

WEST VIRGINIA

EARLY CHILDHOOD
PROVIDER
QUARTERLY



Fostering Friendships

**Choose Healthy Options
Often and Start Young**

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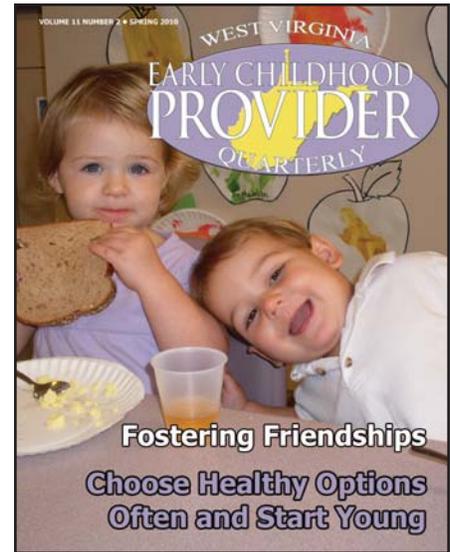
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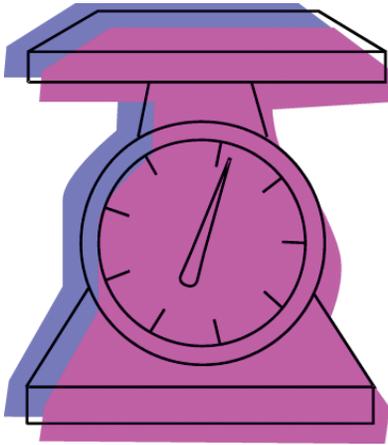
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News you can use

Spring 2010

U.S. Surgeon General Richard Carmona, MD called it the greatest threat to public health today. It kills more Americans every year than AIDS, all cancers and all accidents combined. And it's causing problems in children that were unthinkable 20 years ago. That is why the American Medical Association (AMA) is working to halt the spread of obesity.



Leaders in the field of preventive health, pediatrics, family practice, nutrition and more, convened at AMA headquarters in Chicago for the first meeting of the AMA Working Group on Managing Childhood Obesity. Their goal: to develop a set of strategies to help physicians more effectively work with families, youth-serving organizations, school health professionals, public health organizations and community groups to reduce overweight and obesity and to eliminate racial and ethnic disparities in childhood obesity.

The AMA has also been collaborating with the U.S. Department of Health and Human Services to produce a series of publications entitled, Roadmaps for Clinical Practice – Case Studies in Disease Prevention and Health Promotion. Roadmaps help physicians and other health professionals identify and reduce health disparities by integrating focused interventions into routine medical care. The latest edition, Assessment and Management of Adult Obesity is now available online at www.ama.assn.org.

Too many children in the United States live in poverty, without good nutrition, and health care.

In the United States 18 percent of children under age 18 and 24 percent of children under age six live in poverty. It is estimated that 12 million children do not have enough food to meet their basic needs and approximately 3.2 million are suffering from hunger.

In the United States 15 percent of children under age 18--and 24 percent of those living in poverty--are not covered by health insurance.

Approximately one-third of children and nearly one-half of African American children born in the United States have at least one health risk at birth.

More than 20 percent of 2 year olds in the United States are not fully immunized.

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Why Should I Choose the Apprenticeship for Child Development Specialist (ACDS) Program?

Submitted by Sherrie Barrett, ACDS Coordinator

The Apprenticeship for Child Development Specialist program is a training opportunity for those working in early care and education and is based on a professional partnership between child care providers and their employers. Through the apprenticeship program, participants will receive on-the-job training to help develop skills and gain knowledge that will be used to open new doors for future opportunities. Upon completion of four semesters of course work, 3200–4000 on-the-job training hours, and receipt of a US Department of Labor certificate, ACDS graduates are eligible to further their professional development with one of the several articulation agreements in place between ACDS and WV institutions of higher learning. For the employer, the ACDS program develops a more informed and productive employee, tends to decrease staff turnover, and reduces training costs.

The ACDS program also provides a mentor training program for Journeypersons (graduates of ACDS) and those with a bachelor's degree in early childhood, child development, or a related field. These individuals can become mentors for home providers and, in some situations, directors or owners of child care centers. The first step in becoming an ACDS mentor is

attending a one-day training and to continue, a mentor must attend an update every other year. Participation in the ACDS program requires that a mentee be a home provider, center director, or center owner who has completed high school or received their GED, is 18 years of age, provides care for at least four children in their home, and is registered or licensed with WVDHHR. When a mentee is given the support of a mentor, it is often found the mentee will experience a higher degree of success.

ACDS also supports employers through visits across the state. During these visits, up-to-date information concerning ACDS policies and procedures is provided. ACDS staff supports local councils in each county where classes are taught. These councils are responsible for the administration of the ACDS classes in their area.

The ACDS classes are taught by professionals who also have experience in the field. These instructors have attended an intensive five day training to teach the ACDS class. They also must attend a one day update every other year to continue teaching.

If you're interested in a rewarding experience, please contact Sherrie Barrett at

CURRENT NEWS

A subcommittee has been updating mentoring policies and will soon put these into practice. Current mentors will receive notification of upcoming training dates and, as part of the new policy, will be required to attend the update.

Skip Campbell, System Administrator at RVCDS, and I have been working diligently on the ACDS video for orientation. It will be viewed by the ACDS State Executive Council on February 3 and put into use Fall 2010.

Recently, I was contacted by a non-profit agency in Washington, D.C. that is preparing a report on how to increase wages for working families. They are researching the national child care apprenticeship program. The agency was interested in how West Virginia has made the ACDS program a success. I will keep you posted on this exciting news.

Accessible Technology on Your Computer

Windows XP and Windows Vista

Submitted by Hannah Sites, WVATS Graduate Assistant and Jamie Hayhurst-Marshall ATP, CIRS Program Manager WVATS

Today, more than ever homes, and schools across the United States have more access to computer technology for learning and education. With the changing structure of classrooms, inclusive general education classrooms are accommodating students with differing abilities who need equal access to technology for learning. It is the right of all students to receive a free, appropriate public education in the least restrictive environment possible. When materials are inaccessible, students with disabilities are singled out and limited in their ability to access technology for learning. If students do not receive sufficient education, it could significantly impact their opportunity for further education and employment. It is important to note that accessibility removes barriers and helps everyone.

