

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

*Continuing
the Trend*

Child Care Providers
Fit & Healthy



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WV Early Childhood Provider Quarterly is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of the West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; Office of Maternal, Child and Family Health/West Virginia Birth to Three; WV Head Start State Collaboration Office; West Virginia Department of Education/Office of Special Education and is supported and administered by River Valley Child Development Services.

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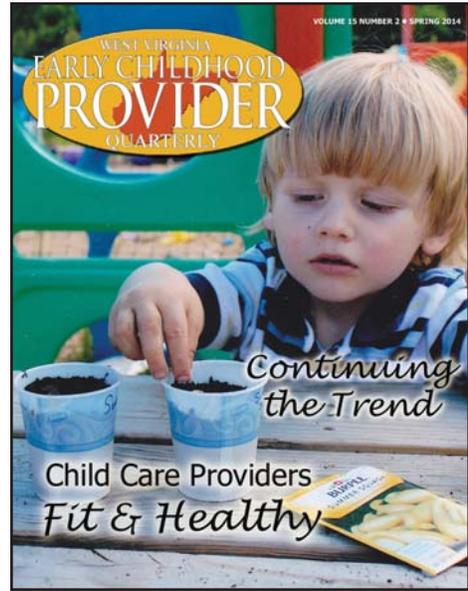
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The opinions expressed in WV Early Childhood Provider Quarterly are not necessarily the opinions of any funding agency, advertiser or contributor. Contributions to WV Early Childhood Provider Quarterly by West Virginia's early childhood professionals are welcomed and encouraged. Articles submitted to WV Early Childhood Provider Quarterly are reviewed by the editorial board for content, length and technique. They may be edited from their original format. Please send your contributions to the editorial offices.



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Instructors Needed!



The WV Apprenticeship for Child Development Specialist (ACDS) program is now accepting applications for Instructors.

Qualifications Include:

Minimum Bachelor's degree in Early Childhood or related field with emphasis in early childhood education.

Knowledge of and experience in:

- *Physical Development
- *Cognitive Development
- *Literacy and Language Development
- *Social and Emotional Development
- *Direct teaching of adult learners
- *Direct support to early childhood staff

One year minimum experience working directly with young children.

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Continuing the Trend

Submitted by Glenna Bailey and Sarah Hicks, West Virginia Nurse Health Consultants

Would you like to hear some good news? The rates of childhood obesity in West Virginia have been declining since 2006! The rates have slowly decreased from 30.5 percent in 2006 to 27.8 percent in 2012. You can see that though the rates are getting lower, there is still a long way to go in decreasing the number of obese children in West Virginia. We need to turn good news into great news!

Childhood obesity can have a serious impact on the health and economic well-being of our state. Obese children are at higher risk for becoming obese adults. Obesity in childhood and adulthood can lead to chronic illnesses such as diabetes, hypertension, and even increase the risk for developing cancer. The current obesity rate for West Virginia adults is 33.8 percent. This means that 1 of every 3 adults in West Virginia is obese. In 1990, the adult obesity rate was 13.7 percent!

West Virginia looked at the health risk data and realized that many things needed to happen to decrease the rates of obesity. A very important realization was that it would be beneficial to focus efforts toward children. Addressing the problem of childhood obesity would not only impact the rates of childhood obesity, but also would impact the adult rates of obesity. Why? The first reason is simple. Children will grow up! The second reason? Health habits are learned very early in life. A child will take their learned health habits into



adulthood. We all know that it is hard to break unhealthy habits we've established and replace them with new healthy ones. That's why diets often fail! Evidence shows that it is much easier to be healthy right from the start when taught these good habits as young children. A study recently published in the *New England Journal of Medicine* once again shows that this is true. Obesity in children is largely established by kindergarten, with rates continuing to rise with age. In order to make the most effective change in obesity rates, educating the youngest children and their families is very important.

Many efforts are in place here in West Virginia to try to prevent obesity and to continue to reduce the rates of childhood obesity. Programs like the West Virginia Be Choosy Be Healthy, Choose to Change, and Keys 4 Healthy kids are being used to educate children, as well as their teachers and families, on the

benefit of healthy nutrition and physical activity. These programs have been underway in child care settings and preschools. Children in these programs celebrate their bodies, use play to get moving, understand nutritious foods, and begin to establish healthy habits at the earliest ages as research suggests. In schools, child health statistics have been followed by the CARDIAC project. This program has been assessing West Virginia students for risk of cardiovascular disease and offering intervention to at-risk students. Changes in the menus in West Virginia schools are reflective of policies that are moving toward offering children healthier food options. Many West Virginia communities have gotten in on the action too by opening community gardens, parks, and walking trails.

These are just a few highlights of the many programs across the state working to make West Virginia a healthier

place to be. As mentioned earlier, we are still progressing but there is still a lot of work to be done. What are some things you can do to help decrease the rate of obesity in your population of children?

Early childhood is an important time for developing good nutrition and physical activity behaviors. Child care is an important environment that can help improve a child's healthy habits. Finding time to add one more thing to an already busy day can be challenging, but the key is to work messages about good nutrition and physical activity into your daily routine.

For example, nutrition can be integrated into a science lesson. Plant a small garden or grow plants on a windowsill and talk to children about how plants grow and how they nourish our bodies. Use meal times to discuss colors, shapes and tastes. Let children choose a fruit for snack time and let them talk about taste and texture. Take a field trip to a farmer's market or ask a farmer to come to the classroom and talk about how food is grown. Use food to celebrate different cultures especially during holidays. Let children make food art with snacks. Check out Pinterest for some great ideas. Also integrate books about healthy eating into story time and use the opportunity to introduce new foods.

