

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

A photograph of two young children, a boy and a girl, playing in a field of autumn leaves. The boy is on the left, wearing a dark puffer jacket and blue pants, looking down at the girl. The girl is on the right, wearing a teal puffer jacket and a colorful patterned scarf, holding a large yellow leaf. The background is a soft-focus field of trees with vibrant autumn foliage in shades of orange, yellow, and red.

Early Childhood Quality Evaluators

**The Power of Positive Experiences:
Balancing ACEs with HOPE**

Breastfeeding Friendly Child Care Designation

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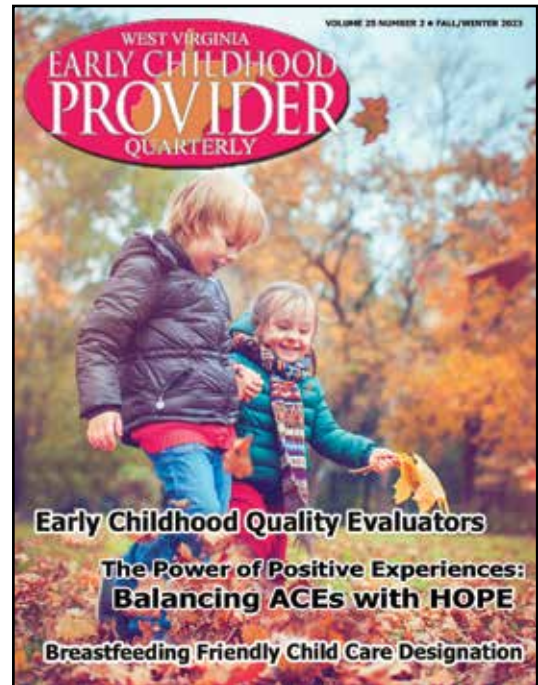
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Breastfeeding Friendly Child Care Designation

Submitted by Samantha Davenport, Infant Toddler Specialist



The American Academy of Pediatrics (AAP) recommends that infants exclusively receive breastmilk for the first six months of life. Parents are also encouraged to continue breastfeeding after solid foods have been introduced for as long as the parent and child desire. Why does the AAP make these recommendations? The benefits to breastfeeding are numerous for the infant and the breastfeeding parent.

Breastmilk provides the best nutrition for infants, and changes based on the child's nutrition needs. Breastfeeding is convenient and free, perhaps helping to reduce the many expenses of adding a new child to the family. Nursing also provides comfort to a child who is upset, teething, needs to feel close to their caregiver, or needs comfort for many other reasons. The physical contact and one-on-one time during breastfeeding helps to deepen the bond between parent and child.

Infants have sensitive digestive systems and formula can sometimes be hard on them. Breastmilk is easier to digest, typically causing less digestive upset. Breastfeeding provides the child with antibodies from the

nursing parent, thus boosting their immune system. Infants who are exclusively breastfed also have a lower risk of several illnesses such as obesity, asthma, type 1 diabetes, and ear infections, as well as many other common childhood ailments. Babies who breastfeed can also have a reduced risk for Sudden Infant Death Syndrome (SIDS).

Nursing provides many health benefits to the breastfeeding parent as well. Breastfeeding can release hormones to help the uterus return to its pre-pregnancy size more quickly following birth. Parents who breastfeed have lower risks of type 2 diabetes and high blood pressure. They are also at lower risk of developing breast and ovarian cancer.

Due to all of these benefits and more, there is a current push to increase the number of babies who are exclusively breastfed for the first 6 months in the United States. According to the Trust for America's Health, in 2021 40.6 percent of adults in West Virginia suffered from obesity. Since breastfeeding helps to prevent obesity, it stands to reason that efforts should focus on making sure that families know the benefits of and are supported to breastfeed for at least the first 6 months of infancy, and longer if they so choose. Child care programs are a logical place to aid in these efforts.

Many families choose to stop breastfeeding upon returning to work due to the challenges of having their infants in child care. This is where the Breastfeeding Friendly Child Care Designation comes into play. The West Virginia Department of Health and Human Resources, Division of Early Care and Education (ECE) offers the designation through the six Child Care Resource & Referral agencies in the state. The initiative is designed to assist child care programs in setting up a comfortable, private area for breastfeeding parents to nurse their children at the program.

Child care programs are encouraged to apply for the Breastfeeding Friendly Child Care Designation (BFCCD) by going to the West Virginia Infant/Toddler Specialist Network's website www.wvvit.org. There are detailed instructions for how to apply for the program. Once the application is approved, the program administrator will be contacted by one of the Infant Toddler Specialists from their local Resource & Referral agency. The Infant Toddler Specialist, along with Child Care Nurse Health Consultants and Child Care Health Educators will assist the program in working through the ten steps to complete the designation. The Infant Toddler Specialists are also available to assist with resources to set up the breastfeeding area. As

part of this initiative, providers will attend trainings geared toward supporting breastfeeding families, helping to improve the quality of care in their program. Upon completing the initiative, programs will receive a certificate noting their dedication to providing support to breastfeeding families, as well as a one time stipend for all of their hard work. The BFCCD is good for three years and then the providers must complete additional training and other steps to continue to qualify for the designation.

Achieving the Breastfeeding Friendly Child Care Designation shows dedication and support to the breastfeeding families and children of the community. It helps to ease the transition from home to work and child care for families, which helps to improve the quality of care. This can also affect staff recruitment and retention in a positive way, showing that nursing staff will be supported.

For more information, please visit www.wvvit.org, or contact an Infant Toddler Specialist at your local Resource & Referral agency.



