



# Benton-Franklin Counties Child Health Notes

Promoting early identification and partnerships between families, primary health care providers & the community.



**“It was so debilitating. After my baby was born, I knew I was supposed to be happy, but I wasn’t.**

**I could not listen to music because I felt I didn’t deserve to enjoy anything.**

**I couldn’t sleep, even when the baby was sleeping.**

**What helped me most was being around other moms.**

**I felt the most support in an exercise class for postpartum women and from my PEPS\* group.**

**I ended up needing medication for about 6 weeks.”**

**\*Health care professional who had anxiety/depression after the birth of her first child**

**\*PEPS: Program for Early Parent Support**

## POSTPARTUM DEPRESSION — More common than you may think...and more significant for the child than you may be aware!

*An infant’s early development depends on the health and well-being of his/her primary caregivers. Maternal depression significantly impacts the maternal-infant relationship postpartum and adversely impacts the child’s longer-term cognitive and emotional development. In 2013, less than half (44%) of practicing general pediatricians routinely screened for or asked about maternal depression. <sup>i</sup> Postpartum depression has a 60-90% response rate to treatment. Prompt detection and treatment can improve maternal /paternal well-being and decrease the risk of adverse infant developmental outcomes. Standardized, valid screening tools are available. The US Preventive Services Task Force (Jan 2016) and the AAP recommend screening for depression with systems in place to ensure diagnosis, treatment and follow-up.*

- 50-80% of US mothers experience postpartum blues -- self-limited, mild depressive symptoms (such as trouble concentrating or sleeping, being moody or irritable and having crying spells) which often peak on the fifth postpartum day and usually resolve within 2 weeks.
- 13-20% of US women experience postpartum depression <sup>ii</sup> (onset within 4 weeks after delivery although may not be recognized until later) with more severe and lasting symptoms.
- Rates of depression are even higher for low-income mothers and pregnant/parenting teens.
- 80% of mothers with postpartum depression do not report depressive symptoms to a physician and only 1/3 believe they are suffering from postpartum depression. <sup>iv</sup> Peak incidence of postpartum depression is between 6 weeks and 6 months after the child’s birth. <sup>iii, v</sup>
- Postpartum depression is common in fathers, affecting 8-10% in the 6-12 months following birth.
- Treatment with cognitive behavioral therapy improves clinical outcomes in pregnant and postpartum women.



**Factors associated with increased risk for postpartum depression:**

• Poor self esteem	• Single/un-partnered relationship status
• Child care stress	• History of depression /prior postpartum depression
• Prenatal anxiety	• Difficult infant temperament
• Life stress	• Lower SES
• Decreased social support	• Unintended pregnancy

**Signs of postpartum depression:**

- Difficulties interacting with the newborn
- Tendency to label child behavior as problematic
- Negative parenting behaviors (withdrawn or intrusive)



**Symptoms in the parent:**

- Changes in sleep, energy, appetite, weight and libido beyond expected for the postpartum period. Irritability and anger
- Feelings of inadequacy, shame, guilt, being overwhelmed or having failed as a parent
- **Anxiety and panic attacks – co-morbid disorders, primarily anxiety, occur in over 60% of patients**

**Studies show that children of depressed mothers have....**

- A “depressed” style of interaction in infancy, even as early as 2 months
- Decreased scores on standardized developmental testing at 12 months
- Poor growth as shown by growth percentiles at 12 months
- An increased risk for insecure attachment patterns at 18 months
- Difficulty with emotional regulation and social behavior; greater likelihood of social/emotional disturbance during the preschool years
- Higher rates of accidental injury in childhood

**Possible warning signs of parental postpartum depression in the infant:**

• Decreased activity level	• Decreased responsiveness to others
• Decreased frequency of vocalization	• Poor weight gain
• Increased gaze aversion and fussiness	



**Identifying Maternal Depression in Pediatric Primary Care**

The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6–8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish-speaking women in other countries. The EPDS consists of 10 questions.

Find more information and a link to the EPDS Screening on the next page.



