

CLASP also has a series of publications focusing on the economic recovery law and implementation.

- 1. **Making Use of Economic Recovery Funds**, written jointly with the National Women's Law Center, offers state policymakers and advocates a set of policy options for effectively spending CCDBG economic recovery funds to create new jobs, serve more families, and improve the quality of child care. [http://clasp.org/publications/ccdbg\\_arra\\_policies.pdf](http://clasp.org/publications/ccdbg_arra_policies.pdf)
- 2. **Benefitting Babies** presents ten policy ideas for state policymakers to support quality programs and enhancement strategies that will improve early care and learning for infants and toddlers. A related set of eight fact sheets provide quick reads on policy recommendations and state examples for using economic recovery funds to improve the quality of infant/toddler care. <http://clasp.org/publications/benefittingbabiesfinal.pdf>
- 3. **CCDBG: What's in the law?** lays out exactly what the CCDBG (Child Care and Development Block Grant) law requires of states. This brief is available online at: <http://clasp.org/publications/ccdbginbrief.pdf>.

The Child Care Law Center has just released a new memo. "*Child Care & Development Funds for California in the American Recovery and Reinvestment Act of 2009*" that is available on their website at <http://childcarelaw.org>.

A new brief from the Alliance for Early Childhood Finance, and published by the Build Initiative, describes ways that states can use the new money in the Stimulus bill to advance a state Quality Rating and Improvement System, which is the essential framework for building a state early care and education system. Read it at: <http://buildinitiative.org/files/QRIS-Stimulus%20Final.pdf>.

## Announcements

### **New Health and Safety Materials Available From the California Childcare Health Program**

March April 2009 Health Connections newsletter [Mar-Apr 2009 Newsletter \(PDF;805KB;8pp\)](#). You will find the articles: Resources for Planting a Garden, Nature and Children's Health, Eczema in Infants, and more...

#### **New Fact Sheets for Families:**

[Happiness Leads to Better Health \(PDF;78.4KB;1p\)](#)  
[The Importance of the Family Meal \(PDF;85.1KB;1p\)](#)  
[Dietary Fat and Healthy Choices PDF;77.5KB;1p\)](#)  
[Mercury in Fish \(PDF;79.1KB;1p\)](#)

#### **New Health and Safety Notes:**

[Conversations in Child Care \(PDF;138KB;2pp\)](#)  
[What to Expect from a Premie in the First Year \(PDF;132KB;2pp\)](#)  
[Tummy Time for Infants \(PDF;1.94MB;2pp\)](#)  
[Reducing the Risk of SIDS for Infants in Our Care \(PDF;147KB;2pp\)](#)

## [Integrated Pest Management of Rodents in ECE Settings \(PDF;207KB;2pp\)](#)

### **New Spanish Forms:**

Injury Report Form [“Formulario de informe de lesiones” \(PDF; 38KB; 1p\)](#)

Insect Repellent Consent [“Permiso de padres o tutores para aplicar repelente de insectos al niño” \(PDF; 89.9KB; 1p\)](#)

Seizure Care Plan [“Plan de asistencia al niño en caso de padecer un ataque” \(PDF, 79.7KB; 2pp\)](#)

Seizure Activity [“Registro de Actividades en Caso de Ataques” \(PDF; 19.9KB; 1p\)](#)

Special Health Care Plan [“Plan de asistencia especial de salud” \(PDF; 70.7KB; 3pp\)](#)

Sun-Smart Policy [“Permiso de los Padres o Tutores Para Aplicar Protector Solar al Niño” \(PDF; 37KB; 1p\)](#)

### **Peanut Butter Warning Expanded By the FDA**

The Food and Drug Administration has added more products containing peanut butter to its recall list.

- Peanut butter cookies and cookie dough distributed by fundraisers at 162 public and private schools in California are the latest addition to a national recall of products potentially tainted with Salmonella
- The Food and Drug Administration (FDA) continues to post voluntary recalls of products potentially contaminated with Salmonella typhimurium from peanut butter and peanut paste recalled by the Peanut Corporation of America. The list of recalled products is available here: <http://www.accessdata.fda.gov/scripts/peanutbutterrecall/index.cfm>
- The Peanut Corporation of America (PCA) has announced that because of its bankruptcy proceedings, it is no longer able to communicate with customers of recalled products. PCA customers should contact [FDA recall coordinators](#) regarding the proper disposition of recalled products.

## **Resources**

### **AAP’s new Healthy Child Care America website**

has been re-designed and is now more user-friendly for health care professionals, child care professionals, and families. The new site contains a “Resource Library,” a database of resources related to early education and child care. Users are able to search by topic, type of resource, AAP materials, and/or materials for families. The new website can be accessed here: [www.healthychildcare.org/](http://www.healthychildcare.org/).

