The WV Pre-K Child Assessment System

Formative Assessment Using Digital Storytelling

Assessment vs. Screening
Janie Humphries, president of the Southern Early Childhood Association (SECA) was honored and surprised to win the Ann Nutt Bench at the Celebrating Connections Conference in February, 2011. “I feel I know Ann from the many stories and comments I have heard from West Virginia Association for Young Children members and other people in West Virginia,” Humphries said. “West Virginia's children and families were fortunate to have had someone like Ann supporting them. I am sorry I never met her.” Jane donated the bench to the Early Childhood Education Center (ECEC), a teacher training center on the Louisiana Tech University in Ruston, LA. Here is a statement from the director of the ECEC.

“Thank you so much for the donation of the wooden bench to the Early Childhood Education Center. The bench has been a wonderful addition to our classroom. When the bench arrived, the children were so enamored with it, we decided to leave it inside the classroom rather than move it outside. We have it placed in the rug/meeting area of the classroom. It is the perfect height for teachers to sit on to talk to the children during our meeting/teaching time. The children love the bench. It is the perfect size for them to perch on. Many times I have looked over to see a child sitting on the bench, imitating me, reading a book to a make believe class. They have found the bench to be a perfect horse to ride on. As evidenced in the picture the bench is very popular to use as a puppet theatre. Those are just a few things it has “morphed” into using the children's imaginations!

Many people comment on the bench when they walk into the school. It is very unique and very well-made. The wood is beautiful. Thank you so much for such a wonderful, lasting gift.”

Sincerely,
Laura Chestnut, Director
Early Childhood Education Center, School of Human Ecology, Louisiana Tech University
Screening is defined as a brief evaluation designed to identify children who are at risk for health problems, developmental problems, and/or disabling conditions and who should receive more intensive assessment. Screening does not lead to a conclusion about whether a child has a developmental or health condition; however, the results of the assessment or evaluation done after the referral may lead to a diagnosis.

The screening process should begin when a child enrolls in a program and a partnership with the family begins. It is the first opportunity to work together with the parents to learn more about the child and support the parent-child relationship.

Assessment is a process of collecting and recording information through the use of multiple tools to evaluate a child’s abilities and skills at a given point and measure progress over time with respect to developmental domains. Assessment happens on a continual basis, is embedded in regular curriculum and schedule, and results in a variety of education decisions about children and programs.

Ongoing assessment continues throughout the child’s enrollment using strategies such as observations, anecdotal notes and work samples. Assessment identifies the child’s unique strengths and needs. It is used to determine what skills and information the
child has and in what situation the child uses them.

The assessment process also considers the next level of skills and information that the child should be acquiring. The assessment process may utilize multiple sources of information on all aspects of each child's development and behavior, including input from families, teachers, and other relevant staff who are familiar with the child's behavior.

Ongoing assessment helps support staff in communicating and working with parents and families, planning and individualizing learning experiences to meet different children's needs, and identifying other relevant services. (Definitions from Office of Child Care, Office of Head Start)

So how can the information gathered about children be used? The following suggestions can help make good use of assessment information:

- Plan on a daily, weekly, and long-term basis to provide what children need to learn and thrive
- Use assessment information to individualize for children. This may include adapting the environment, materials, or daily routines to be responsive to individual children's interests, needs, and strengths
- Use professional organizations such as NAEYC or curriculum guides as a resource for assessment and curriculum
- Make follow-up plans to ensure children master the skill or concept, and give careful thought to where the child might go next

Remember, assessment evidence should be gathered in realistic situations. Ongoing, regular observations within the natural environment are more likely to reflect what children do on an everyday basis and reveal the full extent of what they are capable of doing and understanding.

Observations should also occur across different settings, such as indoors, outdoors, and during interactions with peers, familiar adults and strangers (NAEYC, Basics of Developmentally Appropriate Practices).

"Assessment happens on a continual basis, is embedded in regular curriculum and schedule, and results in a variety of education decisions about children and programs."
Assessment of children’s learning and development is a necessary and critical aspect inherent in high-quality early childhood programs. Historically, the assessment of young children has focused on the processes of development of young children, with related emphases on the “environments, interactions, materials, and activities” associated with programming (Washington State Office Superintendent of Public Instruction, 2008). Research has shown that developmentally appropriate, meaningful assessment methods can result in increased linkages to classroom instruction and planning, as well as professional development (Snow & Van Hemel, 2008).