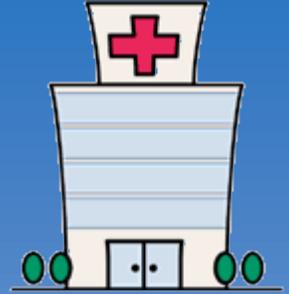
**EDINBURGH  
POSTNATAL  
DEPRESSION  
SCALE  
(EPDS)**

### For consideration in your primary health care practice:

- ⇒ Remember that taking care of the parent means you are taking care of the child.
- ⇒ Carefully follow growth and development, including the infant's interactive style.
- ⇒ Screen for maternal/paternal depression at well-child visits:
- ⇒ Screen for postpartum depression at 1, 2, 4 and 6 month well-child visits with the complete Edinburgh Postnatal Depression Scale (a 10-question screen, available in English and Spanish). [http://www2.aap.org/sections/scan/practicingsafety/toolkit\\_resources/module2/epds.pdf](http://www2.aap.org/sections/scan/practicingsafety/toolkit_resources/module2/epds.pdf)

### At other visits use a 2-question screen for depression:

1. Over the past 2 weeks, have you felt down, depressed or hopeless?
  2. Over the past 2 weeks, have you felt little interest or pleasure in doing things?
    - If yes to either, ask:
    - Have you felt this way for several days, more than half the days, or nearly every day?
- Help link families with services in the community. Any parent who screens positively, either with a few clinical questions or a screening instrument, should be referred for a diagnostic evaluation.
  - Offer to initiate a referral to a mental health professional or to discuss it with their primary care provider.
  - Discuss parent support resources available in the community.
  - Post contact information for parenting support groups and local mental health resources in your waiting room.
  - Know how to access emergency crisis services for mental health (indicated for Edinburgh score >20 or if suicidality or psychosis is a concern).



## Resources



#### Footnotes

- i. Identifying Maternal Depression in Pediatric Primary Care. Kerker BD et al. PAS Meeting presentation. 2015. <https://www.aap.org/en-us/professional-resources/Research/research-findings/Pages/Identifying-Maternal-Depression-in-Pediatric-Primary-Care.aspx>
- ii. Screening for Depression in Adults: USPSTF Recommendations Statement. Siu AL and the USPSTF. JAMA. 1/26/16. 315(4):380-387.
- iii. Clinical report: Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. Earls MF. The committee on psychosocial aspects of child and family health. Pediatrics. 2010;126 (5):1032-1039.
- iv. The pathway to care in post-natal depression: Women's attitudes to post-natal depression and its treatment. Whitton A et al. Br J Gen Pract. 1996;46(408):427.
- v. Perinatal depression: a systematic review of prevalence and incidence. Gavin NI et al. Obstet Gynecol. 2005;106 1071-83.

National Resources

National Library of Medicine

Postpartum Support International (PSI)

Postpartum Support International (PSI)  
 • PSI Resources for Fathers



Parent Trust's Family Help Line

1-800-932-HOPE (4673) statewide, toll-free line and online searchable data base. Parent coaches available M-F, 9-5  
[www.parenttrust.org/for-families/education-support/fhl/](http://www.parenttrust.org/for-families/education-support/fhl/)

Program for Early Parent Support (PEPS)

206-547-8570, [www.peps.org](http://www.peps.org) (Includes 'PEPS for Dads' events)

Benton-Franklin County Special Needs Information and Referral Resources

WithinReach Family Health Hotline

1-800-322-2588, 1-800-833-6388 TTD [www.parenthelp123.org/](http://www.parenthelp123.org/)

For children birth to age 18

Carla Prock RN, BSN - Children with Special Health Care Needs Coordinator 509-460-4225, [carlap@bfhd.wa.gov](mailto:carlap@bfhd.wa.gov)

