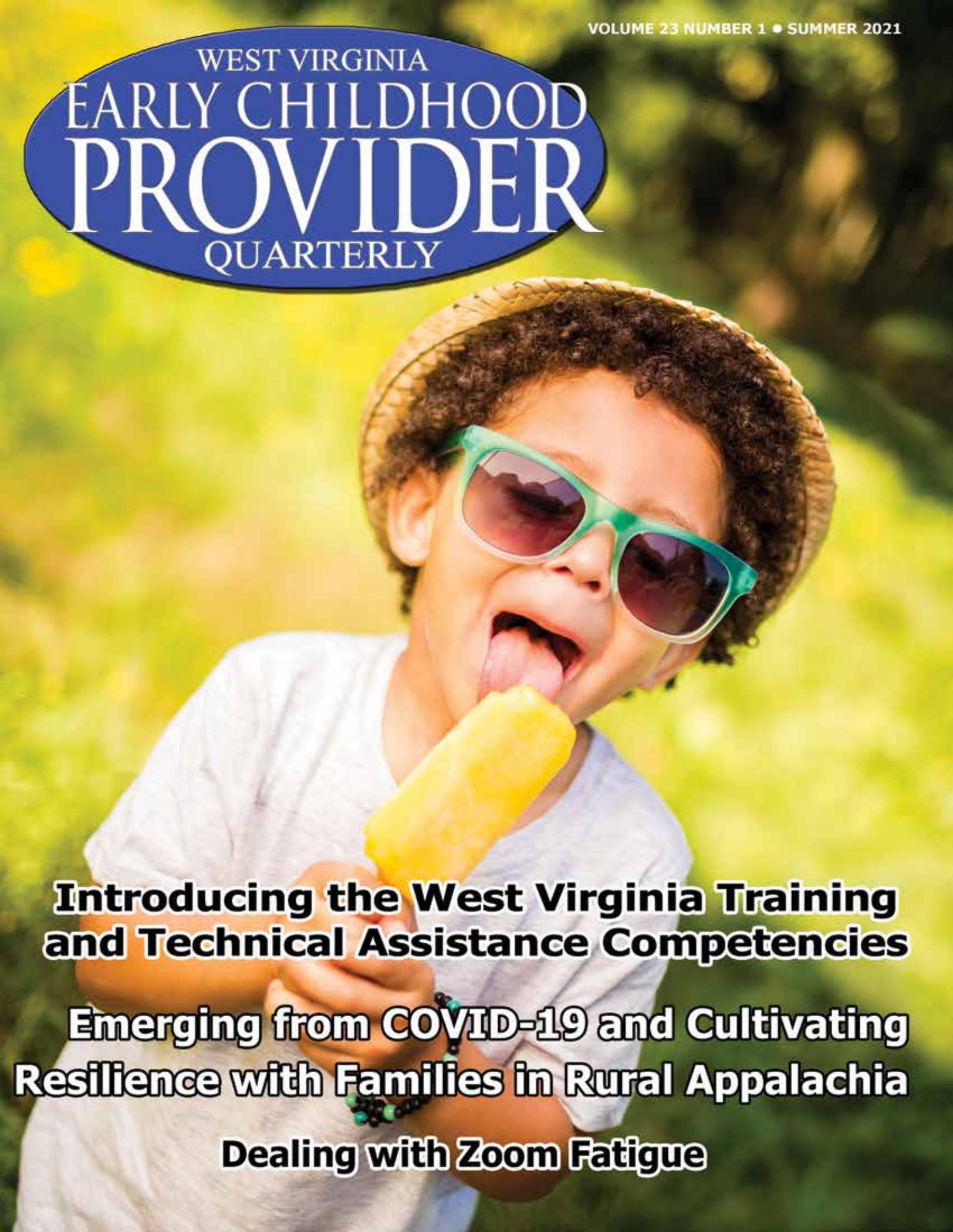


WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

A young child with curly hair is the central focus of the cover. They are wearing a light-colored straw hat and bright green sunglasses. The child is holding a yellow popsicle and has their tongue sticking out, about to lick it. They are wearing a white t-shirt and a black beaded bracelet on their left wrist. The background is a soft-focus green field, suggesting an outdoor summer setting.

