

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY



**Engaging Children's Learning
in the Kitchen**

**Physical Activity in Early Childhood
More Than Obesity Prevention**

Executive Editors:
 Deidre Craythorne
 Ginger Huffman
 Pam Roush
 Jackie Newson
 Patti Varner

Editor-in-Chief:
 Brooke Hunter

Associate Editor/Design and Layout:
 Michelle Tveten Rollyson

Contributors:

Liz Auvil, Glenna Bailey, Centers for Disease Control and Prevention, Help Me Grow, Amy Morrow, Jeanette Rowsey, Renee Stonebraker, WV Birth to Three, WV CHIP, Rebecca Wheeler, Brandon Williams

Group Publisher:

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; West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

Please refer to the following list to contact group publishers:

WV Department of Health & Human Resources/Bureau for Children and Families/Division of Early Care and Education
 350 Capitol Street, Charleston, WV 25301
 (304)558-1885
www.wvchildcare.org

WV Office of Maternal, Child & Family Health/
 WV Birth to Three System
 350 Capitol Street, Charleston, WV 25301
 (304)558-5388 • (800)642-8522
www.wvdhhr.org/birth23

WV Head Start State Collaboration Office
 350 Capitol Street, Charleston, WV 25301
 (304)558-4638

WV Department of Education/Office of Special Education
 1900 Kanawha Blvd., East, Charleston, WV 25305
 (304)558-2696 • (800)642-8541
<http://wvde.state.wv.us/ose/>

West Virginia Home Visitation Program
 350 Capitol Street, Room 427, Charleston, WV 25301
 (304)356-4408 • (800)642-8522
<https://www.wvdhhr.org/wvhomevisitation/>

Editorial Offices

WV Early Childhood Training Connections and Resources
 611 Seventh Avenue, Ste. 322, Huntington, WV 25701
 (304)529-7603 • (888)WVECTCR
 Fax: (304)529-2535
www.wvearlychildhood.org

Email: TCR@rvcds.org

Cover, design and photography may not be reproduced for professional use without prior written permission. No permission is required to excerpt or make copies of WVECPQ articles if used for training/educational purposes and if they are distributed at no cost. For questions concerning reproduction issues, contact the WVECTCR office.

The opinions expressed in the WV Early Childhood Provider Quarterly are not necessarily the opinions of any funding agency, advertiser or contributor. Contributions to the 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.



FEATURE ARTICLES

Kids in Motion..... 4

Mix it Up! Engaging Children's Learning
 in the Classroom..... 6-8

Preventing Childhood Obesity..... 10

Physical Activity in Early Childhood
 More than Obesity Prevention..... 12-14

HEALTH.....19-24

PROTECTIVE FACTORS.....26

PARENT BLOCKS NEWSLETTER.....27-30

“Making Every Connection Matter”

Come celebrate 20 years with us!

Celebrating Connections Conference

April 4-7, 2017 • Charleston, WV



Celebrating Success:

Kids in Motion

Submitted by Liz Auvil, Phil Cline Family YMCA

“Huntington has been awarded the dubious mantle of America’s fattest city, as new research found that the proportion of obese US citizens grew again last year to 27 percent.” The Telegraph reported an article in 2014 about the increasing rate of obesity across the area.

Kids in Motion was started in October 2013 as a pilot program to help children and families throughout the tri-state area get healthier. While tracking participants height, weight, and BMI along with a physical assessment (including an endurance run, a speed run, sit ups, push ups, and a flexibility test), children ages five to seventeen, some with their families, participated in fitness classes at the Huntington YMCA. The Kids in Motion studio is stacked with brand new exergaming equipment. The arcade like studio paved the way for many participants to reach goals they set at the beginning of each session.

Sarah Specht and her family started with Kids in Motion in October 2013 during the pilot program and have stayed with the program ever since. With their two children in tow, they made it to every class, every week and have since lost a total of 150 pounds as a family and now participate in many 5k races throughout the tri-state area. There are many success stories to come out of the program and at the end of each session participants get reassessed and measured again to see if there are any differences from the initial measurements.

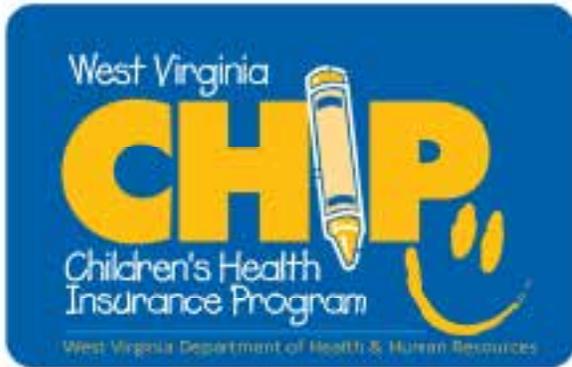


Participants not only have access to fitness classes but they also have access to Huntington’s Kitchen, a place started by Jamie Oliver during his trip to Huntington in 2009. Now run by Cabell Huntington Hospital and Marshall University, it is used for cooking lessons in every session of the Kids in Motion classes, Kid Fit, and Family Fit. For the participants that are working to lose weight, the cooking lessons are what they can benefit from the most, other than fitness class. Treating the inside of your body well is just as important as treating your muscles well.

With a 100 percent success rate for increasing at least one of five assessment categories, all participants will participate in a type of workout style that they are excited about.

Since not everyone is a runner, or a lifter, or a cardio junkie, Kids in Motion classes try to cater to every type of exercise so it becomes enjoyable. Trying to find the kind of exercise that you are happy about doing is trial and error. It is the job of the instructor to get excited for the children or families, to show them that exercise doesn’t have to be boring and tedious. Using a combination of running, weight lifting, cardio, and high intensity training gets the participants introduced to as much as possible in one session.

