

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

**Strengthening Families
Through Protective
Factors**

Circle of Parents

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Helen Post-Brown Receives 2015 SECA President's Award

Submitted by Connie Bowers, WVAYC President

Every thirteen years, the West Virginia Association for Young Children (WVAYC) has the privilege to honor one of its citizens at the Southern Early Childhood Association (SECA) Annual Conference. The SECA President's Award is given to a citizen who has a strong history of advocacy for young children. WVAYC has chosen Helen Post-Brown as the recipient of the SECA President's Award for 2015.

Over 34 years ago, Helen established Sunbeam Nursery School in Fairmont, WV, as a small preschool with 12 children. Sunbeam, later renamed Sunbeam Early Learning Center, has evolved over the years to become a fully licensed, nationally accredited child care center serving over 100 families in the community.

Like her facility, Helen has grown and evolved over the years. In August of 1995, Helen had what Oprah Winfrey would call an "aha moment". She was one of 25 West Virginia Child Care Center Directors attending the very first West Virginia Leadership Academy. The class was taught by Holly Bruno and Margaret Copeland. The course was sponsored by Norma Gray, Executive Director of River Valley Child Development Services. Helen



remembers, "We were like sponges absorbing all of the information Holly and Margaret could throw at us. At night we stayed up late making plans for change for the children in West Virginia. That was when I had my 'aha moment'; I had the power to make an impact on the lives of children in West Virginia."

This was the beginning of Helen's intention to advocate for the children of West Virginia. During that five-day workshop the directors formed a group called Directors on a Mission, and a few years later the group evolved into West

Virginia Child Care Centers United (WVCCU). Helen became a founding "mother" and the first president of WVCCU. With that privilege came many responsibilities. WVCCU became the voice of early education in West Virginia. Helen had to step out of her comfort zone and attend legislative sessions, speak to members of the legislature, and write Advocacy Agendas. Being president of WVCCU opened many doors for her as an advocate for children and families in West Virginia.

In 2002, the West Virginia Department of Health and Human Resources and

the State Department of Education established an early care and education advisory council called PIECES – Partners Implementing an Early Care and Education System. The council was charged with developing a collaborative plan for preschool services for children from birth to five, which included the implementation of WV Pre-K. Helen participated on the Curriculum and Quality Initiatives Committee. This committee established the curriculum, the West Virginia Early Learning Standards Framework, and the implementation of Policy 2525. During those years, the early childhood field went through a wonderful transformation. As president of WVCCU, and later president of the West Virginia Association of Young Children (WVAYC), Helen was on the ground floor of many successful initiatives in West Virginia including The Infant & Toddler Child Care Initiative (WVIT), WV STARS State Training & Registry System, Apprenticeship for Child Development Specialist (ACDS), and Quality Rating Improvement Systems (QRIS).

Because of the life changing impact the very first West Virginia Leadership Academy had on Helen and her good friend and colleague Suzi Brodof, they re-established the Leadership Academy eight years ago. The WVCCU Leadership Academy occurs every summer at Blessed John XXIII Pastoral Center in Charleston. Between 12 to 15

child care center directors take part in the four-day workshop with Holly Bruno still leading the charge.

Over the last 20 years, Helen has met many strong women who have been an influence in her life. Two that stand out are Norma Gray, Executive Director and Founder of River Valley Child Development Services and Ann Nutt, West Virginia Department of Health and Human Resources Director of Early Care and Education Quality Initiatives. Norma is now enjoying her retirement. Sadly, Ann lost her battle with breast cancer in 2006. These two women set the stage for the wonderful opportunities that children and families now have in West Virginia. They were role models for Helen and many other early childhood professionals.

Upon receiving the news that she will be awarded this honor at the 2015 SECA Conference Helen said, “It is an extreme honor to receive the 2015 Southern Early Childhood Association (SECA) President’s Award. To be recognized as an advocate for West Virginia children and families is humbling. But, it is not really my award alone. The award belongs to all of the folks that have served on numerous committees, helped write standards and best practices. The dedicated folks that had the vision of what early care and education in West Virginia should look like and then proceeded to make that a reality. This award belongs to them.”

“It is an extreme honor to receive the 2015 Southern Early Childhood Association (SECA) President’s Award. To be recognized as an advocate for West Virginia children and families is humbling. But, it is not really my award alone. The award belongs to all of the folks that have served on numerous committees, helped write standards and best practices.”
- Helen Post-Brown

STRENGTHENING FAMILIES™: AN OVERVIEW

Across the country, people and programs are focusing on protective factors in their work with families. Protective factors are attributes of families that help them to succeed and thrive, even in the face of risk and challenges. A protective factors framework summarizes scientific research and outlines a course of action to help families and youth reduce stress, address risk factors and promote healthy development. The overarching goal of a protective factors framework is the promotion of child, youth and family well-being.