Recent federal, state, and local initiatives have resulted in an increased focus on the examination of learning outcomes of all children. To align with these trends, the process of assessment for Pre-K programs has become a focal point of West Virginia’s Universal Pre-K system.

In July 2010, the West Virginia Department of Education launched its Office of School Readiness (OSR) and expanded a commitment to ensuring the appropriateness and usefulness of assessment processes for WV Pre-K programs. The Office of School Readiness and multiple collaborative offices and partners have developed a comprehensive authentic assessment system to help ensure the interactions, competencies, experiences, and skills of children participating in WV’s Pre-K programs are assessed using appropriate measures.

Moreover, the multi-collaboration design of the system assists with meeting reporting needs for programs and families.
The following groups have worked together to develop this system:

- WVDE Office of School Readiness
- Head Start State Collaboration Office
- WV Department of Health and Human Resources
- WVDE Office of Special Programs
- WVDE Office of Information Systems
- WVDE Office of Research
- WVDE Office of Title III
- WVDE Office of Healthy Schools
- Early Learning Scale 2011 Trainer Cadres
- WV Pre-K Continuous Quality Improvement Advisory Council

The WV Pre-K Child Assessment System is designed to provide meaningful supports for Pre-K educators, families of Pre-K children, Pre-K administrators, as well as kindergarten educators to help guide the processes associated with authentic assessment.

The WV Pre-K Child Assessment System is comprised of multiple areas which provide a holistic picture of children’s development over time. A primary component of this system is the National Institute for Early Education Research’s (NIEER) Early Learning Scale. A formative, on-going, performance-based assessment tool for the classroom, the Early Learning Scale provides teachers the opportunity to observe children’s development over time (Riley-Ayers & Frede, 2010). This process, coupled with information regarding children’s development across all domains of the WV Pre-K Early Learning Standards Framework, health information, English Language Learner progress, and special education progress, completes the WV Pre-K Child Assessment System.

The comprehensiveness of this system allows families, educators, and administrators to view the “whole child” across multiple learning domains as he/she progresses developmentally. Daily, WV Pre-K educators will collect evidence based on all domains of the WV Early Learning Standards Framework so they can make educated, informed decisions regarding children’s placement on the Early Learning Scale three times per year.

Beginning with the 2011-2012 school year, all WV pre-k programs, stand-alone 3-year-old Head Start Programs, and home-based Head Start Programs will utilize the WV Pre-K Child Assessment System to ensure ongoing, authentic child assessment. This system includes a rigorous professional development model for all Pre-K educators in WV. The training is comprised of up to 18 hours of professional development specific to the Early Learning Scale and early childhood assessment.

As evidenced through a growing body of research, the extent to which an assessment system is effective largely depends on the reliability of those conducting the assessments (Epstein, et.al, 2004). As mentioned previously, all WV Pre-K educators will engage in WV Pre-K Child Assessment System professional development to become reliable on the Early Learning Scale. ELS trainers are currently implementing the educator training roll-out of the instrument, and an online reliability piece tentatively scheduled for early winter will help ensure educators using the ELS are reporting quality data.
Early childhood assessment is currently undergoing a positive transformation throughout the WV Pre-K System. Using focused evidence to guide educators’ intentional planning, classroom practices, and interactions with both individual and small groups of children are goals of the WV Pre-K Child Assessment System.

For additional information about WV Pre-K’s implementation of the WV Pre-K Child Assessment System, contact Monica DellaMea Harless, Coordinator, Early Childhood Assessment and School Readiness, at (304) 558-5325 or mdharless@access.k12.wv.us.

References:


WVAYC Hosts “Be Choosy Be Healthy” Workshop

Submitted by Polly Steele, Vice President, WVAYC

Early childhood educators and community partners learned fun and active ways to help children get up and get moving when the West Virginia Association for Young Children (WVAYC) hosted a one-day workshop at the Bridgeport United Methodist Church on July 28, 2011.

Brandon Williams, master trainer for Choosy Kids, offered practical, easily adaptable tools that participants could take back to their centers and begin using right away. He introduced activities that “increase body awareness and support appropriate motor development skills.”

