VOLUME 26 NUMBER 1 • SUMMER 2024

WEST VIRGINIA EARLY CHILDHOOD PROVIDER QUARTERLY

Homelessness Defined

Why Are Smooth Transitions So Important in Child Care

Early Childhood Education for Young Children Experiencing Homelessness

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 Human Services and West Virginia Department of Health and is supported and administered by River Valley Child Development Services.

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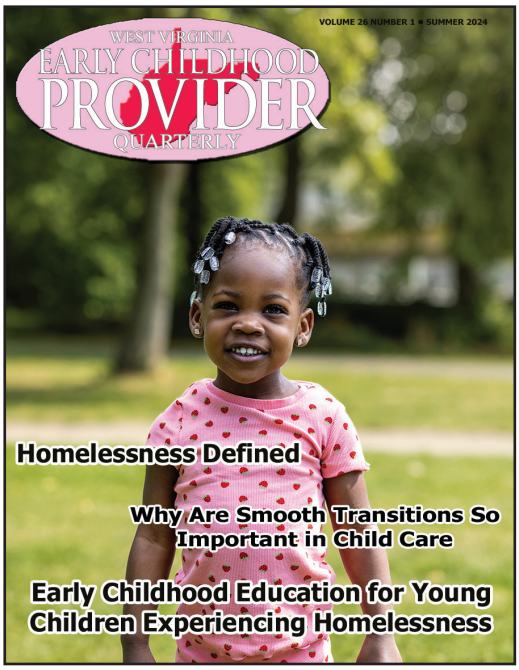


Why Are Smooth Transitions So Important in Child Care?

Submitted by Jodie Fortney, Child Care Coaching Specialist

When I was a preschool teacher, one of the hardest aspects of the day was transitions. When I was evaluated earlier in my teaching career, I always scored lower in this area. My transitions took too long, which led to a multitude of challenging behaviors. Transitions made me uncomfortable, so I knew the children in my care must be feeling that way as well. During a regular full day in child care, children can experience between 16-20 different transitions! That is a lot of change. Transitions are changes, and not everyone handles change the same at any age. Transitions contribute to the development of a child's sense of security, independence, and social-emotional well-being. They require thorough planning, communication, and understanding of the requirements for both children and adults.

It is essential to have smooth transitions in child care for multiple reasons. The first is that they provide children with a sense of stability and routine. This is necessary for their social-emotional development and overall well-being. A smooth transition helps children feel safe and confident in their environment, allowing them to explore, learn, and grow to their fullest potential.

Next, transitions offer opportunities for socialization and peer interaction among the children. Examples of this could be joining a new group of children in an activity or making friends with a new caregiver. Transitions allow children to form bonds, develop social skills, and learn how to navigate different social dynamics with peers and adults.

Finally, smooth transitions are essential for parents as they provide comfort and peace of mind knowing that their child is in a supportive and nurturing environment. When parents feel confident in their child care provider, they can focus on their work or other duties, knowing that their child is well-cared for, safe, and happy.

Transitions often highlight challenging behaviors. This requires a proactive and supportive approach that addresses the underlying causes of

such behaviors. The following are some strategies that can help diminish the number of challenging behaviors during transitions.

1. Develop and establish clear expectations. Communicate clear expectations and rules regarding behavior during transitions. Let children know what is expected of them and what behaviors are appropriate. Use positive language and reinforce acceptable behaviors to encourage children to follow the rules. Ideally, transitions should be 3-5 minutes. When they last longer it is more likely that you will face challenging behaviors.

2. Provide visual cues. The use of visual cues such as visual schedules, timers, or picture cards can help children understand the sequence of activities and anticipate transitions. Visual cues can help children feel more prepared and in control, thus reducing anxiety and resistance during transitions.

3. Offer choices. Provide children with choices whenever possible to give them a sense of autonomy and control. For example, allow them to choose between two activities or decide the order of tasks during transitions. This can empower children and reduce power struggles.

4. Create and use transition routines. Establishing consistent transition routines with predictable steps and rituals helps to reduce challenges. As a class, you can create rituals such as a goodbye song, a transition signal, or a special handshake to help children transition smoothly between activities or environments. Consistent routines help children feel secure and know what to expect.

5. Always provide transition warnings. Give children a warning before the transitions occur to help them mentally prepare. You can use verbal warnings, visual timers, or countdowns to signal upcoming transitions. This gives children time to finish what they are doing, shift their focus, and mentally prepare for the change.

6. Offer support and individual reassurance. Some children may need additional support and warnings. For those who do not tolerate change well, validate their feelings, empathize with any anxiety or uncertainty they may be experiencing, and offer encouragement for coping with transitions.

7. Model positive behavior. You will want to model calm and positive behavior during transitions to set a good example for children. Stay composed, use positive language, and demonstrate patience and empathy. Children learn by observing adult behavior, so modeling positive behavior can help them learn to manage their own emotions and behavior during transitions.

8. Provide transition activities. Engage children in activities that help them transition smoothly between events or environments. For example, you can play a quick game, sing a song, or engage in a calming activity such as deep breathing or stretching to help children transition calmly and positively. Challenging behaviors may occur when there is nothing to occupy the children.

9. Monitor and adjust transitions as needed. Observe children's behavior as well as your own and that of other adults during transitions. Look for any signs of distress or challenging behavior. If you notice recurring challenges or triggers, consider adjusting the transition process or providing additional support to address the underlying issues.

10. Collaborate with parents. Maintain open communication with parents about all aspects of their child's care. You do not want the first time communicating with a parent to be about a challenging behavior. Work with parents to develop strategies and solutions that support the child's transitions at home and in the child care setting.