The Center for the Study of Social Policy (CSSP) leads two initiatives based on parallel frameworks of protective factors: Strengthening Families (for families of young children) and [Youth Thrive](#) (for youth and their families and caregivers). Strengthening Families is about protecting and nurturing young children while promoting their development. It's also about providing support to parents so that they can build their protective factors and be the best parents they can be, even in times of stress.

What is Strengthening Families?

Over the last decade, the Center for the Study of Social Policy (CSSP) has built Strengthening Families into one of the most widely recognized approaches to child abuse and neglect prevention in the country. At its heart, Strengthening Families is about how families are supported to build key protective factors that enable children to thrive.

The five protective factors at the foundation of Strengthening Families also offer a framework for changes at the systems, policy and practice level – locally, statewide and nationally. Nationwide, 42 states and two U.S. territories have integrated Strengthening Families into some aspect of their child and family service systems, and 33 states and one territory actively participate in the Strengthening Families National Network.

Programs across the country are using the Strengthening Families self-assessment and other implementation tools to inform practice and adopt small but significant changes that positively impact families. Similarly, thousands of child and family serving professionals have received training on Strengthening Families. For example, between 2011 and 2012, more than 70,000 professionals were reached by state training and professional development activities. In addition, more than 1,000 people completed a seven-module online training course in the first two years it was available.

Strengthening Families

Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- **Parental resilience:** Managing stress and functioning well even when faced with challenges, adversity and trauma
- **Social connections:** Positive relationships that provide emotional, informational, instrumental and spiritual support
- **Knowledge of parenting and child development:** Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
- **Concrete support in times of need:** Access to concrete support and services that address a family's needs and helps minimize stress caused by challenges
- **Social and emotional competence of children:** Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships

For more information, visit
www.strengtheningfamilies.net

States and communities are integrating Strengthening Families into at least one of four key sectors: early care and education; child abuse and neglect prevention; home visiting and child welfare. In each of these fields, Strengthening Families offers:

- An intuitive explanation of what families need to thrive, and what programs can do to support them
- A common framework and a shared set of results for families
- A broad range of concrete, low- and no-cost actions that many types of programs can implement
- Free and easily accessible tools to support implementation at the program, policy and systems levels

Early Care and Education

Across the country, Strengthening Families is being used to reshape how early care and education programs engage parents in their children's development and to help them build strong relationships between family members and staff. Twenty-four states provide training and technical assistance to programs through child care resource and referral agencies. Twenty states have already or are considering integrating Strengthening Families into their Quality Rating Improvement Systems (QRIS) designs.

Child Abuse and Neglect (CAN) Prevention

Strengthening Families is being broadly used in states to reframe and engage partners who previously did not see themselves as having a role to play in child abuse and neglect prevention. More than half of all states train prevention providers using the protective factors framework and have written the protective factors into their RFPs for CAN prevention dollars, 15 states are using the protective factors as a framework for local prevention planning efforts, 16 states have designed public awareness campaigns around the protective factors and eight states have integrated the protective factors into mandated reporter training.

Home Visiting

Strengthening Families is being used in at least 12 states as a framework for coordinating and aligning across different home visiting program models – and as a shared outcomes framework with the many other services and supports families need. In 13 states, Strengthening Families is formally included in plans for implementation of the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program.

Child Welfare

A growing number of states are adopting Strengthening Families as a framework for supporting the well-being of children in child welfare by building the protective factors of their caregivers. Twenty-three states recently reported using strategies such as incorporating the protective factors into training for child welfare workers or their child welfare practice model, using the factors to revise assessment tools and other materials, strengthening partnerships between child welfare and early care and education programs and using the framework to set programmatic and performance expectations. Five states are also using Title IV-E waivers to test various ways of implementing Strengthening Families within their child welfare systems.

Tools and Resources

Strengthening Families is supported by helpful materials that can easily be adopted and adapted for any program or service sector.

