

Creating a Data-Driven Program

WEST VIRGINIA

EARLY CHILDHOOD
PROVIDER

QUARTERLY

What
Makes
Data
"Quality"?

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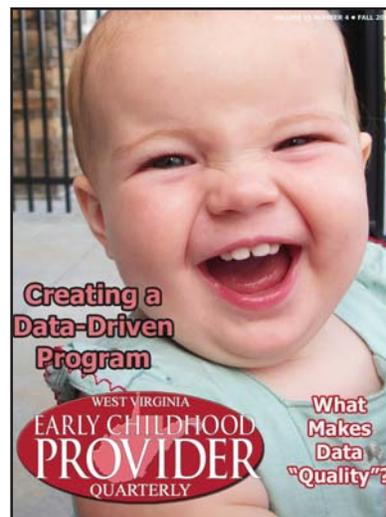
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What Do We Mean By Continuous Quality Improvement?

Submitted by Jessica Dianellos, MS, Division of Early Care and Education

Continuous quality improvement (CQI) in an early childhood program means that an ongoing process is in place to ensure the program is systematically and intentionally improving services to the children and families they serve. This can be done through supportive policies and practices that go above and beyond external regulations and requirements, regular and various professional development of staff, achievement of exceedingly higher standards, and sometimes, attainment of extra resources.

CQI requires a program to operate in a proactive rather than a reactive manner, which includes consistent reflective practice and a culture of continuous learning to guide improvement. Early childhood programs that have a system in place for continuous quality improvement understand and implement best practices, collaboration, and innovation. These are the programs that are most likely to result in improved outcomes for the children and families they serve.

In the field of early care and education nationwide, the most common way to create a culture of CQI both at the state and program level is through a

Aligning the various programs into a more coherent system allows for maximization of resources and better policies to improve the quality of all early childhood programs, regardless of sector or setting.

quality rating and improvement system (QRIS). QRIS is an organized way to assess, improve, and communicate the level of quality in early care and school age care programs using quality standards, accountability measures, incentives and supports, and public awareness. Thirty-seven states and the District of Columbia now operate statewide quality rating and improvement systems and nearly all other states are planning or piloting them (see map of page 5). West Virginia passed legislation in 2009 to implement a QRIS, but a lack of funding has hindered full implementation of the system.

QRIS have the potential to reframe the entire early childhood development system in a state. Many states have now implemented or begun working to implement cross-sector quality rating

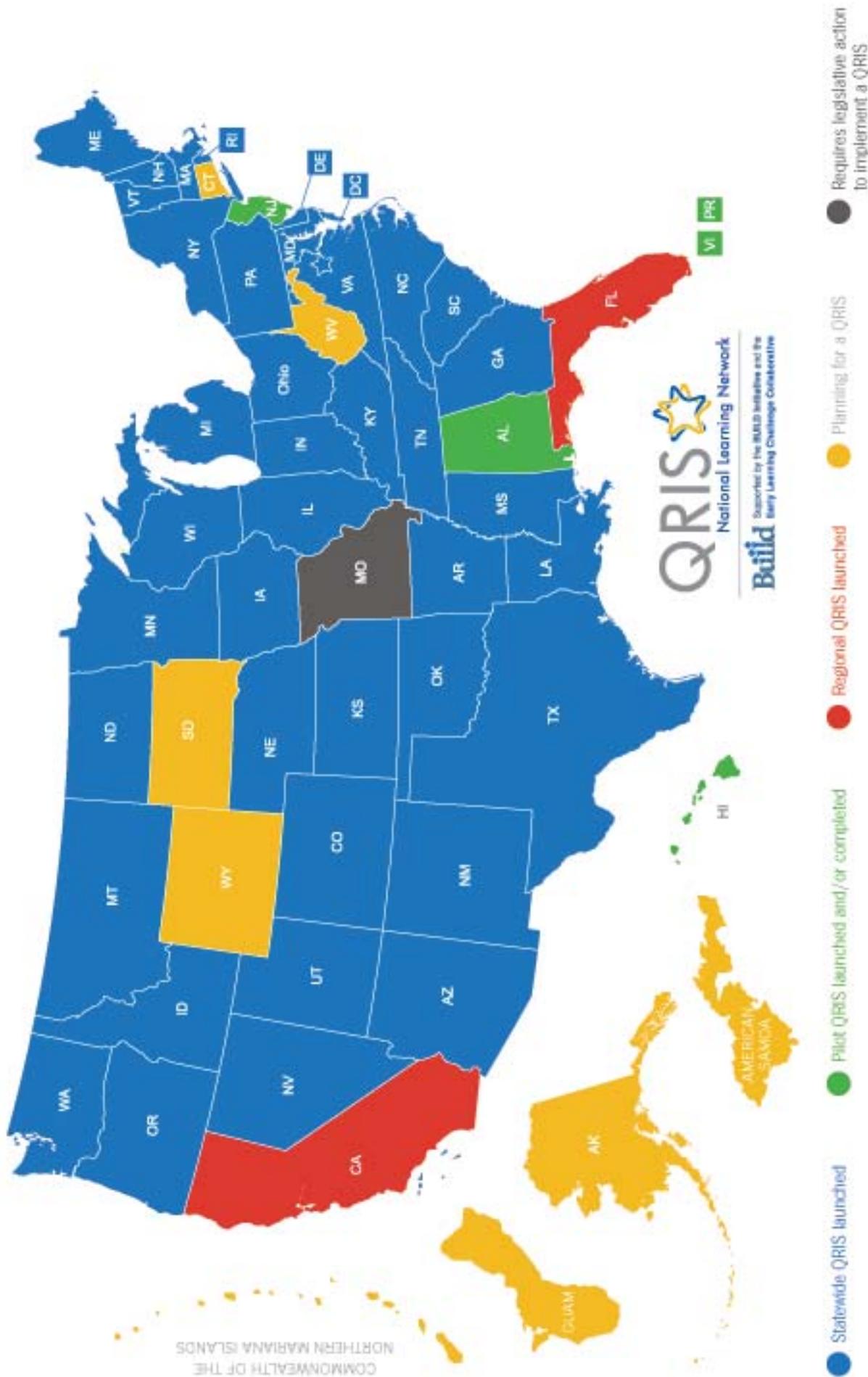
and improvement systems that are inclusive of all early childhood programs and settings. For example, different programs often utilize different funding streams and function in separate state departments such as those that house child care, Head Start, and state-funded Pre-kindergarten. Aligning the various programs into a more coherent system allows for maximization of resources and better policies to improve the quality of all early childhood programs, regardless of sector or setting.