WEST VIRGINIA EARLY CHILDHOOD

Training
CONNECTIONS
AND RESOURCES

Financial Support For Training Opportunities



We have funds available to:

- Bring Early Childhood Training to Your Community
- Assist with State Early Childhood Conferences

CONTACT INFORMATION

(304) 529-7603
1-888-WVECTCR
tcr@rvcds.org

If you are involved in an early childhood collaborative team, we have funds available, per county, to assist your team with costs associated with early childhood trainings.

We also have grants available to assist with early childhood conferences statewide.

APPLICATION INFORMATION



www.wvearlychildhood.org



This program is being presented with financial assistance as a grant from the WV Department for Health and Human Resources and is administered by WV Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.

What Can a Child Care Health Educator Do for You?



The West Virginia Child Care Health Educator (CCHE) program has been in operation since 2015 and was designed to support child care providers by providing trainings on health, safety, and nutrition.

What are Child Care Health Educators?

Child Care Health Educators are great resources for free WV STARS approved trainings, educational handouts, and information regarding health, safety, and nutrition guidelines. They are educated individuals on health, safety, and nutrition topics as they relate to child care.

How can Child Care Health Educators assist early childhood programs?

Child Care Health Educators focus on providing the most up-to-date information on health, safety, and nutrition topics to child care providers to improve the overall health of the child. They can provide trainings, handouts, recipe ideas, or advice on many health-related topics. They have very flexible schedules and can work with you to schedule trainings at your center. Trainings can be provided in person or online.

Popular topic ideas for trainings include:

- Oral Health
- Safe Sleep Practices
- Let's Make a Menu
- Understanding Special Dietary Needs
- Let's Move
- Indoor / Outdoor Safety
- Picky Eaters
- Beans...More Than Just Cute Songs
- Being a Good Role Model
- Breastfeeding Basics
- Bed Bugs and Beyond
- All that Sugar and Fat
- Stress Management
- New Recipe Ideas 1
- New Recipe Ideas 2
- Planting Seeds for Healthy Eating
- Identifying Environmental Hazards 1
- Identifying Environmental Hazards 2

How can you contact a Child Care Health Educator?

Renee Y. Stonebraker, RS

Serving the Child Care Resource and Referral Agencies in the northern part of the state including *Choice, Child Care Resource Center, and MountainHeart North.*

Bruceston Mills, WV 26525

Call/Text: 304-710-9695

Email rstonebraker@rvcds.org

Harmony Vance

Serving Child Care Resource and Referral Agencies in the southern part of the state including *Link, Connect, and MountainHeart South.*

Huntington, WV 25701

Phone: 304-529-7603 ext. 3437

Call/Text: 304-690-5826

Email: hvance@rvcds.org

Contact the Child Care Health Educator in your region to request trainings and/or information on topics relating to health, safety, and nutrition in the child care setting.

For more information, visit us online at:

http://wvearlychildhood.org/Child_Care_Health_Educators.html

Like us on Facebook: <https://www.facebook.com/WVChildCareHealthEducators/>

The CCHE program and its services are provided as a grant from WV Department of Health and Human Resource Bureau for Children and Families/ Office of Early Care and Education and is administered by West Virginia Early Childhood Training Connections and Resources (WVECTCR), a program of River Valley Child Development Services (RVCDS)

Early Childhood Quality Evaluators

Submitted by Erica Fetty, Early Childhood Quality Evaluator



The Early Childhood Quality Evaluators are employed by West Virginia Early Childhood Training Connections and Resources, a program operated by River Valley Child Development Services. In March 2019, the Evaluator Team began completing ITERS-3 (Infant Toddler Environment Rating Scale – Third Edition) and ECERS-3 (Early Childhood Environment Rating Scale – Third Edition) across the state of West Virginia. In late 2022, the Evaluator Team began completing assessments on School Age and Family Child Care programs as well, using the relevant tools (SACERS-U and FCCERS-3).

The purpose of conducting the initial assessment is to establish baseline data on current child care center classrooms in West Virginia. This will allow the Division of Early Care and Education the ability to evaluate and build the capacity of high-quality child care. Establishing a baseline will provide a stan-

dard against which we will measure any changes implemented by child care centers. The initial baseline data will not be shared with centers. These assessments are required, as written in the provider agreement.

The Evaluator Team has been completing assessments for nearly four years. We are nearing the end of the baseline for ITERS-3 and ECERS-3 assessments and will soon begin Phase Two. This phase will look slightly different, as not every classroom will be assessed. Information from these assessments may be shared with the Child Care Resource and Referral agency, who may choose to share those results with each center. The Evaluator Team will not be able to answer any questions or provide any feedback directly to the center. While Phase Two is underway, baseline data will continue to be collected on School Age Programs and in Family Child Care Homes and Facilities.

The Environmental Rating Scales (ERS) focus on the typical daily experiences of children in early childhood and school age settings. The assessment considers how teacher engagement, the spaces and equipment used by the children, accessible play materials, and children's activities combine to enhance learning. Each scale is scored similarly on a scale of one to seven. The scales consider:

- Space and furnishings
- Personal care routines
- Language and books
- Activities
- Interaction
- Program structure

Each assessment takes three hours to complete. No interview is needed in the ITERS-3, FCCERS-3, or ECERS-3 scales. These assessments are scored based strictly on observation. SACERS-U does require a teacher interview. The assessment itself can last up to three hours. For more information on the Environmental Rating Scales, please visit <https://www.ersi.info//>.

The Environmental Rating Scales are simply a tool that is being used in West Virginia (and many other states and countries) to help measure the quality of early childhood education. The goal is ultimately great child care for every West Virginia child. Thank you for your role in helping to provide high quality child care in West Virginia.