Strengthening Families Program Self-Assessment– exemplary practices identified in the initiative's foundational field research form the basis of a self-assessment for child- and family-serving programs. It helps programs assess how well their activities, services and policies are helping families to build protective factors. <http://www.cssp.org/reform/strengthening-families/resources/changing-programmatic-practice>

Strengthening Families Online Data System– includes the self-assessment and parent and staff surveys which help programs plan for improvements and provide aggregated data for local or state tracking and decision-making. <http://www.mosaic-network.com/gemslive/cssp/>

The National Alliance of Children's Trust and Prevention Funds offers a free, **online training curriculum** and a **training of trainers** for an in-person curriculum. <http://trainers.ctfalliance.org/>

CSSP manages the **Strengthening Families National Network** to connect leaders of state and local initiatives, encourage peer sharing, identify trends and key issues and explore innovative approaches to integration. <http://www.cssp.org/reform/strengthening-families/around-the-nation>

Help Me Grow a Valuable Resource

Submitted by Linda Shaffer, Help Me Grow

What is Help Me Grow? It is a free telephone information and referral service located in the Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child and Family Health, Systems Point of Entry that connects families with developmental resources for their child from birth through five years of age. The goal of Help Me Grow is to successfully identify children at-risk and link them to community-based services.

Help Me Grow is a resource for both parents and health care providers to check development. Checking a child's development as they grow and change is a key part of what health care providers do at Well Child visits. Help Me Grow enables developmental screening by providing to families the Ages and Stages Questionnaires, Third Edition (ASQ-3)TM. Families who enroll in Help Me Grow are mailed an age appropriate ASQ-3. The parent/caregiver completes the ASQ-3 with the child, mails it back to the Help Me Grow team who then scores it and shares the information with the family and the child's health care provider, if the family has given consent. If any need is identified, appropriate community-based referrals are made by the Help Me Grow team as long as the family is in agreement. Follow-up is made with the family to ensure they received services for which they were referred. While the family is enrolled or until the child turns six years of age, age appropriate ASQs and CDC Milestones are sent to the family to continue to check the progress of the child's development.

The Help Me Grow Project is funded through the Home Visitation Program also located in the Office of Maternal, Child and Family Health. Additional details can be found by visiting <http://www.dhhr.wv.gov/helpmegrow> or by calling 800-642-8522 or 304-558-5388 between 8:30 and 5:00 Monday through Friday, except on holidays and speak with a Help Me Grow Care Coordinator.



Help Me Grow Helps Parents, Kids, and Doctors!



For information about your child's development, call us -

Help Me Grow...

Connecting BOTH parents and their kids' doctors to:

- ✦ Free questionnaires such as Ages & Stages to see where your baby, toddler, or teen is developmentally
- ✦ Locate services in your nearby community from an up-to-date statewide database
- ✦ Speak with a care coordinator to schedule a developmental screening or specialized services
- ✦ Find hard-to-access services not readily available nearby



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

The Revised Strengthening Families™ Self-Assessment Tool

Submitted by Cailin O'Connor, Center for the Study of Social Policy
and Jim McKay, Prevent Child Abuse West Virginia

West Virginia is among more than 30 states using the Center for the Study of Social Policy's (CSSP) Strengthening Families™ approach to support child care providers, home visitors, and other practitioners in helping families build five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

Child care providers in West Virginia and elsewhere may already be familiar with the Strengthening Families self-assessment tool, one of several CSSP resources available to support implementation of the Protective Factors Framework. The self-assessment helps providers identify how they are already helping parents build these protective factors and to consider the “small but significant changes” they can make to do even more. The self-assessment includes concrete activities programs or individuals can carry out and policies they can have in place to help families build each protective factor, grouped into categories of “everyday actions.”

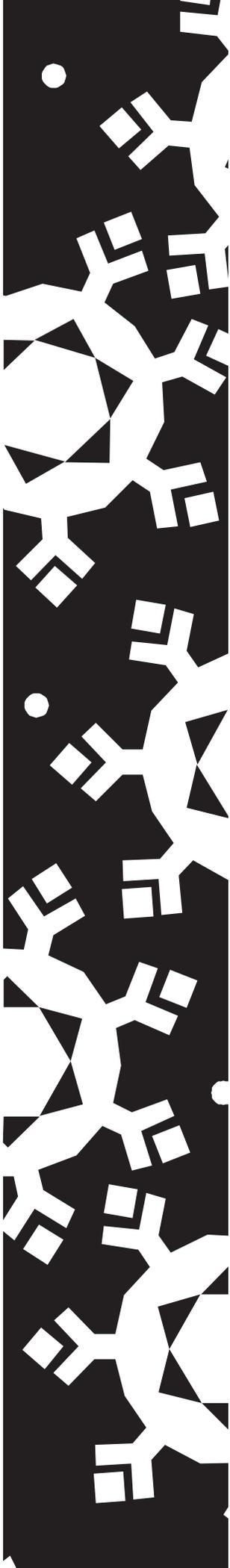
CSSP has learned much from the experience of programs that have adopted the Strengthening Families approach over the years, and continues to draw on the wisdom of the field to enhance and revise its tools.