A recent goal of West Virginia's QRIS Advisory Council is to move toward a cross-sector system. The council hopes to use QRIS as a tool that will give programs a roadmap to continuous quality improvement, promote the health and development of all children, and empower parents to make informed decisions about where they place their children.

For more information about quality rating and improvement systems go to www.qrisnetwork.org. Regardless of what tools and strategies are used, the purpose of continuous quality improvement is the same-- to improve outcomes for children and families.

Current Status of QRIS in States

August 2014



www.qrisnetwork.org

Creating a Data-Driven Program Culture

Reprinted from *Measuring What Matters: Using Data to Support Family Progress*
The National Center for Parent, Family, and Community Engagement



Creating a data-driven program culture does not happen over night. It takes a commitment to using data to improve program systems and services. It also takes a planned approach to measuring program efforts and child and family progress. In a data-driven program culture, leaders place a high value on professional development that promotes curiosity and learning—from successes as well as from mistakes. Programs share this data with both staff and families in understandable and meaningful

ways. When a program is truly data-driven, staff and families find data useful in their everyday work with each other.

**The Four R Approach to Support Family Progress:
Responsible, Respectful, Relevant,
and Relationship-Based**

The Four R Approach provides guiding principles for making decisions, evaluating program progress, and identifying

changes that can improve program effectiveness as part of a data-driven program culture. Staff can use these principles when partnering with families, setting family goals, and assessing progress toward these goals over time (e.g., through ongoing use of Family Partnership Agreements and regular follow-up support.)

Responsible: Are you using data Responsibly?

Using data in a responsible way means

using high quality data to guide program decisions that support family progress and staff growth. High quality data:

- offer an accurate picture of the child, family, staff, program, and/or community strengths and challenges,
- are used in a timely manner,
- are collected in ways that maximize information while minimizing the time and effort families and staff must invest in the process, and
- include information about the appropriate uses and limitations of the data (Kisker et. al., 2003; Migrant and Seasonal Head Start Technical Assistance Center, 2006).

Respectful: Are you using data Respectfully?

Using data in a respectful way begins with staff's full appreciation of each family's beliefs, values, and cultural backgrounds, as well as the parents' wish to be the best parents they can be. Program leaders model respect for family and staff beliefs, values, cultures, and circumstances (Early Head Start National Resource Center [EHSNRC], 2000; Snow & Van Hemel, 2008) and create opportunities for staff and families to learn how to use data in their work together.

By prioritizing family input, staff can use the data collection process to affirm that parents are the experts on their children. For example, you can communicate respect for parents by making sure that all questionnaires, focus groups, and other data gathering methods are presented in the language that is most comfortable for each family. When asking families for written responses (e.g., to survey questions), programs can offer options such as help with reading and writing, or offer a verbal interview as an alternative to a written survey. When given such options, families can choose to provide information in the ways that are most comfortable for them. In turn, the information they provide is more likely to be accurate and useful.

Another way to show respect is to invite family members to share their thoughts when talking about what the data show. Staff will often find that families have different understandings or feelings about the information shared with them. As in other situations, family members may feel confused, judged, misunderstood, or mistreated when their perspectives are not honored. Respectful use of data includes staff and families working together to decide how to interpret the data. When agreement cannot be reached, a respectful approach prepares staff and families to acknowledge each other's differing views and to make plans for next steps.

Relevant: Are you using data that is Relevant?

Using data that is relevant means collecting data by using tools or measures that:

- answer the specific questions that are being asked,
- produce information that is meaningful to staff and families' everyday work with each other,
- are reliable (provide dependable and consistent information),
- are valid (measure what they are supposed to measure), and
- are culturally sensitive.

Programs will need to be flexible in their approach to collecting individual, family, program, and community data so that the information gathered has meaning and value to those with whom it is shared and used (Caldwell et. al., 1992; EHSNRC, 2000; Kisker et. al., 2003; Migrant and Seasonal Head Start Technical Assistance Center, 2006). Speaking with other programs and consulting individuals with expertise in using reliable, valid, and culturally relevant tools and measures with young children and their families can be useful for gathering and interpreting data in ways that are relevant to the program population.

Relationship-based: Are you using data in a Relationship-based way?

Programs can use a relationship-based approach to data use through a mutual process of engaging families and community partners to develop questions, collect information, analyze and interpret the information collected, and decide on next steps. As part of this process, program staff use family engagement practices in their data work with families (e.g., communication, flexibility, responsiveness, respect, self-reflection, attention to family strengths) (Meisels, 2000; Office of Planning, Research, and Evaluation [OPRE], 2011). Building relationships with and among families is a top priority for programs, and the data process can reinforce that effort. For example, staff can encourage parent leaders to help other parents learn about data use. When done in a responsible, respectful, and relevant way, data-driven conversations about child and family progress will enhance relationships with families and community partners. These conversations help everyone create a shared understanding of what is going on for children, families, and the program.

When staff continually ask themselves whether the information that a program collects, analyzes, and shares is responsible, respectful, relevant, and relationship-based, they foster a data-driven program culture. In a data-driven program culture, staff and families see all strengths and challenges revealed through data activities as opportunities for positive change (NCPMFO, 2013b).