There are many different accessible technologies and assistive technologies that are available to help create universal classrooms for learning. Accessible technology is computer software that allows people to adjust their computers to meet their individual preferences. Assistive technology (AT) is any device used to perform tasks that would otherwise be difficult or impossible. These devices can be as complex as computers with screen reading software or as simple as a typing aid for keyboards.

Accessible technology and AT are two options that work together to provide all students with access to educational opportunities in inclusive, mainstreamed general education classrooms.

Microsoft reports that the U.S. Census Bureau found 15 percent of students between the ages of six and 14 have a disability. For those students over the age of 15, the percentage of students with disabilities increases. In about half of the cases, students have more than one diagnosis that qualifies them for services. Although they may not qualify for a specific AT device to use in the classroom, students with mild disabilities are often the most overlooked for accessibility features. Often these students do not consider themselves as “disabled”; therefore, they may feel uncomfortable seeking out services and fall through the cracks of the educational system.

Although teachers and educators are familiar with using their school computers, many are unaware of the resources for accessible technology already available to them through Microsoft software. As part of our mission, West Virginia Assistive Technology System (WVATS) strives to inform teachers and students about AT options and support systems to help

students with disabilities succeed in inclusive regular education classrooms. In addition to providing information and assistance to people in education, WVATS operates a Virtual Loan Library where AT devices can be loaned out on a short-term basis. Using the loan library system, individuals are given an opportunity to trial different devices and determine whether the AT device will or will not meet their needs. WVATS also houses many software options that are not available for loan, but can be trialed by individuals who visit the WVATS computer lab. The purpose of this article is to highlight some accessible technology features that are already on home and public school computers using Microsoft software and present specific AT that can be loaned from the Virtual Loan Library.

Not all children who have vision problems are blind; however, almost all can benefit from accessible and assistive technology. Because children who are blind cannot see the computer screen, they may need to receive computer information through hearing or tactile stimulation options. Although children with low vision have not completely lost their sight, computer screens are often difficult to see and interpret. Alterations to a computer screen either

by changing the screen resolution to increase clarity or by increasing the font and icon sizes, can help children with low vision see the computer screen. By adjusting color combinations and screen contrasts, even children who are color blind can benefit. These are examples of accessibility features that are already available through Windows XP and Windows Vista. The specific options are Invert Colors, High Contrast, text-to-speech with Narrator, screen magnification with Magnifier, keyboard shortcuts and sound notification. In addition to the accessibility options that Microsoft offers, WVATS can demonstrate screen magnifier and reader software.

There are a number of students in today's classrooms who have mobility and dexterity impairments. It does not matter if muscle tone is too tight or too loose, it can significantly impact a student's ability to access computers. Built-in accessibility features on the computer can help eliminate some barriers. For instance, if students cannot do multiple key selection (SHIFT, CTRL or ALT), StickyKeys will allow students to enter a series of key combinations without the hassle of simultaneous key selection. In the event that students do not have control over how many times a key is selected, FilterKeys will ignore these brief, repeated keystrokes. An on-screen keyboard allows students to type using a pointing device, joystick, or mouse. Button set-up, double-click speed, pointer size and how quickly the

mouse pointer recognizes the mouse movements are all options that can be changed to adjust to students' individual needs. For loan, WVATS has a keyboard typing aid which enables students with limited hand function or dexterity to operate a keyboard by functioning as a finger. WVATS also loans infrared pointers, touch screen overlays, joysticks, trackballs, and a variety of alternative keyboards and computer mouse options. Word prediction software can be demonstrated in the WVATS demonstration lab.

As with visual impairments, hearing impairment exists on a continuum of severity. Accessibility features that come with any computer can be as simple as altering the volume. SoundSentry (visual or text notifications in place of sound) and ShowSounds (captions) are two selections that Windows offers. Students who have minimal hearing loss may benefit from headphones attached to their personal computer.

Other students who present with language impairments, learning impairments, or are on the autism spectrum sometimes have difficulties comprehending and producing written or spoken language. Often computer screens are cluttered and students become too distracted to fully participate. Windows offers simplified user interfaces to reduce this clutter and interference. Another option is to use abbreviated menus and to customize toolbars to individuals' needs and preferences.

Many of the AT devices mentioned previously can also be used for this group of students: touch screens, speech recognition programs, word prediction software, and speech synthesizers.

This article presents a number of different options for accessible technology that home and school computers are already equipped with. To learn more about the accessibility features mentioned visit, microsoft.com/enable/. For an extended overview of accessibility features and descriptions, visit www.microsoft.com/enable/products/windowsxp/. Finally, if you would like step-by-step trainings and tutorials on how to use the accessibility features, visit www.microsoft.com/enable/training. All of the AT devices that were mentioned in this article are a part of the WVATS Virtual Loan Library and are available for short-term loan or demonstration. By taking advantage of this loan library system, teachers and students are afforded the opportunity to trial a variety of AT to help all students succeed in general education classrooms.

CONTACT INFORMATION

For more information about this article, contact West Virginia Assistive Technology System at wvats@hsc.wvu.edu or (304) 293-4692.

Fostering Friendships

Submitted by Ruthann Arneson, SCAC Head Start

Ashley and Emily are playing with dolls in the house area. Emily grabs a doll from Ashley. Ashley turns to Emily and shouts, “You can’t come to my birthday.” Both girls burst into tears. The teacher rushes over to investigate and helps settle the girls down. Soon they are back playing together. Ashley has forgotten that only a few moments ago, she was furious with Emily and announces to her teacher, “Emily is my best friend.”

This scenario is played out many times in a preschool classroom. Young children recognize the value of friendship. They are interested in playing with each other, having fun, and discovering the joys of having a best friend. Children who are able to share and take turns often are the ones everyone wants to play with. Not only that, research shows that children who know how to cooperate in groups and are able to make friends will maintain an interest in school and achieve academic success (Epstein, 2009). Teachers of young children need to identify what traits are valuable for promoting friendship and how to encourage the development of these skills.

