

WEST VIRGINIA  
EARLY CHILDHOOD  
PROVIDER

QUARTERLY

WV Pre-K  
Program  
Assessment

WV Family  
Survey

Measuring Child and  
Family Outcomes



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# Celebrate Week of the Young Child

## April 22-28, 2012

Submitted by Polly Steele, Week Of the Young Child Chair for West Virginia Association of Young Children

Theodore Roethke wrote, “Teaching is one of the few professions that permits love.” A teacher’s love and caring shows in everything he or she does — and the returns are astonishing.

The National Association for the Education of Young Children (NAEYC) has set aside April 22-28, 2012, as “Week of the Young Child” (WOYC) to celebrate YOU: early childhood educators, parents, families and concerned citizens. The campaign focuses on the contributions you make to enhance the quality of a child’s life as you realize the importance of “Early Years Are Learning Years” for the children in your community, state and nation.

Start planning now to make this a fun, exciting week bubbling over with the hopes and dreams of our young children and their teachers. The West Virginia Association for Young Children (WVAYC) is encouraging everyone in our state to join together to have a special “bubble blowing celebration.” Many centers and classrooms participated in this activity last year and plan to participate again. Pick a time during the WOYC and gather the children and their families to blow bubbles together--what could be more fun!

The NAEYC website offers great support information and ideas at [www.naeyc.org/woyc](http://www.naeyc.org/woyc). An overview of the purpose of this week is given and also an event planning handbook is available. There are also resources you can purchase. This is an excellent time to involve the community in family literacy programs, food pantry collections and family fun



nights. Ideas used in the past are book fairs, parent lunches, planting flower gardens and having guest readers. Many local stores or eateries will display children’s artwork. Articles on young children can be submitted to local newspapers with photos of children working and playing together.

In West Virginia we want to join the rest of the nation in kicking off this annual public awareness effort sponsored by NAEYC. Our governor, mayors, and city councils across West Virginia will sign proclamations recognizing WOYC.

More and more children are entrusted to child care providers and educators at least part of the day. Research recognizes that the early childhood years lay the foundation of children’s success in school and later in life.

In an excerpt from “Teaching is the Key of Life”, written by Mimi Brodsky Chenfeld, she writes, “Education must be both challenging and appropriate to young children’s ages, individual needs and culture....Everyone needs to work together to build a successful future for our youngest children.”

# ACDS Portfolio Training Now Available

Submitted by Sherrie Barrett, ACDS State Coordinator

ACDS staff are available to present a one-hour WV STARS registered training on the development of the ACDS portfolio. Your ACDS portfolio reflects your growth as a student and as a professional. It contains documents and samples of your best work from each semester.

## **What is a portfolio and why do I have to make one?**

There are various requirements for your portfolio depending on whether you are creating it as an employment tool or for educational purposes only. The key is that it reflects your education, skills and experiences.

A portfolio is a requirement of the ACDS program. If you plan to continue your education beyond ACDS, most colleges/universities require that you have one.

## **I have too much to do right now. Can it wait until the end of the semester?**

This is not a good idea. Some students often overlook the importance of this project and feel they will be fine throwing it together at the last minute. It will be far less stressful if you begin preparing it right away, starting with your first semester, since you will more than likely have questions along the way. Organize it properly from the beginning. Doing so will also provide you the opportunity to consider how creative and professional you can make it appear.

## **What exactly am I supposed to have in my portfolio?**

Keep in mind that a portfolio is not the same thing as a class notebook in which you keep your class notes, returned work, etc. These are two very different things.

When in doubt, always go back to the Portfolio Record Forms. These are provided to you by your instructors for each semester and they are also on the ACDS website.

## **Who can help me with my portfolio?**

Your instructors will assist you along the way. Ask if you have questions. At the end of each semester it will be reviewed by members of the local council. Missing items will be noted and the person reviewing your portfolio will sign off on it.

If your ACDS class or a local council is interested in a one-hour training on developing portfolios, please contact the ACDS office at 304-523-0433 to schedule a date and time for presentation. You can also visit [www.wvacds.org](http://www.wvacds.org) for more information.

## Huntington Area Early Childhood Conference

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## Leadership Institute April 26, 2012 Marshall University

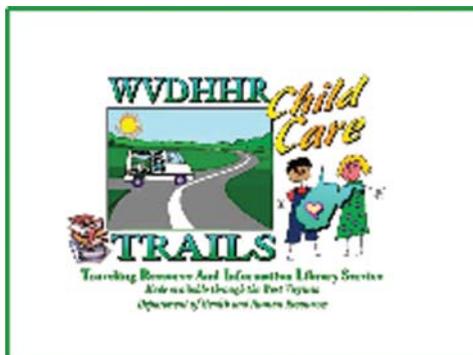
*"Attracting and Retaining the Right People"  
Learn what it takes to make your organization effective.  
This institute will teach tips and techniques to help you  
make the right choice in your hiring selections and  
leadership skills to develop and maintain a cohesive,  
engaged work environment.*

For more information, email [Nikki.C.Rabel@wv.gov](mailto:Nikki.C.Rabel@wv.gov)

## *Celebrating Success:* **TRAILS Celebrates 10 Years!**

On December 8, 2011, the Traveling Resource and Information Library Service (TRAILS) teams from across the state met at Ryan's Restaurant in Bridgeport to have their winter 2011 meeting; however, this day turned out to be much more than a meeting! Missy Smith, ECE Specialist with the Division of Early Care and Education, hosted a celebration for the TRAILS teams, to recognize the 10 year anniversary of the TRAILS program!