References

Caldwell, S., English, D., Foote, A., Hodges, V., Nguyen, Q., Pecora, P., & Ybarra, V. (1992). *An approach to strength and risk assessment with multi-cultural guidelines*. Seattle, WA: Washington Risk Assessment Project, Seattle, Multi-Cultural Advisory Committee. Retrieved from <http://basis.caliber.com>

Early Head Start National Resource Center (EHSNRC). (2000). Technical assistance paper no. 4: *Developmental screening, assessment, and evaluation: Key elements for individualizing curricula in Early Head Start programs*. Retrieved from http://eclkc.ohs.acf.hhs.gov/hsic/hs/resources/eclkc_bookstore/pdfs/final-tap%5B1%5D.pdf

Kisker, E.E., Boller, K., Nagatoshi, C., Sciarrino, C. Jethwani, V., Zavitsky, T., Love, J.M. (2003). *Resources for measuring services and outcomes in Head Start programs serving infants and toddlers*. Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/supervision/management/intod-drep_00038a_080805.html

Meisels, S.J. (2000). *Head Start bulletin #69. Readiness and relationships: Issues in assessing young children, families, and caregivers*. Washington, D.C.: Early Head Start. Retrieved from http://eclkc.ohs.acf.hhs.gov/hsic/hs/resources/ECLKC_Bookstore/Pub140.htm

Migrant and Seasonal Head Start Technical Assistance Center. (2006). Introduction to data analysis handbook. Retrieved from <http://ece.aed.org/publications/mshs/dataanalysis/WebDataAnalysis.pdf>

National Center on Program Management and Fiscal Operations (NCPMFO). (2013b). Data in Head Start and Early Head Start: Creating a culture that embraces data. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hsic/tta-system/operations/center/data/data-guide.pdf>

Office of Planning, Research, and Evaluation (OPRE). (2011). *Family engagement and family-sensitive caregiving: identifying common core elements and issues related to measurement*. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/family_sensitive.pdf

Snow, C.E., & Van Hemel, S.B. (Eds.) (2008). *Early childhood assessment: Why, what, and how?* Washington, D.C.: National Research Council of the National Academies. Retrieved from http://www.nap.edu/catalog.php?record_id=12446



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**THE WORLD FROM OUR FRONT PORCH:
COMMUNITY & CULTURE**

where we STAND

naeyc and naecs/sde

on curriculum, assessment, and program evaluation

What should children be taught in the years from birth through age 8? How would we know if they are developing well and learning what we want them to learn? And how could we decide whether programs for children from infancy through the primary grades are doing a good job?

Answers to these questions—questions about *early childhood curriculum, child assessment, and program evaluation*—are the foundation of a joint position statement from the National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE).

The position statement's recommendations

Curriculum

Implement curriculum that is thoughtfully planned, challenging, engaging, developmentally appropriate, culturally and linguistically responsive, comprehensive, and likely to promote positive outcomes for all young children.

Indicators of effective curriculum

- Children are active and engaged.
- Goals are clear and shared by all.
- Curriculum is evidence-based.
- Valued content is learned through investigation and focused, intentional teaching.
- Curriculum builds on prior learning and experiences.
- Curriculum is comprehensive.
- Professional standards validate the curriculum's subject-matter content.
- The curriculum is likely to benefit children.

Assessment

Make ethical, appropriate, valid, and reliable assessment a central part of all early childhood programs. To best assess young children's strengths, progress, and needs, use assessment methods that are developmentally appropriate, culturally and linguistically responsive, tied to children's daily activities, supported by professional

Beyond Curriculum, Assessment, and Program Evaluation: What Else Matters?

Without other essential components of high-quality early childhood education, these recommendations will be of limited value. *Learn more about . . .*

- early learning standards, as described in NAEYC and NAECS/SDE's 2002 position statement, online at www.naeyc.org/positionstatements/learning_standards.
- teaching strategies and other elements of developmentally appropriate practice. See C. Copple & S. Bredekamp (eds.), *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8*, 3d ed., Washington, DC: NAEYC, 2009. Access the position statement online at www.naeyc.org/positionstatements/dap.
- standards for early childhood programs and accreditation performance criteria, online at www.naeyc.org/academy/primary/standardsintro.
- standards for early childhood professional preparation programs as updated by NAEYC in 2009, online at www.naeyc.org/positionstatements/ppp.
- implementation of professional standards. See M. Hyson (ed.), *Preparing Early Childhood Professionals: NAEYC's Standards for Programs*, Washington, DC: NAEYC, 2003.

National Association for the Education of Young Children and
National Association of Early Childhood Specialists in State Departments of Education

development, inclusive of families, and connected to specific, beneficial purposes. The purposes of doing assessment are: (1) making sound decisions about teaching and learning, (2) identifying significant concerns that may require focused intervention for individual children, and (3) helping programs improve their educational and developmental interventions.

Indicators of effective assessment practices

- Ethical principles guide assessment practices.
- Assessment instruments are used for their intended purposes.
- Assessments are appropriate for ages and other characteristics of children being assessed.
- Assessment instruments are in compliance with professional criteria for quality.
- What is assessed is developmentally and educationally significant.
- Assessment evidence is used to understand and improve learning.
- Assessment evidence is gathered from realistic settings and situations that reflect children's actual performance.
- Assessments use multiple sources of evidence gathered over time.
- Screening is always linked to follow-up.
- Use of individually administered, norm-referenced tests is limited.
- Staff and families are knowledgeable about assessment.

Program evaluation and accountability

Regularly evaluate early childhood programs in light of program goals, using varied, appropriate, and conceptually and technically sound evidence to determine the extent to which programs meet the expected standards of quality and to examine intended as well as unintended results.

Indicators of effective program evaluation and accountability

- Evaluation is used for continuous improvement.
- Goals become guide for evaluation.
- Comprehensive goals are used.

- Evaluations use valid designs.
- Multiple sources of data are available.
- Sampling is used when assessing individual children as part of large-scale program evaluation.
- Safeguards are in place if standardized tests are used as part of evaluations.
- Children's gains over time are emphasized.
- Well-trained individuals conduct evaluations.
- Evaluation results are publicly shared.

Creating change through support for programs

Implementing the preceding recommendations for curriculum, child assessment, and program evaluation requires a solid foundation. Calls for better results and greater accountability from programs for children in preschool, kindergarten, and the primary grades have not been backed up by essential supports for teacher recruitment and compensation, professional preparation and ongoing professional development, and other ingredients of quality early education.

The overarching need is to create an *integrated, well-financed system of early care and education* that has the capacity to support learning and development in all children, including children living in poverty, children whose home language is not English, and children with disabilities. Unlike many other countries, the United States continues to have a fragmented system for educating children from birth through age 8, under multiple auspices, with greatly varying levels of support, and with inadequate communication and collaboration.