Physical activity can also be worked into an everyday routine. The key is to look for opportunities to get children moving. Use transition time to let children move through stretching or marching. Integrate math by having children count steps or measure distances in gross motor activities. Set up an obstacle course that includes floor markers of different shapes and colors. Use fun props such as scarves, maracas, tambourines, or other instruments to add to a marching activity.

Of course the easiest way to get children to move is to use music. Music is universally found in all cultures and even at the youngest age can invoke rhythmic movements. Music for children is readily available, but don't overlook carefully chosen popular music as well.

Finally tap into available resources that can provide you with ideas to keep your lessons fresh. Here are some to get you started:

Let's Move: <http://www.letsmove.gov/>

Choosy Kids: <http://www.choosykids.com/CK2/>

Leap of Taste: <http://wvde.state.wv.us/child-nutrition/leap-of-taste/>

Also the Nurse Health Consultants provide information and tips through our newsletters and Facebook page: www.wvyearlychildhood.org and <https://www.facebook.com/WVNurseHealthConsultants>

Check us out and be sure to like us on Facebook to receive our updates.

The key to providing messages of healthy living to children is to keep it fun for both the children and yourself. As is often said, playing is the work of children, as adults we should strive to make play meaningful so that children learn lessons that can help them grow up to be healthy and happy.

Child Care Providers Fit and Healthy!

Reprinted with permission from North Carolina Child Care Health and Safety Resource Center



There are 2.3 million child care providers in the U.S. Women of child-bearing age make up 97 percent of them. They are responsible for the physical and emotional health as well as the safety of the children in their care. As they care for children, providers should remember to care for themselves. It is easier for providers to meet the demands of the profession when they are in good physical and emotional health. When they feel good, providers are also more able to experience the fulfillment and pleasure that comes from knowing they are making a positive contribution to children's lives.

Staying healthy can be a challenge. Providers often work long hours for low pay. They rarely have breaks and

the children need constant supervision. In addition, child care providers are at risk for muscle and bone injuries and are exposed to infectious diseases. Providers spend a lot of time sitting on the floor or on child-sized furniture. They pick children up many times each day. Providers can use lifting techniques to protect their backs and necks from injury. Stretching exercises help to keep them nimble and fit so they are less likely to experience falls or other injuries.

Child care exposes providers to infectious diseases in various ways. For instance, when people forget to cover their mouths and noses when they cough or sneeze, germs are released into the air. Providers are also exposed to germs when they wipe runny noses or come in contact with blood and other body fluids. Exposure to germs through the oral/fecal route is common in child care. Children and adults often come to child care when they are mildly sick. There are illnesses that are mild in adults but serious in children. The opposite is also true. Some viruses, like Cytomegalovirus (CMV), are mild in children and adults, but can cause problems for women during their pregnancies. Strictly following exclusion policies and child care rules for hygiene and sanitation helps reduce exposure to disease carrying germs.

In addition, child care providers are confronted with the same health challenges faced by all adults. Too little sleep makes it difficult for people to

function well. Getting enough sleep makes people feel better, reduces stress, and helps them work more effectively. People with diabetes, high blood pressure, and other chronic health conditions must monitor and control their conditions. Being overweight can have a negative effect on nearly every aspect of a person's health. Exercise and a healthy diet make it easier to maintain a healthy weight and also help to reduce stress.

Providers are better able to do their jobs when they are at their best, physically and emotionally. As they take care of their own health, providers model healthy behaviors to the children. When they feel good, providers are able to offer children excellent care and have fun doing it!

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Baldwin, D. et. al. *The Health of Female Child Care Providers: Implications for Quality of Care*. Journal of Community Health Nursing, 2007, 24:1 pages 1-17.

Dalley, L. *Standard and Universal Precautions in the Child Care Setting*. California Health & Safety Notes. 2004.

The National Training Institute for Child Care Health Consultants. *Caring for the Health & Safety of Child Care Staff* v2.2. Department of Maternal & Child Health, UNC Chapel Hill, 2007.

North Carolina Child Care Health and Safety Bulletin, Feb./March 2008.



Concerned about your CHILD'S DEVELOPMENT?

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

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

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

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



Help Me Grow

West Virginia

Planning Transitions for Children Who Have Chronic Health Conditions

Submitted by Barbara Tucker, West Virginia Early Childhood Transitions

The American Academy of Pediatrics' Web site has information for families of children with special needs in the Students with Chronic Health Conditions: Guidance for Families, Schools, and Students section. As young children transition into their next placement, it is essential the new location has a written document outlining a health care and emergency plan.

The following information should be in the document:

- A brief medical history
- The child's special needs
- Medicine or procedures required during the school day
- Transportation needs
- Possible problems, special precautions
- Pediatrician's name
- Emergency plans and procedures (including whom to contact)
- Special dietary needs

If a child who has a chronic health condition is going into the school system, a meeting is scheduled to develop a written plan that clearly describes the services the student needs. Depending on the child's needs, this plan may be described as a 504 Plan or an Individualized Education Program (IEP). This legal document outlines exactly what services the child will receive and sets short- and long-term goals for the child. The plan is reviewed regularly to ensure it continues to meet the child's needs.



Participants include the parents, school health staff, coordinator of special education, and the child's primary teacher. Health care providers, such as the child's pediatrician, can provide information in writing. Of course, the early intervention team for the child has pertinent information.