**Introducing the West Virginia Training
and Technical Assistance Competencies**

**Emerging from COVID-19 and Cultivating
Resilience with Families in Rural Appalachia**

Dealing with Zoom Fatigue

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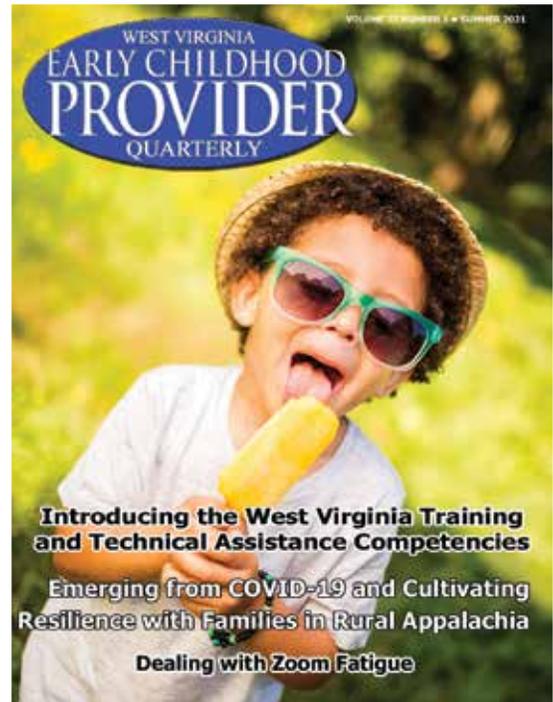
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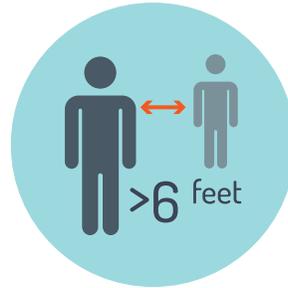
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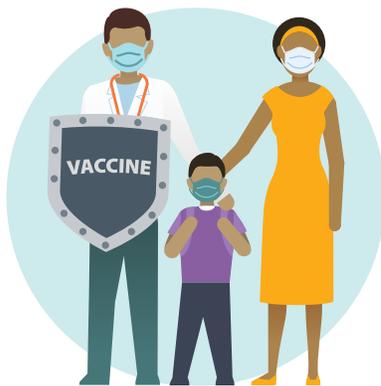
COVID-19 Vaccines

Vaccines (shots) are one of the tools we have to fight the COVID-19 pandemic.



To stop this pandemic, we need to use all of our prevention tools. Vaccines are one of the most effective tools to protect your health and prevent disease. Vaccines work with your body's natural defenses so **your body will be ready to fight the virus**, if you are exposed (also called immunity). Other steps, like wearing a mask that covers your nose and mouth and staying at least 6 feet away from other people you don't live with, also help stop the spread of COVID-19.

Studies show that COVID-19 **vaccines are very effective** at keeping you from getting COVID-19. Experts also think that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19. These vaccines cannot give you the disease itself.



The vaccines are safe. The U.S. vaccine safety system makes sure that all vaccines are as safe as possible. All the COVID-19 vaccines that are being used have gone through the same safety tests and meet the same standards as any other vaccines produced through the years. A system in place across the entire country that allows CDC to watch for safety issues and make sure the vaccines stay safe.

Different types of COVID-19 vaccines will be available. Most of these vaccines are given in two shots, one at a time and spaced apart. The first shot gets your body ready. The second shot is given at least three weeks later to make sure you have full protection. If you are told you need two shots, make sure that you get both of them. The vaccines may work in slightly different ways, but all types of the vaccines will help protect you.



www.cdc.gov/coronavirus/vaccines

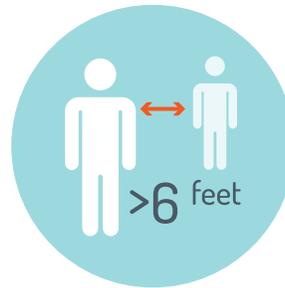


The vaccines may cause side effects in some people, like sore muscles, feeling tired, or mild fever. These reactions mean the vaccine is working to help teach your body how to fight COVID-19 if you are exposed. For most people, these side effects will last no longer than a day or two.

Having these types of side effects does NOT mean that you have COVID-19. If you have questions about your health after your shot, call your doctor, nurse, or clinic. As with any medicine, it is rare but possible to have a serious reaction, such as not being able to breathe. It is very unlikely that this will happen, but if it does, call 911 or go to the nearest emergency room.

When you get the vaccine, you *and* your healthcare worker will both need to wear masks.

CDC recommends that during the pandemic, people wear a mask that covers their nose and mouth when in contact with others outside their household, when in healthcare facilities, and when receiving any vaccine, including a COVID-19 vaccine.



Even after you get your vaccine, you will need to keep wearing a mask that covers your nose **and** mouth, washing your hands often, and staying at least 6 feet away from other people you do not live with. This gives you and others the best protection from catching the virus. Right now, experts don't know how long the vaccine will protect you, so it's a good idea to continue following the guidelines from CDC and your health department. **We also know not everyone will be able to get vaccinated right away, so it's still important to protect yourself and others.**

Introducing the West Virginia Training and Technical Assistance Competencies

Submitted by EmmaLee Griffith, WV STARS Assistant Statewide Project Manager - Professional Development/Distance Learning

In 2015, members of the West Virginia Early Childhood Advisory Council (WVECAC) Professional Development Committee created and published West Virginia's Core Knowledge and Competencies for Early Childhood Professionals (WVCKCs). This document outlines recommended practices for professionals who work directly with children and their families, offering a road map for development and an assessment tool to help you determine where you may have a skills gap. If you're a professional who provides training for early care and education professionals, you might use this document to help you assess and create content to help your participants grow their skills, but you may have noticed that many of the competencies do not apply to your work providing training or technical assistance.

When it comes to your professional development, how do you determine what will be most helpful to you? What do you use to determine if you should brush up on your content knowledge, or ensure you're using the most up-to-date strategies for working with adult learners? The WVECAC Professional Development Committee, recognizing that the



Core Knowledge and Competencies for Early Childhood Professionals did not fully meet the needs of professionals who develop and provide Training and Technical Assistance for others in the early care and education field, formed a small group to develop a document for these professionals. The "West Virginia Specialized Knowledge and Competencies for Early Childhood Training and Technical Assistance Professionals" was created to meet this need.