The celebration began with everyone enjoying a delicious buffet lunch, including a sheet cake that Melissa provided for dessert. After lunch, the festivities continued with TRAILS EC

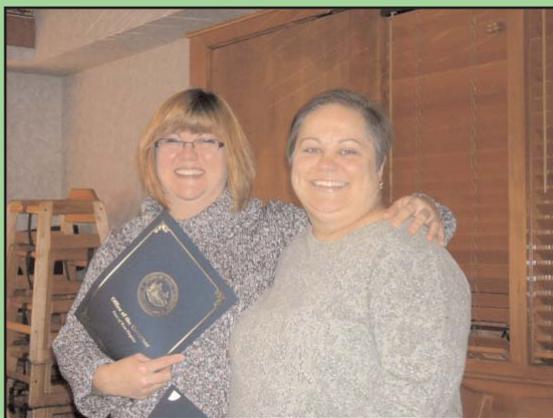


specialists and associates being individually recognized with a polo shirt specially designed with the TRAILS logo. Special recognition was given to Janet Aitchison (TRAILS EC Specialist, Mountain Heart North) and Lori Dameron (TRAILS Associate, Mountain Heart North), who have been with the TRAILS program since

its inception in March 2001! They each received a certificate of appreciation which was signed by Governor Earl Ray Tomblin.

At the end of the day it was easy to see why TRAILS is still going strong after 10 years! The commitment of the TRAILS team members, both those with seniority and the newcomers of the group, make TRAILS what it is. It was clear to everyone who participated in the celebration that TRAILS is blessed to be made up of professionals who are dedicated to advancing early childhood education in the state of West Virginia.

- Submitted by Courtney Casto



**Lori Dameron and Missy Smith**

“It is a great pleasure and an honor to work with the MountainHeart TRAILS Program and my wonderful co-workers for the last 10 years. I enjoy reaching out to our community, and building relationships and trust with our providers and the children in their care. The knowledge of knowing I am making a difference in the future of our children, and seeing positive changes in the quality and professionalism in the early child care field has been a rewarding experience. I look forward to many more years of traveling the roads of West Virginia and providing our outstanding services to the child care community.”

~Lori Dameron



**Missy Smith and Janet Aitchison**

I have had the pleasure of being the TRAILS EC Specialist for MountainHeart North in Martinsburg for the past 10 years.

Ten years ago, the decision to leave a preschool classroom full of energetic little people to work with adults was crazy. I like little people. They are fun! They live in the moment. They are open. Young children behave within a range of predictable expectation. Most three year olds behave like three year olds. Adults, not so much. However, I made the change and do not regret it.

TRAILS is unique. The responsibility of organizing and maintaining the TRAILS program while meeting the needs of early childhood educators in eight counties is unique as well. The work is varied, challenging and rewarding. It requires energy, flexibility, enthusiasm and creativity.

My tenure with TRAILS has taught me many things, some expected, some not. I have seen tireless dedication, creativity, enthusiasm, flexibility and endless patience directed to the needs of little people. I have seen “babysitters” become early childhood educators. You are only three once. You need people in your life who work tirelessly to make that year count. Our future depends on it.

Thank you for sharing that challenge with me. It has been a joy.

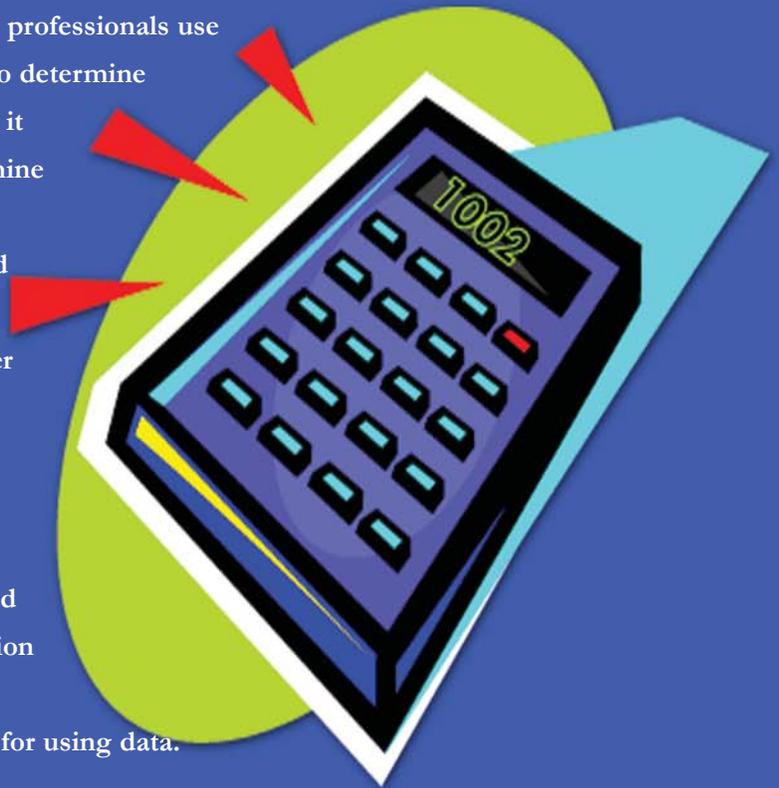
~Janet Aitchison

**TRAILS is a lending library system for bringing various childcare resources to registered or licensed West Virginia providers who accept subsidy certificates, including family day care homes, facilities and day care centers. Materials for children from infancy through age twelve include books, games, educational toys, videos, audio tapes, software, early childhood education curriculum materials, materials for children with special needs, and art supplies. To find out about scheduling a TRAILS visit at your facility, contact your local Child Care Resource and Referral Agency.**

# Using Data in Your Early Childhood Program

Submitted by Michelle Tveten Rollyson, WVECPO

There are many ways early care and educational professionals use data, often on a daily basis. Numbers are used to determine the cost effectiveness of a program and whether it continues or is closed. Ratios are used to determine staff needs, classroom sizes, and financial reimbursements or assistance. Statistics are used when writing grants and requesting funding. Benchmarks are used when determining whether or not the performance indicators are being met within the classroom and around the state. Assessments are conducted on the classroom environment and with children to determine the needs of each child. The bottom line: When used properly, numbers can provide a lot of information and tell us where we are going and how we are going to get there. Here are a few strategies for using data.



1. **Establish goals:** Goals should reflect the overall mission of the organization. Each organization will have a different set of goals. Keep in mind goals should be consistent. Most goals are long term and don't change until reached. Also, to be an effective tool, goals need to be quantifiable. This just means that goals should be definable and measurable. For example, if a goal is to increase enrollment in the 2 year old class, there is no measurable objective. But if the goal is to increase enrollment in the 2 year old class by 1 percent over last year's enrollment, a definite number has been concluded.