Parents can help their child receive the education and services needed to succeed in school by:

- Talking to the school. Some parents worry about sharing information on the child's condition; however, the more informed school staff are, the better prepared they will be to help the child succeed.
- Making an emergency plan. Write down exactly what the school needs to do if the child has certain health needs. School staff need to know how to reach an emergency contact and pediatrician. Update the school right away when contact information has changed.
- Making a health plan. If the child takes medicine at school, ask about the school's policies for storage. Make sure your child is able to take her medicine in a comfortable place, and that the school is provided with an adequate supply. Remember to call the school right away if there are any changes in medication.

Informing Families About Health Literacy

Reprinted with permission from North Carolina Child Care Health and Safety Resource Center

Anya had an ear infection and her family took her to the emergency room. They were nervous and upset. The doctor spoke quickly and they had a hard time understanding him. When the family got home, they were not sure how to follow instructions for her medications and care. They struggled to fill out insurance forms and make sense of their bills. What could have made their experience easier?

It is likely that Anya's parents struggled because they are lacking in health literacy. The term health literacy means being able to find necessary health information and services. It also means being able to understand and use appropriate health resources. Parents and guardians should know enough about health to be confident in caring for themselves and their children.

Almost half of all adults in a national study had difficulty understanding "everyday" health information, such as patient forms, test results, and health care provider instructions. For those with limited reading skills or limited English proficiency, low health literacy is a huge obstacle. They may not understand what causes diseases and how to treat diseases. Most health related materials are written with western culture in mind, at a tenth grade level or higher.

Health literacy requires basic math skills to understand what health indica-

tors such as body mass index (BMI) levels mean, and more complex skills to figure out costs and insurance plans. Having health insurance allows families to have better access to consistent health care. Consistent care from trusted health care providers usually leads to better health outcomes.

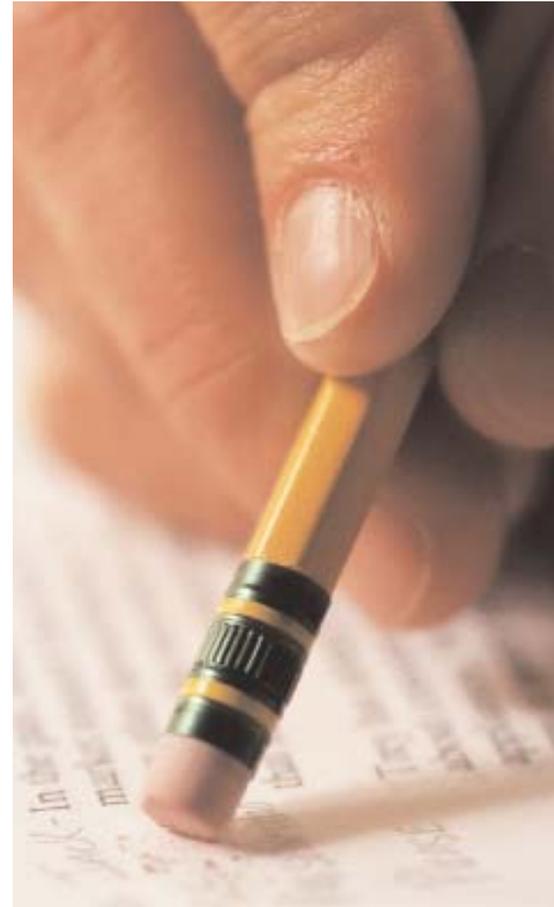
When a person has low health literacy, they often experience

- little or no preventative care
- more hospital visits and higher health care costs
- poor health and higher death rates.

Children depend on their families to help them stay healthy. Families depend on health professionals to help make that possible. Using plain language helps families to increase their health literacy.

Within the child care setting, early childhood professionals can watch for signs of confusion and unmet health care needs. They can share health resources that include pictures and language that is easy to understand. They care refer families to local health care providers. Open communication builds families' confidence. When families need help, educators have the opportunity to go over the resources and answer questions that come up.

Families help early childhood profes-



about their child's health. If a child has asthma, the family may be able to help staff learn to care for their child. This way, educators will feel more at ease when following the child's health plan. They may also be more comfortable when other children have similar health plans.

Health information can be difficult for anyone to understand. As families make efforts to become more literate about health issues, early educators can take small steps to assist them.

North Carolina Child Care Health and Safety Bulletin, May 2013.

Journeyperson Seminar

Apprenticeship for Child Development Specialist (ACDS)

- ◇ **Event:** Journeyperson Seminar
- ◇ **When:** April 4, 2014
- ◇ **Where:** WVU Extension Office, 4700 Kanawha Blvd, SE, Charleston
- ◇ **Time:** 9:30 AM—3:30 PM
- ◇ **Presenter:** Jessica Pollitt-Hudson
- ◇ **Topic:** Gardening With Preschoolers
- ◇ **Eligible Participants:** Apprentices that have completed ACDS coursework and received their Department of Labor (DOL) certificate.
- ◇ **Description:** Participants will receive information to assist them in incorporating gardening with preschoolers in both the indoor and outdoor learning environments. Specific suggestions and activities will be shared to guide participants in planning garden centered activities.
- ◇ **Registration:** The training is limited to 25 participants. To preregister for the seminar please contact the ACDS office at 304-523-0433 or email jconkle@rvcds.org.

ACDS

611 7th Avenue, Suite 208
Huntington, WV 25701
304-523-0433



State Coordinator:
Sherrie Myers
smyers@rvcds.org
Regional Coordinator:
Jennifer Conkle
jconkle@rvcds.org

Your children are insured..... How about **YOU**??



If you are an uninsured adult under age 65 and a state resident, you can shop for health insurance in West Virginia's Marketplace NOW!