For children under age 3

Nancy Ross, Lead FRC - Benton Franklin Infant Toddler Program 509-783-1131, ext 113, [nancyr@arcoftricity.com](mailto:nancyr@arcoftricity.com) or [del.wa.gov/publications/esit/docs/ContactsDirectory.pdf](http://del.wa.gov/publications/esit/docs/ContactsDirectory.pdf)

Family Support

Contact: Melissa Brooks, RN - Parent to Parent of Tri-cities, 509-783-1131, ext 108, [p2p@arcoftricity.com](mailto:p2p@arcoftricity.com) or [http://arcwa.org/getsupport/parent to parent p2p programs](http://arcwa.org/getsupport/parent%20to%20parent_p2p_programs)

Local Crisis Clinic

KENNEWICK Benton & Franklin Counties  
 Crisis Response (509) 783-0500 1-800-548-8761  
 RICHLAND Tri-Cities Helpline (509) 943-6606  
 Teen Line (509) 946-8336



ParentHelp123

WithinReach



*Promoting early identification and partnerships between families, primary health care providers & the community.*

## Depression Screening for Adolescents

The [United States Preventive Services Task Force](#) (USPSTF) recommends screening for depression in adolescents (ages 12 to 18 years). Although it is normal for children and adolescents to experience occasional feelings of sadness and other symptoms of depression, those with Major Depressive Disorder (MDD) experience significant functional impairment across social and/or educational domains. Depression can also affect normal adolescent development. In some children and adolescents, symptoms may present as behavior disorders, disruptive behaviors, or irritability. According to the USPSTF, about 8% of adolescents reported having MDD in the past year. However, only 36%-44% of children and adolescents with depression receive treatment, suggesting that the majority of youth with MDD are undiagnosed. Administering a short screening test at annual well-child visits, vaccination appointments and routine sports physicals is an effective way to screen adolescents for depression.



Although depression screening is recommended for all adolescents, awareness of factors that may increase risk in patients can be helpful to the screening process. Risk factors include: family history of depression, other mental health or behavioral problems, chronic medical illness, overweight and obesity, early pregnancy, drug or alcohol abuse, childhood abuse or neglect, exposure to traumatic events, loss of a loved one or romantic relationship, family conflict, sexual orientation uncertainty, low socioeconomic status, and poor school performance.

There are several screening tools available to help identify depression in children and adolescents. The Patient Health Questionnaire (PHQ) can be a great tool for depression screening, and also measures severity of depression. The PHQ-9 has been modified specifically for adolescents (PHQ-A). You can find a copy of the PHQ-A [here](#). More information on PSQ screeners, as well as an instruction and scoring manual, can be found on the [PHQ Screeners website](#).



## Project LAUNCH

### Universal Developmental Screening

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is expanding into Benton and Franklin counties. The Washington State Department of Health (DOH) will build on the success of the first Project LAUNCH by expanding the key elements of targeting early childhood settings that serve infants and toddlers from high-risk populations including military families.



Project LAUNCH strategies focus on improving early childhood systems, strengthening parenting competencies, and improving children's developmental and behavioral outcomes by increasing developmental and behavioral screening for young children, integrating behavioral health training and services into early learning systems, and improving family strengthening and local parent support opportunities.





Poverty is an issue that is no longer limited to dense, over populated urban areas, but happens everywhere with suburban communities experiencing the largest and fastest increases in rates of poverty since the 2008 recession (3). 1 in 5 children in the United States currently lives in poverty, and half of all children are living in or near poverty (3).

According to a 2015 research bulletin from the Southern Education Foundation reporting on the latest data from the National Center for Education Statistics, the majority of the school children attending the nation's public schools come from low income families (1).

The latest data collected from the states by the National Center for Education Statistics (NCES), evidence that 51 percent of the students across the nation's public schools were low income in 2013 (1).

Poverty is an important determinant of child health and well-being. There is abundant research confirming that living in poverty has detrimental health consequences that are severe and lifelong (3). Poverty has a profound effect on birth weight, infant mortality, language development, chronic illness, environmental exposure, nutrition, and injury (3).

