

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

Preventing Childhood Obesity

**Obesity Following COVID-19
Within Early Childhood**

Keeping Children Healthy During the Winter

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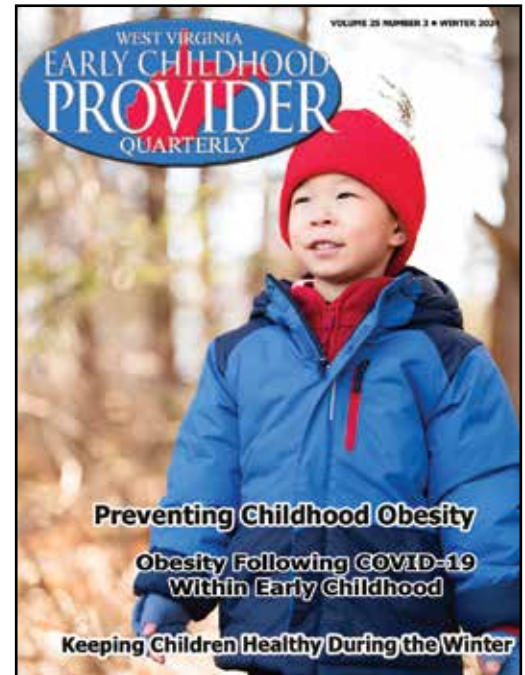
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Obesity Following COVID-19 Within Early Childhood:
What Can We Do? 3-5

The Increase in Childhood Obesity Following
COVID-19 7-8

Preventing Childhood Obesity 10-11

Keeping Children Safe and Healthy During the
Winter Months 12-13

Preparing for Outdoor Play During the Winter 14

Indoor Physical Activity Ideas 16

The West Virginia Association for Young Children
is Moving Forward 17-19

West Virginia's Child Care Nurse Health
Consultant Program 20-22

Parent Blocks Newsletter 25-28

Obesity Following COVID-19 Within Early Childhood: What Can We Do?

Submitted by Lisa Galford, MSN, RN, Child Care Nurse Health Consultant

Obesity is not something new that children are facing. Obesity was first noticed as early as the 1970s and has continued a significant uptick since 1985 (Newman, 2019). COVID contributed to the issue with lockdowns and social distancing. Obesity was once thought of as an adult problem; however, many children are affected as well. In the United States, the percentage of children with obesity has more than tripled since the 1970s (Obesity, Healthy Schools, CDC, n.d.).

Obesity is more than being overweight. Obesity is having so much extra weight that it most likely will cause a negative impact on a person's body and body systems. Heart disease and type 2 diabetes can be directly connected to obesity (Seladi-Shulman, PhD, 2022). Obesity can also lead to emotional problems such as low self-esteem and depression. Obese children can be ridiculed by adults and made fun of by other children.



There are a lot of factors that put a person at risk for being obese including: their metabolism (how the body changes food into energy), physical activity or lack of, what community you live in (safety or design), not having enough sleep, and negative life events (Obesity, Healthy Schools, CDC, n.d.). We can all agree that the COVID pandemic can be listed in the negative life events section.

The struggle is real for many adults. We are bombarded by advertisements making promises that if we only try their product or use their scientifically proven method that we can lose weight, feel better, have a healthy body, and live happily ever after. The reality check to this is that people can spend hundreds to thousands of dollars, lose a little bit of weight, and then balloon up to what they were before, and even more with little to no improvement to their health. You may wonder why these promises are empty or temporary. The problem is that obesity cannot be fixed overnight in adults or children. It is something that needs to be addressed as a process of education and doing the right things to get the right outcomes.

Early childhood educators can play a vital role in combating the obesity problem that continues even after COVID. First, educate yourself so you can teach children how to be healthy, beginning at an early age. Children's minds are little sponges just waiting to soak up information. Make teaching fun and interactive. Maybe a child comes from a family that lacks knowledge of good health practices. These children are not too young to take what you have taught them back to their homes and make a positive impact. I have a grandson who loves to eat vegetables because he knows you must eat healthy food for your body to be healthy. That is not only something that was taught but was caught. He is six years old and has been requesting healthy food for more than two years.

In addition to healthy food, there is exercise. How do children exercise? They play by running and jumping. They love to climb and swing and chase one another. Children have fun when they exercise. They also enjoy adults participating with them. This "play" exercise is good for all of us. Children were limited to this during the pandemic, but we need to get back to doing this on a regular basis. Watching a scary movie or having a spider run across

your foot might get your heart rate up, but having a daily time of exercise can boost your metabolism and even give your immune system a boost. Your lymph system filters out bacteria, viruses, and even cancerous cells from your body. Lymph fluids really get flowing when you exercise (Lymphatic System: Function, Conditions & Disorders, 2022).

As educators for young children, you may not be able to erase all the risk factors a child may be faced with to prevent or combat obesity, but you can make a difference. For trainings in Health, Safety, and Nutrition, contact your local Child Care Nurse Health Consultant and/or your Child Care Health Educator. We are always glad to help you.