2. **Identify or develop data sources:** Many current sources of local, state and national data exist. Data is collected every day in child care centers, for example, the number of children in attendance each day. However, you may need to develop other sources of data if you aren't already capturing the information needed to help achieve the performance indicator. Carefully consider how to put a plan into place to capture that missing information.

3. **Define a process to examine and interpret the data:** How will the data be used? Will it be looked at on a daily basis or is the data more effective over a period of time?

4. **Examine the data and develop strategies for improving outcomes:** Once you have a process in place to collect data, you can use it to monitor your progress. If you are not reaching your goals, determine a way to improve the organization's effectiveness.

**Resources:** *At Your Fingertips*, Kristi Rossi, MPR Associations, 1997.

# 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 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 18 months,  
Does your baby...

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

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 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 24 months,  
Does your baby...

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

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

**Every child deserves a great start.**

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

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

**1-866-321-4728**

Or visit [www.wvdhhr.org/birth23](http://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.

# Improving WV Birth to Three Services by Measuring Child and Family Outcomes

Submitted by Sarah Robinette and Sharon Canterbury, West Virginia Birth to Three



Measuring the outcomes of early intervention services is a major initiative throughout the United States. West Virginia has developed a comprehensive process to measure outcomes for families and children who receive early intervention services through WV Birth to Three, under Part C of the Individuals with Disabilities Education Act (IDEA).

## Why Is Outcomes Measurement Important?

Measuring outcomes helps families and professionals to:

- Describe and value meaningful child progress over time
- Inform and guide day-to-day interactions and interventions provided by the adults in a child's life
- Make informed (data-driven) program and policy decisions
- Provide data to demonstrate results to all stakeholders – to families, to policy makers, and to the taxpayers

## What Outcomes Does WV Birth to Three Measure?

To better understand how children and families benefit from early intervention, WV Birth to Three adopted the three child outcomes and the three family outcomes that were developed by national experts in early intervention and accepted by the United States Department of Education, Office of Special Education Programs for use by all states. These outcomes help to

measure the benefits experienced by a child and family as a result of their involvement in early intervention.

#### **Child Outcomes:**

1. Children have positive social-emotional skills (including social relationships)
2. Children acquire and use knowledge and skills (including early language/communication)
3. Children use appropriate behaviors to meet their needs

#### **Family Outcomes:**

1. Families know their rights
2. Families can effectively communicate their children's needs
3. Families help their children develop and learn

### **How Does WV Birth to Three Measure Child Outcomes?**

WV Birth to Three, in conjunction with the West Virginia Early Intervention Interagency Coordinating Council, decided to use the Child Outcome Summary Form (COSF) developed by the National Early Childhood Outcomes (ECO) Center.

The intent of early intervention is to work in partnership with parents of eligible infants and toddlers to enhance their child's development and learning

through everyday activities that are meaningful to the child and family. The Child Outcomes Summary Form (COSF) is used to help an eligible child's early intervention team, including the family, to better understand the child's functional abilities within these everyday activities to plan, provide and monitor the effectiveness of services.

Professionals and families complete the COSF for each child at initial and annual IFSP meetings, and near the child's exit from WV Birth to Three. The entry and exit measurement for each child are collected and then reported as the percentage of infants and toddlers who achieved or made progress toward the outcomes.

### **How Does WV Birth to Three Measure Family Outcomes?**

Early intervention recognizes that parents and other key caregivers are the primary teachers of young children. WV Birth to Three supports families and caregivers in gaining the competence and confidence needed to help their children learn.

WV Birth to Three uses a family survey developed by the National Center for Special Education Accountability and Monitoring (NCSEAM) to gather information from families about the

services they received from WVBTT providers. Shortly before or after a child exits WV Birth to Three, the family survey is mailed to his/her family, in order to gather their thoughts about how early intervention has helped them and their child.

### **How Does WV Birth to Three Use Outcomes Information?**

WV Birth to Three reports Child and Family Outcomes data to the public and to the U.S. Department of Education. The data is posted on the WV Birth to Three website, with statewide and regional results. West Virginia Birth to Three data is also included in national data analysis that inform lawmakers about the effectiveness of early intervention services.

Results of the child outcome and family survey data are used to make improvements in the way WV Birth to Three services are provided. For example, overall survey results from families are very positive. However scores for 'linking families to other community resources' are a bit lower.

During the past year, WV Birth to Three reinforced this practice through-out training, started Lunch and Learns for service coordinators to stay up to date on community resources, and

developed a new Transition Information Resource page that identifies a variety of community resources for a family.

West Virginia is one of a few states that has integrated the Child Outcomes measurement process into the development of the Individualized Family Service Plan (IFSP). Integrating the discussion about a child's functional ability across a variety of settings, helps the family and other IFSP team members to develop more functional IFSP outcomes.



### What Are WV Birth to Three's Results for Child Outcomes?

In the most recent Annual Performance Report, giving data for Fiscal Year 2010, WV Birth to Three reported results for 1170 children who exited during the period and for whom entry and exit data was available. This excluded children who were eligible under "At-Risk" only. For those children who entered the program below age expectations, the percent that substantially increased their rate of growth in Positive Social-Emotional Skills, including social relationships, by the time they exited was 59.2 percent. The percent of children who were functioning within age expectations in this outcome area by the time they exited was

67.7 percent. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in acquisition and use of knowledge and skills, including early language/communication, by the time they exited was 72.2 percent. The percent of children who were functioning within age expectations in this outcome area by the time they exited was 56.4 percent. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in the use of appropriate behaviors to meet their needs by the time they exited was 75 percent. The percent of children who were functioning within age expectations in this out-

come area by the time they exited was 65.8 percent.

### What Are WV Birth to Three's Results for Family Outcomes?

In the most recent Annual Performance Report, giving data for Fiscal Year 2010, WV Birth to Three reported results for 377 families who returned the survey that was mailed to them. An external contractor conducted a Rasch measurement analysis of the WV Birth to Three family survey results. WV Birth to Three uses a more stringent agreement level – reporting the percentage of families who strongly or very strongly agree with the question – not just a simple agreement.