Attendees were challenged to be aware of what the body can do, how the body moves, where the body moves, and how our bodies need us to eat and drink healthy.

Ideas were shared on how to use vocabulary and children’s terms to describe movements which they can do and enjoy. Scarves and yarn ropes could be seen swaying, swinging, hopping, sliding and skipping across the room to the delight of everyone participating.

For more information about WVAYC or to see about upcoming events hosted by WVAYC, visit www.wvayc.org.
WVCHIP is a low-cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

Who Qualifies for WVCHIP?

- **Age** - Children under 19.
- **Income** - Qualifying income is based on the family’s monthly or yearly gross income (before taxes) and family size.
- **Co-Payments** - WVCHIP Gold and Blue groups do not have co-pays on preventive care, dental, vision, or generic prescriptions.
- **Insurance** - If your child is covered by another health insurance plan, or was covered in the past 3 months, the child may not be eligible.

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Visit [www.chip.wv.gov](http://www.chip.wv.gov) for more information.
Formative Assessment in the Preschool Classroom Using Digital Storytelling

Submitted by Erica Sauer and Jennifer Sanner, Universal Pre-K Teachers, Hancock County Schools

Most teachers are familiar with the concept of summative assessments. Summative assessments are given periodically to determine what a student knows at a given point in time. Examples of summative assessments include end-of-the-unit tests, end-of-semester exams, and state standardized tests. The main goal of summative assessment is to make a judgment about student competency at a specific point in time.

However, most summative assessments used in the preschool classroom are as ineffective as they are inefficient. (Ayers, Jacobs, Boyd, Colon, Frede, Brenneman, 2010). Preschool assessments need to be more than merely a test at the end of a project study. Classroom assessments should be used to guide teachers in an ongoing manner as they make instructional decisions, and as a way to provide feedback to students. This type of assessment is known as formative assessment.

Formative assessment is done for the students, and not just to the students. It is also useful for teachers, as they use the results of formative assessment to improve instructional methods and student feedback throughout the teaching and learning process. With the launch of the new WV Early Learning Scale Assessment, Pre-K teachers across the state have been reflecting upon new ways to capture rich observations and student work samples. Digital storytelling incorporates all of the Early Learning Scale Domains as well as the WV 21st Century Technology Standards.

Digital storytelling can be used as an effective and time efficient formative assessment strategy in the preschool classroom. A digital story can be defined as a story that incorporates images, graphics, video, music, and sounds together with an author’s own story voice. It engages students in critical thinking, research, writing, creativity, and communication and encourages them to be the creators of knowledge (Miller, 2009).

Digital storytelling can be used as an ongoing assessment that does not need to be an additional task for teachers if it is available as a center during play time. When done as part of the every day preschool routine, digital storytelling can help build 21st Century skills that children will need to be successful in school and later on in the workforce.

How to get started

Allow children access to digital cameras in the classroom. Teach them how to photograph pictures of objects and people based on their interests. Teach
and assist them to upload their digital pictures into Microsoft Photo Story. Encourage the students to work in self selected small groups to select the theme of their story, choose photographs, and provide narration using a recording microphone.

Digital stories can be played during group meeting times and shared with student’s families. Due to the repetitive and egocentric nature of the activity digital storytelling helps to improve the students understanding of content.

Digital storytelling also engages students in active reflective learning which is critical to improve higher level thinking skills.

Digital stories are not hard, complex tasks; if you can create a PowerPoint you can create a digital story.

First, you have to check that the proper software is downloaded onto your computer. Photo Story 3 is a free software application offered through the Microsoft Corporation. Photo Story 3 is a software application used for Windows based operating systems to create visually compelling and fun stories using your pictures and music.

Once you have the Photo Story 3 application software downloaded, you can then begin the digital story process. The process is the same each time you create a digital story. The following is an easy step-by-step directive on how to create digital stories.

Creating a Digital Story using Photo Story 3

1. Click Start, point to All Programs, and then click Photo Story 3 for Windows.

2. On the Welcome page, click Begin a New Story, and then click Next.

3. On the Import and arrange your pictures page, click Import Pictures.

4. In the File Browser dialog box, browse to My Documents\My Pictures\Sample Pictures.

5. Add all of the pictures listed. To add more than one picture at a time, press and hold the CTRL key and click on the pictures you want to add, and then click OK. All of your pictures should now be present in the filmstrip, as shown in the following screen shot.