Development of Friendship Skills

As children develop, the focus moves from themselves, to awareness of others, and then to an interest in building friendships. As early as age two, young children are interacting socially with one another. They show a preference for who they want to play with. As children play together, relationships develop that are based on common interests. As verbal skills increase, cooperative or coordinated play emerges. During the preschool years, children are able to describe why they like to play with certain children and dislike playing with others. Marie tells her teacher, “I like to play with Holly; she lets me use the yellow cup for digging in the sand.” You might hear, “He’s mean; Joel doesn’t like to share his cars!” when the teacher asks why Seth doesn’t want to play with Joel. Specific play interests such as role playing superheroes or individual characteristics of gender may also be identified as to why children choose to play together (Epstein, 2009).

Young children engage in certain behaviors that are directly related to their success at developing friendships. Children who know how to initiate interactions with other children and how to enter into groups can effectively develop positive relationships with other children. To maintain these relationships, children need to learn how to resolve conflicts and manage their anger. As children gain an awareness of their peers, they are responsive to the needs of others and are effective at

reaching out to help others (Ramsey, 1991). The Center on the Social and Emotional Foundations for Early Learning have identified key behaviors that are important to the development of friendship skills (Joseph, Strain, Yates, and Hammeter, 2006).

Friendship Skills

Play Organizer: The play organizer is the child who directs the action in the block area. For example, Noah tells Ian, “I know, let’s build a road. You build your road over there. My tunnel will go over your road. We can be race car drivers!” Noah shares his ideas with Ian; he leads the play without taking over. Together they complete the road and enjoy cooperating with each other.

Sharing: Sharing can be difficult. Children who are able to share get along better with their peers. It is important to provide many opportunities to practice sharing. For example, Zach and Anna are building with Legos. Anna asks Zach if she can have some of his Legos. Zach has a large pile in front of him but tells her no. Anna tells him she needs them to finish her castle. He takes a handful and gives them to her. Teachers can help facilitate sharing by setting up activities designed for cooperative play. Children can work together on a group mural or being involved in a cooking project. Using puppets to role play and sharing at group time can be another effective way to demonstrate how children can develop this skill.

Taking turns: Like sharing, taking turns can be challenging for preschool children. Games like Candy Land or Hi-Ho Cherry-O give children the opportunity to practice. Other activities, like playing ball where give and take occurs, help children develop a perspective other than their own. Teachers often need to intervene when children have difficulty taking turns. They can model the appropriate actions and give children the words that encourage turn taking, “Ben, ask Josh for a turn. Say, ‘May I use the bike now?’” Concrete items like a sand timer might make it easier to take turns. A sign-in sheet by the computer gives the signal that there is a plan in place for everyone to get a turn with a favorite activity.

Being helpful: Being helpful is another skill that promotes friendship among young children. Andre and Kara are in the art area. Andre is trying to put on a smock but can’t get the fastener closed. Kara sees his problem and snaps the smock around his back. The teacher tells Kara, “I like how you were a friend to Andre and helped him to put his smock on!” Encouraging children to assist each other during cleanup is a chance to develop this skill. “Maddie, will you and David put all the square blocks away? And Jillian, how about you and Sam get all the



cars and trucks together?” Role play can also be used to reinforce the significance of helpful behaviors.

Giving compliments and apologizing: Helping children give compliments can be a powerful influence on developing friendships. “Wow Bridget, I really like your building!” said Kenny. This can help build her self-esteem. Children need to be coached to learn what words to use to give effective compliments. Conversely, children also need to learn how to apologize. This does not mean forcing children to say “I’m sorry”; instead help children to be more responsive to their friends. For example, when Joseph skinned his knee after Tyrone pushed him down, their teacher talked with the boys: “Tyrone, do you see how sad Joseph is? What can we do to help him? How about helping me get the first aid kit so we fix his knee?” Empathy is the ability to understand another person’s perspective. Letting children know they have hurt another child and helping them to pay attention to the feelings of others can strengthen the development of friendship skills.

Facilitating Friendship

Friendship skills can be enhanced by creating an atmosphere where positive and caring behaviors are valued. The adults are friendly with each other and all are treated with respect. They model the behaviors they want children to demonstrate. The classroom setting has varied opportunities for children to engage in cooperative play. Numerous props in the dramatic play area, puppets, play telephones, wagons, and board games are some of the materials that promote the development of friendship skills.

Planning activities for just two children can also enhance the development of friendships. An example of this is when the teacher tapes a large sheet of paper to the table and sets out three pans of paint and four flower shaped sponges. She asks Cassie and Paul if they could work together on one painting. By limiting the supplies, the teacher encourages cooperation and sharing.

Assigning partners can create unlikely alliances. Nathaniel had difficulty with transitions. Whenever it was time to clean up, he would start running around the room and throwing toys. His teacher paired him up with Shannon, who was easy-going. When it was time to wash hands, Shannon took Nathaniel by the hand and told him quietly, “Let’s go wash hands.” She turned the water on and off for him and he followed her lead of quietly getting ready for lunch. As they went outside, Nathaniel held Shannon’s hand. He sought her out to play ball, now Nathaniel had a friend. This example illustrates how the influence of a friend can positively impact behavior.

There are many simple games and activities that teachers can use with young children to support friendship. Before children are involved in conflict, teachers can introduce strategies that will help children develop the necessary skills to encourage friendship.

Activities that Promote Friendship

Read books about friendship

There are a variety of picture books that introduce the concepts of sharing, compromising, and listening. These books help children understand what it means to be a friend.

- *Frog and Toad* by Arnold Lobel
- *Swimmy* by Leo Lionni
- *George and Martha* by James Marshall
- *All Kinds of Friends, Even Green* by Ellen B. Senisi
- *Jamberry* by Bruce Degan
- *We Are Best Friends* by Alike
- *Ballerina Dreams* by Lauren Thompson

Buddy System

Pair children up at transition time, meal time, clean-up, and during play activities. Vary the pairings by sometimes letting the child pick who will be his or her buddy and other times having the adult make that choice. Structuring time for children to spend time together can help children get to know each other and develop friendships.