This fall, CSSP released four new versions of the self-assessment tool, each for a specific type of program serving children and families (center-based early care and education, family child care, home visiting, and community-based programs).

Where the previous version of the self-assessment was general enough to be used by any type of program, the new tools get more specific about the concrete actions that can be carried out in each type of program.

The new self-assessments also reflect a greater focus on father involvement and issues of race, ethnicity, language, and culture.





Other revisions strengthen the tool's alignment with nationally recognized standards for parent, family and community engagement, including, for example, the Head Start Performance Standards, accreditation standards of the National Association for the Education of Young Children, and the National Association for Family Child Care. The self-assessments for center-based early care and education and family child care are organized into tiers reflecting different levels of commitment to supporting families – ranging from actions that any program could take to those that require an investment of staff time or money to implement.

The Strengthening Families Evaluation Portal, to be launched in December 2014, combines the self-assessments with parent and staff surveys to allow programs to easily access their data, identify areas of strength, and track their progress on action plans they create based on their self-assessments.

CSSP deeply values the contributions and commitment of Strengthening Families leaders and program implementers around the country. Their collective wisdom and entrepreneurial spirit is what will help to realize the Strengthening Families vision in which communities, families, institutions, service systems, and organizations:

- focus on building protective and promotive factors;
- recognize and support parents as decision-makers and leaders;
- value the culture and unique assets of each family; and
- are mutually responsible for better outcomes for children and families.

For more information, visit www.strengtheningfamilies.net.

CSSP is a national organization recognized for its leadership in shaping policy, reforming public systems and building the capacity of communities. Its mission is to create new ideas and promote public policies that produce equal opportunities and better futures for all children and families, especially those most often left behind. For more information, visit <http://www.cssp.org/>.

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.

Setting the Stage for Success



**Mark your calendar! The
2015 Celebrating Connections Conference
will be on
February 17-20, 2015
at the
Charleston Civic Center.**

Keynote Speakers: Ron Mohl & Jim Harris

Circle of Parents: *Sharing Experiences, Ideas and Hope*

Submitted by Julie Pratt, Co-Facilitator, WV Circle of Parents Network

When my friends at TEAM for West Virginia Children asked me to help launch Circle of Parents in our state a couple years ago, I was intrigued. My parenting resume is limited to a few years of part-time step-parenting. But “mutual self-help” – the guiding principle of Circle of Parents – is something I understand from practicing for most of my life.

Like many people, I’ve had personal experiences where professional help was valuable, but insufficient. The first time was as a teenager when my mother became disabled from multiple sclerosis. We were grateful for the services provided by capable doctors and therapists. But it wasn’t until my parents joined a group for people with MS and their families that we understood in a visceral way that we weren’t alone. This was huge! We also saw how people learned to live with the disease on a day-to-day basis. This gave us hope.

Circle of Parents functions in much the same way. “Parenting is the hardest job I’ve ever had,” said one group member. “It helps a lot to talk to other parents who have faced some of the same things I’m going through.”

Circle of Parents taps into the strengths of their members and offers opportu-



nities for personal growth. “The thing I love the most is that parents solve their own problems,” said a group facilitator with school-age children. “We are capable and empower each other.”

The Circle model can be applied to existing or new groups in a variety of situations. Some groups have a broad

focus and are open to any interested parents or caregivers. Others are geared to specific interests, such as parents of children with special needs, teen parents, grandparents and foster/adoptive parents. We have groups meeting at libraries, schools, churches, nonprofit agencies, prisons and day report centers. Some groups hold their meetings

at local parks during the summer.

While the groups are shaped in large part by their members, all groups share these qualities:

1. Groups are free, inclusive and open to anyone in a parenting or caregiving role.
2. Groups are parent-led. Nonprofit agencies sponsor the groups and provide trained facilitators who support the parent leaders and are often parents themselves.
3. Group members choose the issues they want to discuss and sometimes bring in speakers on topics of interest to them.
4. Most groups meet a couple times a month, a few meet weekly, and all meet at least monthly.
5. The child care needs of members are addressed in some way, such as having an on-site children's program that meets at the same time or by scheduling Circle meetings while children are in school.