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WEST VIRGINIA EARLY CHILDHOOD

Training
CONNECTIONS
AND RESOURCES

Financial Support For Training Opportunities



We have funds available to:

- Bring Early Childhood Training to Your Community
- Assist with State Early Childhood Conferences

If you are involved in an early childhood collaborative team, we have funds available, per county, to assist your team with costs associated with early childhood trainings.

We also have grants available to assist with early childhood conferences statewide.

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APPLICATION INFORMATION



www.wvearlychildhood.org



This program is being presented with financial assistance as a grant from the WV Department for Health and Human Resources and is administered by WV Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.

The Increase in Childhood Obesity Following COVID-19

Submitted by Shari Wright Pettit, MS, RDN, LD

The intention of this article is to provide facts about childhood obesity and some information regarding the increase in obesity incidence related to COVID-19 and beyond that scope. The hope of this article is to empower you to take charge of you and your family's health. Guilt and shame do not belong in this conversation, only helpful knowledge-based facts.

Let's begin with some of those obesity facts. According to the Centers for Disease Control and Prevention (CDC) from 2017 to 2018, obesity affected 19.3 percent of children ages 2 to 19. A study of over 400,000 children found the rate of BMI (body mass index) increase nearly doubled during the pandemic. Basically, the rate of obesity grew during COVID-19's time frame specifically.

You may be asking yourself, what is considered overweight or obese. The medical definition of childhood obesity is a BMI at or above the 95th percentile on the CDC's growth chart. At your next doctor's visit ask if medical staff will go over the chart if you're interested. What are the risk factors for childhood obesity? Children with obesity are more likely to have type



2 diabetes, heart disease, high blood pressure, high cholesterol, muscle and joint problems, and a fatty liver, aka an overall lack of health, according to the CDC.

According to the National Institutes of Health some of the causes for rising obesity rates during the pandemic included: more snacking, eating out of control, and eating unhealthy foods.

COVID aside, there are normal risk factors for obesity that include

diet, lack of exercise, psychological factors, socioeconomic factors, and certain medications that are still of concern. If medications may be a concern, be sure to speak with your doctor about medications and possible side effects.

Let's look at the diet and exercise risk factors. The Mayo Clinic cites dietary risk factors as eating high calorie foods. High calorie foods include things like fast foods, baked goods, foods from a vending machine, candy, desserts, and sugary

drinks. Fruit juices and sports drinks are also classified as sugary drinks. Sedentary lifestyles or lack of play may be a contributing factor as well. It is recommended that children of elementary school age have an hour of free play daily. Toddlers should be active three or more hours daily. Try things like hop scotch, going to a local playground, indoor obstacle courses, or YouTube has videos to keep your children moving if it's a cold, rainy day.

What to do and how to maintain a healthy relationship with food? There are a few guidelines that may help develop that love of all things food. If you're wanting more information, to take a deep dive yourself, or just have a handy resource for the eating stages for your family, check out ellynsatterinstitute.org or her book *Your Child's Weight: Helping Without Harming*. Ellyn is a Registered Dietitian and Family Therapist that specializes in eating and feeding. Her basic guidelines are the parent is responsible for what the child eats, and the child is always responsible for how much and whether they eat. For example, let's say you offer whole grain spaghetti, a large salad with tons of veggies, and some whole grain bread. Maybe your child decides to just eat a few bites of spaghetti, picks at a few veggies, and wants bread. Once the child communicates they're finished

eating, they're finished. You offer the meal, they decide if they're eating and how much they're going to consume. Once they're full, they're full until the next meal is offered.

How much food do children need? The unpopular answer is, it varies. How much you feed your child is really dependent on their abilities, their age, and their own personal hunger. General guidelines are to feed an infant on demand following their hunger and fullness cues. Fullness cues include starts to slow down during feeding, starts to pull away, or starts to play while feeding. Your baby knows how much to eat, you just have to watch the signs.

Most infants are ready to eat pureed foods around 6 months. This is also individual, but 6 months is a good guideline. Offer safe foods that are soft and easily chewed while your child is in a high chair and with a spoon. Offer the food, remember the infant is in charge of how much or if they eat. Include your child in family meals. Let your child use their fingers or spoon as much or as little as they want. Offer breast milk or formula in a cup. Avoid eating for emotional reasons. Stick to scheduled feedings and don't offer foods as rewards, when your child is sad, full, or tired.

What to eat? For age-appropriate children offer fruits, veggies, nuts

and seeds (assuming there are no allergies present), beans and lentils, and whole grains. When cooking, both olive or canola oil are fine, seafood (again assuming no allergies are present), and chicken or turkey if your family consumes meats. When in doubt, pick a "real" food without a long label like an apple, whole grain pasta (it's just one ingredient), or veggies for example.

To end on a high note, healthy children live longer, have strong bones, have boosted immunity to ward off viruses like COVID-19, good brain development, a healthy digestive system, and an overall good attitude. If you need specific guidelines for your child and their particular needs, reach out to a registered dietitian like myself. West Virginia Birth to Three and other entities offer dietary services. Good luck and happy eating!