Transitions in child care are an inevitable and important part of a child's development. Learning how to handle changes at a young age will help them accept changes as they grow and go out into the workforce. By implementing strategies such as preparation and planning, consistency and routine, positive reinforcement, open communication, and emotional support caregivers can help facilitate smooth transitions that nurture children's growth, independence, and social-emotional well-being. Collaboration between parents and caregivers can create environments where children feel safe, secure, and empowered to thrive.

Homelessness Defined

The Impact of Homelessness on Young Children

Submitted by Kelly Amos, RN, Child Care Nurse Health Consultant

Bum, hobo, drifter, vagrant, gypsy, vagabond, dispossessed, unhoused, itinerant… there are so many words that have been used to describe the homeless over the years. But what does homelessness really mean? What specifically does it look like for children and youth? What are some of the implications that need to be considered for these children and youth?

The official definition of homeless children and youth for use by state and local educational agencies was given by the McKinney-Vento Education for Homeless Children and Youth Act:

Homeless children and youths are individuals who lack a fixed, regular, and adequate nighttime residence.

This situation may look very different for different people.

Homelessness may be sharing housing with friends or family after a loss of housing, economic hardship, or a similar reason.

Homelessness may be living in hotels, motels, trailer parks, or camping grounds due to a lack of alternative adequate housing.

For some, it's living in emergency or transitional shelters. Some children and babies are abandoned in hospitals and have no place to call home until social services can find them a long-term placement.

Some live in a public or private setting not designated for, or normally used as, a regular sleeping accommodation for people, like living in a car, abandoned buildings, bus or train stations, in a park, or under bridges.

Being migratory can be a part of homelessness as well, moving across political lines from one place to another, usually in search of a better living situation, such as immigrants (NCHE, 2024).

These details are more commonly grouped into categories. The more general of these categories include:

- Sheltered Homeless: Individuals living in temporary places with suitable protection from weather and environmental dangers, such as Other People's Homes, Motels, Emergency Shelters, and Homeless Shelters.
- Unsheltered Homeless: Individuals living in temporary places without suitable protection from weather and environmental dangers, such as Cars, Parks, Campgrounds, Temporary Trailers, or Abandoned Buildings.
- Unaccompanied Homeless Youth: Children or youth who are either Sheltered or Unsheltered Homeless who aren't living with any parents or caregivers, but are taking care of themselves (NCHE, 2024).

Using these definitions and information, it's possible to go deeper.

What are the implications of living in an unstable and potentially dangerous situation for a child's development, education, health, mental health, and life prospects as an adult? This would be a hard question to answer in an encyclopedia sized book. But there is a framework that is used to evaluate the levels of natural human needs and growth, Maslow's Hierarchy of Needs. This is a good framework to use to start asking the questions of how homelessness can affect children's lives.

Maslow was a professor of psychology, and he developed a theory that humans have an innate structure of physical and psychological needs that build upon one another. Without the basic foundations, it is very difficult to progress and thrive in the other, higher order needs. This is illustrated by using a pyramid.

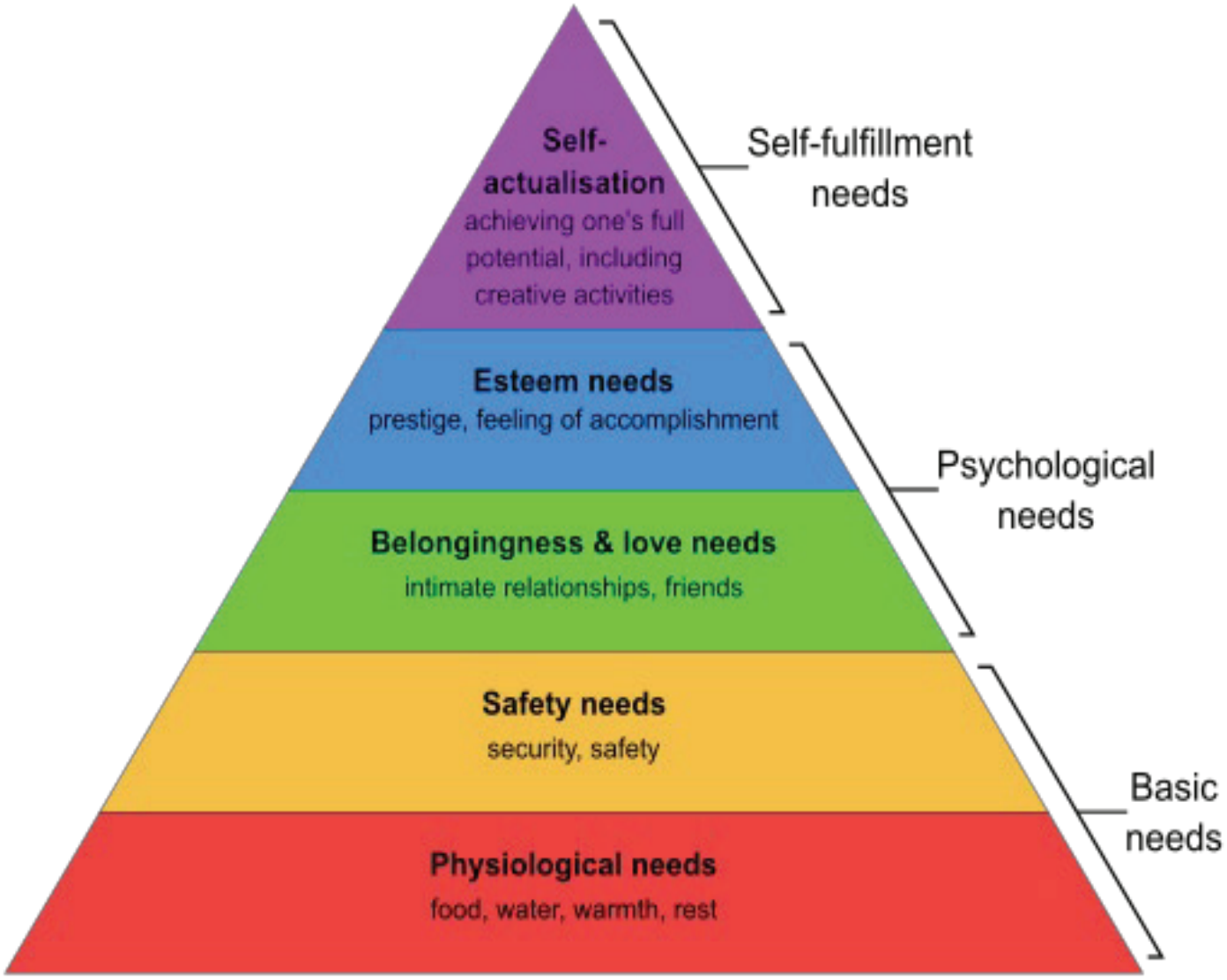
First, people have Physiological Needs. These are the basics of life, food, water, shelter, and warmth. Without these, the higher needs on the pyramid aren't as important. A person will put all their efforts into securing their physiological needs, such as having food, before other needs. People won't be able to prioritize or function well enough to move to the next level of needs until these needs are met (Maslow, 1943).