Many challenges face efforts to provide all young children with high-quality curriculum, assessment, and evaluation of their programs. *Public commitment*, along with *investments* in a well-financed system of early childhood education and in other components of services for young children and their families, will make it possible to implement these recommendations fully and effectively.

The full NAEYC and NAECs/SDE 2003 position statement "Early Childhood Curriculum, Assessment, and Program Evaluation—Building an Effective, Accountable System in Programs for Children Birth Through Age 8" is available online at www.naeyc.org/positionstatements/cape.

where we STAND
naeyc and naecs/sde

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.

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Early Childhood Education Providers in West Virginia to Receive Online Resource Platform

Submitted by Natalie Snider, Distance Learning Statewide Coordinator

Launching in the fall of 2014, Early Care Share West Virginia will save time, reduce costs, and improve quality for childcare centers and home-based providers.

River Valley Child Development Services, and CCA For Social Good, a division of CCA Global Partners, have entered into an agreement to develop an Early Childhood Education (ECE) Shared Resources online platform for childcare providers in West Virginia.

The site, to be named Early Care Share West Virginia, is one of twenty shared resources platforms that CCA For Social Good will have launched by the end of 2014.

“CCA For Social Good is a strong believer in the power of the shared services movement exhibited lately by members of the ECE community. By managing shared resource platforms in multiple states, and having the backing of CCA Global Partners’ co-operative business model, CCA For Social Good

is able to afford childcare centers the ability to maintain their identity, while also taking advantage of the buying power of thousands,” explains Denise Sayer, Vice President of CCA For Social Good. “Additionally, users will benefit from business resources specific to the ECE field, all of which have been vetted by professionals in the childcare field.”

This initiative will provide practical resources to help childcare providers manage their programs more effectively and efficiently. It will do this by achieving the following three goals: saving time, reducing costs, and improving quality.

Suzi Brodof, Executive Director of River Valley Child Development Services, stated, “We’re very pleased to soon offer such a robust tool to early childcare providers in the state of West Virginia. It’s a large step forward in positively impacting the early childhood education system in our state. By utilizing Early Care Share West Virginia, directors will have more time

in their day to focus on their mission, instead of getting caught up in creating documents and researching regulations. This both increases job satisfaction and allows the children to receive a higher standard of care and education.”

The site will be accessible by visiting www.EarlyCareShareWV.org. Eligible users include early childhood education professionals in West Virginia, especially child care professionals and those that may be providing support, training, and assistance to those professionals

Early Care Share West Virginia is a project funded by the Division of Early Care and Education of West Virginia, Department of Health and Human Resources, and is administered by River Valley Child Development Services.

For information about CCA for Social Good, please call 603-626-2121. For additional information about Early Care Share West Virginia, please contact Natalie Snider at nsnider@rvcds.org.



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- ✦ Find hard-to-access services not readily available nearby



*In support of Help Me Grow
and Thrive by Five.*

What Makes Data “Quality”?

Reprinted from What is Quality Data for Programs Serving Infants and Toddlers
Early Head Start National Resource Center

There are many definitions of quality data. In this article, we identify six quality data characteristics: relevant, timely, accurate, complete, valid, and reliable. These characteristics complement each other and build a picture of data that is useful in planning.

Characteristic	Examples
<p>RELEVANT - Relevant data is information that is connected to the reason it is being collected. In other words, there must be an appropriate purpose for collecting the data; the data should be connected to questions about how well the program is supporting infants, toddlers, and families, including expectant families; and to a program’s analysis and decision-making processes. Programs have an abundance of data available to them, so it is important to identify which data are most relevant and useful for which questions to determine effectiveness in enhancing quality practices.</p>	<p>At the child level, teachers, home visitors, and family child care providers may want to know how each child’s receptive and expressive language skills are developing (language and literacy domain); the information staff collect should be specific to these aspects of language development.</p> <p>At the program level, a grantee may want to know how group care or home visit quality might impact child outcome data on language development; the grantee would use group care and home visit quality tools and track ratings or scores that relate to how adults listen and talk to children.</p>
<p>TIMELY - Current data are important in order to lend credibility to the program’s process of data analysis and decision making. Data should be captured as quickly as possible after the activity and made available for use in program improvement.</p>	<p>Web-based management information systems (MIS) enable programs to capture and share real-time information. Health care information, such as the number of children who are up-to-date on immunizations and well-baby check-ups, once entered into the MIS, can be quickly shared and reported to key staff in the organization. This improves the program’s ability to ensure children receive timely health care.</p> <p>Program Information Report (PIR): PIR data on health care services from previous years are valuable when looking at trends and assessing improvement. However, if a program does not have ready access to its current-year data, it will not be able to fully assess its current reality relative to progress.</p> <p>Timely collection of children assessment data: Because infants and toddlers grow so rapidly, having current information about children’s development is critical for providing an educational program that is truly tailored to their interests, needs, and abilities. Appropriately supporting a six-month-old means having assessment data showing where the child is developmentally at six months, not where the child was at four months.</p>