Child poverty also influences genomic function and brain development (3), resulting in structural differences in several areas of the brain, with the largest influence observed among children from the poorest households (2). Children exposed to poverty have poorer cognitive outcomes resulting in an increased risk of difficulties with self-regulation, executive function and poor school performance, and are at higher risk for antisocial behaviors and mental health disorders (4). Knowledge of the neurobiological effects of poverty on the developing human brain and the impact on risk for lifetime illness and poor health is vastly expanding with poverty being identified among the most powerful risk factors for poor developmental outcomes (4).

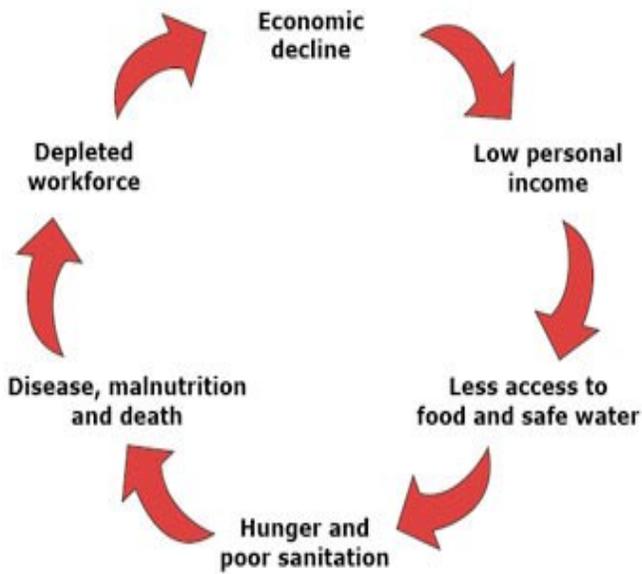
## POVERTY



Pediatricians are in a perfect position to screen children and families for risk of poverty and adversity, as well as protective factors that can identify family strengths. Screening better enables health care practitioners to provide appropriate referrals to community organizations that can offer support and assistance to families in need (3).



Health care practitioners can quickly screen for poverty by asking a single question, **“Do you have difficulty making ends meet at the end of the month?”** This is enough to alert the pediatrician with 98% sensitivity that there is a need for linkage to community resources (3). Pediatricians may alternatively use the question **“Have you moved frequently in the past year or lived with another family for financial reasons?”** to reveal housing insecurity (3).



The AAP also provides several resources to help practitioners care for children living in poverty, including [practice tips](#), [communications materials](#), and [advocacy resources](#). The [Protective Factor Survey](#), found through the [FRIENDS National Resource Center](#), is a short parent completed assessment that identifies family resiliency, social connectedness, quality of attachment, and knowledge of child development, all critical to the healthy development of children (3). An awareness of the protective factors that are present in children and families can help pediatricians identify and build on family strengths and protective factors during conversations related to health promotion.

In light of this, poverty is an issue that simply must be addressed to ensure the healthy development of our youngest and most vulnerable population. It is vital that pediatricians understand the health risks for children growing up in underprivileged environments, are familiar with local support programs, and are diligent in efforts to connect children and families in need. With increased understanding of the effects of poverty on child development, practitioners caring for the pediatric population are better equipped to monitor for poverty related adverse effects, provide anticipatory guidance, and prevent disease.

**BEHAVIORAL**  
INSIGHT FOR EXECUTIVES  
**HEALTHCARE**

For more information and links to other great resources read:

[How You Can Address the Health Effects of Childhood Poverty](#) by Patrick Gauthier, Director of AHP Healthcare Solutions. <http://www.behavioral.net/article/how-you-can-address-health-effects-childhood-poverty>

AAP Poverty and Child Health- main page where providers can go for more information <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/poverty/Pages/home.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>



## References

**1- A New Majority: Low Income Students Now a Majority in the Nation's Public Schools.** Steve Suitts, Vice President of the Southern Education Foundation. Southern Education Foundation. January 2015

<http://www.southerneducation.org/getattachment/4ac62e27-5260-47a5-9d02-14896ec3a531/A-New-Majority-2015-Update-Low-Income-Students-Now.aspx>

**2. Association of Child Poverty, Brain Development, and Academic Achievement**

Nicole L. Hair, PhD. Jamie L. Hanson, PhD. Barbara L. Wolfe, PhD. Seth D. Pollak, PhD.