The knowledge and skill requirements for Training and Technical As-

sistance (T & TA) Providers are very different from the skills required by other early childhood professionals. In addition to being fully competent in the WVCKCs, familiar with the WV Early Childhood Professional Development system, and maintaining a trainer credential, training and technical assistance professionals must also provide training and technical assistance that reflects their education and experience, integrate research about child development and adult learning, and build and maintain strong relationships.

The document can be used by a variety of early childhood professionals to help them create and meet their goals. The self-assessment checklist in the back is similar to the WVCKCs assessment, and Trainers and Technical Assistance Professionals can use the checklist to identify their strengths and opportunities for improvement. Administrators and supervisors might use the document to create job descriptions or evaluation tools. Entity organizations may use the Competencies to guide planning and development of content, while higher education entities might use them to design course content or align courses to others. On a state/regional level, the Competencies could be used to create policy or link efforts from different projects.

There are six content areas in the Specialized Knowledge/Competencies for Early Childhood Training and Technical Assistance Professionals (T & TA CKCs). They are: Adult Learning, Building Relationships, Technical Assistance Process, Communication, Content Knowledge, and Professionalism. Each content area includes four sections: Key Concepts, Dispositions, Core Competency, and Behaviors and Skills. The Key Concepts describe the function of each content area in relation to the roles of T & TA Professionals. The Dispositions are new to the T & TA CKCs and cover personal attributes – we'll look at those more in depth

shortly. Next, the Core Competency is stated – this is the fundamental knowledge, ability, or expertise you are expected to demonstrate and practice. Last, but not least, are a list of Behaviors and Skills, observable activities coming from your knowledge, practice, and aptitude in each competency. The last section of the document contains a self-assessment to encourage you to reflect on your skills and goals and help you create a path to move forward.

In considering what attributes are important to being an effective T & TA Provider, the group created a list of dispositions that move us past knowledge and skill. Dispositions reflect “how we are” with the people we're working with. When we reflect on our disposition to our participants, we are modeling behavior that encourages them to consider their own dispositions and “how they are” with others. A caring disposition helps us value and appreciate all aspects of the well-being of those we work with by practicing empathy, compassion, understanding, respect, passion, and cultural differences. The communicative disposition encourages us to be sensitive and skilled in the various ways humans interact with each other. These attributes foster collaboration and interpersonal development by being engaged, responsive, attentive, collaborative, and open. A creative disposition allows us to envision and craft things in creative

and meaningful ways, encouraging flexibility, inventiveness, resourcefulness, and resiliency. The ability to examine, critique and ask questions to evaluate, analyze, and synthesize point to a critical disposition. These skills encourage us to reflect, enterprise, be open-minded, effective, and modest. Finally, T & TA Providers must always maintain a professional disposition. These generally expected qualities and practices include meeting standards, ethical principles, and behaviors, and being responsible and reliable, discreet, and objective. These “ways of being” with your participants are just as important as the knowledge or skills you are trying to assist with.

The Adult Learning Competency asks T & TA professionals to consider the unique characteristics of adult learners. We must recognize the lifetime of experience and foundation of skills they bring to every learning opportunity. They also have preconceived thoughts, perceptions, and attitudes that can affect their motivation, level of engagement, and how learning is applied. Because of these factors, we must create a climate of mutual trust, respect, and collaboration.

And how do we create that climate? By ensuring you have adequate skills to build relationships. T & TA Professionals know that the foundation of adult learning is a climate of trust

and respect, and they know there are a multitude of skills needed to create positive and respectful relationships with the variety of professionals you may work with. Without a relationship, encouraging change can be challenging.

When it comes to the act of helping your participants create change, you need to have a good idea of how the training and technical assistance process works. Training and technical assistance can be broad in perspective or focused on a specific topic or skill development. There are different methods for instruction for large groups, small groups, or individuals, and different presentation mediums – email, face-to-face meetings, observations, online training, or even self-paced learning materials. The skilled T & TA professional will be able to understand the process, stages, and steps to deliver effective content, understand the change process and how to guide it, and understand that creating self-paced content requires a different set of skills and production than other mediums.

Crucial to nearly all professions, communication is a skill that involves the whole range of ways that people pass information back-and-forth in verbal and non-verbal ways. Considering the work of Training & TA professionals, communication skills are the key to your success. You are planning a message to send through your train-

ing content, and you must also consider your body language, speaking style, facilitation style for activities and discussions, use of visual aids and transitions to new topics. Using common language, avoiding industry jargon, and reflective listening all encourage quality learning experiences.

Of course, as you provide training & technical assistance, it is important that you are pulling from a well-maintained foundation of content knowledge. Because you are sharing this information with other professionals, your knowledge and skills must be accurate and up to date. As with other skills, when your participants see you considering your own professional development, your modeling encourages them to do the same.

Finally, T & TA professionals must be just that – professional. By adhering to the NAEYC Code of Ethics, committing to research-based practice, and making a commitment to quality we can ensure that professionalism will be evident through the early care industry. T & TA practitioners may be confronted with questions that require difficult decisions around moral and ethical implications. Professionalism must be prevalent throughout the entire training and technical assistance process.