**The February 2009 edition of the Immunization Branch’s Immunization Update** is now online at: [http://eziz.org/update/update\\_home1.html](http://eziz.org/update/update_home1.html).

### **From Zero to Three: Sensory Food Aversions in Infants and Toddlers**

This article is an excellent review of children with sensory food aversions. The author describes the difference between the common food “neophobia” of toddlers and children with true sensory food aversions that can lead to nutritional problems and other mental health issues. The author also describes strategies for working with sensory averse children. The article is available online at: [www.zerotothree.org/site/DocServer/29-3\\_Chatoorv.pdf?docID=7961](http://www.zerotothree.org/site/DocServer/29-3_Chatoorv.pdf?docID=7961) Chatoor, I. (2009). Sensory Food Aversions in Infants and Toddlers. *Zero to Three*, January, 44-49.

### **Parent Training Modules On How to Promote Children’s Social and Emotional Skills**

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has created Parent Training Modules which provide information for families on promoting children's social and emotional skills, understanding their problem behaviors, and using positive approaches to help them learn appropriate behaviors. The modules are available online at [www.vanderbilt.edu/csefel/parent.html](http://www.vanderbilt.edu/csefel/parent.html).

### **Review of Screening Instruments for Social Emotional Concerns**

A new document from the Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI), entitled *Emotional Concerns: Considerations in the Selection of Instruments* (2009), by J. Henderson and P. Strain, provides a brief overview of the use of screening instruments to help identify children and families who would benefit from early and targeted intervention strategies. It is meant to help administrators and teachers choose appropriate instruments for implementing a screening program. Available at [www.challengingbehavior.org/do/resources/documents/roadmap\\_1.pdf](http://www.challengingbehavior.org/do/resources/documents/roadmap_1.pdf).

### **Managing Challenging Behaviors**

The January 2009 issue of *Zero to Three* explores common challenges in caring for infants and toddlers such as excessive crying, issues with eating and sleeping, and developing self-control. The articles offer promising strategies for observing and assessing behavior problems, recommended practices for addressing challenging behaviors in infants and toddlers, new knowledge about behavior and the developing brain, and model programs for supporting parents who are struggling. [Click here](#) to view the Table of Contents and article abstracts.

### **Asthma Resources From the EPA**

The EPA's *Communities in Action for Asthma Friendly Environments Network* has added a new, easy-to-search Resource Bank to share high-quality content, resources, and sample materials from hundreds of national, state, and local asthma programs. Search the Resource Bank today to find:

- Education materials on medication use, environmental triggers, self management, asthma action plans, and more for patients and care providers
- Program design resources, including policies, protocols, and operating manuals developed by leading programs
- Coalition development tools, including strategic plans and sample partnership agreements from successful local and statewide asthma coalitions

Search the Resource Bank online here:

[www.asthmacommunitynetwork.org/resources.aspx](http://www.asthmacommunitynetwork.org/resources.aspx)

### **Results Matter Video Series on Early Childhood Assessment**

These videos have been produced by the Colorado Department of Education to help providers better understand ways to use observation, documentation, and assessment to inform practice. You can watch the clips online or download QuickTime versions of the videos for use in educational and professional development activities.

Videos with a focus on Early Care and Education:

[Connecting Learning Opportunities](#)

[Linking Documentation and Curriculum](#)

[Sharing Documentation with Families](#)

[Sharing Video Documentation with Families](#)

[The Essential Role of Observation and Documentation](#)

## Reports

### **Report on Sources of Children's Mercury Exposure**

The Agency for Toxic Substances and Disease Registry and Centers for Disease Control and Prevention Mercury Workgroup has published a new report: *Children's Exposure to Elemental Mercury: A National Review of Exposure Events*. It is available online here: [www.atsdr.cdc.gov/mercury/docs/MercuryRTCFinal2013345.pdf](http://www.atsdr.cdc.gov/mercury/docs/MercuryRTCFinal2013345.pdf)

### **From the Maternal and Child Health Library's MCH Health Alert: Report offers solutions for reducing hardship among families caring for children and youth with special health care needs**

This report, *Breaking the Link between Special Health Care Needs and Financial Hardship*, discusses the prevalence and depth of financial hardship for families of children and youth with special health care needs and explores state-based financing strategies and programs aimed at reducing the financial strain on families. The report, published by the Catalyst Center, provides data on the scope of the problem, illustrates the impact that coverage and financing gaps have on the lives of real families, and describes promising practices and models. Topics include the primary ways a child's or youth's special health care needs may bring financial hardship to families; state-to-state differences in the way programs that serve children, youth, and families are implemented; and the administrative burden on parents when traditional public and private financing sources do not meet their needs. Examples of specific state programs and financing strategies and selected resources are included. The report has been prepared as a resource for policymakers and to support conversations among advocates, families, payers, and Title V programs at both the state and national levels. The report is available at [http://hdwg.org/files/resources/Catalyst\\_Center\\_Breaking\\_The\\_Link.pdf](http://hdwg.org/files/resources/Catalyst_Center_Breaking_The_Link.pdf).