Why Should WV Child Care Professionals Consider Infant Mental Health Endorsement?



Myth: Endorsement is only for those who have lots of degrees and experience.

FACT: Neuroscience tells us that the first three years of life are critical to lifelong health and well-being, making the role and responsibilities of home visiting professionals incredibly important to family and community success. The IMH Endorsement® recognizes professionals who work with or on behalf of infants, toddlers, and their families. It's the largest and most recognized IMH credentialing system in the United States, and it's available to you here in West Virginia! Anyone in the early childhood field can work toward earning Endorsement, including directors, supervisors, child care professionals, and service coordinators.

Why should I pursue Endorsement?

Good for You: Earning IMH-E® enhances your credibility and confidence in working with or on behalf of infants, toddlers, and their families. You'll gain recognition and belong to a cross-systems, multi-disciplinary network of Endorsed professionals in WV.

Good for Babies and Families: Infants, toddlers, and families receive culturally sensitive, relationship-based early childhood services provided by a workforce that demonstrates a common set of core competencies.

Good for Communities: IMH-E® provides assurance to families that early childhood professionals meet high standards of care and are prepared to support optimal development of infants, young children, and their families.

Good for Programs: IMH-E® professionalizes the early childhood field and ensures consistency of professional standards across programs, no matter the curriculum, location, or services.

The IMH Competencies® naturally align with Early Childhood work

IMH-Endorsement® supports the belief that positive social-emotional development is foundational to other learning, and that healthy development happens within the context of nurturing relationships and environments.

IMH competencies® provide a professional development "road map" for acquiring the knowledge and skills needed to attend to the often complex nature of early social and emotional development and parent-child relationships.

Financial assistance is available for Endorsement. Local Child Care Resource and Referral agencies have funds available to provide financial assistance for those seeking Endorsement within the Early Childhood field.

For more information, please contact the West Virginia Infant/Toddler Mental Health Association or visit www.nurturingwvbabies.org

Special thanks to the Wisconsin Alliance for Infant Mental Health for sharing information

Preventing Childhood Obesity

Submitted by Renee Y. Stonebraker, RS, West Virginia Child Care Health Educator


In the United States, there were 14.7 million children and adolescents ages 2-19 that were obese in 2017-2020, according to the Center for Disease Control (12.7 percent of 2- to 5-year-olds had obesity, 20.7 percent of 6- to 11-year-olds had obesity, and 22.2 percent of 12- to 19-year-olds had obesity). The prevalence of obesity among children aged 2 to 5 years decreased from 13.9 percent in 2003-2004 to 12.7 percent in 2017-2020.

Obesity is defined as your Body Mass Index or BMI being at or above the 95th percentile on a growth chart compared to children of the same age and gender. BMI is a measure used to determine childhood obesity and is based on weight in relation to height. Physical inactivity and poor diet can contribute to obesity, which leads to an increased risk for diabetes, high blood pressure, high cholesterol, asthma, arthritis, heart disease, sleep apnea, and social discrimination that may cause low self-esteem and depression.

There are many causes of childhood obesity:

- Unhealthy diet
- Lack of exercise
- Medication use and certain diseases
- Lack of information about healthy food choices
- Poor availability and affordability of healthy foods
- Increased portion sizes
- Environment in which children are conceived, born, and raised
- Eating used as a coping method to deal with problems, stress, or boredom
- Availability of high-calorie, high-fat, high-sugar, and high-salt foods



- 
- Urban areas offer fewer opportunities for physical activity
 - Technology and computers
 - Lack of breastfeeding support
 - Advertising less healthy foods
 - No safe and appealing place to play or be active
 - Variations by state in licensure regulations among child care centers

Ways we can help prevent childhood obesity:

- Early initiation of breastfeeding, within one hour of birth
- Exclusive breastfeeding for the first 6 months of life
- Introduction of complementary (solid) foods at 6 months together with continued breastfeeding up to two years of age or beyond
- Follow a healthy diet
- Follow MyPlate and proper portion sizes
- Be a good role model
- Limit screen time and sedentary time
- Limit high-fat and high-sugar foods
- Engage in regular physical activity

Caring for Our Children has published “Preventing Childhood Obesity in Early Care and Education Programs” as a guide for child care centers. It can be downloaded for free online at https://nrckids.org/CFOC/Childhood_Obesity. The book provides evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs.

Keeping Children Safe and Healthy During the Winter Months

Submitted by the West Virginia Child Care Nurse Health Consultants



Winter and cold weather is upon us and with it comes unique challenges in keeping children safe and healthy. The American Academy of Pediatrics has tips for caregivers and parents in how to navigate the winter months.

Outside play is encouraged, even in the winter. The key is proper clothing and an eye on the weather. Infants and toddlers should be dressed warmly for outdoor activities. Use several thin layers and don't forget

boots, hats, and gloves or mittens. A rule of thumb for babies over one year old and older children is to dress them in one more layer of clothing than an adult would wear in the same conditions.