Group leaders practice "mutual self-help" with each other through the West Virginia Circle of Parents Network. The Network sponsors training workshops, conference calls, and online resources for group facilitators and parent leaders, with funding from the Claude Worthington Benedum

Foundation and West Virginia Department of Health and Human Resources. We also belong to a national network of Circle groups, where we share experiences and ideas with people in other states.

In November we had the third annual training workshop for new facilitators and parent leaders. Over the past two years, our Network has grown to 26 sponsoring organizations and has trained 90 people from across the state.

For more information about Circle of Parents, visit <http://www.teamwv.org/circle-of-parents/>.

"The thing I love the most is that parents solve their own problems," said a group facilitator with school-age children. "We are capable and empower each other."



Keeping Children Safe and Healthy in the Winter

Submitted by Glenna Bailey, RN, Nurse Health Consultant

Winter and cold weather is upon us and with it comes unique challenges in keeping children safe and healthy. The American Academy of Pediatrics has some tips for caregivers and parents in how to navigate the winter months.

Outside play is encouraged, even in the winter. The key is proper clothing and an eye on the weather. Infants and toddlers should be dressed warmly for outdoor activities. Use several thin layers and don't forget boots, hats, and gloves or mittens. A rule of thumb for babies over one year old and older children is to dress them in one more layer of clothing than an adult would wear in the same conditions.

Also, don't forget the sunscreen in the winter. UV rays can cause sunburn in cold weather, especially if they are reflected off of snow.

Local weather reports should be checked on a daily basis and children should be kept indoors when there are weather advisories. In winter, this means keeping an eye on the wind chill factor rather than the actual temperature. Local television reports and newspapers are a good source of this information.

The idea that cold weather causes colds and flu is not true. However, the viruses that cause colds and flu are more common in the winter, and therefore we see more of these illnesses in the winter. Reduce the spread of germs with good hand washing and teaching children the proper way to cough and sneeze into their elbow. Children six months and older should get the influenza vaccine to reduce the risk of catching the flu. If you care for children less than six months of age, it is important that you get the flu vaccine to protect these infants too young to receive the vaccine.



Nosebleeds are more common in children in the winter due to dry heat indoors. First aid for nosebleeds include: Remain calm. A nosebleed can be frightening, but rarely serious. Keep the child in a sitting or standing position. Tilt his head slightly forward. Have him gently blow his nose if he is old enough. Pinch the lower half of the child's nose (the soft part) between your thumb and finger and hold it firmly for a full ten minutes. If the child is old enough, he can do this himself. Don't release the nose during this time to see if it is still bleeding. Release the pressure after ten minutes and wait, keeping the child quiet. If the bleeding hasn't stopped, repeat this step.

If after ten more minutes of pressure the bleeding hasn't stopped, call the child's parents for pickup. Don't panic. Don't have him lie down or tilt back his head, as this can cause blood to drain into the back of the throat. Don't stuff tissues, gauze, or any other materials into your child's nose to stop the bleeding.

Winter can be a magical time for children with snow and holidays. So have fun, and follow these simple steps to stay healthy and safe through the cold months.



Building Bridges

2015 Huntington Area Early Childhood Conference



April 22

Leadership Conference
Marshall University

April 23 -24

Huntington Area Early Childhood Conference
Big Sandy Superstore Arena

For more information, email smcintyre_1@yahoo.com

Do You Qualify For WVCHIP?

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

Who Qualifies for WVCHIP?



Age - Children under 19.



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



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

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



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



Exciting News About ACDS

Submitted by Sherrie Myers, ACDS State Coordinator

ACDS Instructors Academy

The Apprenticeship for Child Development Specialist (ACDS) program is accepting applications for the annual Instructor's Academy on June 8-12, 2015. Individuals wishing to teach an ACDS class must complete this intensive five day training. They also must attend a one day update every other year to continue certification. ACDS is always looking for new instructors all over the state. Because of the large number of those desiring to enroll in the course, we are in urgent need for instructors in Kanawha, Cabell, Wood, Roane/Jackson and Ohio/Hancock counties. From a personal perspective, being an instructor is a wonderful experience. It is very rewarding to witness the growth and development of students as they begin the program, complete the fourth semester, and ultimately graduate. Many gain the confidence to continue their education and receive their associate and/or bachelor's degree. What a testament of the success of the program! If you are interested in this wonderful opportunity to continue your professional development and share your knowledge, please contact Sherrie Myers at 304-523-0433 or smyers@rvcds.org.