<http://www.waisman.wisc.edu/childemotion/pubs/2015-AssociationOfChildPovertyBrainDevelopment.pdf>

**3- Council on Community Pediatrics Policy Statement: Poverty and Child Health in the United States.** American Academy of Pediatrics. March 2016 <http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339>

**4- The Effects of Poverty on Childhood Brain Development: The Mediating Effect of Caregiving and Stressful Life Events.** Joan Luby, MD. Andy Belden, PhD. Kelly Botteron, MD. Natasha Marrus, MD, PhD. Michael P. Harms, PhD. Casey Babb, BA. Tomoyuki Nishino, MS. Deanna Barch, PhD. <http://ccpweb.wustl.edu/pdfs/2013barch-poverty.pdf>

**Under 36 Months**  
Benton-Franklin Local Lead Agency  
Benton-Franklin Infant/Toddler Program  
Phone: 509-763-1111  
Fax: 509-763-0812

**Over 36 Months**

<b>Pasco School District</b> Special Education Services 1215 W. Lewis St. Pasco, WA 99301 Phone: 509-543-8200 Fax: 509-543-8796	<b>Klickitat School District</b> Special Services 1815 CW Ave. Benton, OR 97020 Phone: 509-588-2024 Fax: 509-588-2925	<b>Finley School District</b> Special Services 22408 F. Garne Farm Rd. Kennewick, WA 99327 Phone: 509-836-9127 Fax: 509-846-4608
<b>Richland School District</b> Special Programs 615 Snow Ave. Richland, WA 99352 Phone: 509-981-6500 Fax: 509-942-2443	<b>Prosser School District</b> Special Services 1108 Main Ave. Prosser, WA 99350 Phone: 509-788-3520 Fax: 509-784-3672	<b>North Franklin School District</b> Special Services PO Box 829 Condit, WA 99326 Phone: 509-238-9128 Fax: 509-234-9204
<b>Wenatchee School District</b> Specialized Elementary Center - Children aged 3-5 125 S. Conway Pl. Kennewick, WA 99336 Phone: 509-222-2028 Fax: 509-222-2036	<b>Wahkiakum School District</b> Special Education Director 11422 Main Ave. Pillbox, WA 99345 Phone: 509-875-2001 Fax: 509-874-2007	<b>Kanikolum School District</b> Special Services Manager PO Box 69 Kalama, WA 99335 Phone: 509-243-3336 Fax: 509-243-3339

**For Other Counties or Questions**  
Educational Services District 223

Special Services Department 2918 W. County St. Pasco, WA 99301	Phone: 509-543-3443 Fax: 509-544-5796 Under 36 Months Over 36 Months
Special Services Department 725 Maple St. Burien, WA 99323	Phone: 509-835-8973 ext. 215 Fax: 509-842-3796

## First Oral Health Check-up by First Birthday

### Tooth decay is preventable

You know tooth decay is preventable with a healthy diet and good daily oral care. But that is not enough. Baby also needs an oral screening by his first birthday. Either a family's dentist or the baby's doctor can check his or her teeth.

### What can you expect in an infant oral screening?

- A dentist or doctor will look for signs of early tooth decay and assess whether or not the child is at risk for decay. Early decay can look like white spots—usually along the gums. Brown or black spots may be cavities.
- The provider will share tips on caring for the child's baby teeth and healthy snacking.
- The child may also get a fluoride varnish application to prevent or reverse early tooth decay.

Any doctor that would like more information about how to complete an oral health screening can contact Lauren Spilles, ABCD Coordinator at the Benton-Franklin Health District.

[laurens@bfhd.wa.gov](mailto:laurens@bfhd.wa.gov) 509-460-4254.