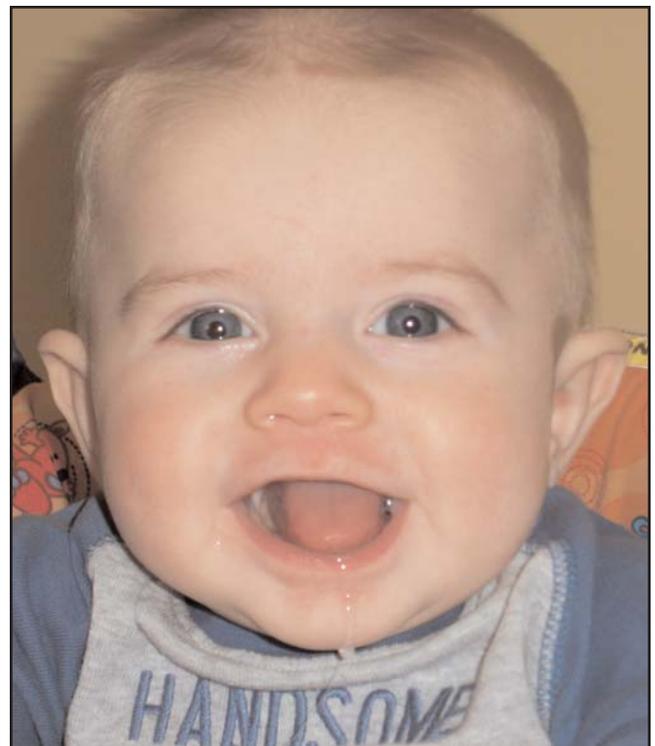
Characteristic	Examples
<p>ACCURATE - Data are correct (free from error) for the desired purpose, clear, and in adequate detail. Accurate data represent real situations. And, timely data are more likely to be more accurate.</p>	<p>Staff who work directly with infants, toddlers, and families and conduct observations write observation notes as one of their data-gathering methods. To be accurate, written observation notes should reflect only facts, capture events in the order they occur, and include details such as time of day, location, how long child engages in play or with a particular object or person, and routines and experiences during which the observation occurs. This information should be captured either during the observation or as close to the actual observation time as possible.</p>
<p>COMPLETE - A program data collection system should be monitored regularly to ensure that all required pieces of information (or data elements) are there. Missing information and incomplete records can adversely impact a program's effectiveness in evaluating the strengths of the organization as well as discovering the most important issues to address in improving services. While some data might be missing because of timing (e.g., children and families enrolling at different times during a program year, new staff hires), programs should still aim to have all required data elements.</p>	<p>If some staff are not collecting and recording information regarding children's progress toward school readiness goals in the physical development and health domain, the program will not have a complete picture of child progress across all the domains.</p> <p>Staff files: If files do not contain all the necessary documentation on staff degree attainment, the program will not be able to assess compliance with related staff qualification requirements.</p>

What About Valid and Reliable Data?

Valid and reliable data can come from valid and reliable tools. In the early childhood field, the terms valid and reliable (or validity and reliability) are typically associated with tools for screening and ongoing child assessment; assessing parenting, the home environment, and parent well-being; and measuring program implementation and quality. Validity and reliability are important to data quality because they ensure that the tool:

- measures what it was intended to measure (validity)
- provides dependable and consistent information (reliability)

For programs serving infants and toddlers, using tools that are valid and reliable, along with using them in the prescribed manner and for the purpose they were developed, ensure the information the tools provide is meaningful and trustworthy.



Do You Qualify For WVCHIP?

WVCHIP is a low-cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

Who Qualifies for WVCHIP?



Age - Children under 19.



Income - Qualifying income is based on your Modified Adjusted Gross Income (MAGI) shown on line #37 on the 1040 Income Tax Form.



Co-Payments - WVCHIP Gold and Blue groups do not have co-pays on preventative care, dental, vision, or generic prescriptions.

Family Size	WVCHIP Gold Maximum Yearly Income	WVCHIP Blue Maximum Yearly Income	Premium Plan Maximum Yearly Income
2	\$23,595	\$33,191	\$47,190
3	\$29,685	\$41,757	\$59,370
4	\$35,775	\$50,324	\$71,550
5	\$41,865	\$58,891	\$83,730
6	\$47,955	\$67,457	\$95,910



Visit www.chip.wv.gov for more information.

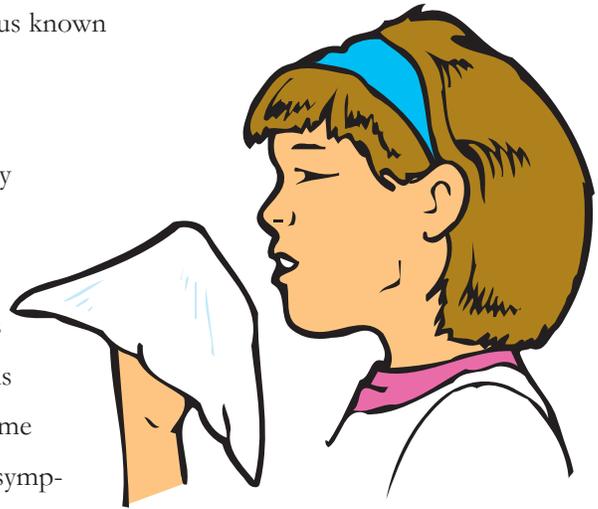


What You Need to Know about Enterovirus D68

Submitted by Glenna Bailey, Nurse Health Consultant

Parts of the United States, particularly in the Midwest, are seeing an outbreak of respiratory illness that is caused by a virus known as Enterovirus D68 or EV-D68.

Enteroviruses are very common causes of respiratory illnesses that usually peak at the beginning of the fall. According to the Centers for Disease Control, enteroviruses cause about 10 to 15 million infections in the US every year. This particular virus, EV-D68, is less common but not new. Most people who become infected with enteroviruses are only mildly ill with symptoms similar to a common cold. However, children who have never been exposed to the virus are more likely to have serious illness.



Infants and people with weakened immune systems are more likely to have complications.

There is no vaccine for enterovirus and treatment consists of supportive care of symptoms. Children with asthma and other respiratory illness are at particular risk of serious illness.

Enteroviruses are spread by close contact with someone who is infected. Since this is a respiratory disease, the most common mode of transmission is through respiratory secretions. It likely spreads by when an infected person coughs or sneezes near others. It can also be spread by contact with surfaces contaminated with respiratory secretions.

As with all contagious diseases the best action is prevention. Protect yourself by using these common but effective preventive measures:

- Wash your hands frequently with soap and water
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Avoid hugging, kissing, or sharing eating utensils with someone who is sick
- Disinfect frequently touched surfaces such as tabletops and doorknobs

Be alert for any children that have signs of serious respiratory illness including high fever, wheezing, difficulty breathing, blue tinge around the mouth, or severe fatigue. Alert parents immediately if children present with any of these symptoms.

Your Classroom is Speaking...



Are you Listening?

Reprinted from ACDS Quarterly Newsletter, Winter 2014

What does the physical environment in your classroom say to you? What does it say to the children and families that it represents? The classroom environment should be welcoming, stimulating, and safe for the children in your care. The physical layout and materials in classrooms will vary somewhat according to the ages and development levels of the children in the class. All environments should be further individualized to reflect the interests and cultures of the children that make up the class.