**Measurement Percent Responding At or Above the Standard:**

A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights: **82.5 percent strongly or very strongly agree (311 of 377)**

B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs: **79.3 percent strongly or very strongly agree (299 of 377)**

C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn: **90.2 percent strongly or very strongly agree (340 of 377)**

Based on the analysis done on both child outcomes and family outcomes, WV Birth to Three feels confident it is making a positive difference in the lives of children and families that are served. Since the Office of Special Education Programs began collecting data

through the Annual Performance Report, WV Birth to Three has always received the highest rating, "Meets Requirements," for its performance.



For more information about West Virginia Birth to Three, visit [www.wvdhhr.org/birth23/](http://www.wvdhhr.org/birth23/)

**You Don't Need to Face Your Grandchild's Health Care Alone.**

**WV CHIP Can Ease the Stress of Health Care Costs.**  
 West Virginia Children's Health Insurance Program is a low-cost health coverage plan for children under the age of 19.

**CHIP**  
 Children's Health Insurance Program

**1-877-WVA-CHIP**  
[www.chip.wv.gov](http://www.chip.wv.gov)

# West Virginia Pre-K Program Assessment – A Process for Continuous Quality Improvement

Submitted by Janet Bock, Coordinator, Early Childhood Program Assessment and Improvement,  
WVDE Office of School Readiness

“Mirror, mirror on the wall, who’s the best Pre-K of all?” What would your mirror say? Would your mirror tell you the truth or just what you want to hear? Self reflection is a critical element that drives positive growth by identifying areas of strength and areas that need strengthened. Program assessment is a process of gathering and analyzing information to determine the status of overall goals of a program, as well as determining program adjustments to current and ongoing practices to ensure overall improvement. West Virginia Pre-K programs must gauge the degree to which they are effectively addressing the needs of the programs, families, and children they serve in order to achieve and maintain quality early childhood programs.

Leading organizations in the early childhood field such as the National Institute for Early Education Research (NIEER) and the National Association for the Education of Young Children (NAEYC) note three key facets of high-quality programs. The key facets noted are standards-based assessment, sound early childhood curriculum, and ongoing program assessment.

The Early Childhood Environment Rating Scale-Revised, also known as ECERS-R, was previously required annually in all West Virginia Pre-K classrooms as a program assessment tool to evaluate program success in meeting the needs of the children. Originally, continuous quality improvement was the intent behind utilizing ECERS-R in WV Pre-K; however, previous processes and practices led to inefficiency, lack of use in data, and continued capacity issues with highly qualified trainers.

Therefore, in early 2010, The WV Pre-K Continuous Quality Improvement (CQI) Advisory Council established a Program Assessment and Improvement Work Group to provide guidance and assistance to county early childhood collaborative Pre-K teams in developing an ongoing program assessment and improvement system.

This work group is comprised of early childhood experts from across the state in child care, Head Start, and local education agencies. With assistance of the Regional Education Laboratory- Appalachia (REL), West Virginia University, and the WV Head Start State Collaboration Office, this work group originally focused on three



main goals for program assessment and improvement:

- Develop a WV Pre-K Program Assessment and Improvement Procedures Manual to provide guidance on the completion and use of the Early Childhood Environment Rating Scale–Revised (ECERS-R) in classrooms
- Develop a database to house and aggregate county ECERS-R information to support continuous quality improvement
- Develop a refresher course for Module III observers to ensure reliability of data

These goals evolved over the past two years. As a result, the work group assisted in WV Policy 2525 changes that reframed the program assessment process. WVBE Policy 2525 was revised to include the Early Childhood Environment Rating Scale – Revised (ECERS-R) as one requirement in a more comprehensive Pre-K Program Assessment and Improvement process.

Current WVBE Policy 2525 requires the ECERS-R to be completed a minimum of one time within a three year period in each WV Pre-K classroom beginning with the 2011-2012 school year. The revised policy also requires county collaborative early childhood teams to develop an ongoing monitoring system to ensure annual observational measurements are utilized to assess continuous quality improvement, along with the ECERS-R.

Finally, WVBE Policy 2525 revisions require that Pre-K teams determine recommendations for the county's Board of Education strategic planning team.

As a result, the CQI Program Assessment and Improvement work group developed the West Virginia Universal Pre-K Program Assessment and Improvement Guidance Manual to assist counties in understanding and facilitating ongoing program assessment. It includes program assessment purpose, policy, and completion of the ECERS-R in program assessment. The WV Pre-K Program Assessment and Improvement Guidance Manual assists counties in developing an ongoing monitoring system that includes policy requirements, while considering the uniqueness of each Pre-K program. The guidance manual maps out a process to support continuous quality improvement that enables county teams to identify strengths and areas for improvement through the Continuous Quality Improvement Plan (CQI Plan). The CQI Plan provides a blueprint for county teams that includes the following

“Current WVBE Policy 2525 requires the ECERS-R to be completed a minimum of one time within a three year period in each WV Pre-K classroom beginning with the 2011-2012 school year.”

steps in program assessment:

1. Data Sources and Review
2. County Collaborative Early Childhood Team Recommendations
3. County Strategic Plan Recommendation Summary-Continuous Quality Improvement Report

Each step of the CQI Plan is necessary to determine strategies to enhance the quality of classroom environments and instruction by assisting in identifying staff development needs, environmental needs, guidance for program policy, and overall quality improvement.

An effective program assessment system ensures quality improvement through evidence-based information that is utilized in an ongoing process. Effective program assessment never ends.

St. Augustine of Hippo said, “If you would attain to what you are not yet, you must always be displeased by what you are. For where you are pleased with yourself there you have remained. Keep adding, keep walking, keep advancing.” While the ancient bishop of present-day Algeria may not have been referring to early childhood program assessment, he illustrated the necessity and purpose of accurate self reflection.

For more information on West Virginia Pre-K Program Assessment and Improvement, please contact Janet Bock by phone at (304) 558-5325 or e-mail [jbock@access.k12.wv.us](mailto:jbock@access.k12.wv.us).