Create spaces and activities for 2 or 3 children

Large beanbags, mattresses, or an old bathtub with pillows can be put in quiet areas for children to read quietly together. Two children working together to set out a snack or a small table where two children can work on puzzles alongside each other are examples of structuring the environment for a small group of children. Young children may find it easier to develop friendships in a small group.

Use group time to discuss conflicts

Group time can be used as an opportunity for children to problem solve and discuss problems that are happening in the classroom. Children can brainstorm what it means to be a friend and the teacher can write down their ideas. Children can act out scenarios on how they can be a friend. Discussions about friendship can help children understand what it means to be a friend and what they can say or do when other actions get them upset.





Group projects and activities

Plan activities where children need to work together to complete an activity. Creating a group mural about a spring scene, using a parachute, or setting up an obstacle course gives children the experience of working together as a team.

The ability to develop friendships is a skill that will benefit children for the rest of their lives. It is crucial that children learn at a young age how to communicate, share, and compromise. The adults in their lives need to serve as models. Demonstrating and practicing friendship skills will help children to develop social competence and learn what it takes to be a friend.

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T.E.A.C.H. Early Childhood® WEST VIRGINIA Recipient and Sponsor Highlight



Recipient

Pamela Napier is an infant and toddler teacher at Playmates Preschool and Child Development Center of Westmoreland. Pamela is utilizing a T.E.A.C.H. Early Childhood® WEST VIRGINIA Associate Degree Scholarship at MCTC where she is pursuing an Associate Degree in Early Childhood Education. Pamela states, “I have always wanted to earn my Associate Degree in Early Childhood Education and T.E.A.C.H. is helping me to accomplish my goal.”

T.E.A.C.H. is also helping the children in her classroom. “Not only is T.E.A.C.H. WV helping me, it is also helping the infants and toddlers in my classroom. My infant and toddlers will be exposed to new teaching techniques and experiences. Because T.E.A.C.H. is helping me to further my education, my infants and toddlers will also receive a better early education.”

Sponsoring Center

Playmates Preschool and Child Development Center of Westmoreland became a T.E.A.C.H. WV sponsoring center in 2009 and is currently sponsoring Pamela Napier as a scholarship recipient. Director Gretta Hill believes T.E.A.C.H. is helping Pamela “earn the credentials she needs to be competitive in the early childhood field.”

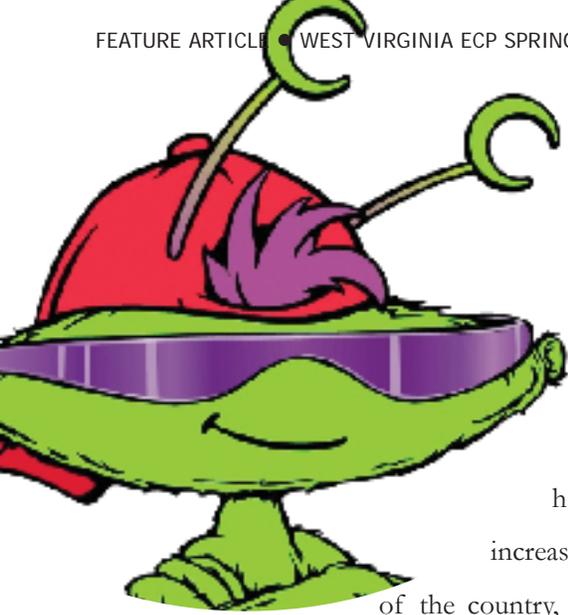
Playmates Westmoreland is a T.E.A.C.H. sponsoring center because, “it increases the quality of teacher/education provided and allows for professional development...also, the commitment by the staff member guarantees we will maintain consistency in our classroom.”

Playmates of Westmoreland is not the only Playmates site participating in T.E.A.C.H. Currently, Playmates is sponsoring six employees/scholarship recipients from the Bison, Huntington, Lavalette and Westmoreland sites.

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Choose Healthy Options Often and Start Young

Submitted by Linda Carson, Ed.D., Founder, Choosy Kids, Ware Distinguished Professor Emerita, WVU

Childhood obesity rates have significantly increased in every area of the country, in both genders, and at all ages. It has been said that this generation of young children may live sicker and die younger than their parents because of unhealthy eating and lack of appropriate physical activity. This is a public health crisis that needs our involvement and our leadership because the well being of young children rests with us.

Our Decisions Have Consequences

The increasing rates of childhood obesity nation-wide and the prevalence of adult risk factors for cardiovascular disease at earlier ages, reflect a public health crisis that schools, agencies, and allied health professionals are attempting to address with intervention programs and information campaigns. Recently, even Michelle Obama announced that she intends to launch a significant childhood obesity awareness campaign nation-wide.

Recognizing that the critical issues related to childhood obesity and the consequences of non-action should be part of any awareness campaign, it is equally important that we identify the root cause of the culture of super-sized children. Some have been quick to blame the fast food industry; others blame media or advertising; schools have been a primary target of blame; still others say that parents are responsible for the fattening of our children. There is plenty of legitimate blame to go around!

While childhood obesity is influenced by multiple complex social forces, many would agree that fitness levels of children are low, and obesity rates are high, as a direct consequence of decisions that *adults* make on behalf of children. Who are these decision makers? The truth is that all of us share a collective responsibility for the current status of child health in America because we are the adults who make policy; adults purchase convenience food and convenience products; adults decide what receives funding; adults take recess time away in public schools; adults serve processed non-food to their families; adults make marketing and advertising decisions as company executives; and hundreds of other commercial, educational, or parenting decisions that impact the context features of childhood.

This article will attempt to remind all of us that young children are experiencing health related problems that grown ups have created. Francine Kaufman, a pediatric endocrinologist, in her book, *Diabetesity*, says that “in the name of progress, we have created modern environments designed to kill us.” This is a result of our culture of convenience and excess. What can we do, on behalf of the children we serve, to demonstrate healthier adult decision making and honor childhood as a time of healthy preference development?

Good News

Instead of addressing the negative consequences of unhealthy preferences, this article will focus on celebrating what is positive and optimistic about the intended design of our bodies. First, we should acknowledge that we are not

designed for disease or obesity. By design, we are created to be healthy, and so are our children. They are designed to move, to eat whole food, and to be hydrated. To disregard these “design features” is to disregard the health of children. Let’s look closer at what children need and how we can make healthier decisions on their behalf.