Everything from the displays on the walls, to the placement of the furniture, needs to meet the individual needs of the children. Take a moment and ask yourself some questions about your classroom. Are your shelves low enough to make materials easily accessible for the children? Is the atmosphere inviting and relaxing? Do the colors in your room overstimulate children, or are they soothing? Can family members easily enter and drop off the children, or are they stepping through

activities? Do the children have individual space to keep their personal belongings? Is each child represented in their environment by artwork, photographs, or writings? These are a few questions that you may take a moment and ask

yourself about your classroom environment. All children need to feel safe, secure, and have a sense of belonging.

Remember, your classroom is speaking. Are you listening to what it is saying?

Suggestions for arranging your physical environment

Arrange the classroom environment into interest areas or centers.

Furniture should be child-sized, sturdy, and in good repair.

Store materials in clear containers and on shelves that are accessible by the children.

Create an art center that inspires children to manipulate materials and design original art work. Stock this center with a variety of materials that are inviting to the children.

Save space for a designated cozy area that contains many soft materials.

Allow children to have space for privacy where one or two children can participate in an activity free from interruption of others, but can still be easily supervised by adults.

Provide a variety of books in your classroom, and read them throughout your day.

Arrange the environment so that quieter activities (library) are not disrupted by louder activities (blocks).

Materials displayed throughout the room should include children's art work and photographs. Materials should be displayed at children's eye level.

Keep your environment safe by covering outlets, keeping safety materials on hand, and discussing safety guidelines with children.



Got Photos?

We are looking for photos to use on the cover of our upcoming magazine issues! Wouldn't you love to receive your magazine and see a child you know on the cover?

You can email the photos to:

tcr@rvcds.org

or mail to:

Attn: Magazine Photo Contest, 611 Seventh Avenue, Ste. 322, Huntington, WV 25701.

Be sure to include contact information and a signed photo release form (which can be found at www.wvearlychildhood.org).

Send as many photos as you want!

Deadline: November 3

Quality Improvement Involves Seeking New and Improved Ways of Providing Services

Submitted by Barbara Tucker, WV Early Childhood Transition

Characteristics of quality improvement include the systematic assessment of performance indicators to guide decision making and identify better outcomes for children and their families, the detection of trends, and feedback regarding consumer satisfaction with service delivery. Chinman, Imm, Wandersman (2004) state programs continuously improve “through the systematic assessment and feedback of information about planning, implementation, and outcomes”.

How does this relate to the transition of young children from one program to another? The benchmarks of an effective quality improvement plan:

- promote clear communication and continuity of service provision among multiple service providers
- require real dialogue around areas in need of improvement and what can be done to improve
- focus on developing an infrastructure to address problems, not simply a one time solution
- bring to light questions such as “How is the transition working according to the plan?” (Have the needs of the children changed? Do resources need modification?)

We know children need routines and need to know what to expect. Effective transition planning does that. Teams listen to parents about their concerns and worries about their child’s next program. Together all develop strategies to alleviate the stress – such as learning the “Good Morning” song and classroom routines, encouraging parents to take their children to story hour at the library to practice sitting at circle time and listening to a story, and making a book about going to school. It is very easy to take pictures on a phone, upload to a computer, write captions, and print out the pages.

The WV Birth to Three Regional Administrative Units are reviewing Transition Agreements with each county school system and local Early Head Start/Head Start agencies. Each Transition Agreement states the expectations of all participating parties, contact personnel for each school system and Head Start agency, plus the WV Birth to Three Regional Administrative Unit contact person. Visit www.dhhr.org/birth23 and click on the Laws and Regulation tab to view completed agreements.

Resources: Chinman, M., Imm, P., & Wandersman, A. (2004). *Getting to Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation*. Rand Corporation.

How Process Art Experiences Support Preschoolers



PHOTOS © MARIA WYNNE

Is your goal to encourage children's creativity through developmentally appropriate art experiences? Review the differences between process- and product-focused art to help you get started.

Laurel Bongiorno

Characteristics of process-focused art experiences

- There are no step-by-step instructions
- There is no sample for children to follow
- There is no right or wrong way to explore and create
- The art is focused on the experience and on exploration of techniques, tools, and materials
- The art is unique and original
- The experience is relaxing or calming
- The art is entirely the children's own
- The art experience is a child's choice
- Ideas are not readily available online

What children might say

"Look what I made!" "I'm going to do another!"
"Can I have more time?"

Characteristics of product-focused art experiences

- Children have instructions to follow
- The teacher created a sample for children to copy
- There's a right and a wrong way to proceed
- There's a finished product in mind
- The children's finished art all looks the same
- The children experience frustration
- The teacher might "fix mistakes"
- The whole class took part in an art project at the same time
- Patterns and examples are readily available online

What children might say

"Can I be done now?" "Is this right?" "I can't do it."
"Mine doesn't look like yours."

LAUREL BONGIORNO, PhD, dean of the Division of Education and Human Studies at Champlain College, writes and presents on a variety of early care and education topics—play as learning, parents' and teachers' understanding of play, process art, and early childhood leadership. She is a past president of the Vermont Association for the Education of Young Children.

Reprinted with permission from the National Association for the Education of Young Children (NAEYC).
For more information about NAEYC and Teaching Young Children, visit www.naeyc.org/tyc.

Provide open-ended, creative art experiences by offering activities such as

- Easel painting with a variety of paints and paintbrushes (with no directions)
- Watercolor painting
- Exploring and creating with clay
- Finger painting
- Painting with unusual tools like toothbrushes, paint rollers, potato mashers
- Printing and stamping (stamps purchased or made with sponges)
- Creating spin art using a record player and paint, squirt bottles, paintbrushes, or markers
- Stringing beads independently and creatively
- Weaving cloth, yarn, or paper
- Drawing with pencils, art pens, various sizes of markers, or crayons
- Using homemade doughs
- Making collages using tissue paper, various sizes of paper, glue, paste, glue sticks, scissors, and recycled materials

Tips for leading process-focused art

1. Approach art like open-ended play—for example, provide a variety of materials and see what happens as the child leads the art experience
2. Make art a joyful experience. Let children use more paint, more colors, and make more and more artwork
3. Provide plenty of time for children to carry out their plans and explorations
4. Let children come and go from their art at will
5. Notice and comment on what you see: *Look at all the yellow dots you painted*
6. Say YES to children's ideas
7. Offer new and interesting materials
8. Play music in the background
9. Take art materials outside in the natural light
10. Display children's books with artful illustrations, such as those by Eric Carle, Lois Ehlert, and Javaka Steptoe
11. Let the children choose whether their art goes home or stays in the classroom
12. Remember that it's the children's art, not yours

What children do and learn through process-focused art

Social and emotional

Children relax, focus, feel successful, and can express their feelings

Language and literacy

Children may choose to discuss their art and add print to it (on their own or by dictating to a teacher)

Cognitive

Children compare, predict, plan, and problem solve

Physical

Children use small motor skills to paint, write, glue, use clay, and make collages

Resources

Spotlight on Young Children and the Creative Arts, edited by Derry Koralek. This NAEYC publication focuses on both understanding and doing creative arts with young children.