Next is Safety and Security. This strata of needs includes physical health, physical safety like a home that has locking doors, a roof, water, plumbing, heating and cooling, social resources such as a reliable caregiver (Maslow, 1943).

Next is Love and Belonging. With physical needs met, and being safe, the next need of connection is possible. Love and belonging includes family, friends, community, and romantic partners, and allows people to branch out from self and start forming the complex social structures that enrich people's lives and start giving them meaning (Maslow, 1943).

Self-Esteem. This need is about feeling good about oneself, being able to look at one's life and having a sense of doing well (Maslow, 1943).

The highest need is Self-Actualization. This can be described as living a life to one's full potential. Being able to use one's life and energy and resources to further a purpose that is valued by the individual. Using one's natural gifts and creativity is a part of this. This is very different than spending all one's



time, strength, and resources just trying to stay alive when the first need of physiological needs isn't met (Maslow, 1943).

For homeless children, look at the pyramid and ask some questions. What level of the hierarchy are they in? Where are all of their energy and resources going? They are very likely stuck in the very first needs level. Unsheltered homeless children have a threat of being in the elements of nature, not having a roof over their heads, or heating or cooling. If they are a sheltered homeless child, there may be tensions or time restrictions on how long they can be in their sheltered environment.

If a child is living in a car and then going to school, how are they bathing? Do they go to school dirty? If they do, does that affect their social interactions? Are they bullied? If they are, how is that affecting their need for love and belonging? If they are stressed physically from homelessness, uncertain about what the future holds, not feeling safe, and are being bullied, will that child feel good about themselves? Will the child going through all of this have time to invest in a higher calling than self? Will they be able to self-actualize and use their gifts, or be focused on trying to survive the day-to-day?

What about medical needs? If a child is sick with asthma, but is

an unaccompanied, unsheltered homeless youth who is trying to just find food and shelter every day, going to the doctor and getting a prescription is a much more difficult task than it would otherwise be.

Every homeless child's situation, life, temperament, coping strategies, maturity, and resources are going to be different. So, it's impossible to paint a comprehensive picture of what homelessness is. However, using Maslow's Hierarchy of Needs to ask questions is a great place to start making a mental picture of someone's situation. Ask questions about what needs an individual has met in their life circumstances. Ask questions about which level of needs that individual's energy is currently going toward meeting. What type of homelessness are they experiencing? What needs are next to be met and focused on for them? The answers to those questions can then give a rough sketch of that individual child's homelessness, and the implications that it might have on their life.

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Noticing Barriers to Healthcare Access for Homeless and Immigrant Children

Submitted by Kelly Amos, RN, Child Care Nurse Health Consultant

Charlie, a young boy with big brown eyes and a curious spirit, used to explore the world around him with enthusiasm. His chubby fingers and warm feet once signaled a life filled with comfort and security. However, life took an unexpected turn when his father lost his job and lost their home. Even their identification documents were stolen when they found themselves homeless on the street. Now, they find solace in a makeshift tent in a park, a far cry from their previous life. Charlie's fingers are now thin, and his feet cold in the wrong shoes for the season.

One chilly evening, Charlie's father noticed his son's feverish body beside him. Charlie started convulsing and it was clear that his little boy needed help. Without access to a phone, car, or their essential documents, the direness of the situation struck his father. How could he call for help or get his boy to the hospital? Would Charlie receive the necessary treatment when he couldn't pay? Would Charlie be taken away from him once at the hospital? These questions highlight some challenges faced by homeless families, especially when it comes to healthcare access, called barriers to healthcare.

This story could have been written about Alfie, a little Hispanic boy who has trouble breathing when he's playing on the playground. His parents don't think they can take him to the doctor because they aren't citizens. There is a fear of being deported. They only speak Spanish, which makes communicating with the healthcare providers more difficult. Alfie and his family face similar barriers to healthcare that Charlie and his father do. Fictitious as Charlie and Alfie are, these barriers are real, and affect a vast number of children. Knowing what these barriers are, and how they affect people is the first step to recognizing them in individual's lives. Once recognized, communication, advocacy, and assistance can begin.