Having a diverse range of available classes has turned Kids in Motion into not only a weight loss program but a fitness program that has endless possibilities to what can be done to help participants find their way to a fun, fit lifestyle.



**Celebrating 15 years
of progress in children's
healthcare coverage
in West Virginia!**

**West Virginia now ranks
4th lowest in the nation for
children's uninsurance!**



**For more information about
WV CHIP, visit
www.chip.wv.gov**

1-800-318-2596

Mix it Up! Engaging Children’s Learning in the Kitchen

Submitted by Amy Morrow, M.A., TRAILS Early Childhood Training Specialist, Child Care Resource Center

How often do you integrate cooking activities? I hope this article will encourage you to share learning at the kitchen table more! Cooking activities are packed full of learning, skill development, and are opportune times of observation and building relationships with children.

Cooking is a highly motivating activity for both boys and girls as they partake in real life tasks and enjoy the yummy benefits. Children grow socially as they cooperate and share cooking duties while working toward the goal of their finished recipe. Not only are all the senses engaged, but children develop their fine and gross motor skills, and all developmental domains are integrated.

Young children need to eat nutritious foods because their bodies are rapidly growing. Many children receive between 50-70 percent of their daily calories in child care. It’s never too early to introduce and teach children about healthy foods and cooking!

Three tips to keep in mind during cooking activities:

1. Describe what you see children doing (“You put all the banana peels in one bowl. That will make clean up very easy!”)
2. Encourage children to think about and articulate their actions. (“You have been shaking that jar of cream for a long time, is anything happening?”)



3. Encourage deeper thinking by posing questions for children to analyze and solve. (“How does the strainer keep the lemon seeds from falling in the juice?”)

Cooking activities are great for building relationships with children and families. You can make paper chef hats, design aprons with old t-shirts, inspire a cooking activity with a children’s book, or make a class cookbook that includes family favorite recipes. Have fun and enjoy the tasty creations!

Here are some children’s books and resources about cooking that children will find interesting:

- “More Spaghetti I Say” by Rita Golden Gelman
- “Pots and Pans” by Anne Rockwell
- “Curious George and the Pizza” by Margaret and H.E. Rey
- “Mother Goose’s Kitchen” by Tammie Speer-Lyon
- “Pretend Soup & Other Real Recipes: A New Cookbook for Preschoolers & Up” by Mollie Katzen
- “Cook & Learn: Pictorial Single Portion Recipes, A Child’s Cook Book” by Beverly Veitch & Thelma Harms
- “Cooking is Cool: Heat-Free Recipes for Kids to Cook” by Marianne Dambra

Children enjoy cooking and can learn so much by helping create tasty treats!

Great Recipes to Try with Children

Pumpkin Pie

Ingredients for one serving

Mini graham cracker crust

- 1 spoonful of canned pumpkin
- 3 spoonfuls of vanilla pudding
- 1 spoonful of whipped topping

Directions: Stir the vanilla pudding and canned pumpkin together. Spoon the mixture into the mini graham cracker crust. Top with whipped topping.

Fruit and Veggie Insects

Apple Ladybugs: 1/2 apple, cream cheese, and raisins

Cucumber Caterpillars: small pickling cucumbers sliced lengthwise, children decorate with finely chopped veggies using dip or cream cheese as “glue”

Count-a-Snack

Ingredients:

5 kinds of snacks (Cheerios, Goldfish crackers, raisins, pretzels, mini-marshmallows, etc.)

5 index cards, pen, paper, plates, cups for kids

1. Write a different number between 1 and 10 on each card
2. Fold each card and prop it up next to a paper plate or bowl
3. Put a different snack on each plate.
4. Have children take from each plate the number of pieces indicated on the card and place into their snack cup.

Age-appropriate cooking tasks not only guide teachers in selecting appropriate tools, but introduces new skills and words to the children and prompts ideas of what kinds of age-appropriate recipes to use.

Two-Year-Olds

- scrubbing vegetables and fruits
- carrying unbreakable items to the table
- dipping foods
- washing and tearing lettuce and salad greens
- breaking bread into pieces

Three-Year-Olds

- pouring liquids into batter (you measure first)
- mixing batter or other dry and wet ingredients together
- shaking a drink in a closed container
- spreading butters or spreads
- kneading dough
- washing vegetables and fruit
- serving foods
- putting things in the trash after cooking or after a meal

Four-Year-Olds

- clearing the table after a meal
- sitting and stirring ingredients
- spooning batter into a pan or muffin tin
- kneading dough
- rolling cookie dough
- using cookie cutters
- spreading on toppings, such as grated cheese
- juicing oranges, lemons, and limes--peeling some fruits and vegetables (bananas and even onions)
- mashing soft fruits and vegetables
- scrubbing vegetables (potatoes, mushrooms)
- cutting soft foods with a plastic knife (mushrooms, hard-boiled eggs)

Five-Year-Olds

- pressing cookie cutters
- measuring dry ingredients
- cracking open/breaking eggs
- beating eggs with an egg beater
- setting the table
- wiping up after cooking



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

Preventing Childhood Obesity

Submitted by Renee Y. Stonebraker, RS, West Virginia Child Care Health Educator

In the United States, there were 12.7 million children and adolescents ages 2-19 that were obese in 2011-2012, according to the Centers for Disease Control and Prevention. A little over eight percent of 2- to 5-year-olds had obesity compared with 17.7 percent of 6- to 11-year-olds and 20.5 percent of 12- to 19-year-olds. The prevalence of obesity among children ages 2 to 5 years decreased significantly from 13.9 percent in 2003-2004 to 8.4 percent in 2011-2012.