**To download a copy of [The WV Pre-K Program Assessment and Improvement Guidance Manual](https://sites.google.com/a/wvde.k12.wv.us/wvde-prek-cqi-advisory-council/home/program-assessment-and-school-improvement), please go to <https://sites.google.com/a/wvde.k12.wv.us/wvde-prek-cqi-advisory-council/home/program-assessment-and-school-improvement>.**

# Using Data for Improving Transition Outcomes

Submitted by Barbara Tucker, West Virginia Early Childhood Transition

Effective early childhood transition is a continuous improvement venture to promote successful transitions among programs for young children with disabilities and their families. Using data to make decisions is a hallmark for programs wanting to stay on the path of continuous improvement. Data can pinpoint areas in need of development, get to the root cause of infractions, and give information to stakeholders. Gut feelings, instincts, and anecdotes are inadequate substitutes for empirical data when important decisions are necessary.

There is an adage that the data on reports is only as good as the data entered. Each state collects data on children who are receiving services under Part C (Birth to Three) and those receiving special education services (Part B). Data systems provide states with the capacity to collect Part C and Part B child information that can improve program performance and help support effective transition processes and positive transition outcomes for children and families.

Data collected must be accurate, reliable, and timely. To help ensure accurate data entry, state data systems need to include error checks to identify computational mistakes or impossible/improbable entries (e.g.,



transition date before program start date). Best practice dictates methods are in place to verify that data is entered correctly and in a consistent manner. These procedures include clear data entry instructions, training and ongoing technical assistance to ensure that data entry personnel understand the data fields, and established protocols of how to print reports and use the data for program improvement.

Key elements in the use of data for program improvement include eliciting comments from stakeholders to identify needed program improvements, identifying programs and practices for targeted support, and jointly developing action plans.

The National Early Childhood

Transition Initiative in their document, *Designing and Implementing Effective Early Childhood Transition Processes*, further elaborates that transition data collected for decision-making needs to be analyzed with parent involvement and within and across agencies.

Continuous transition improvement is cyclical – reflect: are we where we want to be; plan/vision: where do we want to go; implement: is it being done; and check: collect and analyze data. The cycle then starts over again with reflection to determine if the collected and analyzed data is showing the transition outcomes are working. This is a never ending process as programs continue to gather empirical data on what works best for the children and families transitioning from one program to another.

# WV Family Survey: *Family Survey for WV CBCAP Funded Agencies*

Submitted by Kay DeWitt, Starting Points Family Resource Center



The West Virginia Dept. of Health and Human Resources (DHHR), Bureau of Children and Families, funds five community based programs with grant monies received through the Federal Community Based Child Abuse Prevention (CBCAP) program. These include Family Leadership First, Family Resource Centers, In-Home Family Education, Partners in Prevention, and Starting Points Centers. These programs are designed to increase awareness about child abuse and provide a wide variety of prevention services for all families.

As the federal grant recipient, DHHR is responsible for supporting the commu-

nity based agencies that provide services to strengthen and support West Virginia families in preventing child abuse and neglect. FRIENDS National Resource Center for Community-Based Child Abuse Prevention began a project in 2004 to develop a Protective Factors Survey for the federally-funded CBCAP program to help with this effort across the United States. This survey was designed to determine if services influence any of the five family protective factors.

The Five Family Protective Factors are:

- Child development and knowledge of parenting
- Family functioning and resiliency

- Social emotional support
- Concrete support in times of need
- Nurturing and attachment

The Protective Factors Survey (a FRIENDS product developed with the University of Kansas Institute for Educational Research and Public Services) was revised with the assistance of Hornby Zeller Associates, Inc., in 2010 to help DHHR with the evaluation of these programs.

Our survey is called the West Virginia Family Survey. To meet the diverse needs of programs in West Virginia, the survey asks the regular protective factor questions along with questions about home visiting and playgroup services and asks families how they feel about the program they use. The survey is designed to be given to adult caregivers before services are used and then again after a few months of participation to get an idea of the changes in the family's feelings or opinions.

Surveys are available online or on paper. No matter what method is used, all information is kept in a secure electronic database. Families are reassured the survey is for program evaluation only and does not in any way affect the services they receive. Agency staff administers the survey to all families at enrollment and every six months that they continue the program.

The WV Family Survey is designed for use with families and adults participat-

ing in child abuse prevention services. Agencies can also administer a “One Time Event Survey,” a shorter version for families attending an event who may not be formally enrolled in the program. Hornby Zeller Associates, Inc. compiles the information and reports results to our programs by county. This gives us a realistic picture of the families that access our services and helps us understand how we have impacted families in any of the five protective factors. The results are also useful to our agencies when applying for further funding, planning for trainings and supervision, and providing proof of our program effectiveness in the community served.

The primary purpose of the WV Family Survey is to help us hear what families have to say and see if we are influencing the protective factors in a way we hope to, so that we may look at how we are really doing and strive to do even better.

In summary, we look at:

- A snapshot of the families served
- A measure of the changes in protective factors
- The areas where staff can focus on increasing specific family protective factors
- An evaluation of the program as to whether or not the families are satisfied with our services

Through the WV Family Survey our child abuse prevention programs can be

evaluated for effectiveness in decreasing the instances and risk of child abuse. The ultimate goal for all services in West Virginia, whether through Family Leadership First, Family Resource Centers, In-Home Family Education, Partners in Prevention, and Starting Points Family Resource Centers is to prevent child abuse. Our hope is that these programs and others like them will be the sources to change the staggering statics of child abuse in West Virginia.

This is only one part of the big picture. We must continue to ask ourselves “Are we making a difference in our families lives?” The WV Family Survey is not about selling our program, but understanding how we are serving and protecting families.

If you would like a copy of the WV Family Survey, please email [dspach@hornbyzeller.com](mailto:dspach@hornbyzeller.com). If you would like to read more about the survey in WV, or work in prevention programs in our state, check out the DHHR website at <http://wvdhhr.org/bcf/childrenadult/cabuseprev/default.asp> for this information as well as links to some great resources relevant to early care and education.