Qualifying Incomes for the Marketplace

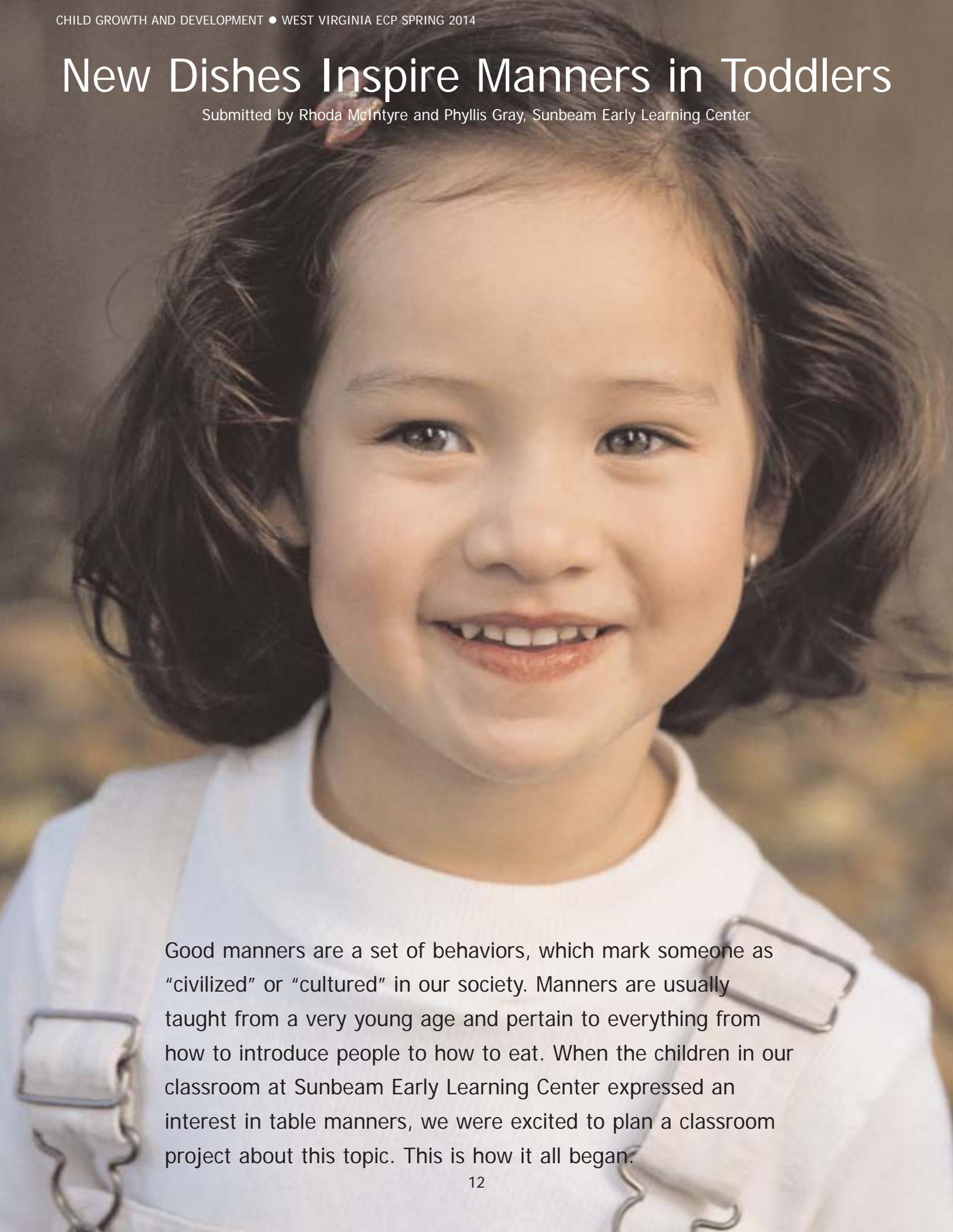
Family	211%	250%	300%	400%
1	\$24,264	\$28,740	\$34,488	\$45,960
2	\$32,748	\$38,796	\$46,548	\$62,040
3	\$41,232	\$48,840	\$58,608	\$78,120
4	\$49,704	\$58,940	\$70,668	\$94,200
5	\$58,188	\$68,940	\$82,728	\$110,280

Apply at www.healthcare.gov, by mail, or with personal assistance.

For more information see our Adult Uninsured Guide at our website at www.chip.wv.gov.
<http://www.chip.wv.gov/SiteCollectionDocuments/Uninsured%20Guide%2009%2027%2013.pdf>

New Dishes Inspire Manners in Toddlers

Submitted by Rhoda McIntyre and Phyllis Gray, Sunbeam Early Learning Center



Good manners are a set of behaviors, which mark someone as “civilized” or “cultured” in our society. Manners are usually taught from a very young age and pertain to everything from how to introduce people to how to eat. When the children in our classroom at Sunbeam Early Learning Center expressed an interest in table manners, we were excited to plan a classroom project about this topic. This is how it all began.

Sunbeam Early Learning Center's Toddler Gold classroom led by Miss Rhoda McIntyre and Miss Caitlin Metz involved the interests of the children into a month long project that encompassed other classrooms and ended with a classroom celebration. Miss Rhoda's classroom is made up of two and young three year olds. She enlisted the talents of our Art Coordinator (Atelierista), Miss Phyllis Gray, and together they planned and implemented the Manners unit and celebration.