Obesity is defined as your Body Mass Index or BMI being at or above the 95th percentile on a growth chart compared to children of the same age and gender. BMI is a measure used to determine childhood obesity and is based on weight in relation to height. Physical inactivity and poor diet can contribute to obesity, which leads to an increased risk for diabetes, high blood pressure, high cholesterol, asthma, arthritis, heart disease, sleep apnea, and social discrimination that may cause low self-esteem and depression.

There are many causes of childhood obesity:

- Unhealthy diet
- Lack of exercise
- Medication use and certain diseases
- Lack of information about healthy food choices
- Poor availability and affordability of healthy foods
- Increased portion sizes
- Environment in which children are conceived, born, and raised
- Eating used as a coping method



to deal with problems, stress, or boredom

- Availability of high-calorie, high-fat, high-sugar, and high-salt foods
- Urban areas offer fewer opportunities for physical activity
- Technology and computers
- Lack of breastfeeding support
- Advertising less healthy foods
- No safe and appealing place to play or be active
- Variations by state in licensure regulations among child care centers

Ways we can help prevent childhood obesity:

- Early initiation of breastfeeding within one hour of birth
- Exclusive breastfeeding for the first 6 months of life

- Introduction of complementary (solid) foods at 6 months together with continued breastfeeding up to two years of age or beyond
- Eat a healthy diet
- Follow MyPlate and proper portion sizes
- Be a good role model
- Limit screen time and sedentary time
- Limit high-fats and high-sugar foods
- Engage in regular physical activity

Caring for Our Children has published “Preventing Childhood Obesity in Early Care and Education Programs” as a guide for child care centers. It can be downloaded for free online at http://cfoc.nrckids.org/StandardView/SpcCol/Preventing_Childhood_Obesity. The book provides evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs.



West Virginia State Training And Registry System

ENROLL NOW

Now Offering Two Enrollment Options

Type of Applicant	Requirements	Benefits
Career Pathway Participant <i>*Required for Qualified Staff working in a Licensed Child Care Center</i>	<ul style="list-style-type: none">• Complete an Online or Paper Career Pathway Application• Attach a Copy of Resume indicating years of experience• Attach Education Documentation	<ul style="list-style-type: none">• View Professional Development Record Online• View/Print Training Certificate Online• Enroll in Training on the Training Calendar online• Awarded a Career Pathway Credential
Registry Participant	<ul style="list-style-type: none">• Complete an Online Application	<ul style="list-style-type: none">• View Professional Development Record Online• View/Print Training Certificate Online• Enroll in Training on the Training Calendar online

As of August 1, 2016 all Training Certificates will be awarded online through your WV STARS Registry Profile. Please note processing of application may take up to 30 days.

Go To wvstars.org Today To Enroll

West Virginia State Training and Registry System

611 7th Ave, Suite 322 Huntington, WV 25701

Phone: (304) 522-7827 Fax (304) 529-2535 Email: wvstars@rvcds.org

Physical Activity in Early Childhood More than Obesity Prevention

Submitted by Brandon Williams, Education Consultant, Early Childhood TLC

Adults are aware that physical activity should be a normal part of their lives for various health reasons. We are constantly hearing about “how much” physical activity we should have and how it reduces the risks of chronic disease. Childhood obesity statistics suggest this will be this first generation of children who will live shorter lives than their parents due to inactivity and poor diet. The topic of physical activity is often attached to obesity; however, there are several reasons why physical activity is important for young children in addition to leading a healthy lifestyle.

Early childhood is a time to connect the mind and body through movement.

Learning is the result of “taking-in” information and organizing it in a way that makes sense based on our previous experiences. Our sensory systems are the means by which we are able to “take-in” information. Our sensory systems need practice “taking-in” information, and our brain needs practice “receiving” these messages. An old Schoolhouse Rock video titled “The Nervous System” does a great job of explaining the process: “Telegrams come in to tell what’s happening to you, and telegrams go out to tell your body what to do.” This sentence provides a brief explanation for how 80 percent of our brain is developed by the age of three.

We are all aware of the five sensory systems: hearing, touch, sight, taste, and smell. However, there is another sensory system that is often overlooked. This is the vestibular system, which is located in the inner-ear. Along with our sense of touch, this is the system that tells us where we are in space at all times. There is a lot more to the vestibular system than just “balance.” This system is also connected to eye movement, auditory processing, and speech. The vestibular system is critical to movement and learning. Without this system, children wouldn’t be able to move around and explore the environment to help stimulate the other sensory organs.

Movement is also critical for connecting the two sides of the brain. The right side of the brain controls the left side of the body, and the left side of the brain controls the right side of the body. Whenever we use both sides of the body, we use both sides of the brain. The simple task of crawling involves very complex central nervous system processing. Each side of the brain is telling the body to do something different at the same time.

Children learn by doing.

Children acquire vocabulary words about their bodies and the movements they make. Pre-school is a great time to facilitate songs, finger-plays, and movement games that involve

positional and spatial concepts. Simple songs like “We’re Going on a Bear Hunt,” allow children to experience movement concepts with their bodies, and thus, internalize the meaning of these words. It is imperative for directional and spatial concepts to be “automated” by the time a child enters grade school. For example, a first grader should “automatically” write his name at the top of the paper when instructed to do so. If he has to “think” about this action, he is unable to process the next set of directions and becomes lost. Movement skills and concepts become “automated” through repetitious practice. Many adults follow the words of a book with their finger as they read to children. This simple task provides the eyes with much needed practice for left-to-right eye tracking. This helps to “automate” this critical reading skill.