Barriers to healthcare are factors which cause differences in a child's access to, or quality of medical or mental health care (AHRQ, 2021). These barriers include:

Lack of Health Insurance: Without adequate health insurance, a child's health and development can be adversely affected. "From 2016 to

2019, underinsurance rose significantly among US children because of increased rates of insurance inadequacy. Increased health complexity and private insurance were associated with being underinsured. Notably, underinsurance grew significantly among white children living in middle-income families" (Yu, 2022).

Financial Barriers: Even with health insurance, high deductibles, co-payments, and coinsurance can present financial barriers to healthcare access for individuals and families, especially those with limited financial resources (Anderson, 2019).

Limited Healthcare Provider Availability: Shortages of healthcare providers, particularly in rural and underserved areas, can restrict access to timely and convenient healthcare services. Individuals may face long wait times for appointments, have to travel long distances to reach healthcare facilities, or experience difficulty finding specialists or primary care providers (Anup, 2018).

Transportation Issues: Reliable transportation can go hand-in-hand with healthcare availability. Not being able to get to providers can cause delays, increased cost, and limits to specialty healthcare access (Yakubovich, 2019).

Language and Cultural Barriers: Communication is key for a healthcare team to diagnose, treat, and educate patients. Language and cultural differences can lead to increased delays while translation services are being found, misunderstandings, inadequate care, and even misdiagnosis can happen. An inability to speak English proficiently can make advocating for oneself or family difficult, as well as asking questions, or understanding instructions (Munoz et al. 2017).

Homelessness

Homelessness is something experienced by children here in West Virginia. According to the most recently compiled school census information from 2021, 9,154 children in the WV public school system suffered from homelessness (NCHE, 2024). This homelessness often goes hand-in-hand with the healthcare barriers discussed above.

Children are mostly dependent on their parents for income, insurance, and transportation, so they can be unable to get the healthcare they need due to one or more of these barriers. Nationally between 2022 and 2023, the number of people in families (that include children) who experienced homelessness increased 17 percent, partially due to the expiration of the pandemic-era eviction moratoria (HUD, 2023).

The moratorium on evictions prevented landlords from evicting individuals from their rental properties even if the renters couldn't pay rent due to the economic difficulties of the pandemic. Once the moratorium was lifted, landlords could finally evict renters who didn't pay. This mass eviction led to individuals and families becoming homeless. Some homelessness is referred to as unsheltered, being "on the streets" in a sense. Some homelessness is sheltered, meaning the individuals live with family, friends, or in shelters. Getting consistent data to truly evaluate the changes in homelessness over the past few years was very difficult with the social changes of the COVID pandemic. For example, information gathered at public schools was disrupted by school closures (NCHE, 2024).

Immigration

Consider also, another demographic that is rapidly rising in the United States. Mass immigration has been occurring in the past few years. According to the Statista Research Department:

"The estimated population of unauthorized immigrants in the U.S. stands at over 11 million people. Although the number has stabilized, the United States has seen a spike in migrant encounters in the last few years, with over 2.2 million cases

registered by the U.S. Border Patrol in 2022" (SRD, 2024).

By comparison, legal immigrants who came to the United States in fiscal year 2022, was roughly 1.02 million people (SRD, 2024).

In the same fiscal year (2022), 25,465 refugees and asylum seekers came to the United States (SRD, 2024).

This means that for just one fiscal year in 2022, total immigration numbered 3,245,465 individuals. Immigration is an ever increasing factor in our population, and social systems, including schools, childcare, and healthcare.

Healthcare barriers to immigrants are the same as for the homeless; however, language and culture play more of a role to their difficulties getting healthcare. Immigrants who are undocumented especially, are very prone to being homeless, and requiring aide for housing, food, and medical care. This is currently a large issue happening in New York City. Just this year, New York has been experiencing a very dramatic influx of immigrants. New York has long held a unique Right-to-Shelter policy guaranteeing shelter to the homeless. Since spring 2022, more than 180,000 immigrants have taken advantage of this shelter system. Some of this influx is due to undocumented immigrants being bussed into New York from other states which have been inundated with the immigration. These states have political tensions with New York. Due to the financial strain and resource strain these immigrants are causing New York City, Mayor Adams is now proposing a cut back on the amount of aide and length of time immigrants can utilize the New York shelter system, which will lead to more unsheltered homeless immigrants (Ferre-Sadurni L. 2024).

California is also currently in the middle of unprecedented changes in response to the rise in immigration. On January 1 of this year, California updated their eligibility requirements for their version of Medicaid, Medi-Cal. In the past, undocumented immigrant children, youth ages 19-25, and those over 50 years old used to be eligible for the state's free healthcare. However, adults ages 26-49 will now be eligible as well, meaning that 746,000 individuals will

now be eligible for state healthcare. This is being accomplished with the aide of $835.6 billion from the California Health and Human Services Agency. This is causing political tension. There is an obvious financial strain and strain on the healthcare systems that will come from this sudden healthcare coverage change. Some find the healthcare given to undocumented immigrants moral and worth the strain on residents. Others find the financial burden and use of resources for non-residents detrimental to residents of the state. It is also criticized that this change is unsustainable for the healthcare system as Medi-Cal doesn't pay healthcare facilities the full cost of the care given (Johnson, A, 2023).

Closer to home, as of 2021, West Virginia had a total immigrant population of 27,861 (NIWAP, 2023). This is a number far less than those numbers being experienced by New York or California, but it is very important to be aware of the rapidly growing number of immigrants in the United States, and some of the real world policy and resource strains experienced by the communities that are trying to adjust to the population and demographic changes.

Reading about the facts of homelessness and immigration is only the beginning. What about putting a purpose to the information shared? What can be done on a day-to-day basis about the homelessness and immigration touching the communities served by early child care providers? Is there some takeaway that can become a tool for providers? The answer is yes.