We hope you find this document to be informative and helpful in guiding your professional development. To

give professional development providers a more in-depth look at the new Specialized Knowledge/Competencies for Early Childhood Training and Technical Assistance Providers, WV STARS is in the process of developing a 1-hour, self-paced course. In addition to reviewing the document, we will also review the new renewal requirements and self-assessment process. Look for the training to appear on your dashboard soon!



Dealing with Zoom Fatigue

Submitted by Jesse Riggs, WV STARS Specialist II - Distance Learning

As its name suggests, Zoom sped through businesses across the country and quickly became the go-to app for videoconferencing in both public and private sectors. But for a lot of users, its ready availability felt like a shackle to the home office, den, or living room couch during a time when homes felt much less homey. Even now that offices are opening

up, we've adopted the videoconference call as standard communication, leading to a uniquely modern pathology: Zoom fatigue.

Here is a list of expert opinions on how to control it:

Set boundaries: Easy access to scheduling has put the average em-

ployee in the difficult position of having to accept every new invitation that breezes through their inbox. Mitigate the responsibility of having to decline meetings by blocking out available times in your calendar and share that with your team.

Don't make frivolous meeting requests: Think about how your con-

tent can best be delivered. If you need to communicate a small change in office procedure, post that file in a shared folder or network space.

Communicate your agenda: Zooming may be convenient, but it also diffuses responsibility for interaction. Even knowing how long a meeting is going to last, if your participants can't track the progress of the meeting, you will lose them. Send out your talking points in advance

and share it during the meeting to keep people from watching TikTok.

Adjust your video settings: Turn off whatever mirror function that is set to default in your settings. There is a strong psychological stress response to seeing your image on screen.

Cut yourself some slack: Having your team connected via multiple apps is inefficient and distressing. Narrow your tech usage down to one medium.

Let it go: Home offices aren't without distractions. Embrace them instead of trying to hide them. If your cat walks across your keyboard, don't apologize; introduce them.

Finally, try to squeeze in some physical activity throughout your day: Stretch, take a five-minute walk, or touch your toes. Improved circulation will stimulate your brain and elevate your mood.



Great Beginnings

INFANT/TODDLER
CONFERENCE

The Great Beginnings Conference provides practical and theoretical information for all those working with infants and toddlers. Any discipline is encouraged to attend, including those working in Child Care, Early Head Start, West Virginia Home Visitation Program, West Virginia Birth to Three, and West Virginia Infant/Toddler Mental Health Association members.

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West Virginia

Emerging from COVID-19 and Cultivating Resiliency with Families in Rural Appalachia

Submitted by Amanda Newhouse, LICSW, PCIT Level-I Trainer, IMH-E®

According to the Center for Disease Control (CDC), a pandemic is considered “a major disaster.” From the standpoint of public health, a disaster is defined based on its consequences on health and health services. A disaster is a serious disruption of the functioning of society, causing widespread human, material, or environmental losses, that exceeds the local capacity to respond, and calls for external assistance. (CDC) The implications this disaster will have on families could be traumatic for some. Recovering from disaster is nothing new for West Virginia. In 2016, there was a massive flood that impacted 44 counties of the 55 in West Virginia. According to the National Weather Service, 8-10 inches of rain fell in 12 hours and while there were fatalities, it was incomparable to the lives lost from COVID-19.

Families were devastated after the natural disaster in 2016. Families were living out of tents and plastic totes. Many were without jobs and facing the financial burden of surveying their land and rebuilding. The loss and financial strain were great and had a significant impact on families as they recovered. One thing that was noted throughout the disaster in 2016, was how the community came together to support one another. This proves individuals, families, and communities are resilient when faced with devastating loss. However, the COVID-19 pandemic has forced the separation of our community by requiring isolation, quarantining, and social distancing. Schools, churches, community centers, and other supports within our community were forced to close their doors, closing off their ability to support our community in its time of greatest need. To recover and build resiliency we must safely and slowly work at becoming a community once again. As a community we need to adapt, adjust, and build community resiliency with those protective factors.

COVID-19 was a tidal wave that quickly came over families and children in a strong blast that wiped out their stability and made life unsteady. This tidal wave has had a devastating effect on families and children across the world both directly and indirectly. COVID-19 has proven to be a serious illness and life challenging, ultimately impacting the entire family unit

(Letter to the editor, *J Fam Nurs*. 2020 May; 26(2): 87–89). We know that the emergence of a widespread illness can foster uncertainty, fear, anxiety, and stress levels that have the capacity to exhaust coping mechanisms and contribute to trauma (Werner, et al 2020). Families were concerned about loved one's health conditions or even being able to see or visit loved ones. Families were concerned with protecting their own health and/or the health of their children. Quarantine impacted families' routines, traditions, and celebrations, and rituals were being reconstructed to celebrate in safe ways. Relationships became strained as families found creative ways to visit or to connect. Parents were faced with the pressure to fulfill the role of a full-time parent, productive employee, and teacher for their children. There was grief and loss of loved ones, community members, and life as they knew it. At this time, families, providers, and the community are being called to preserve, support, and protect our family units. Whole families were required to stay home. Children transitioned to home school, isolated from peers, and had limited contact with family outside of their homes. This created an array of emotions for children. Children experienced a variety of effects such as compromised feelings of safety, separation issues, feeling unsure if adults can protect them due to the unpredictability of the safety of their environment. The pandemic demonstrated, despite our efforts to control the virus, there were still significant safety concerns for our communities. Children became preoccupied with the virus, wearing their masks, and with preventing germ spread. Many children experienced a disruption in eating and sleeping patterns that comes along with any high levels of stress. High levels of stress can also create increased irritability and defiance. Many children would experience trauma effects such as disruption in ability to regulate, modulate arousal, alertness, and self-calming.