Stress Mode vs Learning Mode

Physical activity is something many of us use to de-stress ourselves. We simply feel more calm and relaxed once we are able to alleviate the stress from our daily lives through physical activity. Young children are typically in either “learning mode” or “stress mode.” If a child woke up to the sound of arguing parents before coming to school, odds are that child is in “stress mode.” Learning is going to be very difficult if this child’s mind is still occupied by what went on at home that morning. Many preschools begin their daily routine with some type of song during morning circle time. I recommend a song or activity that is intense enough to elevate the heart rate and increase breathing. This type of activity helps de-stress children, so they are able to redirect their minds away from the stress source. Starting the day off with some type of physical activity provides all children a chance to “de-stress.” Laughter is a sign that a child is “de-stressed” and ready to learn.

Physical activity provides fuel to the brain.

Similar to your car needing gasoline, your brain needs oxygen to properly function. Physical activity increases blood flow and breathing, thus supplying your brain with the fuel it needs. Providing movement opportunities throughout the day helps keep children attentive and focused.

Children can expend a lot of energy in a short amount of time; this is often a result of showing us how “fast” or “strong” they are. Young children are designed for brief bouts of physical activity. They get tired pretty quickly, but they recover fast; it’s not long before they are ready for another round of activity. This is something caregivers need to keep in mind by planning short bouts of physical activity throughout the day. It is recommended that children receiving “full-day care” experience one-hour of active play-time with an adult play partner. This sounds like a lot, but the accumulation of activity time adds-up at the end of each day.

Basic fundamental motor skills provide a foundation for learning sports skills.

We don’t expect preschoolers to be able to read by the time they leave preschool. Our goal is

to provide children with a solid “foundation,” so they will be reading in the not too distant future. We can think of “motor skills” in the same sense. Early childhood is a great time to practice fundamental motor skills, such as: jumping, hopping, sliding, galloping, skipping, throwing, kicking, etc. Children are better equipped for learning “sport specific skills” when they have a solid movement foundation. For example, a child who has mastered the skills of sliding and striking will be better equipped for learning the specific skills involved in tennis. On the other hand, if a child never learns the skill of throwing, odds are he or she is not going to participate in any sports or leisure activities that require that skill.

Physical activity is more than obesity prevention.

The early years can be very impactful from an academic and lifestyle perspective. Physical activity is important from an “obesity prevention” perspective, but let’s not forget how critical movement is for overall child development. Young children are proud of what they can do with their bodies, and they are eager to show us while saying, “Look what I can do!” I personally believe that early childhood should be fun for both children and adults. Making physical activity a regular part of your daily routine is one way to ensure that.

To contact Brandon for trainings, please email earlychildhoodtlc@gmail.com.

(304) 634-4806



West Virginia

Family Child Care Association Inc.

A non-profit organization

Working to make a difference in the life of a child

It's Conference Time Again!!

We have invited all of the key licensing departments to come and explain all of the changes that will be taking place with our new regulations. There will also be a question and answer time for each speaker. We are so excited to have all of the professionals that we work with in the same room discussing West Virginia's bright future. Please make plans to be there and hear this vital information!

Location: Cabell County Public Library

Date: November 19, 2016

Address: 455 Ninth Street, Huntington, WV 25701

RSVP: (304)634-4806 or email: wvfamilychildcare@yahoo.com

Cost: Free to members (fees are reimbursable through your R&R Health & Safety Grant)

Lunch: Free

Credit: STARS Registered and Tier II approved

Perks: Door prizes and CASH GRANTS handed out at the conference!!!!

We look forward to seeing you at the conference!!

Reserve your seat today!

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?

- 😊 Age - Children under 19.
- 😊 Income - Qualifying income is based on your Modified Adjusted Gross Income (MAGI) shown on line 837 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	\$24,030	\$33,803	\$48,060
3	\$30,240	\$42,538	\$60,480
4	\$36,450	\$51,273	\$72,900
5	\$42,660	\$60,009	\$85,320



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

**For more information about
WV CHIP, visit
www.chip.wv.gov**

1-800-318-2596

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.

3 REASONS

GOOD INFANT MENTAL HEALTH MATTERS



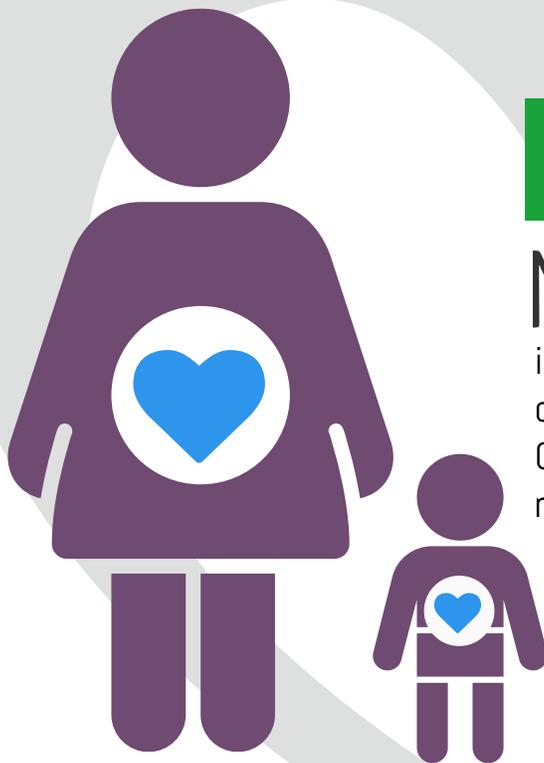
We have a shared stake **to make sure babies develop sturdy brain architecture**, because this foundation supports a lifetime of learning and productive participation in society. A reliable caregiver who is responsive to a baby's needs is the base for secure attachment, which allows an infant to explore and learn.