Designed to Move



Our ancestors needed to hunt for food and this caused them to be on the move over several miles each day. Many have stated that in contemporary times, we still need to move several miles each day, not necessarily for hunting or gathering, but for maintaining our cardiovascular system to function efficiently as it was designed. If you have purchased a pedometer for counting how many steps you take, the owner’s guide may have recommended a goal of 10,000 accumulated steps each day. This equates to about five miles and, for adults, gives you a quantified goal for the daily activity that your body was designed to experience. While it may count your steps, pedometers do not tell you how intense the activity might have been, but as a way to get started, this simple prop can be very motivational for monitoring personal progress. If you are far from 10,000 steps at the end of the day, set a goal for the next day to simply

add a few more steps. By making small, “do-able” advances each day, the progress can be rapid and motivating.

Young children are also designed to move. Recently published guidelines (NASPE, 2009) recommend that preschool children be provided sixty minutes of accumulated physical activity, which is structured for them by an informed adult. In addition to structured physical activity, preschool children should have at least sixty minutes (and up to several hours) of unstructured, self-selected free play that is supervised by an informed adult. Likewise, children this young should not be sedentary for more than sixty minutes at a time (except when sleeping). The recommendations go on to say that physical activity needs to be experienced indoors and outdoors, and that preschool children also need to have competence in basic motor skills. And finally, the recommendations state that both parents and teachers need to be more informed about the guidelines so that they can value and facilitate the physical activity and movement experiences of young children.

Policy and Practice Hold the Key

These guidelines remind us that, for normal growth and development, young children need to be physically active in short bouts throughout the routines of the day, plus they need ample and appropriate opportunities to practice their emerging motor skills. Research in this area has informed us that the levels of physical activity that preschool children experience is a direct result of the preschool they attend, indicating that it is policy and practice, and not demographics or economics, that determine the type and amount of physical activity a child will experience throughout the day at child care (Pate, et al, 2004). This is good news! Our policies and practice strategies are not set in stone, but modifiable, given convincing evidence to do so.

Designed to Eat Whole Food



Back to celebrating our unique design features...We are designed to eat whole food. It is not a coincidence that our bodies hope to receive nourishment, vitamins, and minerals from the food we choose to eat. If we eat fruits and vegetables, by the design of our digestive system, the fiber will help to cleanse our system of the left over by-products of healthy digestion. Even though we feed ourselves each day, many of us are *undernourished*, and so are the children we serve.

By special design, our bodies are not fully prepared to recognize or metabolize the chemically engineered non-food that is so prevalent in our culture. The labels on processed food in grocery store shelves reads more like a chemistry experiment than a food label. We need to remind ourselves and the parents in our centers that for children to be healthy, they need to have primarily fruits and vegetables in their daily meal and snack options. If fresh fruits and veggies are not available, frozen or canned are recognized as a better substitute than chemicals, non-food, or fast food high calorie options.

Our decisions about the food we serve our families, ourselves, and the children in our centers are often made with

efficiency, economics, or policy as the force influencing our decisions. Let this serve as a reminder that, as best we can, we need to advocate for the following healthy nutrition practices:

- Serve a variety of fruits and vegetables for nourishment.
- Monitor serving sizes. A good rule of thumb for serving sizes is one tablespoon per year of age until age five.
- Encourage pleasant conversation for better digestion.
- Do not rush the eating process and allow satiety to function.
- Do not allow TV or other electronics to be a distraction during meal and snack time.
- Use snack time and meal time as an opportunity to dialog about nourishment, features of the fruit or veggies, sources of food, colors, and other characteristics of the food.
- Encourage healthy preferences for food by eliminating or reducing the “not so healthy” foods that children are exposed to in the center and at home.

Designed to be Hydrated



Another wonderful design feature of healthy bodies is the craving for water. We have grown accustomed to sugar sweetened fruit drinks and sodas, but in reality, our bodies

are craving water. The brains and bodies of young children need water for hydration, lubrication, transportation of nutrients, and maintaining body temperature. A good rule of thumb for providing enough water for preschool children is about 6-8 cups accumulated through the day and made available at all times during the day in a personal sip cup or water bottle. Sugary drinks like soda, fruit flavored drinks or juice, Kool-Aid, or lemonade are not suitable substitutes for what the preschool body and brain actually require, which is plain water. If you want to flavor water for children use a slice of lemon, lime, or strawberry.

Choose Making Healthier Decisions

When reminded of these design features for healthy bodies (physical activity, nourishing with fruits and vegetables, and hydrating with water) we can see how making small but significant changes in our daily decisions can greatly enhance the health and well being of the children we serve. This is also true for our own personal well being. The nurturers must nurture themselves!

It is not easy being a consistent role model for healthy behaviors and decisions. There is a children's character named Choosy who can be far more consistent than grownups. Choosy is from West Virginia and many teachers and parents say he is also very influential. The letters stand for **C**hoosy **H**ealthy **O**ptions & **S**tart **Y**oung.

Choosy was designed to help adults be reminded of the health messages that will promote the development of healthy preferences early in life, especially when preferences are first being formed. Go to www.choosykids.com to learn more about Choosy. Many Head Start programs have been introduced to Choosy as an example of a character role model in the award winning obesity prevention initiative launched by OHS, *I Am Moving I Am Learning* (IMIL). The

strategies used in IMIL are not unique to Head Start classrooms. Several states included child care providers in their IMIL training events, and in January 2010, the federal Child Care Bureau launched the Region I Pilot of IMIL in Child Care using the IMIL materials and strategies.

Recently, 50 child care centers in West Virginia received a Be Choosy kit provided by WV DHHR and produced by Lakeshore Learning Materials. This pilot program will focus on the "health by design" principles just discussed. Children will be introduced to the Choosy movement vocabulary, practice motor skills, and learn about healthy eating. In addition, they will experience a variety of movement challenges included in the Be Choosy kit. The purpose of the project is to demonstrate that with a little bit of training and some new resources, centers can apply strategies that modify or create healthier preferences for food and physical activity.