There is a tool developed using information from the National Center for Homeless Education, a list of common signs of homelessness. Keep in mind that much of this list is also applicable to immigration status. Immigrants may not have records, may be homeless, have poor health, incomplete health records, and deal with an additional factor of possible language barriers.

How can this tool be implemented? Here are some ideas on how this tool can impact your work and the community you serve.

- Read the Common Signs of Homelessness at the end of this article.
- Consider who at your facility should be part of a discussion about using this tool.
- Discuss the following topics together:

- How will these Common Signs of Homelessness be looked for in the lives of the children you serve?

- Are there any of the common signs that may look different for the specific community you work in and ages of the children?

- If signs of homelessness or immigrant status are seen, what are the next steps?

- Is the family to be asked directly if they are experiencing homelessness or if they are immigrants struggling to find resources?

- Is there a supervisor or other staff member who will spearhead talking to families about this topic?

- If a family is experiencing homelessness, what are the follow up questions you want answered? Is the family sheltered or unsheltered?

- If the family are immigrants, what follow up questions do you want answered?

- Does the child lack quality healthcare due to healthcare barriers?

- Does the child have a physician to give well child exams? Is the child up-to-date on vaccinations? Is the family able to buy prescriptions if the child does become ill?

- Will you be able to provide any assistance to the family?

- What would that assistance look like? Help with meals? Help facilitating a conversation with a government entity or community resource who could help the family?

- What resources are available local-

ly that families can be directed to?

- What documentation will be kept recording the assistance that was given?

- Do there need to be policies and procedures made concerning this topic? How does your facility plan on handling homelessness and immigration in the population you serve?

For resources and more information about homelessness, visit the website for the National Center for Homeless Education at nche.ed.gov.

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Common Signs of Homelessness

Note: While these are considered common signs, please recognize that they only offer general guidance. There is significant variability within the school-age homeless population. Individual students may differ significantly from the following general characteristics.

Lack of Educational Continuity

- Attendance at many different schools
- Missing records needed to enroll
- Inability to pay fees
- Gaps in skill development
- Mistaken assessment of abilities
- Poor organizational skills
- Poor ability to conceptualize

Poor Health/Nutrition

- Missing immunizations & medical records
- Unmet medical & dental needs
- Respiratory problems
- Skin rashes
- Chronic hunger or food hoarding
- Fatigue (may fall asleep in class)

Transportation & Attendance Problems

- Erratic attendance and tardiness
- Numerous absences
- Lack of participation in afterschool activities
- Lack of participation in field trips
- Inability to contact parents

Poor Hygiene

- Lacking shower facilities/washers, etc.
- Wearing clothes several days
- Inconsistent grooming

Lack of Personal Space After School

- Consistent lack of preparation for school
- Incomplete or missing homework
- Unable to complete special projects
- Lacking basic school supplies
- Loss of books and supplies on regular basis
- Elevated concern for safety of belongings

Social and Behavioral Concerns

- A marked change in behavior
- Poor/short attention span
- Poor self-esteem
- Extreme shyness
- Unwilling to form relationships with peers & teachers
- Difficulty socializing at recess or lunch periods
- Difficulty trusting people
- Aggression
- "Old" beyond years
- Overly protective of parents
- Clinging behavior
- Developmental delays
- Fear of abandonment
- School phobia (afraid to leave parent)
- Anxiety, especially late in the school day

Reactions or Statements by Parents, Guardians, or Students

- Exhibiting anger or embarrassment when asked about current address
- Avoidance of questions related to current address
- Statements about staying with grandparents, other relatives, friends, or in motels & campgrounds
- Statements such as:
  - "I don't remember the name of the last school."
  - "We've been moving around a lot."
  - "Our address is new; I can't remember it."
  - "We're staying with relatives until we get settled."
  - "We're going through a bad time right now."

Adapted from flyers developed by the Illinois & Pennsylvania Departments of Education. For more information on homeless education, visit the National Center for Homeless Education website at: nche.ed.gov

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Early Childhood Education for Young Children Experiencing Homelessness

Submitted by Kristi Walter, McKinney-Vento State Coordinator, West Virginia Department of Education

Children experiencing homelessness represent one of our most vulnerable populations. When youngsters are unhoused, the impact can last a lifetime. The McKinney-Vento Act acts as a stabilizing support to disrupt the trauma that homelessness often causes. By prioritizing early childhood education and addressing the unique needs of homeless students, West Virginia can foster a more inclusive and supportive learning environment for this population of youth.

Laying the Foundation for Success

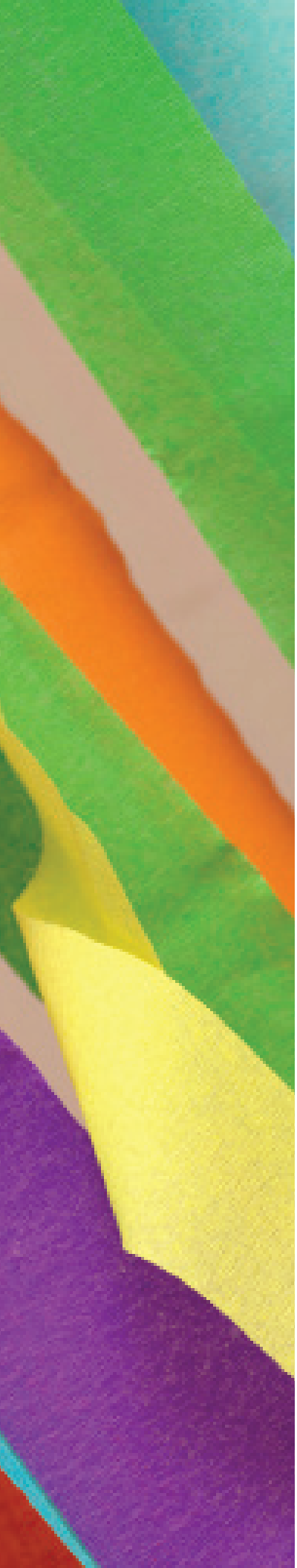
Early childhood education plays a pivotal role in shaping a child's development. For young children experiencing homelessness, early childhood education programs can mitigate the adverse effects of their circumstances and prepare them for future success. In this article, we explore the importance of early childhood education, challenges faced by homeless children, collaboration strategies, and support provided to children under the McKinney-Vento Act.