Also, don't forget sunscreen in the winter. UV rays can cause sunburn in cold weather, especially if they are reflected off of snow.

Local weather reports should be checked daily, and children should

be kept indoors when there are weather advisories. In winter, this means keeping an eye on the wind chill factor rather than the actual temperature. Local television reports and newspapers are a reliable source of this information.

The idea that cold weather causes colds and flu is not true. However, the viruses that cause colds and flu are more common in the winter, and therefore we see more of these illnesses in the winter. Reduce the

spread of germs with good hand washing and teaching children the proper way to cough and sneeze into their elbow. Children six months and older should get the influenza vaccine to reduce the risk of catching the flu. If you care for children less than six months of age, it is important that you get the flu vaccine to protect these infants too young to receive the vaccine.

Nosebleeds are more common in children in the winter due to dry heat indoors. Try to remain calm. A nosebleed can be frightening, but rarely serious. Keep the child in a sitting or standing position. Tilt his head slightly forward. Have him gently blow his nose if he is old enough. Pinch the lower half of the child's nose (the soft part) between your thumb and finger and hold it firmly for a full ten minutes. If the child is old enough, he can do this himself. Don't release the nose during this time to see if it is still bleeding. Release the pressure after ten minutes and wait, keeping the child quiet. If the bleeding hasn't stopped, repeat this step.

If after ten more minutes of pressure the bleeding hasn't stopped, call the child's parents for a pickup. Don't panic. Don't have him lie down or tilt back his head, as this can cause blood to drain into the back of the throat. Don't stuff tissues, gauze, or any other materials into the child's nose to stop the bleeding.

Winter can be a magical time for children with snow and holidays. So have fun and follow these simple steps to stay healthy and safe through the cold months.



PREPARING FOR OUTDOOR PLAY DURING THE WINTER MONTHS



**HAVE A SNACK BEFORE
GOING OUTSIDE-THE
CALORIES WILL GIVE YOUR
BODY ENERGY IN THE COLD
WEATHER**



**PROTECT YOUR FACE
WITH SUNSCREEN-SNOW
CAN REFLECT UP TO
85% OF THE SUN'S
ULTRAVIOLET RAYS**



**DRESS WARMLY IN
LAYERS OF
CLOTHES**



**AVOID COTTON CLOTHING
BECAUSE IT WON'T KEEP YOU
WARM-STICK WITH WOOL OR
OTHER FABRICS**



**WATERPROOF PANTS
AND JACKETS ARE A
GREAT TOP LAYER**



**WEAR WARM SOCKS AND BOOTS
TO KEEP YOUR FEET DRY AND
HAT AND GLOVES TO HELP KEEP
YOU WARM**

www.earlycaresharewv.org



Concerned about your CHILD'S DEVELOPMENT?

Help Me Grow, a free developmental referral service, provides vital support for children from birth to age five including:

- Information and community resources to aid development
- Free developmental screening questionnaire
- Coordination with your child's doctor

Talk to a care coordinator and schedule a developmental screening for your child today.

Help Me Grow: 1-800-642-8522
www.dhhr.wv.gov/helpmegrow



Help Me Grow
West Virginia

Indoor Physical Activity Ideas

Submitted by Harmony Vance, West Virginia Child Care Health Educator

Planning indoor activities can sometimes be difficult. Here is a list from the Ivy Academy to help keep kids moving.



LAUNDRY BASKET RACES

Fill up a laundry basket and place a dishtowel underneath, so it slides freely across the floor. This is a great indoor gross motor activity for sensory processing too.

BUCKET TRANSFER

Take two buckets and place one at one end of the room and one somewhere farther away. This can depend on the age of the child. Use a pair of kitchen tongs to grab either rolled up socks or paper snowballs to transfer. How fast can you transfer the items to the empty bucket? The next child can transfer them back! You can also do it with one bucket and scatter the contents all over the room!

PHYSICAL ACTIVITY CUBE | LITTLE FAMILY FUN

Use a cube box and write different exercises on each side. Then use another cube with numbers (like dice). Roll both cubes to see what exercise to do and how many times to do it.

PLAY VELCRO BALL | CREATIVE CONNECTIONS FOR KIDS

Add Velcro to wiffle balls. Then have the kids put on knit gloves to play catch.

EXERCISE EGGS – FIND AND MOVE TREASURE HUNT | NO TIME FOR FLASH CARDS

Fill plastic eggs with activities and have the kids find the eggs around the room and then perform the activity.

The West Virginia Association for Young Children is Moving Forward

Submitted by Nancy Cheshire and Kristy Ritz, WWAYC

Are you important? Do you make a difference in this world? YES! YOU ARE IMPORTANT. All those who work to bring quality care and education to the young children of West Virginia are important. The West Virginia Association for Young Children (WWAYC) is here for our children by encouraging, educating, supporting, and caring for those individuals providing safe, healthy, nurturing, quality programs for our youngest citizens. WWAYC is here for you, the early childhood professionals, who are making a positive difference in the lives of West Virginians every day. We know you are important, and we are here to help and support you, your mission, and your work.