Choosy can be a role model for all of us and remind us that small changes reap big results. We need to foster healthy preferences early in life so that children in middle school and older can demonstrate selecting healthy choices when presented with the many options available to them in our supersized, sedentary culture. Choice is empowering and choosing from among several healthy options (rather than making a choice between an apple and a doughnut) sets the stage for healthy preference development. Children cannot make healthier decisions unless the adults in their lives do the same.

Resources: "National Association for Sport and Physical Education. Active Start: A Statement of Physical Activity Guidelines for Children From Birth to Five Years." Reston, VA: NASPE Publications; 2009.

Pate RR, Pfeiffer KA, Trost SG, Ziegler P, Dowda M. "Physical activity among children attending preschools." *Pediatrics*. 2004; 114(5):1258-1263.



Question: What tips can I pass on to parents to encourage healthy eating habits at home?

Submitted by Kay DeWitt, Preston County Starting Points

Almost everyone naturally enjoys sweets and a young child is no different. Humans were born with a natural taste for sugar. After their first taste of sweet potatoes, more times than not, a child will pick them over green beans or other foods that are not sweet. It is only natural that a child rushes for the candy dish or ice cream, but we have to take on the responsibility of limiting our children to the foods that are not so good for them, and instead choose a diet made up of primarily nutritious foods that promote growth and prevent tooth decay.

If you keep the “bad” foods out of sight, children will forget they are in the house and will choose what you have prepared for them. Provide small portions of fruit, crackers, bread, cheese, and vegetables that your child can snack on. Begin to encourage good eating habits that will last a lifetime.

Mealtimes are learning times. Let a child help with menu selection and preparation of the meal. Teach your child how to serve himself. Let your child pour her own drink. Keep a roll of paper towels handy because you will have

spills. This will also give your child confidence to choose what he or she likes. Make it family time, if possible, with lots of conversation. Make meal time a positive experience and never use food as a punishment or reward. Threatening to withhold food or offering special treats for doing a task contributes to unhealthy attitudes about food.

Allow time for your child to eat. Some children are slow eaters so your meal time should not be rushed. Make meal time a positive experience for your family and this will help your child make healthy choices as they grow older.

As a general rule, it’s a real mistake to turn mealtimes into sparring matches to get your child to eat a balanced diet. The child is not rejecting you when he or she turns down the food you have prepared, so don’t take it personally. The harder you push a child to eat, the less likely he is to eat. Instead, offer the child a variety of foods you know she likes, use many colors and consistencies and let your child choose the foods she would like. If your child won’t try what you have on the table, leave items that don’t need refrigerated for him to eat later.

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.

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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.

Healthy Choices Lead to Healthy Children and Bright Futures

Submitted by Joyce Malson, Nurse Health Consultant, WVECTCR



The Center for Disease Control has released some alarming statistics for 2008 regarding obesity: the percentage of obese adults continues to rise and for the second straight year, West Virginia had the second highest rate of obesity in the country. Perhaps even more alarming is that according to the American Academy of Pediatrics, over the past two decades, the prevalence of children who are obese has doubled, while the number of adolescents who are obese has tripled.

The increasing popularity of high calorie, high fat, convenient or fast foods, larger portion sizes, and high-technology gadgets which lead to a more sedentary lifestyle, is much to blame. If effective interventions are not implemented immediately, this problem will continue to grow, as well as the incidence of other serious, chronic, related health problems, such as Type 2 diabetes, hypertension, high cholesterol, asthma, sleep apnea, and orthopedic problems. Other issues include depression and low self-esteem, which can lead to poor school performance.

The CDC and the American Academy of Pediatrics agree that establishing healthy behaviors during childhood is easier and more effective than trying to

“Schools and child care centers have a critical role to play in helping children establish lifelong healthy behavior patterns because they provide opportunities for them to learn and practice healthy behaviors, such as eating healthy foods and participating in physical activity.”

change unhealthy behaviors during adulthood. Schools and child care centers have a critical role to play in helping children establish lifelong healthy behavior patterns because they provide opportunities for them to learn and practice healthy behaviors, such as eating healthy foods and participating in physical activity.

Embracing this belief, fifty child care centers throughout the state of West Virginia have embarked upon a pilot study of a program that promotes healthy decision making about food choices and a healthy, active lifestyle through music, educational materials, play props and other resources, called “Be Choosy.” CHOOSY is an acronym for Choose Healthy Options Often and Start Young. This program was developed by former WVU WARE distinguished professor, Dr. Linda Carson, an expert in childhood motor develop-

ment. This pilot study was made possible through funding from the West Virginia Department of Health and Human Resources. Nurse health consultants Glenna Bailey, Sarah Hicks, and Joyce Malson are conducting pre- and post-assessments and providing training and technical assistance to assist child care centers in the implementation of this program.

Here are some simple, but helpful tips from the American Academy of Pediatrics which can be implemented at child care centers and at home to promote healthy choices and a healthy lifestyle for everyone:

- Eat 5 fruits and vegetables per day
- Get 1 hour of physical activity a day (does not need to be consecutive)
- Limit screen time to less than 2 hours a day

- Limit consumption of sugar-sweetened beverages
- Eat breakfast daily
- Switch to low-fat dairy products
- Regularly eat family meals together
- Limit fast food, take out and eating out
- Prepare foods at home as a family
- Eat a diet rich in calcium
- Eat a high fiber diet
- Breastfeed exclusively until 6 months of age and maintain breastfeeding after introduction of solid food until 12 months of age.





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A Medical Home is an Important Healthy Habit

Submitted by Barbara Tucker, West Virginia Early Childhood Transition Steering Committee

Transition is a process, not an event. Transitioning from one stage to the next across the life span is a challenge for children and youth with special health care needs, their families, and their providers. Each stage has different issues to address. The common denominator is finding new professionals and organizations that might be able to provide needed services during and after the transition

Communication among those in sending and receiving programs is essential for every child. Each transition for a child with special health care needs is an opportunity for those involved to optimize success and manage future transitions. The ultimate goal is long range – for the child to attain increasing independence as he or she approaches adulthood. It is never too early to set the stage for a child to understand his or her own health care needs.

Shriners' Hospital for Children has developed a pamphlet entitled *Transition Tips for Families of Young Children with Disabilities*. The leaflet provides information on ways parents can help their child stay physically healthy, how to involve their child in his or her own health care, and tips to encourage independence.