Nurturing Resilience: Early Childhood Education

The early years of a child's life significantly impact brain development. High-quality early childhood education programs lay the foundation for cognitive, social, and emotional skills. For young children experiencing homelessness, this becomes even more critical. Approximately half of children in federally funded emergency and transitional housing programs are age five or younger. These vulnerable children not only face achievement gaps but also the trauma of instability and stress. Homelessness during infancy and toddlerhood disrupts the sense of safety and security, affecting brain development and emotional well-being. Early childhood programs play a crucial role by providing stability, routine, and a safe environment. By participating in early childhood education, these young learners have a better chance of healthy development despite their challenging circumstances.

Early Childhood and Homelessness in West Virginia

Under the McKinney-Vento definition of homeless, individuals who lack a fixed, regular, and adequate nighttime residence qualify for support from local school districts. This includes those living in shelters, motels, cars, or temporarily staying with others due to loss of housing, economic hardship, or other similar circumstances. During the 2021-2022 school year, certified data from Ed Data Express, a data reporting tool from the U.S. Department of Education, revealed that 9,154 students in West Virgin-



ia were identified as homeless. Among them, 419 students fell within the age group of 3 to 5 years old, representing approximately 4.5 percent of the total homeless student population in the state.

To ensure that districts effectively identify younger students facing homelessness, collaboration is essential. The homeless liaison for each district should actively engage with local early childhood programs. By spreading awareness about McKinney-Vento support, these liaisons can help educators recognize and assist homeless children in their care.

Moreover, districts should enhance their enrollment and residency forms. Including specific questions related to living situations can help flag students who meet the McKinney-Vento definition of homelessness. Additionally, these forms should encourage conversations about younger children in the home who could benefit from targeted support.

Early Childhood Education and Support under the McKinney-Vento Act

Under the McKinney-Vento Act, homeless children who meet the outlined definition are entitled to a free, appropriate public education, including preschool education. Public preschool programs are defined as programs for children aged 0-5 that receive funding from public sources. The Local Education Agency or school district must act as the fiscal agent for the program or be responsible for providing the services. Eligible children may attend preschool or participate in home-based programs. Children experiencing homelessness have rights and are entitled to services that support their education. These rights and services include:

<u>Immediate School Enrollment:</u>

- Students experiencing homelessness have the right to immediate enrollment in school, even if they lack typical enrollment documents such as proof of residence.
- It is important to note that programs do not have to exceed capacity or enrollment limits. If a classroom is at capacity, the student should be referred to the closest program with an available spot, or placed on a waiting list and prioritized to fill any open spot that becomes available.

<u>Staying in the School of Origin:</u>

- Students experiencing homelessness can remain in their school of origin until the end of the academic year after moving into permanent housing.
- Transportation to and from the school of origin must be provided, if it is determined to be in the child's best interest to stay in their school of origin and at the request of the parent/guardian.

Supportive Services:

- The McKinney-Vento Act ensures that students experiencing homelessness receive necessary services, including transportation, school supplies, and access to free meals.
- Schools collaborate with community agencies to provide additional support, such as tutoring, counseling, and referrals to health services.

Education Stability:

- Schools must minimize disruptions to a homeless student's education by ensuring continuity in their schooling.
- If a student changes schools due to homelessness, the receiving school must immediately enroll them and help transfer records.

Dispute Resolution:

- The Act provides procedures for resolving disputes related to eligibility and enrollment.
- Schools must inform homeless families of their rights and provide information on how to address any issues.

Building Bridges: Collaborating for Early Childhood Success

Collaborating between early childhood programs and school districts is essential for creating a seamless educational experience for young learners. Effective strategies and best practices include establishing shared advisory bodies, creating formal relationships, conceptualizing cross-system projects, implementing data sharing and referral systems, and promoting principal preparation. By implementing these strategies, we can bridge the gap between early childhood and K-12 education, creating cohesive and supportive learning environments.

Fostering Hope and Resilience – A Pathway Forward

In the intricate tapestry of early childhood education, we find the threads that weave together hope, resilience, and opportunity. For homeless children, these threads are often frayed by adversity, yet they hold immense potential. By embracing the provisions of the McKinney-Vento Act, educators, policymakers, and communities can mend those threads, creating a safety net that lifts young learners toward brighter futures. As we champion inclusive language, reflective practices, and nurturing environments, we not only educate minds but also nurture hearts. Every child, regardless of their housing situation, deserves a chance to flourish. Let us continue to build bridges, break down barriers, and lay the foundation for success—one compassionate interaction at a time.

ACDS: 35 Years and Counting

Submitted by Jennifer Conkle, MA, ACDS Statewide Project Manager

The Apprenticeship for Child Development Specialist Program (ACDS) is a collaborative project between the U.S. Department of Labor Office of Apprenticeship (USDOL/OA) and River Valley Child Development Services (RVCDS). Funding for the program is provided as a grant from the West Virginia Department of Human Services. ACDS is a training opportunity for individuals employed in the field of early care and education. Upon completion of the program, graduates receive a nationally recognized certificate as a Child Development Specialist from the USDOL/OA.