“The goal is
ultimately
great child
care for
every West
Virginia
child.”

Early Care Share West Virginia



Check out the Early Care Share WV website. The website is funded by WV DHHR, Division of Early Care and Education and is administered by West Virginia Early Childhood Training Connections and Resources. We are super excited to offer free memberships to WV early childhood professionals. With this membership you can access forms, handbooks, policies, cost savings, classroom material templates, lesson plans, and more. Many of the materials on the site can be customized to fit your needs.

To create a free account visit www.earlycaresharewv.org.



Early Care Share West Virginia

Save Time - Save Money - Improve Quality

Free membership provides you with access to forms, handbooks, policies, cost savings, classroom material templates and more.

Join now for free!

www.EarlyCareShareWV.org

Scan the QR code to take a virtual tour.



Why Should WV Child Care Professionals Consider Infant Mental Health Endorsement?



Myth: Endorsement is only for those who have lots of degrees and experience.

FACT: Neuroscience tells us that the first three years of life are critical to lifelong health and well-being, making the role and responsibilities of home visiting professionals incredibly important to family and community success. The IMH Endorsement® recognizes professionals who work with or on behalf of infants, toddlers, and their families. It's the largest and most recognized IMH credentialing system in the United States, and it's available to you here in West Virginia! Anyone in the early childhood field can work toward earning Endorsement, including directors, supervisors, child care professionals, and service coordinators.

Why should I pursue Endorsement?

Good for You: Earning IMH-E® enhances your credibility and confidence in working with or on behalf of infants, toddlers, and their families. You'll gain recognition and belong to a cross-systems, multi-disciplinary network of Endorsed professionals in WV.

Good for Babies and Families: Infants, toddlers, and families receive culturally sensitive, relationship-based early childhood services provided by a workforce that demonstrates a common set of core competencies.

Good for Communities: IMH-E® provides assurance to families that early childhood professionals meet high standards of care and are prepared to support optimal development of infants, young children, and their families.

Good for Programs: IMH-E® professionalizes the early childhood field and ensures consistency of professional standards across programs, no matter the curriculum, location, or services.

The IMH Competencies® naturally align with Early Childhood work

IMH-Endorsement® supports the belief that positive social-emotional development is foundational to other learning, and that healthy development happens within the context of nurturing relationships and environments.

IMH competencies® provide a professional development "road map" for acquiring the knowledge and skills needed to attend to the often complex nature of early social and emotional development and parent-child relationships.

Financial assistance is available for Endorsement. Local Child Care Resource and Referral agencies have funds available to provide financial assistance for those seeking Endorsement within the Early Childhood field.

For more information, please contact the West Virginia Infant/Toddler Mental Health Association or visit www.nurturingwvbabies.org

Special thanks to the Wisconsin Alliance for Infant Mental Health for sharing information

The Power of Positive Experiences: Balancing ACEs with HOPE

Submitted by Linda Reeves, MS, MA, LSW, IMH-E®, Behavior Consultant, Child Care Resource Center

Everyday experiences and interactions in infancy and throughout childhood greatly influence the architecture of our developing brains and bodies. A large and growing body of research clearly shows how early experiences, both positive and negative, directly affect brain development and adult health outcomes. These childhood experiences can have profound effects on the way we view ourselves and our world, the way we learn, how we behave, how we cope with life stressors, and how we form relationships throughout our lives.

In the field of early care and education, providers and families often receive information and training on the risks of negative physical and mental health outcomes in childhood and throughout the lifespan that can develop from experiencing toxic stress and trauma as a child. The most prominent and conclusive research study to identify this connection is the adverse childhood experiences (ACE) study conducted by the Centers for Disease Control (CDC) and Kaiser Permanente in the mid-1990s. This foundational study established a connection



between the experiences of abuse, neglect, and household dysfunction during childhood and the subsequent occurrence of chronic illnesses, mental health problems, and health-risk behaviors in adulthood.

The ACE study helped lay an important foundation for increased research and an appreciation for exploring the overwhelming importance of childhood experiences on brain growth and lifelong health. Recent research has shifted from solely focusing on adversity and

toxic stress, to include exploring the role of positive experiences early in life and throughout childhood, as powerful factors that can break the link between ACEs and poor health.

The HOPE (Healthy Outcomes from Positive Experiences) framework, developed by Dr. Robert Sege, Dr. Charlyn Harper Browne, and colleagues, is a new way of seeing and talking about experiences that support children's growth and development into healthy, resilient

adults. This shift in focus builds on positive childhood experiences that support optimal development and resilience in the face of adversity. In other words, HOPE adds a balancing lens to the focus on ACEs.

Based on the “Science of the Positive” research (the belief that positive exists in ourselves, our communities, and our cultures), the HOPE framework focuses on positive childhood experiences (PCEs) as important drivers of healthy child development and future adult health to mitigate the effects of adverse childhood experiences (ACEs). The focus of HOPE is on the promotion of positive

childhood experiences that create a strong foundation for learning, productive behavior, and physical and mental health.

The Four Building Blocks of HOPE

The HOPE framework focuses on four key positive childhood experiences that help protect against the poor health outcomes associated with ACEs and help children grow into healthy, resilient adults. These four PCEs are categorized into the Four Building Blocks of HOPE:

Relationships; safe, equitable, and stable **Environments**; social and civil **Engagement**; and **Emotional Growth**.