As we slowly emerge from the COVID-19 tidal wave, we must acknowledge the chaos it has caused and begin to cultivate resiliency with families. Throughout this article I use the term "we" because "we" embraces the thought that "we" are a community regardless of our role as a community member, a family member, a healthcare provider, an in-home provider, an educational provider, whatever "we" are we are in this together. The tidal wave overcame us quickly, knocking us all off balance, pulling us under for a little bit, and taking our breath away. As we slowly regain our footing and can take a deep breath, we now must prepare ourselves and families to slowly reemerge to take our lives back. These substantial waves have created rippling affects that will be life-long, but we can attempt to calm the waters, and as a community, stay "WV Strong."





Preserving Families –As a community, we must help families preserve the importance of rituals. The tidal wave of COVID-19 has washed away some of the ways we have practiced rituals. We need to encourage the return of dinner time at the table, game night, and family celebrations. Now that the world is returning to the “next normal”, we are faced with the challenges of the return to a fast-paced society that we once knew. One thing that this pandemic initiated, was permission for families to slow down. Parents were given the time and the space to provide their families with the direct attention that they were unable to with their work and activity schedules. We are now faced with the challenge of helping families identify the strengths they have obtained from this time and finding ways to preserve them.

Preserving the family also includes preserving family rituals that were lost through this pandemic. Weddings, graduations, birthdays, holidays, or any celebration during this time, were commemorated very differently throughout this pandemic. This has created some strain throughout family units. These celebrations have had such a significant meaning and may never look or feel the same again, but we all can help families reconstruct what they will look and feel like for the future. We need to explore family values and beliefs while we work to incorporate old rituals with new rituals and support families to feel comfortable with the evolution of the rituals they hold dear.

Preserving emotional health in children and families will prepare children in a protective way to overcome the risk factors this pandemic has caused to float to the top. As providers, we need to practice our skills of active listening to support the multitude of emotions families are dealing with. We need to actively listen to the stories families and children must tell to move forward. We need to become familiar with trauma informed care to support families who have been traumatized by this pandemic. This pandemic has created an underlying level of stress for some families that have a direct emotional tie to everyday experiences, and we need to know how to work with these emotions and not allow them to manifest in destructive behavior.

Protecting Families – We must respect families’ beliefs around what they feel can keep them safe while educating families on how to help their children feel safe. The four pillars of security help children feel secure in any time of stress: people, places, routine, and ritual. These pillars provide comfort to children, reducing stress, and increasing a sense of security (Greenman 2005).

Close relationships and caregivers help provide that firm foundation for children to build a healthy psychosocial development. Nurturing relation-

ships help children feel safe, connected, and loved (Capo et al 2019). The instability of this COVID-19 tidal wave has made children feel vulnerable in these waters. Our children have lost that sense of safety, security, and connection. Interactions with peers changed, relationships with teachers changed, and even some of their relationships within their family unit changed. Children were faced with not getting to participate in visitations to mitigate the spread of the deadly virus. Cultivating resiliency requires reconnecting safely with important people that positively impact the well-being of the family unit, including the children. It is our responsibility to assist families in feeling comfortable to reestablish healthy connections and relationships by slowly integrating them into everyday experiences.

Places that are familiar to children, provide a sense of security. Children feel comfort in visiting the same classroom, doctors' offices, family homes, friends' homes, classrooms, parks, and even grocery stores. This sense of security was removed during the pandemic, to ensure their physical health. Now things are opening back up and those "safe" places for children are changing again. While families re-emerge from this tidal wave, their beliefs of how to stay safe has changed. Families have a variety of beliefs from masks to vaccinations. It is our responsibility as providers to respect their choices, support them as much as we can, and to help educate them on safety measures.

There is extensive research that suggests that reestablishing a regular routine may be one of the most important interventions in supporting children when there have been waves crashing down on their world (Blimes & Heroman, 2005; Blaufarb & Levine, 1972; Gordon & Wraith, 1993; Prinstein, La Greca, Vernberg, & Silverman, 1996; Terr, 1994; Vernberg & Vogel, 1993). We are charged with helping families reconstruct their daily routines, creating effective and realistic routines as their lifestyles are changing yet again. And of course, as we discussed earlier, the same holds true for reinstating rituals. Rituals can be small or large: morning rituals of sitting and chatting while eating breakfast, a quick snuggle in bed, a tickle attack, celebrating important milestones, etc. As adults we do not always have the same perception as our children, but it is worth exploring what ritual was important to them prior, during, and now after the pandemic to assist with reconstruction as we move forward.