One day, new dishes were added to the housekeeping area. The next day the children were role-playing using the new dishes. The teachers started hearing manners being used by the children. This led to tea parties, where the teachers continued to encourage the subject of good man-



ners. At lunch one day, one of the children asked, "What are good manners?" This was a teaching opportunity not to be missed. For the next couple of weeks, we not only talked about good manners, we also demonstrated them. Young children are eager to please, so after a short while we began to notice the children mimicking our behavior. A few of the behaviors encouraged were washing hands before coming to the table, putting a napkin in their lap and using it to wipe their mouth, asking someone to pass the food instead of reaching, saying "please" and "thank you", and using a spoon or fork.

Meanwhile, back in housekeeping, one of the children told the teacher that she was baking a "strawberry cake". The teacher then asked her how to make a strawberry cake. The child said, "A yellow cake mix and cut up real strawberries. Then you bake it." She then looked at the teacher and asked, "Can we make a real strawberry cake?" This led to a discussion about having a "good manners" celebration with a strawberry cake made by the children.

Other classrooms at the school collaborated with us to make topiary centerpieces, and splatter painted art was used to make the invitations for the office staff. The children made their own placemats by using bubble wrap and paint. They also took part in setting the table and getting the room ready for visitors.

The morning of the afternoon snack the children began to mix the cake batter. The children helped count how many eggs were being cracked and placed into the bowl. As they were wearing their plastic serving gloves one child replied, “We don’t eat the batter guys.” At the other table, the children were cutting up the fresh strawberries using plastic knives. One little girl was taking her time cutting the strawberries. She kept looking at the other teacher saying “We don’t eat the strawberries. This is for our special snack.”



When the office staff arrived, the children were sitting in their chairs ready to eat their famous “strawberry cake”. The children explained to the staff what this special snack was all about. They stated they had been discussing table manners like saying “please and thank you,” using a spoon when you eat, and using a napkin to wipe your mouth, then placing it in your lap while eating.



The children and the office staff enjoyed the strawberry cake while using their manners. As the parents began to arrive for pick-up, each child approached his or her parent telling them all about the special snack.

By following the interest of the children this simple project began to affect the children in other ways.

The next week a little girl came into the classroom and approached the teacher saying, “Look, I brought in my teapot so we can have a tea party and use our manners.”



Later that week, a parent was talking to the teacher about how her daughter had been explaining how important it is to use manners. The parent was proud of what her child was telling her about using manners.

Several days later another parent came up to the teacher and said, “Wow, my daughter has really started taking her manners very seriously. She sits at the table with hands in her lap and uses ‘please and thank you.’ She tells me she is a big girl now.” The parent thanked us for instilling such important values in our children.

Who knew learning about good manners could be this much fun! We found one of the best lessons learned from this project is that if given the opportunity, even the littlest of eyes can see the world would be a much better place if everyone would use their “good manners”.

Your children are insured..... How about **YOU??**



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4	\$49,704	\$58,940	\$70,668	\$94,200
5	\$58,188	\$68,940	\$82,728	\$110,280



Apply at www.healthcare.gov, by mail, or with personal assistance.

For more information see our **Adult Uninsured Guide** at our website at www.chip.wv.gov.
<http://www.chip.wv.gov/SiteCollectionDocuments/Uninsured%20Guide%2009%2027%2013.pdf>

Please mark your calendars now!



Disability Expo 2014

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10am-2pm

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information and resources
they need and deserve
to reach their fullest potential-
regardless of age, diagnosis, or prognosis.**

www.one4alldisabilities.org



Submitted by Polly Steele, Chair, West Virginia Association for Young Children WOYC

“Week of the Young Child” will be celebrated April 6-12, 2014. The West Virginia Association for Young Children (WVAYC) invites all those working with children birth through age eight to support each other and to work for a better learning and growing environment for children. The Week of the Young Child (WOYC) is an annual celebration sponsored by the National Association for the Education of Young Children (NAEYC). NAEYC first established it in 1971, recognizing that the early childhood years lay the foundation of children’s success in school and later in life. This week is a time to plan how we as citizens of a community, of a state, and of a nation will better meet the needs of all young children and their families.

NAEYC states:

- That all young children deserve excellent early care and education
- That high quality early experiences make a difference in children’s lifelong academic and social success
- That effective early education must be both challenging and appropriate to young children’s ages, individual needs and culture
- That everyone needs to work together to build a successful future for our youngest children

This year’s theme is “Early Years Are Learning Years”. To support Week of the Young Child (WOYC), NAEYC has designed new, flexible communication tools you can customize to build awareness of your local WOYC celebration. These include logos and artwork you can download free from NAEYC’s Web site at www.naeyc.org to create your own brochures and flyers. You will also find posters, pins, and other materials in the NAEYC Early Childhood Resources Catalog.

Here are a few ideas to get you started:

Host a festival or fair. Many communities have had success in coordinating WOYC efforts organizing festivals, fairs, or exhibitions at a community park, shopping mall or bank. Invite schools, agencies and local businesses that serve children and their families to participate.

Recognize those who work with and for children in our community and honor those who have significantly contributed to the quality for young children and their families.

Meet with local reporters and encourage them to run articles and stories about young children and those that work with them.

Encourage your mayor or city council to draft a proclamation. The Governor of West Virginia annually declares the nationally designated week as “Week of the Young Child in West Virginia” and presents the WVAYC with a proclamation. Sample proclamations can be found on the NAEYC Web site.

Invite families to participate in your centers and classrooms during your story time and other reading activities. Organize a Children’s Book Festival to celebrate reading. You may work with your local book store or ask businesses to donate free books to children. Stress the importance of literacy and how important it is to help children learn to read.

Listed below are descriptions of recent WOYC events in communities around the country:

“We organized a family fair to kick off the WOYC. The event was held at a downtown mall, over 31 organizations participated and we drew over 2000 people.”