Toxic stress from broken caregiver-infant relationships can push a baby's stress hormones into overdrive. When constantly present, these hormones disrupt brain and physical development. And babies can't learn if their brains and bodies are working against them. **The antidote to toxic stress?** Affection and protection by a nurturing caregiver.



Secure attachment is a fundamental building block of social function. Children need relationships with sensitive caregivers to self-regulate, get along with others, solve problems, and be productive -- the basis for civic and economic prosperity.



INFANT MENTAL HEALTH

is the optimal social, emotional, and cognitive well-being of children ages 0 to 3, developed by secure and stable relationships with nurturing caregivers.



West Virginia Infant/Toddler
Mental Health Association

Supporting the social and emotional well-being of children

304.697.0876 | nurturingwvbabies.org



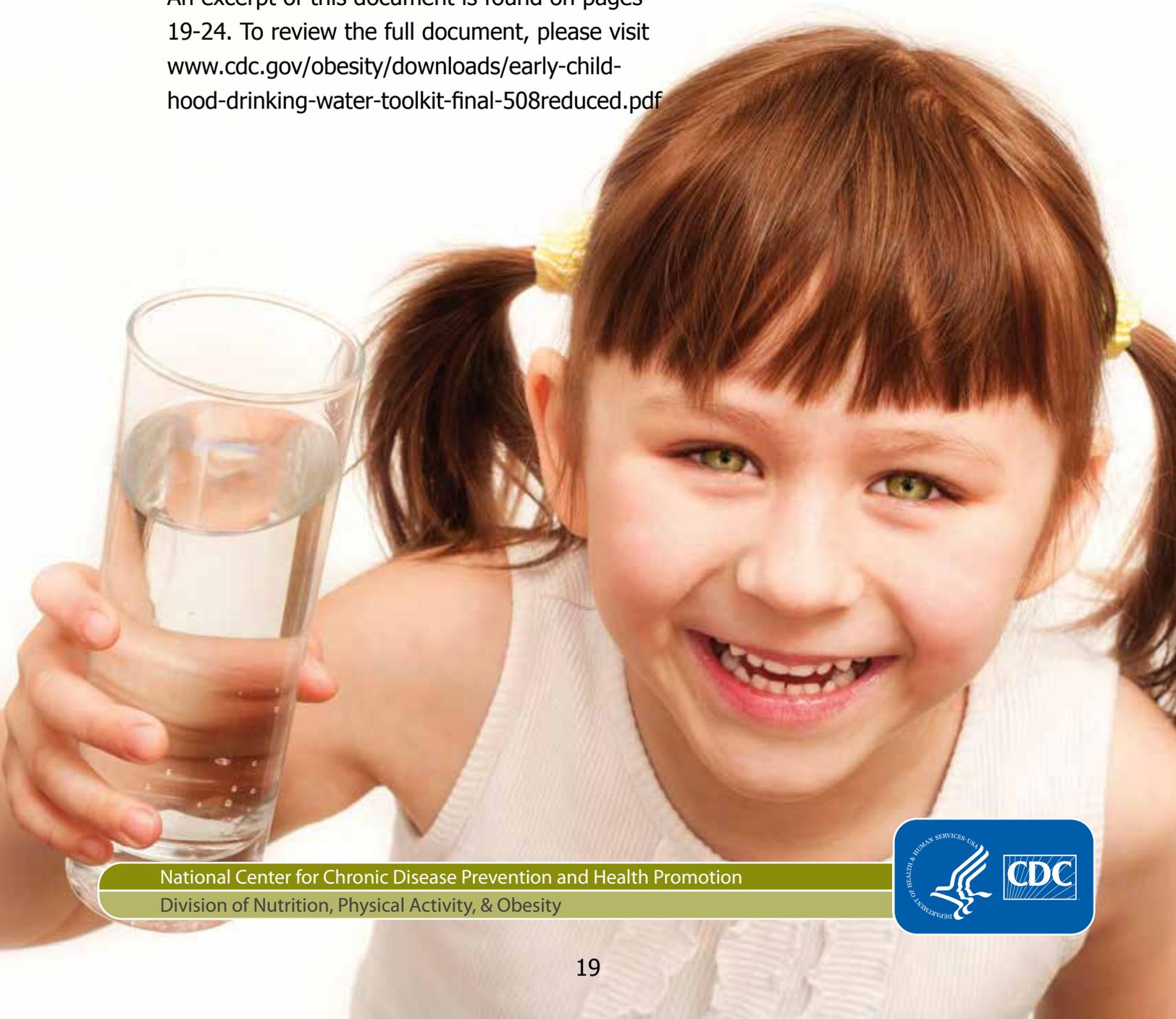
West Virginia Infant/Toddler Mental Health Association is a member of the

**Alliance for the Advancement of
Infant Mental Health**

mi-aimh.org/alliance

Increasing Access to Drinking Water and Other Healthier Beverages in Early Care and Education Settings

An excerpt of this document is found on pages 19-24. To review the full document, please visit www.cdc.gov/obesity/downloads/early-childhood-drinking-water-toolkit-final-508reduced.pdf



National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, & Obesity

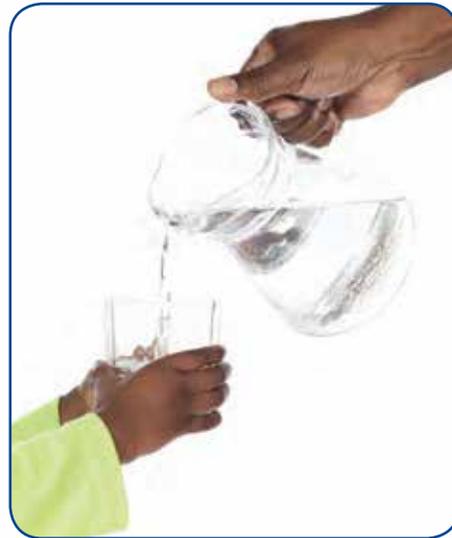


Why Provide Access to Drinking Water in Early Care and Education Settings?