Supporting Families - Through all this, supporting families and cultivating resiliency is necessary through building protective factors in families to overcome any adverse experiences of this pandemic. The quality of our social supports is a crucial resource for creating resistance to adverse events



(Antonovsky, 1987). The quality of support one receives also predicts a positive outcome on development in a sense of coherence or in the ability to manage the things in their environment. By coming together as a community, we are providing a sense of coherence. Sense of Coherence (SOC) is an important determinant for our physical and mental health as well as our overall quality of life (Lindstrom & Erikson, 2005). SOC is negatively related to anxiety, burnout, depression, hostility, hopelessness, perceived stress, and Post Traumatic Stress Disorder (PTSD) (Lindstrom & Erikson, 2006). Supporting one another as we support families and children help build a better path for the future. We are reconstructing society and the damage that has been done by this COVID-19 tidal wave. We are picking up the pieces, moving forward, and helping families to do the same.

As danger still lurks with the emergence of COVID variants and the lack of vaccinated community members, we are all emerging from this tidal wave together. The full impact is still unknown. Many of us were affected in a variety of ways. “Even the weak become strong when they are united” – Friedrich von Schille. Connecting, stabilizing, and coming together as a community supporting children and families is important to cultivate growth and resiliency from the lasting effects of this disaster. Providing a sense of safety, security, and predictability for children will allow the space to heal and grow. Taking care of ourselves, our neighbors, and our community is how we will cultivate resiliency as we move forward to brace ourselves for the next wave of what the new normal will bring.

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COVID-19 Guidance for Early Care and Education Programs

Submitted by Dr. Michael KilKenny, Cabell-Huntington Health Department CEO and Health Officer

Early care and education programs provide essential services to children and families while experiencing unique challenges to protect the children and workers from COVID-19. Most programs serve children younger than 12, the youngest age for which immunization is approved. Masking and distancing can be especially difficult with very young children, while masks are not even recommended for children under the age of two. Still, risks can be reduced remarkably using multiple layers of prevention strategies that allow vital activities to continue.

Program administrators can work with local health departments to implement as many layers as possible to keep their workers, clients, and their families safe. Decisions should consider the most recent levels of community transmission, outbreak reports, and immunization rates in the population.

The specific needs and ages of children served are important deciding factors, also. Prevention strategies must be feasible, and goals must be attainable. Several layers of intervention include:

VACCINATION

The best tool available to prevent the spread of COVID-19 and severe disease risk is vaccination when eligible. Many children will not be eligible for vaccination due only to their age, but the more children aged 12 and over and the more adult staff, volunteers, and parents that are vaccinated, the lower the risk of disease in the program.

MASKS

While masking mandates are lifted and many recommendations regarding masking allow for their absence, masking still plays an important role in the prevention of disease, especially for unimmunized individuals. Indoor masking for all who can, including uniform masking policies unless contraindicated, can assist in helping those who should mask feel more included. Uniform masking also helps avoid stigmatizing the unvaccinated or the person who can't be vaccinated, helps model behavior for children, and can make people feel more like a team working together for a common goal of protection.

DISTANCING

Probably more important than distancing for the age group of young children is the concept of cohorts. It may not be possible (or even desirable) to keep young children apart or avoid close contact with them. Cohorts, or groups, who are together in limited numbers and who don't come into contact with other cohorts limit spread through a facility, even if it affects one cohort.

VENTILATION

Work to improve ventilation in indoor areas and utilize outdoor space as much as possible.

HANDWASHING

Handwashing is a basic entity in disease prevention. In addition to frequent handwashing, cough etiquette is important to reduce droplet and airborne spread of viruses.

STAYING HOME WHEN SICK

No faculty or staff should be allowed to work with symptoms suggestive of COVID-19. Staff should

stay home when sick and appropriate attendance policies for children should be drafted to defer attendance until well. Policies should also be prepared to encourage COVID testing for those with symptoms.

ISOLATION AND QUARANTINE

All individuals with confirmed or suspected COVID illness should be isolated for the time recommended by the health department disease investigation specialist. In addition, specific recommendations will be

made by the health department regarding the quarantine of contacts of COVID cases. The quarantine recommendations will vary by timing and context of the exposure and may be mitigated by being fully immunized. Isolation and quarantine can be very effective means of stopping disease spread, especially when community case counts are low.

CLEANING AND DISINFECTING

Frequent cleaning and disinfecting or elimination of frequently touched

objects and surfaces can reduce COVID-19 spread and are described in CDC guidance documents.

For further information and guidance, CDC has extensive recommendations at:

https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html

Save time, save money, and improve quality by obtaining a **FREE ECS WV membership**. Request your **FREE** membership by visiting www.EarlyCareShareWV.org

Early Care Share WV is the "go-to" website designed to share information, cost savings, and management resources to help early childhood students and professionals access up-to-date information and manage their programs more efficiently and effectively.



A Child in My Classroom is Showing Signs of COVID-19: What Do I Do?