A free training with CME for primary care providers and pediatric doctors is offered through Washington Dental Service Foundation on how to provide and bill for oral screening and fluoride services.



## Vaccine Corner

On June 24, 2015 the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention voted on the use of MenB vaccines in adolescents and young adults to help prevent MenB disease. ACIP voted that a MenB vaccine series may be administered to adolescents and young adults 16 through 23 years of age to provide short-term protection against most strains of MenB disease.

The preferred age for MenB vaccination is 16 through 18 years of age. The decision to vaccinate should be made at the individual level by healthcare providers.

Of the 5 primary serogroups of Neisseria Meningitides that cause most of the cases of meningococcal disease in the U.S., Serogroup B accounts for nearly 40% of all Meningococcal Disease in adolescents and young adults in the U.S.

- 1 in 10 who develop meningococcal disease will die
- Survivors may suffer significant long-term and permanent medical disabilities
- Disabilities include communication disabilities, motor impairment, vision loss, neurological dysfunction, and limb amputations
- Close-quarter living and close contact activities like sports and camp, along with sharing cups, drinks, utensils, and kissing can increase the risk for contracting Meningitis
- The disease can progress rapidly and early symptoms may seem like the flu making it difficult to diagnose

### **There are 2 different MenB vaccines approved for use by the ACIP within the U.S.**



1. Trumenba produced by Pfizer (MenB-FHbp) is a 3 dose vaccine for use at 0, 2, and 6 months. It has also recently been approved as a 2 dose series at 0 and 6 months depending on the patient's risk exposure. For more information on Trumenba see the following link <http://www.pfizer.com/products/product-detail/trumenba>

2. Bexero produced by GlaxoSmithKline (MenB-4C) is a 2 dose vaccine for use at 0 and 1 month. For more information on Bexero see the following link <https://www.gsksource.com/pharma/content/gsk/source/us/en/brands/bexsero/pi/po.html>

**\*If your office is part of the Vaccines for Children Program and you'd like to begin administering MenB to your patients, please contact Mitch Paris from the Department of Health at [Mitchell.Paris@doh.wa.gov](mailto:Mitchell.Paris@doh.wa.gov).**



## Partnering for Breastfeeding Success

Nationwide around 79% of mothers attempt to breastfeed, but only half of those are breastfeeding exclusively at 3 months of age. While Washington State has higher than average rates of mothers attempting to breastfeed, more than 40% of new breastfeeding moms in Benton and Franklin Counties are supplementing with infant formula by day 2 of life.

It is known that early intervention and effective support from birth are known to have a large impact on breastfeeding duration and there is ongoing work to improve breastfeeding programs. Benton-Franklin Health District WIC and Tri-City Community Health WIC received a grant from the USDA to work with hospitals and maternal healthcare providers to improve breastfeeding support in the first 30 days following birth.



This program is modeled after the [World Health Organization's "Ten Steps to Successful Breastfeeding"](#) an evidence-based set of healthcare practices. Staff will be trained using "Providing Excellence in Care: Ten Steps to Successful Breastfeeding". Agencies will be encouraged to

work towards the new initiative called [Breastfeeding Friendly Washington](#). This initiative urges organizations to promote and support breastfeeding through changes in their policies and procedures. Baby Friendly Washington is a voluntary recognition program which is currently available for hospitals making these changes, with plans to expand to community clinics, childcares, and birth centers.



For more information about the training or to register you or your staff please contact Sheila Schweiger, RDN, CD, IBCLC at (509) 460-4251  
email: [sheilas@bfhd.wa.gov](mailto:sheilas@bfhd.wa.gov)



## BREASTFEEDING Resource Links

[Loving Support© Makes Breastfeeding Work](#)

[Loving Support Award of Excellence Breastfeeding Peer Counseling](#)

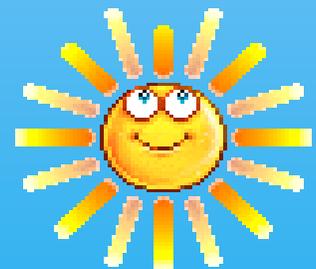
[Breastfeeding and the Hospital Experience](#)