A familiar proverb from the 14th century reminds us that “Mighty oaks from little acorns grow.” In

1975, WWAYC started as a tiny acorn of thought and belief that young children need and deserve quality care and education. A small group of dedicated individuals joined together to share early childhood education information and the importance of quality care throughout our state. A tiny core group, our acorn, encouraged others to join in

their efforts and soon a small tree had sprouted, branches began to grow, leaves grew green, and a new association began its work.

Through the years, the branches spread across the state. Conferences and training events were held in Charleston, Huntington, Parkersburg, Bridgeport, Glenville, Shep-

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: “Do you ever wonder if you have made a difference in this life? . . . I believe that :
: by the time a child grows up, that child’s first teacher and second teacher and all :
: the child’s important adults will have become incorporated into that child’s develop- :
: ment. That’s the way it is with all children and, although they might not remember :
: clearly, those of us who were the educators of their early lives will always be a part :
: of who they are.” - Mr. Fred Rogers :
:

herds Town, and other locations. Our association and our many dedicated members worked with other state groups with similar beliefs and passions. Our tree continued to grow. As the environment changed, our tree adapted to new and positive state early childhood training opportunities. Electronic devices brought more online services, new and varied projects. But WVAYC adapted to change and continued to grow with the same promise and belief that we could make a positive difference for children, educators, and child care providers.

WVAYC is a state affiliate of the Southern Early Childhood Association. We are proud to be SECA members. It is a pleasure to share the SECA history because, once again, from a tiny acorn, a mighty tree has grown. In 1948, when Harry Truman was President, Mrs. Polly Vickers, director of the Vanderbilt Cooperative Nursery School in Nashville, TN, invited individuals interested in the care and education of young children to attend a meeting where they could discuss mutual problems. Twenty-seven people met and in 1949 this group became the Southern Association for Children Under Six (SACUS). In 1950, 134 people from nine states gathered at the West End Methodist Church in Nashville for the first conference held by this new grass roots organization. A church was selected for

this meeting because hotels and other venues did not welcome individuals of all races at that time. All interested people were welcomed by SACUS regardless of race, national origin, religion, or educational background. As years passed, SACUS voted to change the name of the organization to the Southern Early Childhood Association (SECA) to include those working with children through age 8. We are proud to be an affiliate of this outstanding association and have a member of WVAYC serve on the SECA Board of Directors. Today, SECA provides excellent online resources for our members as well as an outstanding yearly conference in one of our southern member states.

WVAYC continues to welcome everyone to be a member, just as SECA does. We are proud to be advocates for you and the children. We are proud to continue our work for positive changes in our state and national government. We support and work toward positive health practices for children. We are proud to support you, the workers who make all these positive actions possible. You are important to the children and families of West Virginia, and you are important to WVAYC. The tiny acorn of a dream that became WVAYC continues to grow and our beautiful tree spreads large limbs of encouragement, information, and advocacy. Through the years,

WVAYC has experienced many challenges, but we have spread our limbs, and encouraged changes to better serve our members and our state. As a Greek philosopher once said, "Change is the only constant in life."

One of the recent highlights of change took place in 2022 when Kristy Ritz became our first WVAYC full time Executive Director. Thanks to The Earlier, The Better Project through KEYS 4 HealthyKids, which was a 75th Anniversary Beneficent Foundation Grant, this change strengthened our association and made new projects possible.

We can now facilitate the Champions for Child Care work group that meets monthly to discuss child care policy and advocacy efforts. We continue to work together for positive change.

WVAYC hosted the first Child Care Day at the Legislature on February 14, 2023. Over fifty advocates and supporters from across the state came to the Capitol Building to deliver information packets to all 137 legislators and the Governor. Individuals met with elected officials to discuss concerns and share their own personal experiences. WVAYC also participated in town hall meetings hosted by local child care providers, in April and May 2023 at seven locations across our state. These



events provided additional opportunities to inform elected officials and local citizens about early childhood care and education in our state.

In July 2023, WVAYC received a grant from The Benedum Foundation for The Child Care Invest Project. This project will improve the child care systems infrastructure to allow continued access to affordable, quality early childhood programs. It will support and advocate for expansion of funding for current child care subsidies to include enrollment-based payments and other priority policies to increase access and affordability of child care programs

for West Virginia families. This project will allow WVAYC to continue supporting early childhood education programs, and professionals.

Recently, WVAYC created a Family Child Care Committee. We want to ensure that family child care homes and family child care facilities are represented in our association. We are here to support, educate, and facilitate the work of all early childhood professionals in West Virginia. Yes, we are moving forward! WVAYC changes as the needs in our state change. We are making plans for the next Child Care Day at the Legislature scheduled for Febru-

ary 14, 2024, and we hope to bring together more advocates to share their stories and speak on behalf of children, families, and early childhood programs. Yes, our tiny acorn has grown into a tree with a strong trunk. Through the years limbs have been trimmed to make way for new branches that continue to support and encourage our early childhood community. We are here to make a positive difference. We would welcome you if you would like to be a part of an association with a strong history of active involvement working for the early childhood community, and the children and families of West Virginia.