ACDS Journey person (Graduate of the ACDS program)

An ACDS Journey person is a graduate of the program that has received their official Department of Labor certificate. Once your certificate is received, you are eligible to attend Journey person trainings. Typically, two are held each year in various parts of the state. The trainings focus on the most recent research and information relevant to early childhood professionals. Participants receive WV STARS training hours as well as a \$50 stipend. If you are a graduate of the ACDS program and are not receiving information for these trainings, please contact Sherrie Myers.

ACDS Local Councils

The Apprenticeship for Child Development Specialist (ACDS) is a training opportunity for those working in the field of early care and education. It is a way to learn best practice and the curriculum taught is based on current research. The classes are taught by professionals who also have experience in the field. The program is four semesters, taught one evening per week and each semester is 15 weeks. ACDS is supported through local councils in each county where classes are taught. These councils are responsible for the administration of the ACDS classes in their area. Local councils typically meet one time each semester to make arrangements for upcoming classes. Councils need the help and input from those in the early care and education field. If you are a graduate of the ACDS program or director of a child-care program and you are interested in becoming an ACDS local council member in your area, please contact Sherrie Myers.



www.wvacds.org

ACDS Contacts:
 Sherrie Myers
 304-523-0433
smyers@rvcds.org

CDA Assessment Fee Scholarship

**For Teachers
and Assistants**

T.E.A.C.H. Benefits



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- Provides funding of \$375 for the CDA Assessment Fee
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- Provides a choice for the recipient or the sponsoring program to fund the remaining \$50.
- Option for sponsoring program to choose a six month or one year commitment from the recipient. (For T.E.A.C.H. contract purposes only.)

*****Eligibility requirements apply.*****

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WV Early Childhood Provider Quarterly Reader Survey

We want to make sure that we bring you the magazine YOU want to see and use. Your feedback will help us be responsive to your needs and serve you better. Tell us what you think! Thank you for taking a few minutes to complete this survey.

1. Which kinds of WVECPQ features do you find the most interesting, informative, relevant, or helpful?

- Feature/theme articles
- Celebrating Success
- Apprenticeship for Child Development Specialist (ACDS)
- WV Birth to Three
- Parent Blocks Newsletter

2. How many of the last four issues have you read?

- 4
- 3
- 2
- 1

3. What is the average time you spend reading an issue?

- Less than 30 minutes
- 30 minutes – 1 hour
- More than 1 hour

4. Do you share the WVECPQ magazine with co-workers or others interested in early care and education information?

- Always
- Often
- Sometimes
- Rarely
- Never

5. Do you distribute copies of the *Parent Blocks Newsletter* to families in your program?

- Always
- Often
- Sometimes
- Rarely
- Never

6. Do you feel the WVECPQ is more accessible now that it is delivered electronically?

- Always
- Often
- Sometimes
- Rarely
- Never

7. What topics would you like to see covered in future issues? (Please be specific)

8. The information provided in the WVECPQ is applicable to my work in early care and education.

- Yes
 No

9. How would you rate the overall quality and your satisfaction of the magazine?

- High
 Good
 Fair
 Poor

Additional Comments: _____

Reader Information:

Occupation or Area of Work: _____

Education: (Check the highest level attained)

- Master's Degree or above
 Bachelor's Degree
 Associate Degree
 Some College Credits
 Registered Apprenticeship for Child Development Specialist (ACDS) Certificate
 Child Development Associate (CDA) Certificate
 High School Diploma or GED

(Optional:)

Name: _____

Address: _____

City, State, Zip: _____

Please send your completed survey to:
 WV Early Childhood Training Connections and Resources
 Attn: WVECPQ
 611 Seventh Avenue, Ste 322
 Huntington, WV 25701
 Fax: (304)529-2535



Got Photos?

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

You can email the photos to:

tcr@rvcds.org

or mail to:

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

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

Send as many photos as you want!

SAVE THE DATE!

Join us in
New Orleans, Louisiana

for the

66th Annual Conference
of the Southern Early
Childhood Association!