#### **References:**

Hornby Zeller Associates. Inc. – DarshanaSpach  
Preston County Family Resource Center – Martha White

# Fifth Annual West Virginia Childcare Centers United (WVCCU) Leadership Academy

## An invitation

**What:** The Leadership Academy is offered to all child care center directors and assistant directors. Past participants are welcome to attend this academy.

**Who:** Holly Elissa Bruno, author, teacher, and keynote speaker in early childhood education leadership, will jump start the first three days with her unique ability to take early childhood leadership to a whole different level. The director as a manager, organizer and communicator, staff selection and supervision, discipline and legal matters will be some of the subjects covered. The Myers Briggs test will be used to help you discover your leadership style and your personal strengths and needs. Special sessions will also be presented.

**When:** The academy starts at 10:00am on Monday, August 6, 2012 and ends on Thursday, August 9, 2012 at 3:00pm.

**Where:** The 2012 Leadership Academy will take place at Blessed John XXIII, Pastoral Center Charleston, WV.

Only 20 spaces available. We will operate on a first come, first serve basis. You will receive WV STARS credit. CEU's will also be offered.

For more information, visit: [www.wvccu.info](http://www.wvccu.info)  
All questions can be emailed to [sunbeamccc@aol.com](mailto:sunbeamccc@aol.com)

## Leadership Academy Registration Form (August 6, 2012– August 9, 2012)

### (WV CHILD CARE CENTER DIRECTORS/ASSISTANT DIRECTORS ONLY)

Blessed John XXIII Pastoral Center, Charleston, WV

August 6, 2012 (Registration 9:00am – 10:00am) – August 9, 2012 3:00pm

Participants are expected to actively participate in the entire leadership academy  
(We will have some evening activities) \* WV STARS and CEU's available

Full Name: \_\_\_\_\_

Child Care Center: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(MUST HAVE E-MAIL ADDRESS)

Confirmation of registration and participation information will be e-mailed by July 15, 2012.

This registration form covers meals, lodging (single room) and materials. A complimentary 2012 membership in West Virginia Childcare Centers United with full membership benefits is also provided. We will operate on a first come, first serve basis.

A \$50.00 non-refundable registration fee must accompany this registration form.  
(Registration due by June 30, 2012)

Send completed registration form and check for \$50.00 to:  
WVCCU Leadership Academy  
Helen Post-Brown  
1654 Mary Lou Retton Drive  
Fairmont, WV 26554

*\*Support for this training has been provided by the West Virginia Department of Health and Human Resources*

# Have You Been Screened?

Submitted by Sarah Hicks, RN, Nurse Health Consultant

As Child Care Nurse Health Consultants, we stress the importance of child health, but a healthy child needs a healthy teacher, cook, director and so on. You see my point, right? Are you seeing a health care provider regularly? Are you being screened appropriately based on your age and medical history?

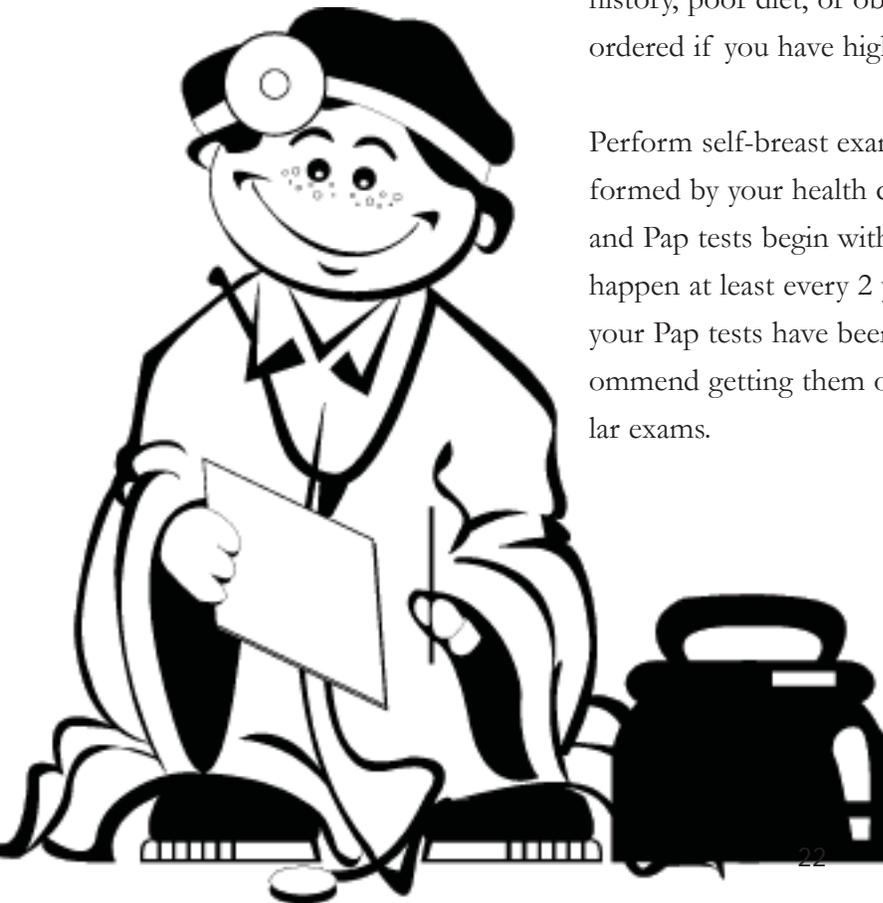
Just as you are advocates for children, nurses are advocates for health. A large part of our job is education and empowering people to take charge of their health. The first step is to call and make an appointment with a health care provider if it has been a while since your last visit. The second step is to be aware of what types of screenings may be appropriate for you based on your age and medical history by asking your health care provider at your appointment.



## Between Ages 20-40

Blood pressure screenings every 2 years, unless it is considered elevated or you have other chronic issues such as diabetes, kidney problems, heart disease, then yearly checks are recommended. Also, a cholesterol screening is recommended if you are at a higher risk for heart disease such as family history, poor diet, or obesity. Blood sugar screening for diabetes may be ordered if you have high blood pressure or family history.