ACDS was the first early childhood apprenticeship program in the United States. The idea of a long-term training program for those employed in early care and education was conceptualized by Dr. Norma Gray, the former executive director of RVCDS. She saw a need for child care providers to receive in-depth professional development for a prolonged period. She presented the idea of an apprenticeship to the WV State Director of USDOL/OA, and a partnership began. The early childhood apprenticeship program is designed like all apprenticeship models, with a blend of required work or training hours and classroom instruction. ACDS requires a minimum of 3200 hours of on-the-job training and 288 hours of related instruction. Participants must work at least 20 hours a week directly with young children, ages birth to three. These hours must be paid, not volunteer hours. Instruction is divided into fall and spring semesters, and students must complete four semesters of classroom instruction.

The program began in 1989 with one class of students in Cabell County. That class finished in 1991 with 17 graduates. The program grew quickly, and by 1995 there were 24 classes in 25 counties. Today, the ACDS program serves all 55 counties in WV, and offers 30 classes a semester. The curriculum was written to be taught in-person, but because of COVID and the quarantine mandates it was adapted to also be used on a virtual platform. Although, the majority of ACDS classes are still taught in-person, at least one class of each of the four semesters is taught virtually each term.

ACDS has served as a role model for other early childhood apprenticeship programs throughout the United States. ACDS has been recognized multiple times for its innovation and longevity. The program continues to grow and adapt to best meet the needs of its participants. In the past five years, the average number of students that completed all four semesters of coursework was 104, and to date there are approximately 3,776 journeypersons (graduates that received their DOL certificates). ACDS is the second largest apprenticeship in the state of WV.

The ACDS curriculum most recently completed a full revision in

2018. The curriculum is currently under revision again to ensure that the information taught to students reflects the most current and accurate research in early childhood. The curriculum teaches child development from birth to age 12. Apprentices gain knowledge in a wide variety of topics, including temperament, diversity, assessment, observation, disabilities, nutrition, literacy, language, relationships, health, safety, attachment, and STEAM. Information on professionalism, self-care, and community resources are also part of the curriculum.

RVCDS hires new instructors each year as needed to meet the class demands. Instructors are part time staff that have experience working in early childhood and a minimum of a bachelor's degree in early childhood education or closely related field. Instructors are provided with the ACDS curriculum and made aware of all program policies and procedures. All homework and quizzes are developed by ACDS and utilized by all instructors. There is also a statewide grading rubric that all instructors use when grading assignments. Instructors support students in numerous ways, including answering questions, facilitating discussions, observing them in the classroom, and providing feedback on assignments.

Participants of the ACDS program are referred to as apprentices. Apprentices attend class for 2.5 hours a week, for 15 weeks a semester. Apprentices are assigned three homework assignments each week that are due the following class. Attendance is mandatory because the time spent in class and on assignments must accumulate to the amount required by the USDOL/OA. Students can only miss three classes a semester and penalties are applied to the second and third absences. Apprentices must receive at least an 80 percent to successfully complete a semester. Apprentices that do not pass or choose to sit out a semester have two years to return and pick up where they stopped. After two years, participants must start over with the first semester. If an apprentice becomes unemployed after the semester begins, they can continue with the current semester, but they must find employment before starting the next semester. If they are unsuccessful in securing an early childhood position before the subsequent semester, they still have two years to return and pick up with the semester they stopped.

Participants that have completed WVIT I within 18 months of starting ACDS can skip the first semester and start in second semester. These participants will need to provide ACDS with a copy of their WVIT I completion certificate as part of the registration process. This certificate must be submitted before starting ACDS classes. Apprentices can claim the hours they were in WVIT I class as professional development toward their required on-the-job training hours.

In addition to claiming hours while participating in WVIT I, all apprentices are eligible for previous experience credit hours. Previous experience is paid work hours that were done before beginning ACDS. Apprentices may claim work experience from 3 months to one year. There is an application that must be completed and verification documents that must accompany it.

To register for an ACDS class, participants must complete two tasks. The first task is to complete an orientation that aligns with the semester they are entering. All four orientations are on WV STARS. To access, participants must be either on the WV STARS pathway or registry. Secondly, participants must submit a $25.00 registration fee to the ACDS office. The registration fee can be paid by check, money order, or card. Each semester there is a deadline to complete both steps of the registration process. Anyone completing registration after the deadline is not guaranteed a spot in the current semester and the registration fee increases to $30.00.

Registration opens July 1 for fall semesters and November 1 for spring semesters. For the class schedule and all information related to registration, participants are encouraged to visit the ACDS website, www.wvacds.org.

As an employer sponsored program, ACDS recognizes the important role that employers play in the education of their workers. Employers can assist staff in becoming successful students in the ACDS program. Ways that employers can support apprentices include allowing access to laptops/desktops, reviewing homework, completing supervisor evaluations, providing classroom support, covering registration fees, and inquiring about what students are learning.

ACDS encourages apprentices to continue their education after becoming journeypersons. ACDS has articulation agreements with community colleges across WV which allow students to receive credit hours toward an associate or bachelor's degree in early childhood. The number of credit hours varies depending on the college and degree the individual pursues.

There are also ways to be involved in ACDS, other than teaching or being a student. Throughout the state, there are local councils that meet twice a year to discuss the program and how to best implement it in their counties. Those meetings can be attended both in-person or virtually. There is a list of local councils and their contact person on the ACDS website, www.wvacds.org. Serving on the local council is a volunteer position.