### **Two New Reports on Health Disparities in Children From the Joint Center for Political and Economic Studies**

To provide fuller detail on disparities in child health, the Joint Center for Political and Economic Studies undertook an examination of how child health indicators vary by sociodemographic characteristics. Click here for more information [Comparisons are made for the following health indicators: low birthweight, health status \(excellent, very good, good, fair, poor or unknown\), unmet dental care needs, ADHD/ADD diagnosis, lifetime asthma diagnosis, learning disability diagnosis, and activity limitation.](#)

The findings for Hispanic children and white children are provided in this brief.

[Trends in Child Health 1997-2006: Assessing Hispanic-White Disparities](#)

The findings for black children and white children are provided in this brief.

[Trends in Child Health 1997-2006: Assessing Black-White Disparities](#)

### **Expulsions, Transitions, and Licensing in California's Preschools**

The Child Care Law Center released three memos that address different topics concerning preschools in California. The three memos are:

- *Preschool Expulsions in California*: This memo focuses on the lack of legal protections for young children expelled from preschool. About 7.5 per 1,000 children are expelled from California's State Preschool programs in contrast to 2.52 per 1,000 children in the state's K-12 system. The memo observes that while the K-12 system has laws and regulations in place that explicitly guide expulsions, state-funded preschool programs do not. In general, state-funded

preschool programs may expel children for both behavioral and non-behavioral reasons. The memo highlights the need for more formal regulations regarding preschool expulsions given that there is no specific guidance on behavioral problems that may arise from a disability.

- *Transitions into Preschool for Children with Disabilities*: This memo focuses on the transition period when young children with disabilities who receive Early Head Start services reach the age limit of program eligibility. At age three, young children with disabilities no longer qualify for the early intervention services set in Part C of the Individuals with Disabilities Education Act (IDEA). However, as they enter preschool, they may qualify for educational and regional center services outlined in Part B of the IDEA. The memo outlines the different services that are received in Part C and B and the obstacles that may arise when transitioning from one program to another.
- *Preschool Licensing in California*: This memo focuses on the importance of licensing for ensuring the health and safety of young children that receive out-of-home care. In California, there are over 50,000 licensed facilities. Of these facilities, there are over 12,200 child care centers and 39,000 family child care homes. The memo summarizes licensing provisions, such as which providers are required to be licensed, minimum standards for obtaining a license, and the state's monitoring process. The memo also highlights key obstacles to licensing preschools, such as a lack of training and resources to monitor schools and prevent licensing violations.

The three memos are available at: [www.childcarelaw.org](http://www.childcarelaw.org).

### **A Thinking Guide to Inclusive Child Care**

This thoughtful guide, published in 2008, offers ideas and strategies to support child care staff in developing childcare practices that consider the needs of individual children and promote an inclusive experience for families and children. Click here for more information Included in the guide are tools to be used by child care staff to encourage conversations on inclusion between staff and parents, among staff, and between supervisors and staff. [www.disabilityrightswi.org/archives/112](http://www.disabilityrightswi.org/archives/112).

### **New Resources on Preventing Injuries in Children**

#### *WHO/UNICEF World Report on Child Injury Prevention*

Every year, around 830,000 children die from unintentional or "accidental" injuries. Many of these deaths and much of the injury-related disability could be prevented. Improved health services could also go a long way in reducing the consequences of these injuries. To draw attention to this important public health problem and the possible solutions, WHO and UNICEF have produced this *World report on child injury prevention*. The report documents the magnitude, risks and prevention measures for child injuries globally—particularly for drowning, burns, road traffic injuries, falls and poisoning. The report makes seven concrete recommendations for policy-makers to improve child injury prevention. This new document is an important policy and advocacy tool for raising attention the issue and guiding action around the world.

### **CDC Launches Activities to Coincide with the *World Report on Child Injury Prevention***

The Centers for Disease Control and Prevention (CDC) has launched several child injury prevention activities to coincide with the WHO and UNICEF joint launch of the *World Report on Child Injury Prevention*. CDC's additional resources are intended to provide a greater understanding of the burden of childhood injuries within the U.S. and the steps necessary to prevent them.