Beverages contribute to the quality of children's diets. In addition, children often continue their early diet habits into adulthood.¹ Because of these factors, teaching young children to have a healthy diet is a priority. Many children in the United States participate in early care and education (ECE) programs before starting kindergarten. About 70% of 4- and 5-year-old children and 43% of 3-year-old children attend ECE centers.² Because of their potential to reach so many young children, ECE settings are good places to teach them healthy eating behaviors.

The United States is having an epidemic of obesity. Unfortunately, even some of our youngest children are affected and, currently, nearly one of four children 2–5 years of age is overweight or obese.³ Beverages can be a large source of calories for preschool children.⁴ Drinking too much soda, sports drinks, and fruit-flavored drinks can lead children to take in excess calories and added sugars.

In contrast, tap water is a low cost, calorie-free drink. Drinking tap water can reduce added sugars and extra calories when it is served to children instead of sugary drinks and excess juice.⁵ Tap water also helps to hydrate children's growing bodies, and fluoridated tap water can help prevent cavities.⁶



Water Access Requirements and Recommendations

The federal Healthy, Hunger-Free Kids Act of 2010 established a requirement to make water available to children at child care centers and family child care homes participating in the Child and Adult Care Food Program (CACFP).⁷ Specifically, the act requires centers and homes to make water available to children throughout the day, including at meal times and upon children's requests. It is important to note that, although water is not a component of a reimbursable meal, it can be served during meals and snacks along with milk and other healthier beverages. However, plain water should not be given to infants younger than 6 months of age, according to expert recommendations published in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs*, 3rd edition (*Caring for Our Children*).⁸

In addition to federal law, many states have separate licensing regulations on water in ECE settings. As of 2013, ECE licensing regulations in 30 states required all licensed providers to make drinking water available to children whether they were inside or outside the building.⁹ In many states, CACFP nutrition requirements apply to non-CACFP centers and family child care homes as well.

The importance of drinking water is highlighted in many dietary recommendations. The *Dietary Guidelines for Americans, 2010* recommends that Americans “reduce the intake of calories from solid fats and added sugars.”¹⁰ Replacing sugary drinks with water is a good way to reduce children’s intake of added sugars. Ready access to drinking water throughout the day, both indoors and outdoors, is a recommended ECE standard included in the third edition of *Caring for Our Children*.¹⁰ The First Lady’s Let’s Move! Child Care initiative also features a recommendation that drinking water be visible and available inside and outside for self-service throughout the day.¹¹

Drinking Water Quality and Water Testing

Ensuring the quality and safety of the water you serve to the children in your care is important. You should be aware of the regulations and performance standards regarding the testing of drinking water in ECE facilities in your locality. These regulations and standards differ, depending on whether you receive water from a municipal water utility or from a private well.

If Your Facility Gets Water from a Municipal Water Utility...

The United States has one of the safest drinking water supplies in the world.¹² If your facility gets water from a water utility, then the water you receive is tested regularly according to Environmental Protection Agency (EPA) standards. Contact your local water utility for the most recent water quality report.

Though tap water is tested before it enters the water system, it can sometimes become contaminated by lead, copper, or other contaminants from pipes and plumbing fixtures.¹² These contaminants may make water unhealthy to drink, particularly for young children.¹² For this reason, *Caring for Our Children* recommends that drinking water be tested with the assistance of the local health authority or state drinking water program to determine whether lead and copper levels are safe.⁸ *Caring for Our Children* also recommends that you keep copies of water testing reports on file for parents and regulators to see.⁸



Please see the following EPA report for more information on ways to ensure that your tap water is safe:

- *Drinking Water Best Management Practices: For Schools and Child Care Facilities Served by Municipal Water Systems*
<http://water.epa.gov/infrastructure/drinkingwater/schools/upload/epa816b13002.pdf>

More general information on tap water can also be found in the EPA report:

- *Water on Tap: What You Need to Know*
<http://water.epa.gov/drink/guide/index.cfm>

If Your Facility Uses Private Well Water...

If your facility obtains drinking water from a private well, there may be state regulations regarding water testing and water quality. *Caring for Our Children* recommends that ECE programs using private well water test the water every year or as required by the local health department to ensure the water is safe.⁸

Please see the following EPA report for more information on ways to ensure that your tap water is safe:

- *Drinking Water Best Management Practices: For Schools and Child Care Facilities with Their Own Drinking Water Source*
<http://water.epa.gov/infrastructure/drinkingwater/schools/upload/epa816b13001.pdf>

Milk, Juice, and Other Beverages

While the focus of this guide is on drinking water, other beverages such as milk and juice provide important nutrients to children in ECE settings. There are different requirements and recommendations regarding water, juice, milk, and sugary drinks that can vary according to the age of the child. ECE facilities that receive reimbursement from CACFP must follow nutrition standards on food and drinks served to children (<http://www.fns.usda.gov/cacfp/meals-and-snacks>).

Milk

Facilities obtaining CACFP meal reimbursement are required to provide toddlers 2 years of age and older 1% or skim milk, or equivalent non-dairy milk, at breakfast, lunch, and supper (dinner). It is recommended that toddlers 1 year of age be served whole milk. Water cannot replace required milk in the CACFP meal pattern, but water can be served at the table with milk at meals and snack times. Outside of meals and snack times, plain water should always be available as the default beverage for children.