Another way to support the program is to be an ACDS mentor. Mentors provide support to apprentices that do not have direct supervisors, such as family providers and directors. Mentors must be a journeyperson or have at least a bachelor's degree in early childhood or related degree. Mentors may meet in-person or virtually with their mentee, depending on the location of both. Mentors are contracted for their service and are paid according to the terms of that contract. If mentoring sounds like something you may be interested in, the information can be found on the ACDS website, www.wvacds.org.

The ACDS program continues to evaluate how to best meet the professional development needs of early childhood educators throughout WV. ACDS has proven to be a long-term training program that has successfully trained numerous professionals over the past 35 years. Its longevity can be contributed to the willingness of the early childhood community to collaborate and support each other with the goal of quality early childhood programs in mind.

Summer Gross Motor Activities
Submitted by Renee Y. Stonebraker, RS

1. Create an outdoor obstacle course using hula hoops or bean bags.

2. Using sidewalk chalk outside, play hopscotch or draw a curvy line and have the children follow the line.

3. Organize a relay race. Instead of just running, try different types of exercises, such as jumping, hopping, skipping, shuffles, and bear crawls.

10 Ways to Keep Kids Active this Summer. (2015, June 30). Retrieved from https://stuffedsuitcase.com/10-ways-to-keep-kids-active-this-summer/

Sullivan, C. (2017, December 10). 35 Fit, Fun and Mostly Free Activities for Kids. Retrieved from http://prettywellness.com/active-kids-summer/

Sidewalk Chalk Games For Kids – The Pinterested Parent. (2017, April 17). Retrieved from https://thepinterestedparent.com/2016/09/sidewalk-chalk-games/

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

Parent Blocks
NEWSLETTER

"Providing resources to parents throughout West Virginia"

Volume 20, Issue 3, Summer 2024

Be Sun Smart

Just a few serious sunburns can increase your child's risk of skin cancer later in life. Adults and children need protection from ultraviolet (UV) rays whenever they're outdoors. Here are some strategies to protect your child from sun damage.

Seek shade when necessary. UV rays are strongest and most harmful during midday, so it's best to plan indoor activities then. If this is not possible, seek shade under a tree, an umbrella, or a pop-up tent.

When possible, cover up with long-sleeved shirts and long pants and skirts to provide protection from UV rays.

Wear a hat that shades the face, scalp, ears, and neck. If your child chooses a baseball cap, be sure to protect exposed areas with sunscreen.

Wear sunglasses. They protect your child's eyes from UV rays, which can lead to cataracts later in life.

Use a sunscreen with at least SPF (sun protection factor) 15 every time your child goes outside. For the best protection, apply sunscreen generously 30 minutes before going outdoors. Don't forget to protect ears, noses, lips, and the tops of feet.

Using these sun safety tips, find ways to enjoy summer activities.

- Reprinted from cdc.gov

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

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

West Virginia Birth to Three Growing Together

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.

Keep Your Children **Healthy** This Summer

Physical Activity

- Help your kids and teens get 60 minutes of physical activity every day! Check for free or low-cost sports camps at their school or the local rec center—or get active by walking, biking, or roller skating as a family during your summer vacation.
- Play fitness bingo or other creative games when you're with a group of friends for fun ways to pass time while also getting your bodies moving.
- After a fun day of play, help your child wind down and get a good night's sleep. Find out how much sleep your child needs.

Nutrition

- Getting enough water every day is important for your child's health. Help your child choose water over sugary drinks.
- Stay energized by trying these healthy eating ideas.
- School meals are free for all kids this summer! Check your school's or school district's website for more information.

Enjoy summer activities safer when you are fully vaccinated!

Help protect your whole family by getting yourself and your children 12 years and older vaccinated against COVID-19.

Social Emotional Learning

- Dancing to music from other countries and languages can strengthen the ability to empathize with others from diverse backgrounds and cultures. Try dancing, for example, to hits from around the world or other multicultural music options.
- Try summer activities, for example, that can help continue teaching social and emotional learning.

Reprinted from cdc.gov

Summer Safety

Submitted by Candy Morgan, RN

Summer is the favorite time of year for many children, but summer activities can be harmful if we are not safe. The hot sun puts children at risk for dehydration, sunburn, and other heat-related illnesses. While swimming, bicycling, and picnics are great activities for summer days, these activities also present opportunities for injury.

Here are some safety tips to keep your children safe while they enjoy the outdoors:

- Keep watch to prevent drowning. Actively supervise children at all times while in or around water. Young children should be within arm's reach while in water.
- Monitor children for signs of heat exhaustion. Milder symptoms such as heat cramps or heat exhaustion can lead to heat stroke if left untreated.
- Protect skin from sunburn. Apply sunscreen with a minimum of 15 SPF (sun protection factor). Sunscreen should be applied prior to going outside and reapplied as necessary per the manufacturer's recommendations.
- Avoid insect bites. Use insect repellant as directed, no more than 30% DEET. Apply repellant only where skin is showing, avoiding the hands.
- Stay hydrated. Active children sweat and lose fluid. Encourage children to take frequent breaks and drink water while playing outdoors.
- Practice bike safety. Wearing a properly fitting helmet is the best way to prevent a serious bicycle injury.
- Be prepared. Always have a first aid kit, with gloves, to address those minor scrapes that occur while playing outdoors. Carry emergency medication with you at all times.
- Handle food safely when eating outdoors. Wash your hands before preparing and/or eating. Keep food at the proper temperature. Do not leave food sitting out, refrigerate it after eating.

If you would like more information about summer safety tips, join us for our Summertime Safety training.

Check the WV STARS calendar or reach out to one of the Child Care Nurse Health Consultants to schedule a session. http://www.wvearlychildhood.org/Nurse_Health_Consultants.html

Information obtained from Healthchildren.org