One building block of HOPE is being in nurturing, supportive **relationships** within the family and with other children and adults through interpersonal activities. Being in nurturing, supportive relationships are critical for children to develop into healthy, resilient adults. These relationships include:

- Foundational relationships with parents and/or caregivers who respond to a child’s needs and offer warm, responsive interactions.
- Adults outside of the family who take a genuine interest in a child and support their growth and development.

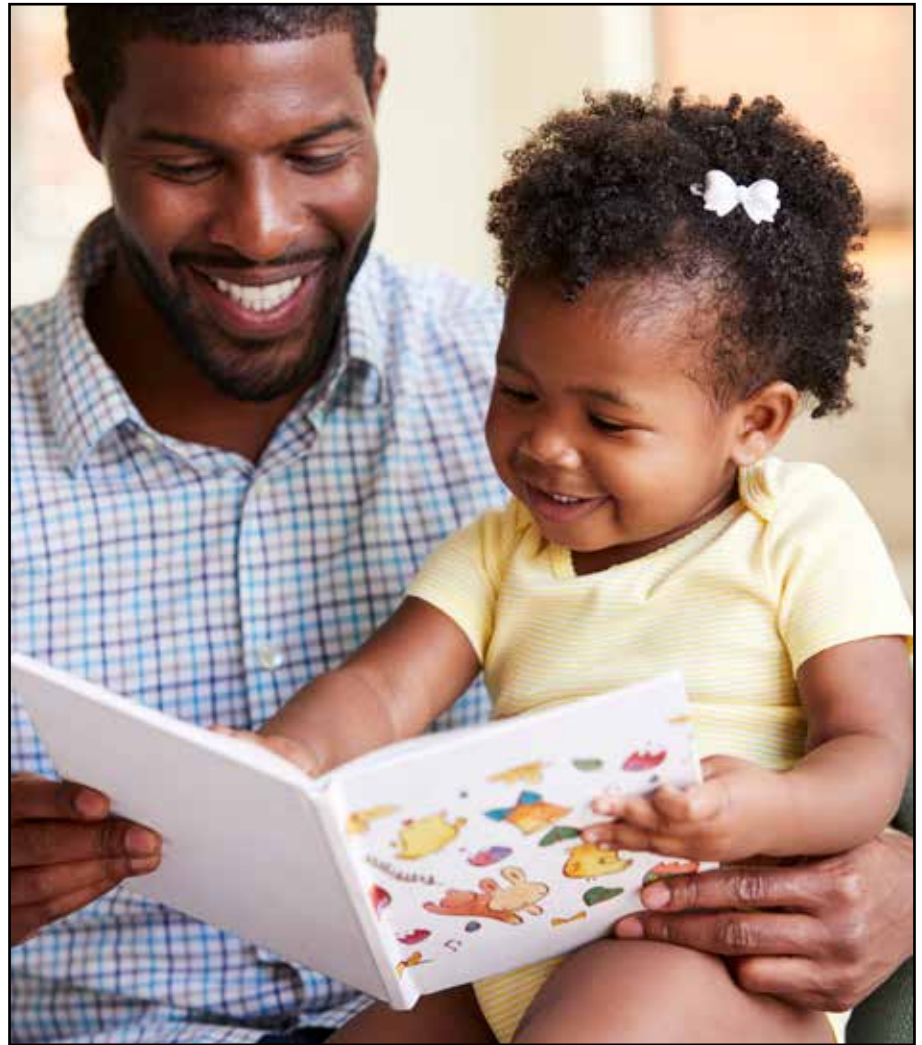


- Healthy, close, and positive relationships with peers.

A second building block of HOPE is safe, equitable, and stable **environments** for living, playing, and learning at home and in school. Children who live, learn, and play in safe, stable, and equitable environments are less likely to experience poor mental and physical health as adults. These environments include:

- A safe, stable environment, secure in meeting a child's basic needs, including adequate food, shelter, and healthcare.
- A nurturing home where a child is emotionally secure.
- A stable school environment where children feel valued and receive high-quality education.
- A community environment to play and interact with other children safely and equitably.

A third building block of HOPE is social and civic **engagement** to develop a sense of belonging and connectedness. Children need to feel connected to their communities, loved, and appreciated. Involvement in social institutions and environments, awareness of cultural customs and traditions, and a cultivated "sense of mattering" and belonging helps children develop into secure and resilient adults. These types of engagement include:



- Being involved in projects, peer mentoring, or community service through one's school or religious organizations.
- Partaking in family cultural traditions.
- Participating in organized music, art, sports, other extracurricular activities, etc.

A fourth building block of HOPE is opportunities for social and **emotional growth**. Children need to have ample opportunities to develop their sense of self-awareness and social cognition, learn how to self-regulate emotions and

behaviors, and acquire skills needed to respond functionally and productively to challenges. All of these skills are critical for children to be able to become resilient, emotionally healthy adults. These types of opportunities include:

- Developing a sense of emotional and behavioral self-regulation.
- Having the ability to respond to challenges in a productive manner.
- Developing key socially and culturally appropriate communication and interpersonal skills.

HOPE in Action

There are many ways early care and education professionals can become HOPE-informed and put HOPE into action. First, and foremost, is a shift in mindset from a risk and deficit approach of focusing solely on the negative (ACEs) to a more holistic approach of balancing our knowledge of ACEs with PCEs, and engaging with children and families in a new strength-based, family-centered way. Focusing only on either adverse or positive childhood experiences is simply not enough to achieve the ultimate goal of improving learning, behavior, and physical and mental health outcomes.