“Monday we have a literacy day. Tuesday we have petting zoo. Wednesday we have the police and fire department visit. Thursday is staff spirit day, and we have activities for each classroom. Friday is open house, and we provide training and activities all day.”

“For the WOYC, we put artwork done by the children in the area fast food restaurants. The artwork is based on the WOYC theme and is accompanied by information about WOYC.”

Week of the Young Child is a great time to recognize something we should remember all year round: If we want our children to succeed in school and in life, we need to support the early childhood educators and programs that give them a great start on learning.



West Virginia Association for Young Children

You now have TWO chances
to see
Dr. Jean Feldman
Singing and Dancing with the
Common Core State Standards

Monday, July 28, 2014
Ramada Inn, Morgantown, WV
AND
Tuesday, July 29, 2014
WVU-P, Parkersburg, WV
Registration is from 7:30 a.m. –
8:30 a.m. and the workshop is from
8:30 a.m.-3 p.m.

Registration must be postmarked by
July 15, 2014.
No refunds after July 15, 2014.



The old saying goes, "You gotta dance with the one that brung you." The question now is how do we dance with the "ones who fund us?" If you are required "to dance" with the new Common Core Standards, you won't want to miss this workshop. Dr. Jean will demonstrate dozens of creative activities that will brighten your classroom and make standards a song.

West Virginia Association for Young Children Workshop Registration Form

Please keep a copy of your registration as your receipt. We cannot send out confirmations.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Select Workshop Date / Location: Monday, July 28, 2014 in Morgantown, WV
 Tuesday, July 29, 2014 in Parkersburg, WV

Member \$65
 Non-Member \$80
 Student \$35 (must provide copy of student ID or most recent ACDS semester certificate)

Total Enclosed: _____
Cost includes box lunch.

Make check payable to WVAYC.

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



2014 Huntington Area Early Childhood Conference

2014

Huntington Area Early
Childhood Conference

April 25 & 26

Big Sandy Superstore Arena
Huntington

Lots of great sessions!
Keynote Speakers include Peter Stewart &
Jim Strawn and Chuck Stump

Leadership Institute
April 24 from 9 a.m. - 4 p.m.
Marshall University

Leave a Legacy! by Peter Stewart

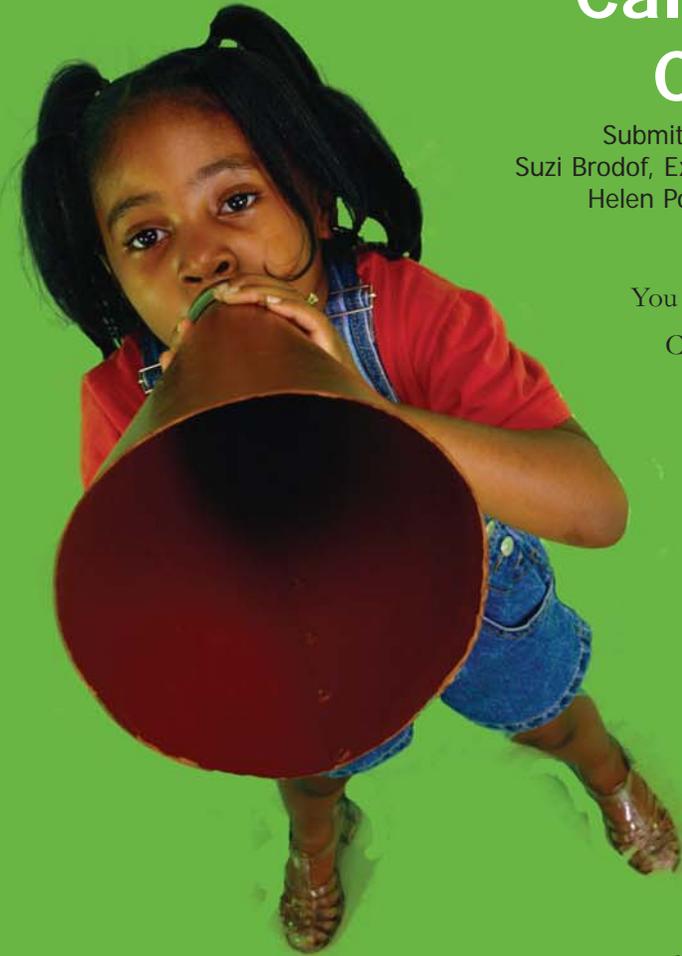


A lively presentation that will demonstrate how we can truly make a difference with our lives by practicing the "5 R's": Building Relationships, Being Role Models, Practicing Rituals, Taking Risks, Sharing our (w)Rinkles.

www.wvrvcds.org/facebook.com/haecc

Calling All Child Care Center Directors

Submitted by WVCCU Leadership Academy Coordinators,
Suzi Brodof, Executive Director, River Valley Child Development Services
Helen Post-Brown, Director, Sunbeam Early Learning Center



You are invited to the seventh annual West Virginia Childcare Centers United (WVCCU) Leadership Academy. The Leadership Academy is offered to all child care center directors and assistant directors. Over 100 center leaders have participated in the academy. Past participants are welcome to attend this academy.

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 on the 4th day will also be presented.

The academy starts at 10 a.m. on Monday, July 28 and ends on Thursday, July 31 at 3 p.m. The registration form is on the following page and is available online at www.wvccu.info. The 2014 Leadership Academy will take place at Blessed John XXIII, Pastoral Center, Charleston, WV. We have only 15 spaces available. We will operate on a first come, first serve basis. You will receive STARS credit. CEU's will also be offered.

Do not miss this wonderful opportunity to recharge and to network with your fellow West Virginia Directors.