[Breastfeeding in the Workplace](#)

[General Educational Materials](#)

[Reports and Statistics](#)

[World Breastfeeding Week](#)



# SAFE KIDS WORLDWIDE™

## Safe Summer Fun: Water Safety

Swimming and splashing are great ways to cool off and stay active in the summer, but water can also be one of the biggest safety risks to kids. Drowning is the leading cause of unintentional injury deaths for kids ages 1 to 4. For every child who dies, there are 5 more seen in Emergency Departments for near-drownings.



Studies show that although 90 percent of parents say they supervise their children while swimming, many acknowledge that they engage in other distracting activities at the same time like talking, eating, reading, or taking care of another child. Even a near-drowning incident can have lifelong consequences. Kids who survive a near-drowning may have brain damage, and after four to six minutes under water the damage is usually irreversible.

### Safe Kids Benton-Franklin recommends the following tips to keep kids safe in and around water:



**Give kids your undivided attention.** Actively supervise children in and around water, without distraction.

**Make sure pools and hot tubs have barriers, covers, and alarms.** Two-thirds of toddlers who drown do so at their own home. Most of those were last seen in the house and missing for less than five minutes.

**Use the Water Watcher strategy.** When there are several adults present and children are swimming, use the Water Watcher card to designate an adult as the Water Watcher for a certain amount of time (such as 15-minute periods) to prevent lapses in supervision and give parents a chance to read, make phone calls or take a bathroom break. Water Watcher tags are available through Safe Kids Benton-Franklin.

**Teach kids to swim.** Lessons are available at indoor and outdoor pools throughout Benton and Franklin counties. Check with the nearest Parks & Rec or public swimming facility.

**Teach kids not to swim alone.** Whether you're swimming in a backyard pool or in a lake, teach children to swim with an adult. Older, more experienced swimmers should still swim with a partner every time. From the first time your kids swim, teach children to never go near or in water without an adult present.



**Wear life jackets.** Always have your children wear a life jacket approved by the U.S. Coast Guard while on boats, around open bodies of water or when participating in water sports. Make sure the life jacket fits snugly. Have the child make a "touchdown" signal by raising both arms straight up; if the life jacket hits the child's chin or ears, it may be too big or the straps may be too loose. Life jackets can be borrowed from life jacket loan boards or permanent loan stations in Kennewick, Richland, West Richland, and Prosser.



# American Red Cross

**Learn CPR.** We know you have a million things to do, but learning CPR should be at the top of the list. It will give you tremendous peace of mind – and the more peace of mind you have as a parent, the better.

Contact Kadlec Regional Medical Center, Trios Health, or the American Red Cross for information about local CPR classes.



**Be extra careful around pool drains.** Teach children to never play or swim near drains or suction outlets, which can cause situations where kids can get stuck underwater.



For more safety information, please visit [www.safekids.org](http://www.safekids.org).

# 2016 Annual Conference

## Red Lion Inn, Pasco, WA



**FRIDAY, JULY 22**

## The Children's Reading Foundation & READY! Directors' Annual Conference



7:30 - 8:30 a.m. \*\* Breakfast & Registration

8:30 a.m. - 12:30 p.m. Keynote and Program

Keynote by Dr. Dana Suskind, founder and director of the Thirty Million Words initiative. Dr. Dana Suskind explains why just simply talking to a child can help the child's future success in life. Suskind reveals the recent science behind this truth and outlines precisely how to best put it into practice.

**Complimentary copy of "Thirty Million Words" to first 300 attendees**

"Love. Talk. Play." ≈Read with a Child≈ READY! for Kindergarten: Predicting and Preventing Student Failure

Register at [www.ReadingFoundation.org](http://www.ReadingFoundation.org)

Price: \$99 per attendee

\*\*Breakfast is included.

Washington-based education professionals may apply for clock hours. See website for full details.