The HOPE framework asserts that improving the lives of all children, particularly those exposed to experiences or conditions that create toxic stress, requires intentional, informed efforts that reduce adversity and promote positive experiences. These “Moments of HOPE” can be integrated into already existing models of service delivery and layered into the work already being done to ensure that the children in our lives have more positive experiences and that all families have support to nurture and celebrate their strengths.

By incorporating the Four Building Blocks of HOPE—relationships, environment, engagement, and

opportunities for social-emotional development- into children’s lives, we can promote resiliency, healthy development, and buffer against ACEs. Creating positive childhood experiences (PCEs) for children goes a long way toward helping them build the knowledge and skills they need to thrive throughout their lives. It is never too late to begin creating positive childhood experiences and provide an atmosphere of safety and security for a child.

For more information about the HOPE framework, the 4 Building Blocks of HOPE, and more, visit <https://positiveexperience.org>.





West Virginia Infant/Toddler
Mental Health Association

Supporting the social and emotional well-being of children



A NEW RESOURCE... WV PREPAREDNESS FOR EMERGENCY RESPONSE TOOLKIT

A Social-Emotional Relational Approach

What is this new resource?

This comprehensive toolkit offers a framework in thinking through emergency preparedness plans in a developmentally appropriate and trauma informed manner to further the social emotional development of infants and young children.

What is covered?

This toolkit is divided into three sections: emergency preparedness, emergency response, and emergency recovery. Each section focuses on the social and emotional needs of infants, young children, and their families. Resources by disaster type are provided at the end of the toolkit.

Key considerations for emotional regulation during emergency situations

- Both children and adults experience intense feelings such as fear or helplessness during emergencies.
- Children and adults who have been exposed to adverse experiences early in their lives might have increased difficulty managing and coping after an emergency.
- All children, because of their developmental immaturity, will require extra support with emotional regulation during times of stress.



SCAN ME

**Access the full
document here**

THE WEST VIRGINIA INFANT/TODDLER MENTAL HEALTH ASSOCIATION

nurturingwvbabies.org

How to Watch for Added Sugars or Concentrated Sweets

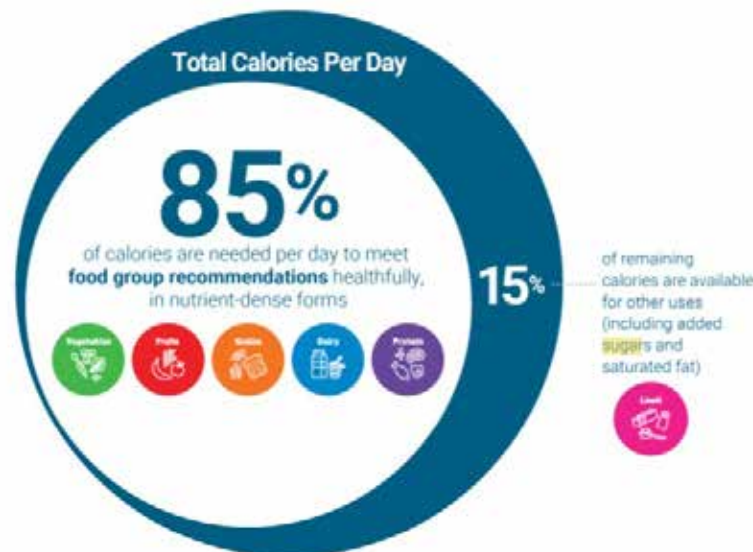
Submitted by Harmony Vance, Child Care Health Educator

A new regulation that has been recently added to the WV Child Care Center Licensing is 16.4.c. This regulation states “16.4.c. A center shall avoid concentrated sweets, such as candy, sodas, sweetened drinks, and fruit nectars” (Series 1 Child Care Centers, 2023). These high concentrations are found in foods with added sugars. This means that there is a great deal of significance placed upon the food choices you make, as these choices impact the health and the development of healthy habits for the children in your care. An understanding of the value of reducing sugar intake, as well as how to look for added sugars, can impact your decision-making when it comes to the food you serve to children and even your own eating choices.

Sugar can be found in its natural form in many foods like fruits or starches, but the key is to look for the added sugars in foods to avoid those concentrated sugary foods. The body uses sugar for energy, but according to the Centers for Disease Control (CDC) children take in around 17 additional teaspoons of added sugars. This can negatively impact their weight, teeth health, kidney, and liver function, as well as increase their risk of type 2 diabetes.

Figure 1-7

The 85-15 Guide: Percentage of Calories Needed To Meet Food Group Needs With Nutrient-Dense Choices and Percentage Left for Other Uses



The Dietary Guidelines for Americans for 2020-2025 developed by the USDA recommends that only 15 percent of a person's daily calorie intake be made up of added sugars and fats as shown by the graph. They recommend even less for toddlers, as the recommendation is only 10 percent for 2-year-olds, and none for younger children (Dietary Guidelines for Americans 2020-2025, 2020).

When determining food choices, one would need to be able to make informed decisions, and to do so they need to read and understand a food label. The sugar on a food label can be found in two areas: the ingredient list and nutrition facts. The ingredient list would include the name of the sugar so you would need to know which are natural sugars and which are added. Below is a list of common names for these sugars.

Natural	Added
<ul style="list-style-type: none"> • Glucose • Fructose • Lactose • Maltose • Sucrose/table sugar • Honey • Molasses • Maple syrup • Stevia • Coconut sugar • Brown rice syrup • Agave Nectar 	<ul style="list-style-type: none"> • High Fructose Corn Syrup • Corn sugar • Inverted sugar • Brown sugar • Sugar cane juice • Dextrose • Confectioners' powdered sugar

In 2016, the FDA made some updated changes to food labels that went into full effect in 2020. These changes included an update to the sugars listed on the nutrition label. They now include an area for total sugars and added sug-

ars, as well as a few other changes. These changes came about as a means to update the nutrition facts based off the scientific research conducted on food and nutrition over the last several years (changes to the nutrition label, 2022). It also helped to improve the information shared with consumers so as to make the information easier to see and understand, leading to better informed decisions on their food choices.