West Virginia's Child Care Nurse Health Consultant Program



The Child Care Nurse Health Consultant (CCNHC) program has been in operation since 2007. Initially, two full-time registered nurses were hired to provide Medication Administration training to child care providers. As with all things, over the years, the program has been modified to reflect the needs of West Virginia's early childhood programs. Today, the CCNHC program features six full-time Child Care Nurse Health Consultants throughout West Virginia - one CCNHC serving each Child Care Resource and Referral region.

What are Child Care Nurse Health Consultant?

Child Care Nurse Health Consultants are registered nurse who work with child care providers to promote the health and safety of children in the child care setting. Child Care Nurse Health Consultants are great resources for free WV STARS approved trainings. These consultants can also provide guidance, technical assistance, and knowledge on a wide range of health and safety topics. Child Care Nurse Health Consultants have the training to access and provide appropriate resources to assist child care providers in successfully including children with special health or medical needs.

How can Child Care Nurse Health Consultants assist early childhood programs?

- Help providers develop strategies for caring for children with special health needs
- Develop or update health and safety policies for child care providers
- Provide health education and wellness programs
- Provide up-to-date information on the latest guidelines, policies and information regarding child health and safety
- Offer support through telephone, virtual consultations, or on-site visits
- Conduct child care staff training in-person or online
- Provide Medication Administration training in-person or online
- Provide communicable disease information
- Develop health care plans for children with special needs
- Provide health and safety education for parents and children

Child Care Nurse Health Consultants have very flexible schedules and can work with you to schedule trainings at your center. Trainings can be provided in person or online.

Popular topic ideas for trainings include:

- Medication Administration (3 hours)
- All About Allergies (2 hours)
- Dealing with Lice (1 hour)
- Ear Infections in Children (1 hour)
- Infection Control in the Child Care Setting (1 hour)
- Communicable Diseases in Child Care (2 hours)
- Morning Health Checks (1 hour)

- Neonatal Abstinence Syndrome (2 hours)
- Oral Health in Child Care (1 hour)
- Respiratory Infections in Children (1 hour)
- Seizure Disorders (1 hour)
- Summertime Safety (2 hours)
- Creepy Crawly Creatures (2 hours)
- Medical Action Plans (1.5 hours)
- What Can a CCHE/CCNHC do for you? (1 hours)
- Rashes and Scratches (1 hour)

How can you contact a Child Care Nurse Health Consultant?

Child Care Resource Center region

Counties served: Brooke, Hancock, Marion, Marshall, Monongalia, Ohio, Tyler, Wetzel

Crystal Harclerode, RN

Bridgeport, WV

Call/Text: 304-840-2482

Email: crystal.harclerode@rvcds.org

Choices Resource and Referral region

Counties served: Calhoun, Doddridge, Gilmer, Harrison, Pleasants, Richie, Wirt, Wood

Lisa Galford, MSN, RN

Salem, WV

Call/Text: 304-840-8560

Email: lgalford@rvcds.org

Connect Resource and Referral region

Counties served: Clay, Jackson, Kanawha, Roane

Candy Morgan, RN

Charleston, WV

Call/Text: 304-840-2967

Email: cmorgan@rvcds.org

Link Resource and Referral region

Counties served: Boone, Cabell, Lincoln, Logan, Mason, Putnam, Wayne

Brittany Shannon

Huntington, WV

Call/Text: 304-972-6300

Email: brittany.shannon@rvcds.org

MountainHeart North Resource and Referral region

Counties served: Barbour, Berkley, Grant, Hampshire, Hardy, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, Upshur

Karen Gilbert, RN
Points, WV
Call/Text: 304-840-1933
Email: kgilbert@rvcds.org

MountainHeart South Resource and Referral region

Counties served: Braxton, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, Wyoming

Vacant Position- Please contact one of the other CCNHCs for assistance scheduling training for your child care program or your technical assistance needs.

Contact the Child Care Nurse Health Consultant in your region to request training and/or information on topics relating to health and safety in the child care setting.

For more information, visit us online at:
[http://www.wvearlychildhood.org/Nurse Health Consultants.html](http://www.wvearlychildhood.org/Nurse_Health_Consultants.html)

Like us on Face Book: <https://www.facebook.com/WVNurseHealthConsultants/>

The CCNHC program and its services are provided as a grant from WV Department of Health and Human Resource Bureau for Children and Families/ Office of Early Care and Education and is administered by West Virginia Early Childhood Training Connections and Resources (WVECTCR), a program of River Valley Child Development Services (RVCDs)





West Virginia Infant/Toddler
Mental Health Association

Supporting the social and emotional well-being of children



A NEW RESOURCE... WV PREPAREDNESS FOR EMERGENCY RESPONSE TOOLKIT

A Social-Emotional Relational Approach

What is this new resource?