CDC has released an online report to provide state-by-state data for childhood injury mortality in the U.S. The report, entitled, *CDC Child Injury Report: Patterns of Unintentional Injuries among 0-19 Year Olds in the United States, 2000-2006*, will

provide an overview of unintentional injuries by age group, sex, and geographic distribution. The report will be available for download at [www.cdc.gov/safechild](http://www.cdc.gov/safechild).

In addition, CDC, in partnership with Safe Kids, will bring together a network of childhood injury professionals and organizations to kick-off a national dialogue that will identify policy, communication/media, and national/local program strategies to empower parents to protect their children from childhood injuries. The meeting will be videotaped, and all meeting materials will be available online after the meeting.

Furthermore, CDC is launching a new initiative entitled, *Protect the Ones You Love: Child Injuries are Preventable*. This new initiative will combine the efforts of federal, state, and local governments with non-governmental organizations to raise parents' awareness of the leading causes of childhood injuries and empower them to keep their children injury-free. Fact sheets, e-cards, podcasts, and other resources are available free of charge at [www.cdc.gov/safechild](http://www.cdc.gov/safechild).

## Research

### **Effects of Mental Health Problems in Early Childhood**

Harvard University's Center on the Developing Child Working Paper 6: Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life

[www.developingchild.net/pubs/wp/Mental\\_Health%20Problems\\_Early%20Childhood.pdf](http://www.developingchild.net/pubs/wp/Mental_Health%20Problems_Early%20Childhood.pdf)

### **Causes of Racial Differences in School Readiness**

Racial differences in school readiness are a form of health disparity. This study examines community and policy environments as they shape and inform lived experiences from the perspective of low-income minority families participating in an Early Head Start. Click here for more information The authors identified several types of social and economic dislocation that undermine the efforts of parents to ready their children for school. The multiple dislocations of community triggered by housing and welfare reform and “urban renewal” are sources of stress for parents and children and affect the health and development of young children. The authors argue that racial differences in school readiness result not from race but from poverty and structural racism in American society. McAllister, C, Thomas, T, Wilson, P, & Green, B. (2009). Root shock revisited: Perspectives of Early Head Start mothers on community and policy environments and their effects on child health, development, and school readiness. *American Journal of Public Health, 99*(2), 205-210

### **Oral Health of Early Head Start Children: A Qualitative Study of Staff, Parents, and Pregnant Women**

This study explored the oral health knowledge, attitudes, and activities of Early Head Start (EHS) staff members, parents, and pregnant women, along with their suggestions related to future oral health educational interventions targeting EHS children. Click here for more information The study found that attitudes about the importance of children's oral health among parents and pregnant women were mixed. Staff members voiced responsibility for children's oral health but frustration in their inability to communicate effectively with parents. Parents in turn perceived staff criticism regarding how they cared for their children's oral health. Gaps were noted in the oral health activities of EHS programs. Participants expressed confusion regarding the application of Head Start oral health performance standards to EHS. The need for culturally sensitive, hands-on oral health education was highlighted. The study authors conclude that tailored, theory-based

interventions are needed to improve communication between EHS staff and families. Clear policies on the application of Head Start oral health performance standards to EHS are warranted. Educational activities should address the needs and suggestions of EHS participants.

Mofidi, M., Zeldin, L. P., & Rozier, R. G. (2009). Oral health of early head start children: a qualitative study of staff, parents, and pregnant women. *American Journal of Public Health, 99*(2), 245-251.

### **New Research on Asthma**

#### **New Risks Linked to Asthma Rise**

A decline in aspirin use (actually, increased acetaminophen use), exposure to household sprays and cleaners and lack of vitamin D may all help explain surging asthma rates in the past few decades <http://well.blogs.nytimes.com/2009/02/12/new-risk-factors-linked-to-asthma-rise/>.

### **Childhood Asthma and Air Pollution**

The Children's Environmental Health Network's Children's Environmental Health Article of the Month for March examines how environmental public health tracking of childhood asthma illustrates the connection of high pollution concentration and childhood asthma outcomes. The article is available online at [www.ehponline.org/members/2008/10945/10945.html](http://www.ehponline.org/members/2008/10945/10945.html).

Wilhelm, M., Meng, Y. Y., Rull, R. P., English, P., Balmes, J., & Ritz, B. (2008). Environmental public health tracking of childhood asthma using California health interview survey, traffic, and outdoor air pollution data. *Environ Health Perspect, 116*(9), 1254-1260.