January 15-17, 2015

Astor Crowne Plaza in the French Quarter

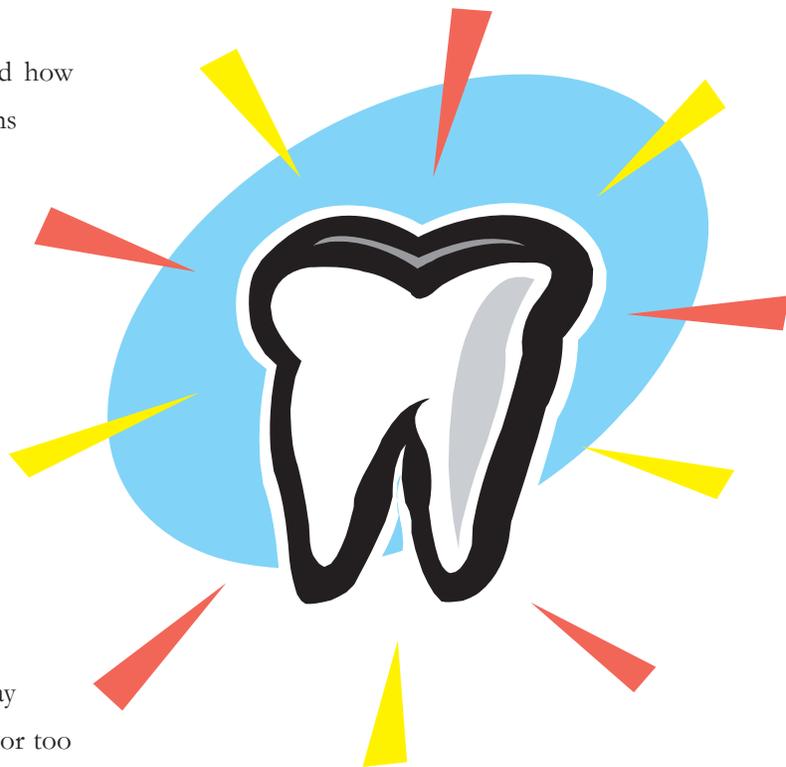
THE WORLD FROM OUR FRONT PORCH:
COMMUNITY & CULTURE

Inheriting Bad Teeth...

Truth or Myth?

Submitted by the Community and School Oral Health Team

As dental hygienists we are often asked questions about if and how heredity affects teeth. We hear statements such as “bad teeth runs in my family” or “my parents and grandparents lost all of their teeth by 18 and had to start wearing dentures, so that means that it will be the same for me and for my children”. One of the most common questions asked by parents is “Can my child inherit my bad teeth?” And the answer is that there are some teeth defects that can be hereditary, but they are very rare. What is not so rare is the inheriting of bad habits that leads to bad teeth.



But before we examine the truths and myths surrounding whether or not bad teeth can be inherited, let's first define “bad teeth”. If you are referring to bad teeth as malocclusion (the way your teeth fit together), or the spacing of your teeth (too much or too little), than yes, these are hereditary factors and are traits that can be passed down from parent to child. Crowded teeth, teeth that stick out, and gum disease are also traits that can be picked up from your parents.

Other conditions that science supports as being genetic include: extra or missing teeth, cleft palate, teeth that overlap, and skeletal flaws in the jaws and face. Most of these conditions are treatable when your child is fairly young allowing them to enjoy a healthy mouth for the remainder of her life. Other malocclusions, that are NOT inherited but acquired from bad habits, include long-term thumb or finger sucking, pacifier or bottle sucking or tongue thrusting. Early or premature tooth loss from trauma, which can be caused from accidents, can also cause tooth and jaw problems.

So now we know that crowding or spacing in teeth, a poor bite, or an uneven jaw can be inherited. The natural color of your teeth is also inherited or may be caused by prescription drugs, including tetracycline. Traditionally, tetracycline is not given to children under the age of 8 due to the likelihood of causing teeth discoloration.

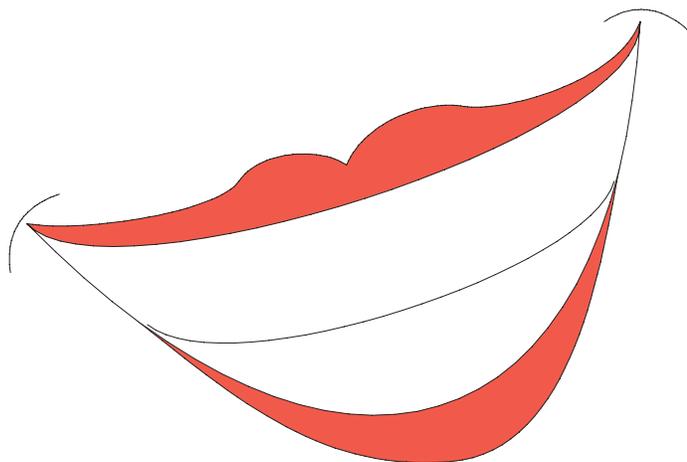
There is no denying that as dental hygienists, we often see a link between parents with bad teeth and children with bad teeth. There are a couple of reasons behind this pattern. One is that the cavity causing bacteria found in a parent's mouth can and will spread to their child's mouth. So, if you as a parent have a history of untreated cavities, there's a good possibility that your bacteria has infected your child's teeth.