This comprehensive toolkit offers a framework in thinking through emergency preparedness plans in a developmentally appropriate and trauma informed manner to further the social emotional development of infants and young children.

What is covered?

This toolkit is divided into three sections: emergency preparedness, emergency response, and emergency recovery. Each section focuses on the social and emotional needs of infants, young children, and their families. Resources by disaster type are provided at the end of the toolkit.

Key considerations for emotional regulation during emergency situations

- Both children and adults experience intense feelings such as fear or helplessness during emergencies.
- Children and adults who have been exposed to adverse experiences early in their lives might have increased difficulty managing and coping after an emergency.
- All children, because of their developmental immaturity, will require extra support with emotional regulation during times of stress.



Access the full
document here



THE WEST VIRGINIA INFANT/TODDLER MENTAL HEALTH ASSOCIATION

nurturingwvbabies.org

Do you know a child who is not *moving *hearing *seeing * learning or *talking like others their age?

By 3 months,
Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,
Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,
Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,
Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,
Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,
Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

To learn more about the
WV Birth to Three services
in your area, please call:

1-866-321-4728

Or visit www.wvdhhr.org/birth23



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

Parent Blocks

NEWSLETTER



“Providing resources to parents throughout West Virginia”

Volume 20, Issue 1, Winter 2024

Supporting Healthy Eating in Children

To help children grow strong, include fruit and vegetables with meals and snacks. Fresh, frozen, or canned options are all okay. With canned vegetables, look for products with low sodium. With canned or frozen fruits, choose those with little or no added sugars.

Prepare and store fruit and vegetables in single-serving containers. Then you'll have a healthy snack ready when children are hungry.

How much fruit and vegetables children need depends on their age and how active they are.

Some changes in how food is prepared can make fruits and vegetables even healthier. For example, rather than serving children a cereal bar with fruit in it, offer them a few slices of whole fruit with unsweetened granola. Or instead of fried vegetables, shift to roasted vegetables.

Include a variety of fruits

and vegetables to make a rainbow of different colored foods on your child's plate.

When children are about 6 months old, you can start introducing them to foods and drinks other than breast milk and infant formula. For most children, you don't need to introduce foods in a specific order.

By the time children are 7 or 8 months old, they can eat a variety of foods from different food groups. Your child needs a variety of vitamins and minerals to grow healthy and strong.

Avoid giving certain foods and drinks to children younger than 12 months.

Drinks matter, too! When your child is between 6 and 12 months old, you can offer: Water (4 to 6 ounces per day) and breast milk (if you are still breastfeeding) or infant formula.

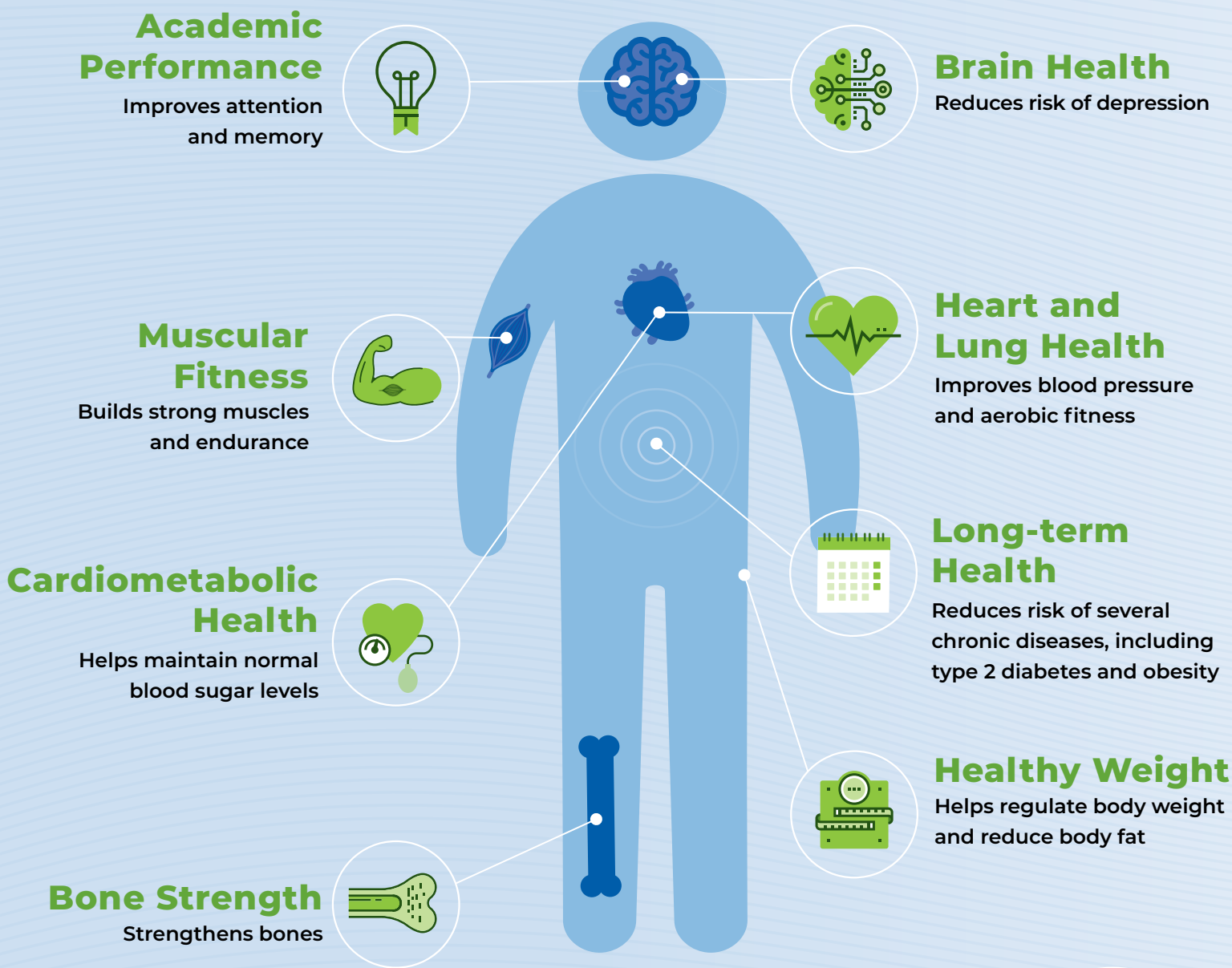
Once your child is 12 months old, you can begin offering fortified cow's milk. If you want to serve your children fruit juice, the American Academy of Pediatrics recommends waiting until they are 1 year old. For children older than 1, serve only 100% fruit juice. Also, limit each serving to the recommended amount.