### **Indoor Air Pollution Increases Asthma Symptoms**

[Newswise—A study by researchers at Johns Hopkins University found an association between increasing levels of indoor particulate matter pollution and the severity of asthma symptoms among children. The study, which followed a group of asthmatic children in Baltimore, Md., is among the first to examine the effects of indoor particulate matter pollution. The results are published in the February 2009 edition of the journal *Environmental Health Perspectives*.

Particulate matter is an airborne mixture of solid particles and liquid droplets. The solid particles come in numerous shapes and sizes and may be composed of different chemical components. Fine particles measure 2.5 microns or less in size (approximately 1/30th the diameter of a human hair) and can penetrate deep into the body's respiratory system. Coarse particles fall between 2.5 and 10 microns in diameter. These larger particles can also enter the respiratory system and can be produced indoors through activities such as cooking and dusting. The U.S. Environmental Protection Agency (EPA) regulates outdoor levels of fine particle pollution, but does not have a standard for coarse particle pollution. There are no regulations for indoor pollution.

For the study, researchers from the Center for Childhood Asthma in the Urban Environment—a joint center of the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins School of Medicine—followed 150 asthmatic children, ages 2 to 6, for six months. Environmental monitoring equipment was used to measure the air in the child's bedroom for over three three-day intervals. Air measurements were taken at

the beginning of the study, after 3 months and again after 6 months. Ninety-one percent of the children who participated in the study were African-American, from lower socioeconomic backgrounds, and spent most of their time indoors.

“We found that substantial increases in asthma symptoms were associated both with higher indoor concentrations of fine particles and with higher indoor concentrations of coarse particles,” said Meredith C. McCormack, MD, MHS, lead author of the study and an instructor with the Johns Hopkins School of Medicine.

For every 10 micrograms per cubic meter of air (ug/m<sup>3</sup>) increase in indoor coarse particle concentration, there was a 6 percent increase in the number of days of cough, wheeze, or chest tightness, after adjusting for a number of factors. For every 10 ug/m<sup>3</sup> increase in fine particles measured indoors, there was a 7 percent increase in days of wheezing severe enough to limit speech and after adjusting for various factors, a 4 percent increase in days on which rescue medication was needed. In many cases, the level of indoor fine particle pollution measured was twice as high as the accepted standard for outdoor pollution established by the EPA.

“Children spend nearly 80 percent of their time indoors, which makes understanding the effects of indoor air very important,” said co-author, Gregory B. Diette, MD, an associate professor in the School of Medicine and co-director of the Center for Childhood Asthma in the Urban Environment.

“Improving indoor air quality and lowering indoor particulate matter concentrations may provide additional means of improving asthma health, especially for children living in inner cities,” added co-author, Patrick Breysse, PhD, a professor in the Johns Hopkins Bloomberg School of Public Health and co-director of the Center for Childhood Asthma in the Urban Environment.

Additional authors of “In Home Particle Concentrations and Childhood Asthma Morbidity” are Elizabeth C. Matsui, Nadia N. Hansel, D’Ann Williams, Jean Curtin-Brosnan and Peyton Eggleston.

The research was supported by National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health; the U.S. Environmental Protection Agency; and the Johns Hopkins NIEHS Center for Urban Environmental Health.]

<http://vonpirquet.blogspot.com/2009/02/indoor-air-pollution-increases-asthma.html>

### **Pollutants in Indoor Air and Respiratory Health in Preschool Children**

This study identified, evaluated, and summarized in a systematic fashion all the epidemiological studies that have analyzed the association between exposure to specific indoor air pollutants and respiratory disease among children under the age of five. The literature reviewed within the study criteria seems to indicate that several indoor pollutants, even at the moderate levels found in developed countries, could be harmful to the respiratory health of very young children. The study authors argue that future research should focus on conducting more studies, preferably making use of cohorts, with adequate techniques for measuring indoor pollution levels.

Fuentes-Leonarte, V., Tenias, J. M., & Ballester, F. (2009). Levels of pollutants in indoor air and respiratory health in preschool children: A systematic review. *Pediatric*

*Pulmonology*, 44(3), 231-243.

**Enhanced Hygiene Measures and Norovirus Transmission During an Outbreak**

The authors report that the main result of this study is that the observed decline in new cases of norovirus coincided with implementation of enhanced hygiene measures. Click here for more information This extrapolation is highly suggestive of a causal relationship, which implies that hygiene measures can effectively reduce transmission of norovirus.

Heijne, J. C., Teunis, P., Morroy, G., Wijkmans, C., Oostveen, S., Duizer, E., et al. (2009). Enhanced hygiene measures and norovirus transmission during an outbreak. *Emerging Infectious Diseases*, 15(1), 24-30.

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