Perform self-breast exams monthly, and a thorough exam should be performed by your health care provider at least every 3 years. Pelvic exams and Pap tests begin within 3 years of intercourse or by age 21 and should happen at least every 2 years to check for cervical cancers. At age 30, if your Pap tests have been negative 3 times in a row, your provider may recommend getting them once every 3 years. Men should do monthly testicular exams.





### Between Ages 40-65

Blood pressure and diabetes screen recommendations continue as before. cholesterol screenings are now recommended every 5 years. Dental and eye exams also continue on the same schedule as before.

Colon cancer screenings may begin at age 50 (or earlier if risk factors are present), and may involve stool testing, colonoscopies, or sigmoidoscopies.

Monthly self breast exams continue and provider screenings should now occur yearly. Mammograms are recommended every 1-2 years for women over 40 (maybe younger and more frequently depending on risk factors). Pelvic exams and Pap tests can be done once every 2-3 years unless there is a risk factor indicating more frequent testing. Men should continue to do monthly testicular exams.



### Over Age 65

Blood pressure checks are now yearly and cholesterol screenings are now every 3-5 years (or more frequently if high risk). Diabetes screenings are recommended if you have an elevated blood pressure or family history. Dental and eye exams should continue as before. Hearing tests may be scheduled.

Colon cancer screenings may consist of a colonoscopy, stool testing, or sigmoidoscopy as recommended by your provider.

Continue monthly self-breast exams and mammograms every 1-2 years. Bone density scans may be ordered to check for osteoporosis. Pelvic and Pap exams may be suspended if there has been 3 negative results in 10 years. Men should continue their monthly testicular exams.

**These are just some common guidelines to follow, but remember that every person is unique in their medical history and family history. Based on that history, some screenings may need to be done more frequently or other screenings that haven't been mentioned may be required. That is why it is so important to find a health care provider that you can establish a relationship with, and have good trust in knowing that they will recommend what screenings are needed and when.**



**Great Beginnings  
Infant/Toddler  
Conference**



Save the Date  
September 14 & 15  
Waterfront Place Hotel  
Morgantown, WV

# Recent Changes to the WV STARS Professional Development Record

Submitted by Natalie Snider, WV STARS State Coordinator



WV STARS has made some changes to the Professional Development Record to improve the service to participants. Career Pathway participants now have three different options to view the Professional Development sessions tracked by WV STARS. Depending on your needs, you may want to access any one of the three record options available to you.

The Professional Development Record titled “Complete Record” provides a complete list of WV STARS Registered Trainings tracked for an individual. The record shows the training title, the training date, and the number of hours of the training. If you would like a print out of all of the trainings WV STARS has tracked for you in date order, access this record.

The “Core Knowledge Area Record” is

the Professional Development Record that provides a complete list of WV STARS Registered Trainings tracked for an individual organized by the WV Core Knowledge Content Areas. The record shows the training title, the training tier level, the training date, and the number of training hours in each Core Knowledge Content Area. If you would like a print out of all of the trainings WV STARS has tracked for you including information on the level of training and general content, access this record.

For those applying to become a Tier II center, facility or home, the Core Knowledge Area Record must be submitted with the application to verify professional development requirements. Other types of records will not be accepted and will result in a request for submission of the correct record for documentation, which may delay the approval process.

The “Current Certificate Period Record” option provides a list of WV STARS Registered Trainings tracked for an individual that were completed during the current Career Pathway Certificate Period. The record shows the individual’s Career Pathway Certificate active and renewal date as

well as a list of the training title, training date and the number of hours of the training. These trainings can be used for the next Career Pathway Certificate renewal. If you would like a print out of only training WV STARS has tracked for you towards your Career Pathway Certificate renewal, access this record.

You can access your Professional Development Record online at [www.wvyearlychildhood.org](http://www.wvyearlychildhood.org); just click on the WV STARS tab at the top and the tab for the Professional Development Record on the left. Please note that all of the Professional Development Records show only WV STARS Registered Trainings attended while an individual possessed an active Career Pathway Certificate. The records do not show trainings attended that are not registered with WV STARS or trainings taken while the individual did not possess an active Career Pathway Certificate. The records also do not show trainings an individual has presented. If you believe that you have completed WV STARS Registered Training sessions that are not listed on the Professional Development Records, you are welcome to submit copies of the WV STARS Certificate of Training Attendance to be reviewed.

# West Virginia Association for Young Children

**Dr. Jean Feldman**  
**Rock, Rhyme, Write, and Read**  
**August 3, 2012**  
**8:30 a.m. – 3 p.m.**  
**Register from 7:30 a.m. – 8:30 a.m.**  
**Days Inn, Flatwoods**



Clap your hands, stomp your feet, and catch the reading beat! Join Dr. Jean Feldman and discover how to have fun as you nurture literacy skills in children. Dr. Jean will demonstrate how to develop language skills through songs, music, poems, movement, talking, and reading to children.

**Registration must be postmarked by  
July 20, 2012.**

No refunds after July 20, 2012

Dr. Jean's career in education has spanned more than 40 years. She is an accomplished author and also has several recordings that are used in school systems throughout the country.

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## West Virginia Association for Young Children Workshop Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Member \$65  
 Non-Member \$75  
 Student \$55

Total Enclosed: \_\_\_\_\_  
Cost includes box lunch.

Make check payable to WWAYC.