More Than Painting, Preschool and Kindergarten: Exploring the Wonders of Art, by Sally Moomaw and Brenda Hieronymus. This book provides many process art activity ideas.

The Creative Arts: A Process Approach for Teachers and Children, by Linda Carol Edwards. A textbook format that provides a foundation for understanding process in art, music, and drama activities with young children.

<http://prekandksharing.blogspot.com/2012/02/making-transition-from-product-to.html>

www.oeygoeoy.com/handouts/art.pdf

www.pinterest.com/cricketteacher/process-art-activities

Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"
Volume 11, Issue 4, Fall 2014

Tolerable Teething

Submitted by Marshall University Community & School Oral Health Team

When a baby starts teething, they can be miserable and late nights filled with drool and crying can stress out the best of parents. Understanding the teething process can help debunk myths and shed some light on what is going on inside that tiny mouth.

Teething can start as early as three months and last through a child's third birthday. The first tooth starts making its appearance in the child's mouth

between three and nine months of age but don't panic if your child hits their first birthday without a shiny white tooth to show off.

By the time all baby teeth erupt (push through the gums) your child should have a total of 20 teeth--ten on top and ten on the bot-

tom. As teeth erupt, they are generally symmetrical meaning the right and left teeth appear at similar times. There are 5 types of primary teeth; central incisors, lateral incisors, canines, first molars, and second molars.

Knowing that the baby is teething is critical. Most babies are irritable when new teeth break through the gums signaling that the teething process has begun.

Signs and symptoms of discomfort include:

- Mild low grade fever (less than 102oF)
- Increased drooling (more saliva production)
- Increased biting and chewing on toys, hands, bottle/breast
- Runny nose or mild cold like symptoms
- Decreased appetite for solid foods
- Irritability and general fussiness

There are also some less frequent but still common signs and symptoms that may indicate teething and they may include:

- Facial rash

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 Department of Education/Office of Special Education and is supported and administered by River Valley Child Development Services.

Permission to photocopy

Visit our website at www.wvearlychildhood.org

- Ear-rubbing or pulling
- Bowel irritability

Symptoms that indicate something other than teething, and should be followed up with your doctor include:

- Fever over 102 degrees F
- Decreased appetite for liquids
- Rash other than facial rash
- Cough and congestion
- Uncontrolled diarrhea
- Uncontrolled vomiting
- Constipation lasting more than 3 days

When teeth begin to erupt, you should notice a change in the gum tissue. The gum tissue will become slightly inflamed and the tooth may be visible under the tissue. Some slight color change is normal along with very slight bleeding around the newly erupted tooth area.

Baby Teeth Do Matter!

Have you ever heard that baby teeth don't matter because they will be replaced by permanent teeth? That statement is simply not true! All twenty of these new teeth that your baby has worked so hard to grow are important for:

- Holding space for permanent teeth
- Chewing
- Looks
- Speaking
- Overall health

Remember, the healthier the baby teeth, the better chance of having healthy adult teeth!

Sources: WVDHHR Oral Health Program, ADA

Do's and Don'ts of Surviving Teething *Tips to Reduce Pain*

The Do's

Use human touch - Applying light gentle pressure with a clean finger or one covered with a washcloth, and gently rubbing the gums while snuggling and cuddling the infant can ease some of the pain. Watch out for biters!

Encourage chewing of teething rings and washcloths - Teething rings should be one single, solid piece of plastic or silicone-covered plastic to prevent choking. Check often for damage. Teething rings that are filled with a liquid or gel can be chilled in the refrigerator for extra soothing. **BUT NEVER FREEZE!** A clean, cold, wet washcloth is a good alternative for commercially made teething rings. **NOTE:** Never dip these in sugary substances to encourage chewing. It may contribute to dental cavities.

Offer crunchy and cool foods (think frozen and fresh) - For the older infant there are good natural options for teething. You can purchase small mesh bags that are attached to a pacifier like handle to avoid choking that allow chewing on such foods. Foods like frozen fruit pieces, cucumbers, carrots and sugar free crackers or toasted bread. **NOTE:** Make sure baby is ready for these methods. Always supervise your child when giving them food to chew on to ease teething pain.

OCCASIONAL use of oral pain relievers - Pain relievers can help reduce pain and fevers; use of Acetaminophen for babies of any age, and Ibuprofen for babies over 6 months. **NOTE:** Ask your doctor for specific dosing instructions based on your child's age and weight.

The Don'ts

Don't use over-the-counter medicine labeled for teething pain relief until age 2 and even then use sparingly, as they are rapidly absorbed into the gum tissue.

Don't add sugar, honey, or sweetener to bottles.

Don't add any medication to bottle.

Don't dip pacifier or teething ring into any sugary substance.

Don't use alcohol or any herbal medicine for teething symptoms.

Enjoying the Holidays with Special Needs Children

Submitted by Lori Lite, Stress Free Kids

Holiday crowds, lights, noise, strangers, hugging, change in routine, chaos...This is a recipe for stress and sensory overload during the holidays with special needs children. As parents, we need to be flexible with our own definition of what a holiday should look like. Our childhood traditions and rituals just may not work with our special needs children. Let's create new memories and newly define what holidays look like for our own families. All children can benefit from this exercise and for those with Autism, Aspergers, or Sensory Processing issues, self-regulating is a way of life. When you have a child with special needs, a little stress management planning can go a long way.