New Label / What's Different?

Servings:
larger,
bolder type

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
<small>% Daily Value*</small>	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

Serving sizes
updated

Calories:
larger type

Daily Values
Updated

Actual
amounts
declared

New
footnote

New:
added sugars

Change
in some
nutrients
required

Armed with an understanding of sugars as well as how to read the food labels, the new West Virginia Child Care Center Regulation 16.4.c. becomes far easier to follow.

References

Centers of Disease Control and Prevention. (2021, November 28). **Get the facts: added sugar.** CDC. <https://www.cdc.gov/nutrition/data-statistics/added-sugars.html>

Department of Health and Human Resources. (2023, April 1). Title 78 Legislation Rule Department of Health and Human Resources Series 1 Child Care Centers. DHHR. 78CSR 1 Centers.pdf

U.S. Food and Drug Administration. (2022, March 7). **Changes to the nutrition fact label.** FDA. <https://www.fda.gov/food/food-labeling-nutrition/changes-nutrition-facts-label>

USDA. Dietary Guidelines for Americans 2022-2025. (2020, December). **Dietary Guidelines.** https://www.dietaryguidelines.gov/sites/default/files/202012/Dietary_Guidelines_for_Americans_2020-2025.pdf



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

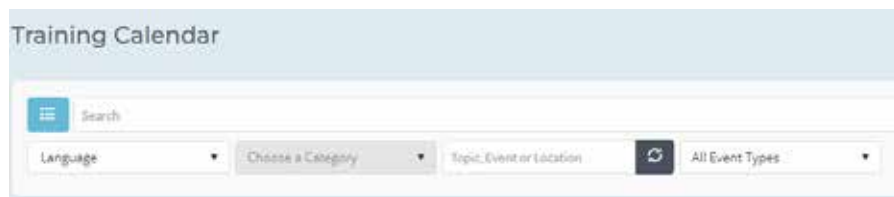
West Virginia's Commitment to Health and Human Services

Tips and Tricks on Finding Courses for the Child Care Credential in WV STARS

Submitted by EmmaLee Griffith, Statewide Project Manager, West Virginia STARS

The Division of Early Care and Education’s new Child Care Credential program is an exciting opportunity to show off your professional development achievements! The credential shows that you take your role as a lifelong learner seriously and are always looking for opportunities to improve the care you provide. Your regional Resource and Referral Agency can provide you with the information you’ll need to submit for review to earn the credential.

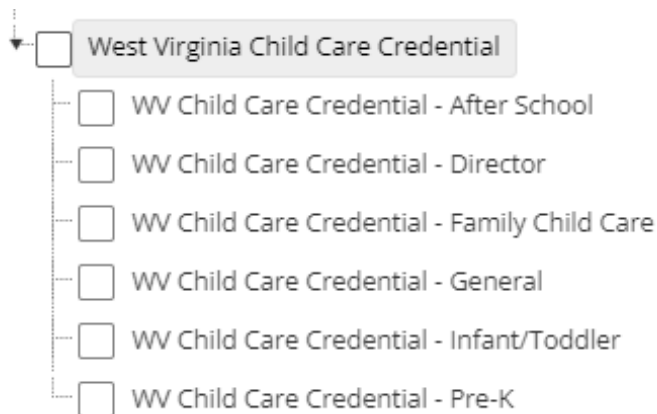
Once you know what training you need to complete, you need to know how to find that training! Some trainings, particularly multi-session series, may require you to contact your regional Resource and Referral Agency to register, but many training opportunities are available for registration online. There are two ways to see what training is available – **Calendar View** and **List View**. For both views, start at www.wvstars.org. Log into the registry and click on “Training Calendar” in the menu on the left.



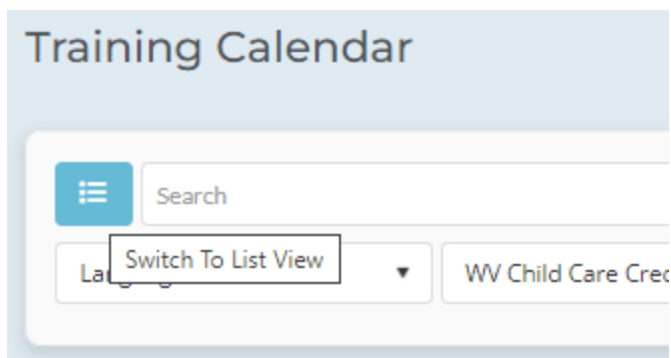
Calendar View

Just above the calendar is an area for searching and filtering scheduled training opportunities. Click on the drop-down menu labeled “Choose Category”:

At the very bottom is the section for the credential:



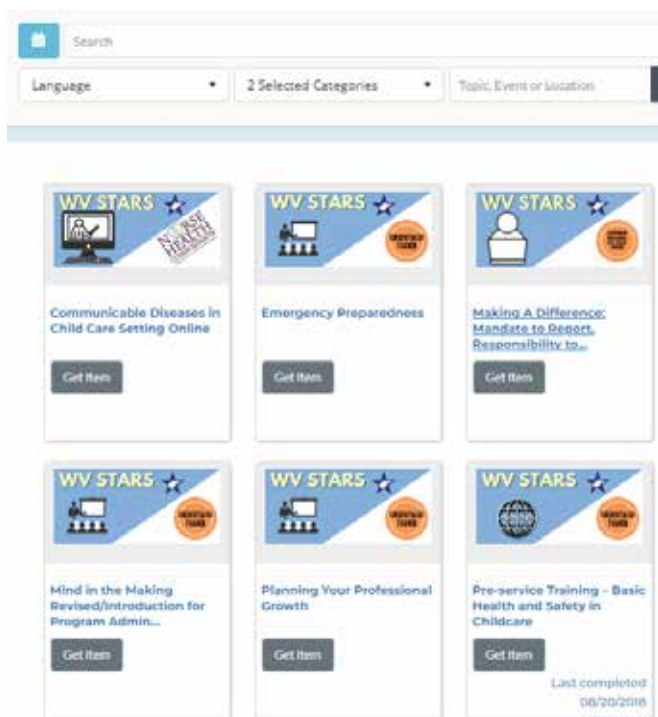
Selecting “West Virginia Child Care Credential” will show you all training courses on the calendar for all credential types. Selecting the checkbox next to the individual credential types will show you courses available for registration specific to that credential. Select whichever box(es) apply to your needs.



Once you select the box, the Training Calendar page will refresh and will only show courses that are tied to the credential(s) you selected. You can still use the Search bar to search for keywords, and the Event Types dropdown to choose between Face-to-Face training and Webinar training opportunities.

List View

The list view shares the same information as the calendar view, but organized by course instead of training date. To access the Course Catalog, click on the blue button with 3 vertical dots and 3 lines to the left of the search bar.



When the page refreshes, you will see all the courses related to the credential, even if they are not available for registration. You may also see the date you last completed the training.

Once you find the course you want to register for, you'll need to click the grey "Get Item" button to see the Course Overview, Core Knowledge & Competency Skills tied to the course, and the Scheduled Events – training dates – for the course.

Scheduled Event(s) for this Course

[Communicable Diseases in Child Care Setting \(Online\)](#)

REQUIRES REGISTRATION

Currently Selected:
None

[Click here to view the 5 available scheduled dates.](#)

Once you click “Get Item” and the page refreshes, scroll to the grey box labeled “Scheduled Event(s) for this Course” and click on the blue link that says “Click here to view the _ available scheduled dates.” If no dates are available, contact your Resource & Referral Agency for scheduling information.

1 of 5

Schedule Date(s) and Times:	(Eastern Standard Time) Tuesday, August 15, 2023 6:30 PM to 8:30 PM	Aug 15
Event Identifier:	Online 8/15/23	
Topic:	N/A Show Syllabus	
Event Contact:	Candace Morgan cmorgan@rvcds.org 304-840-2967	
Funding Stream:	WV Training Connections and Resources (TCR)	
Instructor:	Candy Morgan Show Instructor Bio	
Location:	N/A	
Room:	N/A	
Registration Started:	Thursday, May 18, 2023 08:00 AM	
Registration Ends:	Tuesday, August 15, 2023 12:00 AM	
Email Reminder:	Date: <input type="text"/>	

[Register for this Scheduled Event](#)

2 of 5

Schedule Date(s) and Times:	(Eastern Standard Time) Friday, September 8, 2023 10:00 AM to 12:00 PM	Sep 08
Event Identifier:	Online 9/8/23	
Topic:	N/A	

The course we’re using for these pictures, Communicable Diseases in Child Care Setting (Online), has 5 scheduled dates. In the screenshot, we can see all the information for the first date, and some of the information for the second date. Notice that the background for 1 of 5 on August 15th is white, but 2 of 5 on September 8th is light grey. The Event Identifier will tell you what county the training event is in or if it is an online webinar, as well as the date. The next link will show the course syllabus/agenda, just like when you view the course from the calendar view. Contact/Funding Stream/Instructor bio information follows, and the location information can tell you where the event will be. If the location says “N/A”, the training is online. Registration Started/Registration Ends will advise when this course is available for registration. Notice that you can set a date for the system to remind you about this training session!

When you’ve determined which session will work best for you, click the green “Register for this Scheduled Event” button and follow the usual checkout process.

As always, don’t hesitate to reach out to WV STARS (wvstars@rvcds.org) or your Resource and Referral Agency for assistance finding and registering for training!

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.

Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"

Volume 19, Issue 4, Fall/Winter 2023

Focusing on HOPE

For several years, the early childhood field has been integrating research that came out of a national study called Adverse Childhood Experiences (ACEs), conducted by the Centers for Disease Control (CDC) and Kaiser Permanente in the mid-1990s. The ACE study helped lay an important foundation for increased research and an appreciation for exploring the overwhelming importance of childhood experiences on brain growth and lifelong health.

Recent research has shifted from solely focusing on adversity and toxic stress to include exploring the role of positive experiences early in life and throughout childhood as powerful factors that can break the link between ACEs and poor health.

Positive early experiences in childhood create the foundation for a child's sense of belonging and connection. Here are a couple of ideas to help build positive early experiences:

- Establish a routine. Children feel secure and thrive when the environment is structured for them.
- Praise your child when she does something right. The more you praise a behavior, the more likely it is your child will behave the same way again.
- Pay attention to your child when he is trying to communicate with you. Giving him your full attention will make him feel like you care about what he has to say.
- Set aside time each day to talk and play with your child. Creating a special time lets your child know she is important and strengthens the bond between the two of you.

Partially reprinted from www.cdc.gov, "Creating Positive Childhood Experiences"

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 Family Assistance/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 Home Visitation Program and is supported and administered by River Valley Child Development Services.