Quick Guide for Child Care Providers

KNOW POSSIBLE SYMPTOMS OF ILLNESS



Cough



Fever



Headache



Diarrhea



Vomiting

OTHER SYMPTOMS INCLUDE:

Shortness of breath, chills, sore throat, loss of taste or smell, muscle pain, runny nose, feeling tired, and poor appetite. Symptoms may be very mild or more severe.

EMERGENCY WARNING SIGNS (CALL 911):

Trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, and bluish lips or face.



1. SEPARATE the Child

- Be discreet and calm.
- Make sure you and the child (if age 2 or older) are wearing a mask and standing at least 6 feet apart.
- Following the child care program protocol, have the child safely escorted from the classroom to a designated isolation area.



2. INFORM

- Contact designated staff responsible for COVID-19 concerns (e.g., program director).
- Let them know the child is being escorted to the isolation area and will need to be supervised (according to child care program protocol).



3. CLEAN and DISINFECT

- Close off the classroom and wait 24 hours before cleaning and disinfecting, if possible. This will allow more time for the virus to die off.
- The classroom should be cleaned and disinfected, especially items in the child's area and shared items the child may have touched (e.g., doorknob, bathroom, and supplies).
- Note: Disinfectants can trigger an asthma attack. Choose safer products if any children have asthma.
- Open outside door(s) and window(s) to increase ventilation in the room (if possible).



4. IDENTIFY Close Contacts

- Write down where the child was relative to other children in the room.
- Note the name of any person who was within 6 feet of an infected child for a total of 15 minutes or more over a 24-hour period. Work with child care administrator to inform close contacts in accordance with applicable privacy laws.



5. NOTIFY Administration about the Sick Child

- Assist child care administration with close contact assessment. Observe applicable privacy laws.
- Consider linking family of the sick child to any emergency services (such as a nutrition program) that the child might need while in quarantine* at home.

* For more information on quarantine see

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>



Healthy Snack Ideas

Submitted by Renee Y. Stonebraker, RS

During the last remaining hot summer days, children are busy being physically active and spending time outdoors. They need plenty of water and healthy snacks to keep their energy high. Healthy snacks between meals provide many benefits: improves concentration, improves their mood, and helps to curb hunger so children do not overeat at mealtimes. Healthy snacks add nutrients and energy to a child's day, unlike unhealthy snacks that only provide empty calories. Try to avoid foods that are high in sugar, fat, and salt and offer foods like fresh fruits and vegetables, whole grains, and protein.

Here are some healthy snack options and recipes:

- Milk and carrot sticks
- Yogurt with strawberries and granola
- Cucumbers with whole wheat crackers
- Watermelon with string cheese
- Whole wheat bagel, cream cheese, and apple slices
- Hard-boiled egg and oranges
- Homemade yogurt pops



Homemade Yogurt Pops Vanilla Yogurt Cut up fruit of your choice

1. Layer yogurt and fruit in a paper cup.
2. Put stick in for handle and freeze until solid.
3. Enjoy!



Reference:

Lua, Jaren, Nancy, Peters, T., Peters, W., Julianne, . . . Better Baker. (2017, June 13). Strawberry Blueberry Yogurt Pops. Retrieved from <https://www.wineandglue.com/strawberry-blueberry-yogurt-pops/>

BACKYARD FUN IN THE SUN

Creative ideas for family play

1. Yard obstacle course

- Use what you have and set up a fun course for the whole fam! For some competition, time it!

2. Homemade bubbles

- 6 cups of water, 1 cup of dish soap and stir slowly. Add 1 tablespoon of glycerin or 1/4 cup of corn syrup and you're ready to go!

3. Chalk pictionary

4. Music in nature

- Anything can make music! Find items and share their sounds

5. Make your own scavenger hunt

6. Star sight-seeing

7. Create a tiny town

- Combine nature and toys to create a miniature community

8. Outdoor theatre

- Bring out the costumes and put on an outdoor show!

9. Water balloon baseball

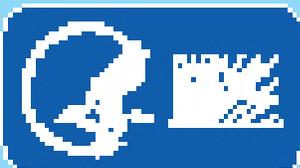
10. Splash Sponge Bombs

- Cut sponges into strips, wrap strips with a rubber band and get ready to get soaked!

CORONAVIRUS DISEASE 2019 (COVID-19)

HANDWASHING

Is YOUR superpower!



CDC/PHOTO: SHUTTER

Learn more about staying safe and healthy at

cdc.gov/coronavirus

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

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 17, Issue 4, Summer 2021

COVID-19 Fatigue

As the Delta variant of COVID-19 continues to move through our communities, families may be experiencing some fatigue from all the changes in routines, lost sense of safety and security, changes in learning structures, and missed events.

Beyond worries of becoming ill, children may experience changes in their social and emotional well-being.

Just as adults, children may also be showing signs of COVID fatigue.

According to

the CDC, here are some strategies that you can use to help support children during this time:

- Maintain a normal routine
- Talk, listen, and encourage expression
- Give honest and accurate information
- Teach simple steps to stay healthy
- Be alert for any change in behavior
- Reassure children about their safety and well-being

If you have concerns about your child’s behavior, reach out to your child’s pediatrician.