A priority for keeping a young child



“From birth through young adulthood, the medical home plays an important role as a single, consistent provider.”

with special health care needs healthy is to have a medical home, which emphasizes comprehensive care, coordination of services, and partnerships with families. From birth through young adulthood, the medical home plays an important role as a single, consistent provider. As children begin to access services from the school system, the medical home can provide documentation of medical diagnoses and needs, assist the family in helping the child manage his or her health needs, and discuss issues that are not addressed in schools.

Families are the child's first teachers and can set examples for healthy eating habits. Plant a garden, have children

help pick out vegetables and fruits at the market. Make meals together and eat together as a family. Teach that food is fuel for bodies and not a reward.

Involve the child in his own health care by teaching correct medical terms. Honestly answer questions he may have about his condition and prepare for medical procedures by play-acting the procedure. Have the child answer questions from health care providers as a way to empower the child to start taking ownership. Encourage him or her to have a teaching session for peers so friends have information about the child's unique health care needs.

Independence starts with small steps. It is important that children are given responsibilities and do tasks on their own, as difficult as it is to watch a child struggle. Keep in mind the sense of accomplishment when a child has mastered a task! It gives her the incentive to try the next step. Remember, a child with special needs is a child first—he needs to experience consequences for his actions, be expected to participate in chores, and make choices.

With all partners working together – parents, child care providers, school systems, and medical personnel – all children can have optimum transitions from one system to another.



WVAYC Starts Busy Year

Submitted by Linda Novak, WVAYC President

The West Virginia Association for Young Children (WVAYC) is off to a busy start this year. Several members attended the Southern Early Childhood Association (SECA) Conference in Little Rock, Arkansas, in January. Melanie Clark, Amy Wolfe, Nancy Cheshire, and I were fortunate to attend many inspiring and informative sessions. Our state was truly well represented with the keynote address of Ellen Galinsky and Dr. Linda Carson, both natives of West Virginia.

Amy Wolfe was the recipient of the Helen Harley Scholarship, which is awarded by selected states to an emerging leader to support their attendance at the SECA conference.

The two candidates nominated for President of SECA are Nancy Cheshire of West Virginia and Beverly Peden of Mississippi. Please cast your vote when you receive the ballot from SECA.

Another West Virginia native, Phil Acord, is running for NAEYC Vice-President. Phil is now a resident of Tennessee. It was very exciting to see West Virginia in the forefront at this conference. Our members should be very proud.

I would like to remind all of our members that you are welcome to attend WVAYC Governing Board meetings. The first board meeting of 2010 is March 13th at 10 am at West Virginia University Parkersburg.



**week of the
young child**



April 11-17, 2010

Theme:
Early Years Are Learning Years

Week of the Young Child is held each year to honor young children and thank teachers and all those who make a difference in young children's lives. NAEYC encourages state and local Affiliates, early childhood programs, and organizations who work on behalf of young children to plan WOYC events that will bring your community together.

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WOYC activities



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Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"
Volume 7, Issue 2, Spring 2010

Injury Prevention

Accidental injuries are a leading cause of hospitalization and death for young children. Because many childhood injuries happen in or around the home, it is the parents who must assume responsibility for making the home a safe place.

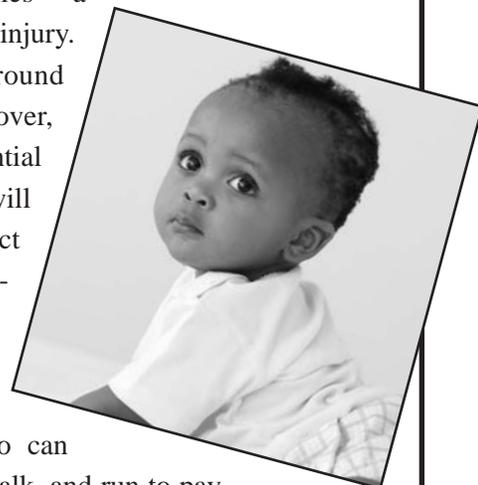
Injury prevention, like parenting, is an ongoing process. Sometimes, it seems, the job is never done. Parents must constantly be on the lookout for potential dangers in and around the home.

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.

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Children are at risk for injury from the moment they are born. Therefore, injury prevention strategies must be implemented even before newborns come home from the hospital. As children grow, they become more mobile. With this

mobility, comes a greater risk for injury. The more ground children can cover, the more potential dangers they will come into contact with. It is especially important, therefore, for the parents of children who can crawl, toddle, walk, and run to pay close attention to injury prevention.



The major cases of injury are falls, suffocation or choking, poisoning, scalds and burns, and motor vehicle accidents.

Injury Prevention Strategies

Falls

- Never leave infants or toddlers on a raised surface, such as a changing table or a counter top, unattended. Even if parents turn their backs

continued on the following page

Visit our website at www.wvearlychildhood.org

for only a second, that is enough time for children to roll over and fall to the floor.

- Don't leave large stuffed animals in children's cribs. Children will quickly learn to use such toys to stand on to get out.

- Don't allow children to stand on high chairs or regular chairs. They can easily fall.

- Lock all windows or screens, or install safety stops so they will only open a few inches.

- Don't allow children to sit on counter tops.

- Don't allow children to play on balconies unsupervised.

- Use safety gates at the top and bottom of all stairways in the home. Don't rely on doors. Eventually one will be left open.

- Provide rubber soled, canvas shoes when children start walking. Stiff shoes are hard to walk in and may cause more frequent falls.

- Cover all sharp furniture edges with corner guards and edge covers.

- Make sure all play areas are free of falling hazards such as deep holes, glass, and sharp objects.

Suffocation or Choking

- Do not cover mattresses or pillows with plastic.

- Tie knots in plastic bags before throwing them away.

- Store all plastic bags (garbage bags, sandwich bags, grocery bags) out of reach.

- Use baby powder cautiously. It can be dangerous if large amounts are inhaled.

- After meals, remove bibs before taking children out of their high chairs.

- Never pin or tie pacifiers to children. The strings can easily wrap around children's necks.

- Make sure crib mattresses fit tightly in the crib. If the mattress is too small, children are at risk for getting their heads, legs, or arms stuck between the mattress and the side of the crib.