Another reason might be because you were never correctly taught proper oral hygiene and diet. For example, did you know your 6 ounce glass of grape juice contains over 29 grams of sugars? Or that bacteria multiply in your mouth at night because of the low spit production? And if you don't routinely brush your teeth, these bacteria can cause serious damage to the teeth.

Now, let's refocus on one of the most common statements that we hear as dental hygienists and that is "my parents and grandparents lost all of their teeth by 18 and had to start wearing dentures, so that means that it will be the same for me and for my children". This statement couldn't be further from the truth. What is true is that most of the time we learn some bad habits from our parents. So before you blame mom and dad for your "soft" teeth, think about your diet and cleaning routine. If your parents placed a priority on brushing twice a day, flossing, and seeing the dentist and dental hygienist every six months, you most likely learned how to have a healthy mouth too. If there wasn't a priority placed on good oral health habits, it's never too late to start and with this you will instill a positive and healthy behavior pattern with your child!

As with most diseases, prevention and early detection play a big role. No matter what kind of teeth you inherit, you won't have a lot of reasons to smile unless you take good care of them. Setting aside 4 minutes a day to brush (2 minutes in the morning and 2 minutes in the evening) and floss is one of the best things you can do for not only your dental health but for your child's as well. Being a good role model with good oral health habits can set the stage for a lifetime of healthy smiles for your child and can save you a lot of time and money!

Sources: www.mytoothtime.com, ADA



Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"
Volume 12, Issue 1, Winter 2015

Strengthening Families Through Protective Factors

Submitted by Courtney Michele Long, Marshall University Student

As individuals, we have all experienced stress at some point in our lives. Therefore, our families have as well. What is it about some families that seems to hold them together and produce healthy outcomes? According to the Center for the Study of Social Policy, within their Strengthening Families Approach, there are five protective factors that create the glue that strengthens families. The protective factors are, "parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and

emotional competence of children" (www.cssp.org/reform/strengtheningfamilies).

Here are some other words to describe the five Strengthening Families Protective Factors:

COURAGE

Parental Resilience: I will continue to have courage during stress or after a crisis.

COMMUNITY

Social Connections: I have people who know me, friends and at least one person who supports my parenting.

PARENTING

Knowledge of Parenting and Child Development: Children have the freedom to grow and thrive when parents are curious and responsive to what

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

their child needs.

COMPASSION

Social and Emotional Competence of Children: My child expresses his or her emotions and can get along with others.

HEALTH and WELL-BEING

Concrete Support in Times of Need: My family has access to basic needs.

LOVE

Nurturing and Attachment: My child feels loved, cared for and has a sense of belonging.

These essential research-based protective factors can serve as an example for all types of childcare programs and can aid in the process of strengthening the families in each of our communities. As most professional educators know, it is their job and responsibility to join in partnerships with families. According to the Code of Ethical Conduct from the National Association for the Education of Young Children, educators have the ethical responsibility to communicate and collaborate with families, so that we can boost healthy child development. Educators and programs should keep the ideals by aiding families through community resources, knowledge of child development, supportive atmospheres, and trustworthy relationships.

Questions to Help Parents Identify Their Protective Factors:

Resources to Overcome Hard Times and Rebound

What do I dream for my family and myself?

What gives me hope or strength during hard times?

What can I do to help me cope with everyday life?

Is there another parent I can encourage?

My Social Community

Friends who support me:

Friends who have children and can support my parenting:

Who can I talk to when I am having a bad day?

How do my friends support me?

How do I support my friends?

Places in the community where I feel connected:

Groups I belong to:

Gifts I bring to a group:

My Family's Health and Well-Being

Skills and resources I could use (e.g. transportation):

Skills and resources I could share (e.g. household repairs):

Community resources that I know about:

What I know well enough to teach:

Ways my family can handle problems:

My Child Feels Loved

How do I express my feelings to my child?

How do I show my child I am listening to their questions?

How does my family express love?

What does my family do for fun?



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

Safe Sleep **is** Simple

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

YES

Baby always sleeps in a smoke-free room

YES

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

YES

Baby has on only diaper, sleeper, & light blanket

YES

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

YES

Mattress is firm & fits close to the sides

Say **YES** to Safe Sleep

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

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SafeSoundBabies.com

Our Babies:
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TEAM

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