- Reprinted from www.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 Children and Families/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



**SOMETIMES YOU NEED MORE
THAN AN INTERNET SEARCH.
YOU NEED A CONVERSATION.**



Certain issues are hard to navigate. You're not alone. Call 2-1-1 – it's free and confidential. 2-1-1 specialists are available 24/7 to provide information and connect you to local programs and services that can help. Friendly, non-judgmental people are waiting to assist you!



**DIAL 2-1-1
VISIT 211.ORG
TEXT YOUR ZIP CODE TO 898-211**

End of Summer Safety Tips

Submitted by Candy Morgan, RN, Child Care Nurse Health Consultant

The end of summer is the perfect time to enjoy the great outdoors, but along with all of the fun that can be had comes the opportunity for mishaps as well. Take precautions to minimize the risks of health problems related to outdoor activities. Picnics and cookouts are popular summer events. Be aware that bacteria grow faster in warmer weather so be careful to make sure food is kept at a proper temperature. The FDA recommends food not be left out for more than one hour when the temperature is above 90 degrees, or no more than two hours otherwise. Make sure that food is cooked at a proper temperature when grilling. Model good hand hygiene by washing your hands after using the bathroom and before preparing, serving, and eating food.

Playgrounds and nature walks can be a source of fun and exercise, but one must be cautious when participating in these activities. There are several matters that you should consider. If you are outside for an extended time, remember to drink fluids regularly and don't push your limits. On days when the temperatures are extremely high, limit outdoor activities during peak hours of 10 am-4 pm. To protect yourself from the sun's harmful rays, use sunscreen and wear protective clothing such as a wide brimmed hat and sunglasses. Poisonous plants are a con-

cern as well. Rashes of poison ivy and oak are caused by urushiol, a substance in the sap of the plant. Avoidance is the best way to prevent this issue. The American Academy of Dermatology states a way to identify poisonous plants is "leaflets of three, beware of me."

Another issue that you may encounter during your time outdoors is insects. Bees can be irritating to some but for those with known allergies, they can be cause for serious health issues. To keep bees away, wear light-colored clothing and avoid scented soaps and perfumes. Do not leave food, drinks, and garbage outdoors uncovered. Treat a bee sting by scraping the stinger away in a side-to-side motion with a credit card or fingernail, and then washing the area with soap and water. Keep epinephrine auto injectors close by for those who have known allergies. Watch for signs of allergic reaction to stings, which typically happen within the first few hours. If a child's lips or tongue begin to swell, or if he or she complains of tightness of the throat or difficulty breathing, administer epinephrine, if available. If not available, call 911 immediately. Any time you have to use epinephrine, you should immediately call 911 or go to the emergency room.

If your walk may include areas with tall grass or wooded areas, wear long sleeves

and pants. You can use insect repellent with DEET to ward off ticks and mosquitos. Do not use insect repellent/ sun-screen combinations. Insect repellent used on children should contain no more than 30 percent DEET. Follow manufacturer's directions carefully. Check yourself and children for ticks upon return from walks. If you find a tick, remove it by grasping it as close to the skin as possible with tweezers and pulling gently, but firmly. Early removal is important because a tick generally has to be on the skin for 36 hours or more to transmit Lyme disease. The CDC recommends cleansing the area of the tick bite with antiseptic.

Treatment for any mishap is always available but prevention is even better. If you would like more information about summertime safety, schedule the training of the same name with your local Child Care Nurse Health Consultant.

Information obtain from <https://www.cdc.gov>

Information obtained from <https://www.aad.org>

Information obtained from <https://www.fda.gov>

My Child is Showing Signs of COVID-19 at School: What Do I Do?

Quick Guide for Parents and Guardians

If your child is sick or shows signs of illness, do not send them to school.

1. PICK UP YOUR CHILD



- If possible, pick up your child alone.
- If possible, wait in the car for your child.
- Everyone in the car should wear a mask except for children under 2 years old.
- Open the car windows for ventilation.
- If possible, wait 24 hours before cleaning and disinfecting your car, as that allows more time for the amount of virus in the air of your car to die off.
- If unable to pick up your child, work with your school to identify the best way to safely transport your child.
- Arrange to pick up any of your child's medical supplies (if applicable).

2. KEEP YOUR CHILD AT HOME AND MONITOR THEIR SYMPTOMS



- Call your child's healthcare provider to discuss whether your child needs to be evaluated and to determine options for getting tested for COVID-19.
- If possible, have the sick child (and anyone else who has symptoms) keep away from others and use a separate bathroom for 10 days. When not able to keep away from others, a mask should be worn by all members of the household.
- After being in contact with someone with COVID-19, it can take up to 14 days to know if you are sick. All members of the household should stay home and avoid contact with others outside of your home. An exception would be going to your doctor if advised.
- Encourage everyone in the household to wash their hands often and avoid sharing personal household items with others (e.g., dishes, cups, towels, bedding).
- Use an effective household disinfectant to clean "high-touch" surfaces and everyday items such as door handles, countertops, and faucets.

3. IF YOUR CHILD TESTS POSITIVE FOR OR IS SUSPECTED OF HAVING COVID-19



- **If your child tests positive for COVID-19, notify the school.**
- **Your child can return to in-person school only after:**
 - It has been at least 10 days since symptoms started **and**
 - Overall symptoms have improved **and**
 - Your child has had no fever for at least 24 hours (without fever reducing medication).