If you have questions, please contact Helen at Sunbeam Early Learning Center.

Leadership Academy Registration Form (July 28–31, 2014)

(WV CHILD CARE CENTER DIRECTORS/ASSISTANT DIRECTORS ONLY)

Blessed John XXIII Pastoral Center, Charleston, WV
 July 28, 2014 (Registration 9 am – 10 am) – July 31, 2014, 3 pm
 Participants are expected to actively participate in the entire leadership academy
 (We will have some evening activities) *STARS and CEU's available

Full Name: _____

Child Care Center: _____

Position: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

(MUST HAVE LEGIBLE E-MAIL ADDRESS)

Confirmation of registration and participation information will be e-mailed by July 15, 2014. PLEASE MAKE A COPY FOR YOUR FILES.

This registration fee covers meals, lodging (single room) and materials. A complimentary 2014 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, 2014

**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*

Please share your photos!

We know that you have great pictures of the children in your care. We are hoping you will share some of these special photographs with the magazine. Any photos that you would like to share of children playing, reading, cooking, pretending, sharing...or just being cute, are welcome. You can send your pictures Attn: Magazine Photos, 611 Seventh Avenue, Ste. 322, Huntington, WV 25701.

Or you can email to rollyson1@frontier.com. All photos will need a signed release which can be found at www.wvearly-childhood.org/resources/photorelease.pdf



Thank You!

Camp



July 12-16, 2014

What is Camp Gizmo?

A five day, hands-on camp where parents, professionals, and students learn how assistive technology can help young children (birth-8 years) with significant and multiple developmental needs.

When & Where is Camp Gizmo?

Typically the camp takes place at the campus of the West Virginia Schools for the Deaf and the Blind in Romney, WV.

Who Should Come and What Do We Do?

Families, professionals, college students, and others who want to learn more about assistive technology. A limited number of "focus" children will be accepted and assigned a team of professionals who help families identify and apply new strategies for solving their multiple assistive technology needs. (Preference will be given to children who have not previously attended camp.) Professionals and other caregivers involved with these children are encouraged to attend the camp. Labs and workshops will be available to camp participants daily. Parents attend workshops on subjects that will help them better meet the needs of their child. Professionals and students attend workshops of interest that meet professional/educational needs or assist the "focus" family. Teams will meet daily to observe, discuss, and implement strategies for the "focus" child.

Can I Receive CEU Credit?

Yes, graduate credit, WV Birth to Three contact hours, WV STARS and more.

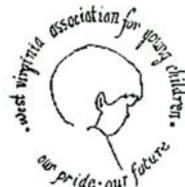
For more information, contact Kathy Knighton or Ginger Huffman, WV Dept. of Education, 1-800-642-8541; Pam Roush, WV Birth to Three, 1-800-642-9704; or Alyson Edwards, WVECTCR, 1-888-983-2827 or aedwards@rvcds.org

Leadership Changes Within WVAYC

After several years at the helm, Helen Post-Brown is stepping down as president of the West Virginia Association of Young Children (WVAYC). Helen has worked tirelessly for the betterment of education of all young children and has served as an advocate for issues facing children and families, all while operating her own child care business. Helen will continue to actively serve on the Governing Board of WVAYC.

Stepping up to lead WVAYC is Connie Bowers. Connie is a National Board Certified Teacher and has her master's degree in Early Childhood Education from Marshall University. She is a Master Mentor Teacher and an ECPBS Trainer for Wood County and RESA 5. She served on the WV Instructional Materials Review Committee for Universal Pre-K Curriculum. She was named RESA 5 Outstanding Pre-K Teacher of the Year and was nominated for WV Universal Pre-K Outstanding Teacher Award. Helen and Connie look forward to working together, along with all the members of WVAYC, to support WVAYC as it continues to grow and advocate for best practices for West Virginia's young children and their families.

www.wvayc.org



Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"
Volume 11, Issue 2, Spring 2014

Building Strong Teeth

Submitted by Gina Sharps, Bobbi Jo Muto, Ashley Logan, Marsha DeLancey and Wendy Mosteller

Many parents may find it hard to believe but, tooth decay (cavities) is the single most common childhood disease. Tooth decay is even more common than both asthma and hay fever. The good news is that tooth decay can be prevented or stopped by a few easy actions. Good nutrition, brushing and flossing, and the use of fluoride, can help your child grow up cavity free.

Fluoride, though sometimes misunderstood, is a very important piece of the prevention puzzle and it is vital that both parents and providers keep their knowledge of fluoride both current and factual. This article will provide parents with trustworthy facts helping them to make the best decisions for their children.

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

Permission to photocopy

Fluoride Basics

Parents, did you know that fluoride is a mineral found in soil, water (both fresh and salt) and even in some foods? Fluorine, which is what fluoride comes from, is actually the 13th most abundant element in the earth's crust. It has the ability to harden tooth enamel, which makes teeth more resistant to decay. Fluoride can also prevent or even reverse tooth decay that has started. Fluoride is nature's cavity fighter, helping repair the early stages of tooth decay even before the decay can be seen.

There are two ways that both you and your child can benefit from fluoride: topically and systemically. So, what's the difference between the two types and does my child need both?

Think of topical fluoride being on the top or outside part of your teeth. Topical fluoride is the type of fluoride you receive at the dental office or when you use toothpastes or mouth rinses. When you brush your teeth with fluoride toothpaste, or use other fluoride dental products, you are providing a "topical" benefit because the fluoride is applied to the surface of your teeth.