Mail Check and Registration to: Gina Cheshire, WWAYC Support Staff, 374 Meadow Lane, Parkersburg, WV 26101

# Parent Blocks

## NEWSLETTER



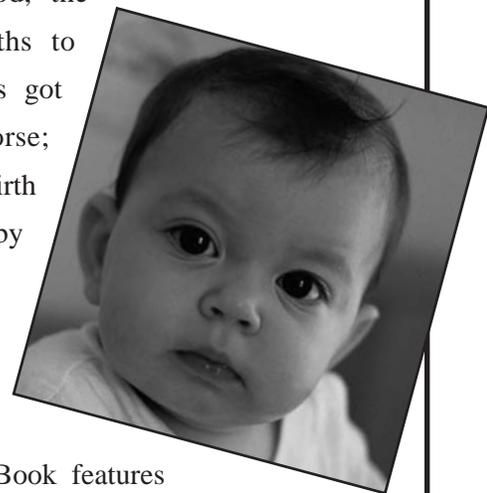
"Providing resources to parents throughout West Virginia"  
Volume 9, Issue 2, Spring 2012

## Is WV a Great Place to be a Kid?

The 2011 West Virginia KIDS COUNT Data Book released recently asks the question, "Is West Virginia a great place to be a kid?" And, according to KIDS COUNT's 20th annual report on the well-being of West Virginia's children, the answer is a decidedly mixed bag with some key indicators showing dramatic improvements and others point to alarming declines. For

instance, since 2005, the child abuse and neglect rate has improved by 21.8 percent; the teen injury/death rate has improved by 15.4 percent; and the child death rate has improved by 8.8 percent. However, during

the same period, the percent of births to unmarried teens got 13 percent worse; and the teen birth rate worsened by 10.9 percent.



The 2011 WV KIDS COUNT Data Book features two new background facts. The first is the percent of Medicaid-enrolled children under 5 who receive dental care, which is only 29.9 percent. Margie Hale, Executive Director of KIDS COUNT, noted that KIDS COUNT will publish a special report in the spring that will further detail the state of children's oral health in West Virginia and offer policy solutions to improve it.

The second new background fact, the percent of

*Continued on next page*

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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childcare workers with no training in caring for children, has been added to the list of early child development (ECD) background facts that has been part of the KIDS COUNT Data Book since 2006. Hale noted that almost 60 percent of childcare workers are untrained in childcare, yet specialized training in childcare is the most critical component of childcare quality.

The 2011 KIDS COUNT Data Book can be downloaded free at [www.wvkidscount.org](http://www.wvkidscount.org). In addition to a statewide profile of child well-being, the publication also includes county-by-county profiles and rankings along with key facts related to early child development in West Virginia. Often, these ECD facts highlight the need for greater investment in young children. For example, there is a big gap between the number of children under six who need high-quality childcare (53.7 percent of all kids under age six) and percent of childcare centers that are nationally accredited (7.8 percent), the highest level of quality. One bright spot in these ECD facts continues to be the percent of four year olds enrolled in the state's Pre-Kindergarten program, which has now risen to 62.6 percent.

For more information, visit [www.wvkidscount.org](http://www.wvkidscount.org).

Indicators	2005 Rate/ Percent	2009 Rate/ Percent	2009 U.S. Rate/ Percent	Better/ Worse
Percent low birth-weight babies	9.2%	9.4%	8.2%	2.2% worse
Infant mortality rate (per 1,000 live births)	7.9	7.7	6.7	2.1% better
Child death rate (age 1-14 per 100,000 children)	24.6	22.4	18.7	8.8% better
Percent eligible children served by Head Start (ages 3-4)	NA	60.1%	NA	NM*
Percent children approved for free and reduced price school meals (K-12)	52.7%	53.5%	41.3%	1.5% worse
Child abuse/neglect rate (per 1,000 children)	22.6	17.6	9.3	21.8% better
Teen birth rate (ages 15-19 per 1,000 females)	43.4	48.1	40.9	10.9% worse
Percent births to unmarried teens (ages 10-19)	9.2%	10.4%	8.9%	13.0% worse
Percent high school dropouts	16.8%	15.5%	NA**	7.7% better
Teen injury death rate (ages 15-19 per 100,000 teens)	70.1	59.3	50.0	15.4% better
Percent children in poverty (2005 is the base year)	25.5%	24.1%	20.0%	5.5% better
Percent births to mothers with less than a 12 <sup>th</sup> grade education	18.4%	18.6%	21.1%	1.1% worse

\*NM = This year, KIDS COUNT used previously unavailable child poverty data for children under five. The new data are not comparable to the data from previous years, which included all children under 18 who are in poverty.



## 529 Plans: Funding a Variety of Costs

Submitted by The Smart 529 Scholar

Many people contribute to a 529 plan with the idea that accumulated savings will one day pay for tuition at a traditional four-year college. What people may not realize is that this isn't the only possible use of the 529 plan savings.

There are a variety of types of programs and costs that are allowable in terms of 529 plan rules. What you need to know is 1) whether a particular school is "eligible," and 2) if the types of costs associated with attending that particular school are considered "qualified expenses."

### **Many Types of Institutions Are Eligible**

Eligible higher education programs include thousands of four- and two-year colleges and universities, trade schools, masters and doctoral programs, online schools, and even some foreign institutions.

### **How to Determine a School's Eligibility**

Eligibility is connected with a school's ability to offer students the opportunity to apply for federal financial aid. If you're unsure about this for a particular school, call the institution's administrative office and ask for the federal school code assigned by the U.S. Department of Education. All institutions assigned this code are considered eligible according to 529 plan rules.

Many who save for their children's higher educations believe that tuition is the only cost to be concerned about. While tuition is often the biggest cost, it's certainly not the only one involved with sending a child off to college. For the typical four-year college experience, there's room and board, fees, books, supplies, personal expenses, and transportation costs to consider as well.

The good news is that your 529 plan can go a long way toward helping you pay for a variety of college expenses. Room and board, books and supplies are included in the list of qualified expenses in terms of your 529 plan.

For more information, visit [www.SMART529.com](http://www.SMART529.com).





Most important school supply? --

## A Healthy Smile

**Your child's dental health is "school-ready" with.....**

- ☑ **Early dental exams and preventive care from your dentist**
- ☑ **Yearly HealthCheck exams:** a complete well-child check-up with vision, hearing, dental screens and other developmental checks right for her age and stage by her pediatrician or family doctor
- ☑ **Brushing and flossing teeth daily** helps keep your child's smile healthy

**Helping your child be school-ready!**

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The West Virginia Early Childhood Provider Quarterly is going green and is now available by electronic distribution.

If you would like to continue receiving the Provider Quarterly, please visit [www.wvearlychildhood.org](http://www.wvearlychildhood.org) to sign up for the distribution list.

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