Set Up a Safe Brain Break Space:

Your child can enjoy downtime when they feel over-stimulated at your house or at your relatives. Set up a brain break space and be sure that the other children and guests know that this space is off-limits. Empower your special needs child to recognize when they need to go to their brain break space. Practice, practice, practice...ahead of time to recognize when mood is escalating. Empower children by packing a relaxation bag they can go to if they are feeling anxious. Bring earphones and their special relaxation music or stories. Play dough, stress ball, music, video games, even a camera can help children relax and give them a focus if they have social anxiety.

Get Ready: Social stories, books, and movies can be a big help in preparing your child emotionally for holidays. Comfortable clothing and small dose exposures to holiday sounds can help physically. Think ahead with an eye for anxiety causing issues. Is wrapping paper too loud? Use easy open bags or just decorate with a bow. Are the electronic bears with bells at Grandma's house going to cause sensory overload? Ask her to unplug them before you get there. Let friends and family know about triggers ahead of

time. If your child doesn't like to be hugged, suggest a handshake or a wave. Your friends, family, and special needs child will be glad you did.

Prepare Your Child For Gatherings:

Eliminate unnecessary anxiety associated with getting together with family members you rarely see by looking through photos of relatives prior to your event. Play memory games matching names to faces. This will help your children feel more comfortable with people they may not have seen in a while. Aunt Mary won't seem quite so scary when she bends down to greet your child.

Use Relaxation Techniques:

Incorporate deep breathing or other coping strategies into your day. Let your children see you use techniques when you are feeling stressed. Encourage them to use relaxation techniques on a daily basis.

Incorporate Positive Statements Into Your Dinner:

This is empowering and reflective. Each person at the table can state an attribute of their own that they are thankful for. For example, "I am thankful that I am creative." Feeling stressed? Try, "I am thankful that I am calm." Your special needs child can prepare ahead with a drawing or sign language if he or she wants to participate without speaking.

Don't Rush:

It's simple; none of us are very good at rushing in a relaxed way. The two just do not go together. It is impossible for children or teens to rush without getting angry. Make sure you leave enough time to enjoy the journey and avoid meltdowns. Children with special needs should be given notice of transitions.

Write Things Down:

Getting the constant chatter and lists out of your head decreases stress and anxiety. Children love making lists. Give them a clipboard or dry erase board. Help your child make a list of what they want to do for the holiday. It might be helping decorate or what to pack for their self-care relaxation bag. This will help you relax and help your children feel involved.

Encourage them to add happy words like laugh or draw a smile face on their list.

Schedule Downtime:

Don't overbook your children. It's important to use holiday time for relaxation. Try staying in pajamas till noon. Pop your favorite popcorn and watch a movie. You'll be surprised how an hour or two of relaxation can rejuvenate your children's bodies, minds, and spirits.

Shopping:

Avoid taking your children shopping on the busiest shopping days of the year. The chaos, noise of large crowds, and long lines will definitely add stress to your life. If your child is absolutely known to meltdown during shopping, you can select a few gifts and bring them home. Set up a shopping experience in your home for your child. The whole family can participate. Have a checkout counter and wrapping table.

Be Flexible:

Relax your expectations and definitions of what a fun experience is for your children. Most of us do not need the full blown exhausting experience of holidays to reflect that we had a good time. A few positive minutes is worth a lifetime of memories!

Let the Children Participate:

Let your children do one thing for the holiday that makes them feel proud. Children can collect acorns or place a few jingle bells into a bowl for a beautiful stress-free centerpiece. Children can fold napkins or put the forks out. Be prepared to accept their participation as perfect and wonderful. Restrain from correcting or straightening out the napkins and enjoy the holidays!

Stress Free Kids founder Lori Lite has created a line of books and CDs designed to help children, teens, and adults decrease stress and anxiety. Her new book is called "Stress Free Kids: A Parent's Guide to Helping Children Build Self-Esteem, Manage Stress, and Reduce Anxiety in Children. www.stressfreekids.com

Safe Sleep **is** Simple

The **ONLY** place a baby should sleep
is in a crib or bassinet

YES

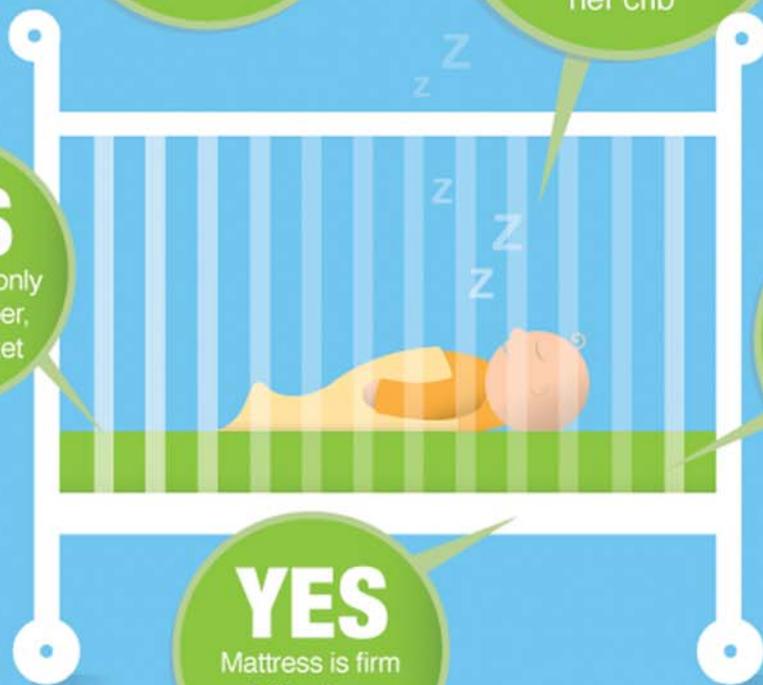
Baby always sleeps
in a smoke-free
room

YES

Baby always
sleeps alone, on
her back and in
her crib

YES

Baby has on only
diaper, sleeper,
& light blanket



YES

Crib is clear of
toys, heavy blankets,
bumper pads
& pillows

YES

Mattress is firm
& fits close
to the sides

Say **YES** to Safe Sleep

Babies who sleep in an
adult bed are 40 times
more likely to die from
accidental suffocation.

For video + more
information visit:

SafeSoundBabies.com

Our Babies:
safe&sound

TEAM

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