Continued on next page

Visit our website at www.wvearlychildhood.org

Systemic can be thought of as being inside your teeth. Systemic fluoride is consumed through drinking water; usually through a public water supply, which in the United States applies to nearly 74 percent of the population and in West Virginia it applies to 91.1 percent of the population. Systemic fluoride works as teeth are forming under the gums. The fluoride taken in largely from drinking water and other beverages is incorporated into and strengthens tooth enamel making it stronger. This makes it harder to get cavities. So, communities that have the right amount of fluoride are fortunate because just by turning on the faucet and drinking water, cooking foods with tap water and brushing teeth with this water, they will have stronger teeth and fewer cavities.

Water fluoridation

Water fluoridation is the process of adjusting the level of fluoride in a public drinking water supply to optimize the dental benefits of preventing tooth decay. An optimal level of water fluoridation is achieved by adjusting the level of fluoride in the water to achieve the right balance between the benefit of preventing tooth decay and the risk of developing dental fluorosis. Dental fluorosis is a change in the appearance of teeth. In its mildest and most common form, it affects the look of the tooth with small white specks appearing on a child's teeth. Mild fluorosis does not cause pain, and it does not affect the health or function of the teeth. Moreover, severe fluorosis is virtually non-existent in the United States.

What studies have shown is that community water fluoridation pre-

vents at least 25 percent of tooth decay in children and adults. In fact, community water fluoridation is noted as the single most effective public health measure to prevent tooth decay and the Centers for Disease Control and Prevention has proclaimed community water fluoridation as "one of 10 great public health achievements."

So how much fluoride is enough?

There are many places your child can get fluoride such as water, food, toothpaste, and rinses. In order to know the correct amount of fluoride for your child, it is important that you and your dentist discuss your child's risk of developing tooth decay. After you assess your child's risk of developing tooth decay, he/she can advise you of the correct amount of fluoride protection. This is very important for children under the age of 6, where exposure to more fluoride than is required to simply prevent dental caries can cause dental fluorosis.

Fluoride for Children Birth to 3

As just discussed for children from birth to 3 years of age, the use of toothpaste that has fluoride is determined by the level of risk of tooth decay. Parents should talk to a dentist or doctor to find out if your child under age 3 might need fluoride. If your doctor or dentist tells you that your child can benefit from fluoride, then use a very small smear (a portion the size of a grain of rice) of fluoridated toothpaste and avoid rinsing after brushing. Using a very small smear of toothpaste will provide your child with the protection but not the risk of developing fluorosis. If your child doesn't need additional protection the teeth

should be brushed by an adult using a toothbrush moistened only with water. Yes, water only. The brushing motion will remove the plaque.

Fluoride for Children 3 to 6

For children from 3 to 6 years of age, only a small amount (a portion the size of a green pea) of fluoridated toothpaste should be used. Children in this age group should still have an adult help them in brushing their teeth. Children's toothpastes often taste very good and children like to swallow it while brushing, it is very important that an adult apply the small dab of toothpaste and remind them to "Keep spitting", while they are brushing. Swallowing large amounts of toothpaste with fluoride may increase their exposure to fluoride and contribute to dental fluorosis. For this reason, children under 6 should have help and always be supervised when they brush. Also, an adult will make sure they are brushing their teeth the correct way to get them clean.

Fluoride by itself is just one piece of the puzzle in having a nice smile and healthy teeth. Correct brushing and a healthy diet also are necessary. As parents, we can take comfort in knowing that there are over 3,000 studies that show the safety and effectiveness of fluoride. Community water fluoridation is supported by the major health organizations that we have come to know and trust, such as the American Academy of Pediatrics and the American Medical Association.

Sources:

www.iLikeMyTetth.org

American Dental Association



FAMILY HEALTH HANDOUT: PHYSICAL ACTIVITY

SMALL STEPS TO SUCCESS

Tips for Family Success:

- Be realistic.
- Work on small steps one at a time.
- Make goals to fit your schedule and personalities.
- Write down your plan.
- Talk about your family goal and small steps every day.
- Track your progress. Help your 4-H'er complete the *4-H Health Planner*.
- Don't expect perfection.
- Celebrate successes with a fun family outing.




HEALTH CHALLENGE

Write 1 big physical activity goal and 4 small steps to help reach it.

Making changes to be more physically active takes time. Try 3 easy goal-setting steps to find a goal that the whole family can work toward.

1. Talk with family members about what is important.

Here are some ideas:

- Having fun
- Being together
- Enjoying the outdoors
- Helping your community
- Learning something new

What is important to your family? _____

2. Decide on 1 big goal. Write it down. Example:

- Spend 60 minutes every week enjoying the outdoors.

Your Family's Big Goal: _____

3. Decide on small steps to help reach this goal. Examples:

- Week 1 Small Step – take turns walking the dog an extra 10 minutes a day
- Week 2 Small Step – take 15-minute after-dinner walks every Sunday

Your Family's Small Steps:

- Week 1 Small Step – _____
- Week 2 Small Step – _____
- Week 3 Small Step – _____
- Week 4 Small Step – _____



**DON'T FORGET!
KEEP YOUR FAMILY'S BIG PHYSICAL ACTIVITY GOAL AND SMALL STEPS ON THE REFRIGERATOR.**

4-H FAMILIES ONLINE

Go to www.kidnetic.com for animated games, quizzes, and family activity ideas.

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

By 3 months,
Does your baby...

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

By 6 months,
Does your baby...

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

By 9 months,
Does your baby...

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

By 12 months,
Does your baby...

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

By 18 months,
Does your baby...

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

By 24 months,
Does your baby...

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

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

Every child deserves a great start.

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

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

1-866-321-4728

Or visit www.wvdhhr.org/birth23



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