- Reprinted from cdc.gov

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Family Assistance/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/ West Virginia Birth to Three; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

Permission to photocopy

Health Benefits of Physical Activity FOR CHILDREN



Source: *Physical Activity Guidelines for Americans*, 2nd edition

To learn more, visit: <https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-children.html>

October 2021



WINTER SAFETY FOR FAMILIES

West Virginia Infant/Toddler Mental Health Association

WWW.NURTURINGWVBABIES.ORG

Experiencing the season of winter can be fun, but it can bring some hidden challenges, especially for families. Here are some tips for keeping young children and families safe during winter months.

Fireplaces: With temperatures getting colder, many families will turn to fireplaces as a source of heat. Reducing the risk of accidental burns and air pollutants is important. Closely watch children around fires and never leave young children alone around a fire, make sure your chimney is in good working order, and install both smoke and carbon monoxide detectors.

Emergencies: Winter weather can certainly bring challenges for both homes and vehicles. Being prepared in advance can be helpful. For your vehicle, consider having a few blankets and snacks in the car (including bottled water), a first aid kit, jumper cables, windshield cleaner, a flashlight, and keep gas tanks fuller. For your home, bottled water, canned food, baby formula and diapers (if needed for very young children), flashlights with extra batteries, warm blankets or sleeping bags, a non-cordless phone, and a battery operated radio can all be helpful during winter emergencies. Weather related alerts and information can be found at <https://www.weather.gov>.

Dressing for winter: Many young children and adults like to play out in the snow. Dressing properly to protect your body from the cold is important. Several thin layers work best, and wool is a better choice than cotton. Coats, hats, gloves, socks, and waterproof boots (if possible), will help keep the body warm



and dry. Once clothes start to get wet, it is a good idea to take a break, come inside, and warm up.

Skincare: Winter months can be hard on the skin, due to colder temperatures and lower humidity. However, it is important to think about protecting your skin during these months. Sunscreen is just as important in the winter as the summer when playing outside. Making sure children keep their hands dry and using a cream-based moisturizer after bathing will help provide the oils the skin needs to stay healthy. And don't forget to use lip balm. Younger children in particular will find the dryness in the air will irritate lips. The child's reaction will be to lick the lips, which makes the dryness worse. Petroleum jelly can be used on both the skin and lips to reduce redness. The skin will also be healthier if hydrated. Be sure to encourage adults and children to continue to drink enough water during the cooler winter months.



Handwashing: Keeping Your Family Healthy

Handwashing is an easy, cheap, and effective way to prevent the spread of germs and keep kids and adults healthy. When your family is healthy, you don't have to worry about missing school, work, or other activities.

Help your child develop handwashing skills

Parents and caretakers play an important role in teaching children to wash their hands. Handwashing can become a lifelong healthy habit if you start teaching it at an early age. Teach kids the [five easy steps for handwashing](#)—wet, lather, scrub, rinse, and dry—and the key times to wash hands, such as after using the bathroom or before eating. You can find ways to make it fun, like making up your own handwashing song or turning it into a game.



Lead by example

Young children learn by imitating the behaviors of adults in their lives. When you make handwashing part of your routine, you're setting an example for your children to follow.



LIFE IS BETTER WITH

**CLEAN
HANDS**



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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