Permission to photocopy

HALLOWEEN FUN

A FAMILY GUIDE



TIPS ON COSTUMES

BE CREATIVE

Costumes are an opportunity for children to practice pretend play and dress up. Many children have definite opinions about what they want to be for Halloween. Some children just want to go out and have fun or don't like the idea of wearing a mask, gloves, or an itchy costume. Be creative in supporting all children. Costumes don't have to be new or expensive. For example, sometimes a fun pair of pajamas can be a costume, or modified accessories can add to regular clothes. It's okay if children change their minds at the last minute. This happens quite a bit, particularly with younger children.

TIPS ON TRICK OR TREAT

FOCUS ON THE FUN

Halloween can be an overwhelming time for families. If you feel that your child is becoming overwhelmed from the noise, decorations, or too many treats, consider taking a short break from the activities. You could take a walk or find a bench or chair to sit in for a few minutes. If you are trick-or-treating with older children, consider bringing a book or a toy along that your younger child can play with while the older children continue trick-or-treating.

ACCESSIBILITY

Accessibility can be challenging during Halloween activities. For children with limited mobility, the addition of a costume, lots of people out trick-or-treating, or stairs can be difficult to manage. Consider going to one location with better accessibility for all of your trick-or-treating. Check your community calendar for local events. Language can also be a challenge during trick-or-treating. It's okay if your child doesn't say "trick or treat" like some of the other children.

JUST HAVE FUN

Halloween can be one of those times that we spend so much time planning for, and then our plans change. Often the reason for the changes are out of our control. Weather, the child's sudden refusal to wear a costume, or not being able to find the perfect costume can change those well-intentioned plans. Remind yourself that it doesn't have to be perfect to be fun. Children will find the joy in just being part of the celebration. Letting the small stuff go will make it more enjoyable for everyone -- including yourself!

If Halloween isn't for your family, there are lots of other fall activities to enjoy. Looking at pumpkins, walking through crunchy leaves, smelling and tasting apple butter, are all something to celebrate. Here's a list of other [fun fall activities](#) to do together.

WV Infant/Toddler Mental Health Association

 [facebook.com/nurturingwvbabies.org](https://www.facebook.com/nurturingwvbabies.org)

 www.nurturingwvbabies.org

5 Steps for Brain-Building Serve and Return

from *Filming Interactions to Nurture Development (FIND)*

Child-adult relationships that are responsive and attentive—with lots of back and forth interactions—build a strong foundation in a child’s brain for all future learning and development. This is called “serve and return,” and it takes two to play! Follow these 5 steps to practice serve and return with your child.



Serve and return interactions make everyday moments fun and become second nature with practice.

By taking small moments during the day to do serve and return, you build up the foundation for children’s lifelong learning, behavior, and health—and their skills for facing life’s challenges.

For more on serve and return:
tinyurl.com/serve-return

Filming Interactions to Nurture Development (FIND) is a video coaching program that aims to strengthen positive interactions between caregivers and children. FIND was developed by Dr. Phil Fisher and colleagues in Eugene, Oregon.

For more about FIND:
tinyurl.com/find-program

1

Notice the serve and share the child’s focus of attention.

Is the child looking or pointing at something? Making a sound or facial expression? Moving those little arms and legs? That’s a serve. The key is to pay attention to what the child is focused on. You can’t spend all your time doing this, so look for small opportunities throughout the day—like while you’re getting them dressed or waiting in line at the store.

WHY? *By noticing serves, you’ll learn a lot about children’s abilities, interests, and needs. You’ll encourage them to explore and you’ll strengthen the bond between you.*

2

Return the serve by supporting and encouraging.

You can offer children comfort with a hug and gentle words, help them, play with them, or acknowledge them. You can make a sound or facial expression—like saying, “I see!” or smiling and nodding to let a child know you’re noticing the same thing. Or you can pick up an object a child is pointing to and bring it closer.

WHY? *Supporting and encouraging rewards a child’s interests and curiosity. Never getting a return can actually be stressful for a child. When you return a serve, children know that their thoughts and feelings are heard and understood.*

5 Steps for Brain-Building Serve and Return

from *Filming Interactions to Nurture Development*
(FIND)

Did you know that building a child's developing brain can be as simple as playing a game of peek-a-boo?



3

Give it
a name!

When you return a serve by naming what a child is seeing, doing, or feeling, you make important language connections in their brain, even before the child can talk or understand your words. You can name anything—a person, a thing, an action, a feeling, or a combination. If a child points to their feet, you can also point to them and say, “Yes, those are your feet!”

WHY? When you name what children are focused on, you help them understand the world around them and know what to expect. Naming also gives children words to use and lets them know you care.



4

Take turns...and wait.
Keep the interaction
going back and forth.

Every time you return a serve, give the child a chance to respond. Taking turns can be quick (from the child to you and back again) or go on for many turns. Waiting is crucial. Children need time to form their responses, especially when they're learning so many things at once. Waiting helps keep the turns going.

WHY? Taking turns helps children learn self-control and how to get along with others. By waiting, you give children time to develop their own ideas and build their confidence and independence. Waiting also helps you understand their needs.



5

Practice
endings and
beginnings.

Children signal when they're done or ready to move on to a new activity. They might let go of a toy, pick up a new one, or turn to look at something else. Or they may walk away, start to fuss, or say, “All done!” When you share a child's focus, you'll notice when they're ready to end the activity and begin something new.

WHY? When you can find moments for children to take the lead, you support them in exploring their world—and make more serve and return interactions possible.