Juice

Full-strength 100% juice can be served to satisfy the fruit and vegetable requirements of the CACFP child meal pattern. Juice can count as the fruit/vegetable component for breakfast or snack and as one of the two servings of fruit or vegetables required during both lunch and supper.¹³ CACFP does not currently limit the serving size of juice that can be served to children or the total amount of juice that can be served to children during the day.



However, some state agencies have stricter requirements and only allow a certain amount of juice either per day or per week. *Caring for Our Children* recommends that juice be limited to 4–6 oz per day for children 1 year to 6 years of age.⁸ This includes juice consumed at home. Regarding infants, *Caring for Our Children* also recommends that ECE providers do not give any fruit juice to infants younger than 12 months of age, and instead serve mashed or pureed fruit to infants 7 months to 1 year of age.⁸

Why Limit Juice to 4–6 oz per Day for Children 1 Year to 6 Years of Age?

Even though juice contains important nutrients, a serving of juice usually contains more calories than a serving of whole fruits or vegetables. For example, a half cup (4 fluid oz) of apple slices contains 28 calories.¹⁴ A half cup of apple juice contains 58 calories,¹⁴ more than twice the calories of the apple slices! Serving children more juice than the recommended amount can result in children taking in extra calories and potentially becoming overweight or obese.¹⁰

To avoid having children drink too much juice, consider serving whole fruits or vegetables instead; doing this will satisfy the CACFP fruit and vegetable requirements. Whole fruit is more nutritious than fruit juice because it provides dietary fiber. In addition, though juices contain more calories, they do not make children feel as full as whole fruits.¹⁵ When you serve whole fruit or vegetables as part of a snack, water can be served as the snack drink. However, plain water should not be served to children younger than 6 months of age.



Juice Drinks and Other Sugary Drinks

Both Let's Move! Child Care and *Caring for Our Children* recommend that sugary drinks not be served in ECE settings.^{8,11} These drinks include fruit drinks or juice drinks that are not 100% juice, sports drinks, sweet tea, flavored milk, or soda.

Fruit drinks usually contain very little real juice and large amounts of added sugar. As of 2013, 30 states have regulations that prohibit serving juice that is not 100% juice in all licensed ECE settings.⁹ Unfortunately, it is not always easy to tell the difference between 100% juice and sugar-sweetened juice drinks based on the product name or packaging. For example, many products labeled as providing “100% Vitamin C” are not 100% juice. Carefully read the nutrition labels and ingredient lists on juices to be sure they are 100% juice before serving to children. See page 42, “Be a 100% Juice Detective,” for sample nutrition labels showing what to look for when selecting juice.

References

1. Craigie AM, Lake AA, Kelly SA, Adamson AJ, Mathers JC. Tracking of obesity-related behaviours from childhood to adulthood: a systematic review. *Maturitas*. 2011;70(3):66-284.
2. Laughlin L. *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. Washington, DC: US Census Bureau; 2013.
3. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*. 2014;311(8):806-814.
4. Wang YC, Bleich SN, Gortmaker SL. Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988-2004. *Pediatrics*. 2008;121(6):e1604-e1614.
5. Wang YC, Ludwig DS, Sonneville K, Gortmaker SL. Impact of change in sweetened caloric beverage consumption on energy intake among children and adolescents. *Arch Pediatr Adolesc Med*. 2009;163(4):336-343.
6. Featherstone JD. Prevention and reversal of dental caries: role of low level fluoride. *Community Dent Oral Epidemiol*. 1999;27(1):31-40.
7. Healthy Hunger-Free Kids Act of 2010, Public Law 111-296, 111th Cong, 2010. http://www.fns.usda.gov/cnd/Governance/Legislation/CNR_2010.htm. Accessed July 21, 2014.
8. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association; 2011.
9. National Resource Center for Health and Safety in Child Care and Early Education. *Achieving a State of Healthy Weight: 2013 Supplement*. Aurora, CO: University of Colorado Denver; 2014. <http://nrckids.org/index.cfm/products/achieving-a-state-of-healthy-weight1/>. Accessed August 5, 2014.
10. US Department of Agriculture, US Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th ed. Washington, DC: US Government Printing Office; 2010. <http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf>. Accessed July 21, 2014.
11. Let's Move! Child Care. Let's Move initiative for early care and education website. <http://www.healthykidshealthyfuture.org/home/welcome.html>. Accessed July 21, 2014.
12. Environmental Protection Agency. *Water on Tap: What You Need to Know*. Washington, DC: US Environmental Protection Agency; 2009. <http://water.epa.gov/drink/guide>. Accessed July 21, 2014.
13. US Department of Agriculture. *Crediting Handbook for the Child and Adult Care Food Program*. Washington, DC: US Department of Agriculture, Food and Nutrition Service; 2014. http://www.fns.usda.gov/sites/default/files/CACFP_creditinghandbook.pdf. Accessed July 21, 2014.
14. US Department of Agriculture. National Nutrient Database for Standard Reference. Agricultural Research Service National Agricultural Library website. <http://ndb.nal.usda.gov>. Accessed July 21, 2014.
15. Flood-Obbagy JE, Rolls BJ. The effect of fruit in different forms on energy intake and satiety at a meal. *Appetite*. 2009;52(2):416-422.
16. Gartner LM, Morton J, Lawrence RA, et al.; American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics*. 2005;115:496-506.

Reprinted from Centers for Disease Control and Prevention, www.cdc.gov/obesity/downloads/early-childhood-drinking-water-toolkit-final-508reduced.pdf

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!