- Make sure all mobiles are hung beyond children's reach.

- Never prop bottles or pacifiers in children's mouths.

- Make sure all sheets and bed-covers are loose so children cannot get stuck underneath them.

- Be wary of certain finger foods, especially for children under five years of age. Foods that are most frequently a choking hazard are nuts and popcorn. Grapes, hot dogs, hard candy and carrots can also be dangerous. Make sure they are cut into very small pieces before children attempt to eat them.

- Use balloons with extreme caution. They are especially dangerous if swallowed.

- Never leave infants or toddlers unsupervised near water. This includes bath tubs, wading pools, and swimming pools. Keep bathroom doors shut at all times, and make sure the lids to all toilets are down when not in use.

- Keep the doors to all household appliances shut at all times.

- If there is an unused refrigerator or freezer in or around the house, remove the door, or lock it shut.

- As soon as children are old enough to crawl, make sure the floor of the home and any area that is within children's reach is free of small objects that can fit into children's mouths.

- Take an infant/child CPR course. The knowledge gained will be invaluable if a life threatening situation, such as choking or loss of consciousness, should arise.

Poisoning

- Keep all toxic materials, including household cleaners and medications, out of the reach of children in cabinets that are locked or have childproof latches.

- Throw out all medication, household cleaners, and other toxic substances that have not been used in the last year. The fewer poisonous substances there are in your house, the less the risk for accidental poisoning.

- Lock up all medications. Unfortunately, children sometimes figure out how to open bottles that have childproof caps.

- Avoid carrying medications in purses or briefcases. Children love to go through them and may mistake them for candy.

- When giving medication to a child, avoid calling it candy or making a game of it.

- Make sure that all medications and chemicals in the home are correctly labeled. Parents will need to know exactly what their children have swallowed in the event of a poisoning.

- Never store chemicals or cleaners in food containers.

- Teach children to recognize and avoid dangerous products.

- Rinse empty chemical containers before throwing them away. Make sure they are discarded in a place where they cannot be retrieved by children.

- Use insect and rodent poisons very carefully. Make sure they are placed only in areas where children cannot find them.

- Treat alcoholic beverages as poisons. Lock them up out of the reach of children.

- Make sure that all paint in the home is lead free. Paint manufactured before 1976 contains lead. If there is any sanding and stripping of old paint going on in the home, remove children from the premises. Exposure to even paint dust can cause lead poisoning.

- Many house plants are poisonous. Keep them out of the reach of children.

- Keep the telephone number of the local poison control center on or near the telephone.

- Make sure a bottle of syrup of ipecac is in the home at all times to induce vomiting. NEVER use it unless instructed to do so by a physician or poison control center.

Scalds and Burns

- Use fire resistant clothing for infants. Wash them according to the manufacturer's instructions.

- Always feel car seats before putting children into them. They can become very hot from the sun.

- Keep children away from all hot appliances, including stoves, light bulbs, toasters, portable heaters, grills, irons, and curling irons.

- Do not leave cups of hot liquid (coffee, tea, soup) within the reach of children. Never carry children while pouring or carrying a cup of hot liquid.

- Turn down the water heater in your home to 120 degrees to prevent burns in the bathtub or at the faucet. Always check the temperature of bath water before bathing children.

- Turn pot handles away from the edge of the stove while cooking.

- Avoid using tablecloths.

Toddlers often use them to pull themselves up, and if hot food is on the table, it can come down on top of them.

- Make sure all matches and cigarette lighters are kept out of reach.

- If there is a fireplace in the home, make sure it is well screened.

Motor Vehicle Accidents

- The most dangerous place for children to be if there is an auto accident is in the arms of an adult. Always place children in child safety seats.

- Always use the required safety harnesses and/or safety shields that come with the seat.

- Make sure the seat belts and/or harnesses used to secure children into the safety seats are tight enough.

- Never leave a stroller behind a parked car.

- Don't allow children to play in driveways.

- Begin teaching traffic safety as early as possible.

- Don't allow children to play outdoors unsupervised until they have proven they understand the rules of traffic safety.

*Written by Kristin Zolten, M.A.
and Nicholas Long, Ph.D.,
Department of Pediatrics,
University of Arkansas*

Healthful Eating For Your Family

Make Healthy Choices

Healthy choices that fit your lifestyle can help you do the things you want to do. Here are some easy steps you can take. Add your own ideas!

Be Realistic: Make small changes over time in what you eat and in the level of activity you do. After all, small steps work better than giant leaps. You can:



- Add one more fruit or vegetable to family meals this week. Work up to five a day.

Your idea:

Be adventurous:

Expand your tastes to enjoy a variety of foods. You can:

- Let your child choose a new vegetable to taste.



Your idea:

Be flexible: Go ahead and balance what you eat and the physical activity you do over several days. There's no need to worry about just one meal or one day. You can:



- Have a burger, fries, and a shake for family lunch, then make soup and salad for supper.

Your idea:

Be sensible: Enjoy all foods, just don't overdo it. You can:



- Enjoy one ice cream scoop, not two.

Your idea:

Be active: Walk the dog, don't just watch the dog walk! You can:

- Take a brisk family walk after supper.

Your idea:



Try this:

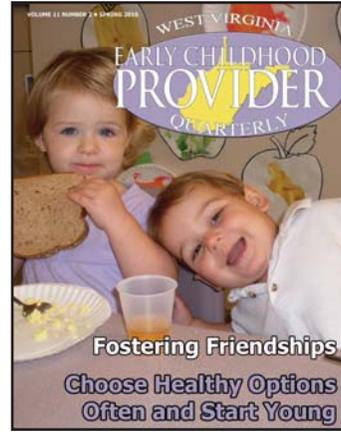
For more easy ways to help your family eat smart and move more, check the *It's All About You* web site. Click on the Owner's Manual at <http://ific.org/iaay>

Eat smart and move more to take care of you. That helps you have energy and health to enjoy your family, too!

It's not too late to get your copy of the 2010 Early Childhood Calendar.

This calendar features children from around the state. Quantities may be limited and are on a first come, first serve basis. For more information on these free calendars, visit wvearlychildhood.org.

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