We All Help

child & family well-being

“Take Root”

when we all support the
5 Protective Factors

1. Social Connections

Positive relationships that provide emotional, informational, instrumental and spiritual support

2. Parental Resilience

Tools for managing stress and functioning well when faced with challenges and adversity

3. Knowledge of Parenting and Child Development

Strategies that support physical, cognitive, language, social and emotional growth

4. Concrete Support in Times of Need

Access to support and services that address immediate family needs and reduce family stress

5. Social & Emotional Competence of Children

Interactions that help children develop the ability to communicate clearly, recognize & regulate their emotions, and establish & maintain healthy relationships

through simple **Everyday Actions**

Learn How Today! 26

Go to www.strengtheningfamilieswv.org

Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"
Volume 13, Issue 4, Fall 2016

Nutrition and Movement: Keeping Kids Healthy

Children develop their attitudes, beliefs, and eating habits from other people: parents, child care providers, older siblings, and other caregivers. Children are eager to please, curious, alert, and anxious to grow up, and they often want to imitate what adults and older siblings do. Intentional or

not, role modeling is a powerful tool for helping children learn about healthful eating and active living.

During the pre-school years, young children grow at an amazing rate physically, emotionally, socially, and intellectually. Healthful eating, in addition to an

environment that supports their social, mental, and emotional growth, is essential in this process. It is important that young children get the same respect as adults for their food preferences.

Learning to be a good eater means knowing when hunger has been satisfied. By paying attention to their bodies, children learn to eat the right amount without overeating. A child naturally knows how much to eat, unless urged to eat more. It's up to children to choose how much to eat from what is offered. It's up to adults to decide what foods to offer children and when.

Active play is the work of childhood. At least 60 minutes of physical activity on most days helps children in many ways. Vigorous exercise helps develop motor skills, increase strength and endurance, relieves stress, and promotes learning, self-assurance, and good health.

*Reprinted from Nibbles for Health, USDA,
Food and Nutrition Service*

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; West Virginia Department of Education/Office of Special Education; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

Permission to photocopy

How to Choose Internet Sites for Health Care Information

Submitted by Glenna Bailey, RN, West Virginia Nurse Health Consultant

In the past ten years or so, the Internet has changed the way we obtain information. With the use of search engines such as Google, the amount of information available to use within seconds is mind boggling. Obtaining information about health care is no exception. However, when searching for health care information, we should have confidence that the information is accurate and up-to-date. Unfortunately, sites can offer information that can be inaccurate at best, and dangerous at worst.

Here is some criteria that you should use when using the Internet to answer some of your health care questions.

First of all, use a source that already has a good reputation. These might include major hospitals such as the Mayo Clinic (www.mayoclinic.com) or Children's Hospital in Boston (www.childrenshospital.org).

National professional organizations are also good sites. The American Academy of Pediatrics has a very useful web site called Healthy Children (www.healthychildren.org). Here you can find information about medical conditions, healthy living, vaccinations, child safety, and more. WebMD (www.webmd.com) is also an excellent



site that includes information about medications, medical conditions, healthy living, and even a section about pet health.

If you are looking for information about a specific disease or condition, look to professional advocacy sites. These might include allergy information from Kids with Food Allergies (www.kidswith-foodallergies.org) or the American Diabetic Association (www.diabetes.org).

Government sites such as the Centers for Disease Control (www.cdc.gov) or the Department of Health and Human Services (www.healthfinder.gov) are also reliable sources of information. With the flu season coming up, the CDC site in particular is an excellent source of up-to-date information about outbreaks and prevention.

It is important to remember that using the Internet for health care information is not a substitution for medical advice from the child's own health care provider. It should be used ONLY as a resource to better educate, to supplement information, and help to have a better understanding about issues relating to children's health.

Does My Child Have a **Weight** Problem?

Your child counts on you to learn how to enjoy food and eat in a healthful way. Your child's attitude about eating sets the stage for a healthy weight throughout life!



You Can Help Your Child to a Healthy Weight

- Help your child accept the body he or she was born with.** Pressuring your child to look or be different is not healthy. Give yourself a hug – and say, “I like myself, too!”
- Make meals and snacks calm and pleasant!** That is the best way to encourage normal eating.
- Give your child a chance to know the signals for hunger and feeling full.** That way, your child will be able to control how much he or she eats.
- Keep fruits, vegetables, and other low-calorie foods handy.** Skip the urge to keep a lot of candy, chips, or soda around.
- Enjoy your child “in motion.”** When your child runs, jumps, and plays actively (in a safe place), that is great. Join in when you can. Moving more and sitting less is a healthful habit to learn. Inactivity appears to be a major reason for weight problems.
- Do all you can to build your child's self-esteem.** A positive attitude about himself or herself helps your child eat in a normal and healthful way.

You can achieve or keep your own healthy weight in these same ways. Remember, your child will follow your example. What you do (not only what you say) is your child's best teacher!

Does My Child Have a **Weight** Problem?

Your child may be normal, not fat.

If you are concerned about your child's weight, consider this:

- Your child may gain weight before a growth spurt. That is normal. If you are still concerned, ask for advice from your health care provider.
- Many kids slim down (maybe outgrow a chubby stage), as they get older. Did you? That may be a clue to your child's future weight and body size.

If you suspect a weight problem:

Get help. Talk to your child's health care provider right away. There is usually a reason for a weight problem. The longer you wait, the greater the risk for weight problems in the teen and adult years.

Growth charts from regular exams help your health care professional see if your child's weight and height stay within healthy ranges. Your child counts on you to get advice from experts.

If your child is overweight:

Weight loss dieting is not a healthy approach. Instead help your overweight child grow into his or her current weight.

Withholding food isn't right for kids.

(Dieting is not right for most children either.)

- Your child might not get enough food energy and nutrients to grow properly, learn, and play.
- Your child may learn to sneak food when you are not watching.
- Kids feel bad about themselves when they are treated differently. That feeling may turn to anger, stress, or overeating.
- Your child will not learn to control how much he or she eats if you decide what enough is – or if you push your child to eat less.