6. When you are finished making changes to your pictures, click Next to continue.

7. Text can be added to your pictures; click on the Add a title to your pictures page, click the first picture, and then type your text in the text box to the right of the picture. Font style, size location and appearance can all be selected at this point. This step can be repeated for as many pictures as are in the story.

8. When you are finished adding text to your pictures, click Next.

9. You can add narration and customized effects to your photo story to make it more unique and personal. To add narration to your story you need to have a working microphone attached to your computer and set up correctly. A wizard will help you set up your microphone to record narration. On the Narrate your pictures and customize motion page, click the Microphone button. This will launch the Sound Hardware Test Wizard. Complete the wizard by following the onscreen instructions. Once you have completed the wizard, your microphone should be ready to record narration.

10. Click a picture in the filmstrip and then click the Record Narration button to begin recording. The red dot in the record button will flash indicating recording is taking place. A timer is provided to help you keep track of your narration length. When you have finished narrating the picture, click the Stop Recording button. This process repeats with each photo narration.

11. Once you have added narration, click the first picture in the film strip, and then click Preview to see how your story looks and sounds. Once you have previewed your filmstrip and have made any revision you feel necessary close the preview window, and click Next to continue to the next step.
12. With Photo Story 3 you can add music to your story by using Windows Media Audio (WMA), MP3, or WAV files or by using the Create Music option to create custom music. Note music may overshadow student’s dialogue music is usually used when narration is not present.

13. On the Save your story page, verify that Save your story for playback on your computer is selected in the activities list.

14. Click Browse to specify the location and file name of your story. Click on the Save As dialog box, and browse to My Documents\My Videos. Click Save, and then click Next.

15. Your story is complete! To view your story Windows Media Player will open and your story will begin to play. Have fun and enjoy creating digital stories with your students!

Now you know background knowledge, educational strategy usage and the steps in which a digital story is created. You and your students can create vivid digital stories filled with self reflection and creativity.

Resources

63rd Annual SECA Conference
Hyatt Regency San Antonio
San Antonio, Texas
February 2-4, 2012

Save the Date!

Photo Courtesy of the San Antonio Convention & Visitors Bureau
The early childhood community was privileged to know and work with Ann Nutt, the West Virginia Department of Health and Human Resource’s Director of Early Care and Education Quality Initiatives. Early childhood professionals across West Virginia were greatly saddened by her death on October 16, 2006.

Ann was a dedicated member of the West Virginia Association for Young Children (WVAYC). She worked passionately for the children of West Virginia. Ann’s first experience in the early childhood field in West Virginia was as director of the Lighthouse Child Care & Development Center in Charleston, WV.

Because of her high esteem for child care directors and her belief that the Southern Early Childhood Association (SECA) conference was an excellent way for child care directors to increase professional development in their field, WVAYC in conjunction with Ann’s family, has set up a scholarship fund for directors of child care centers to attend the annual SECA conference. This will be a way to continue the work Ann started in the early childhood field.

If you are a child care director, assistant director, or family home provider and would like to be considered for the Ann Nutt Memorial Scholarship, please complete the application form on the following page.

The scholarship is for $750. This covers registration fees and some travel and lodging expenses. Additional expenses over $750 are the responsibility of the recipient of the Ann Nutt Memorial Scholarship.

The 2012 SECA conference will be on February 2-4 in San Antonio, Texas. For more information about the annual SECA Conference go to www.southernearlychildhood.org.

The West Virginia Association for Young Children (WVAYC) is dedicated to ensuring the availability of high quality early childhood programs. Efforts are focused on supporting and expanding opportunities for early childhood professionals and being an effective leader in advocating early childhood issues.

Join WVAYC, SECA and NAEYC and become part of state, regional and national campaigns to provide excellent education for all children from birth through eight.

For more information contact, Helen Post-Brown, President, West Virginia Association of Young Children, 1-304-366-8590 or sunbeamccc@aol.com.
Ann Nutt Memorial Scholarship Application Form

This memorial scholarship is for $750 to attend the SECA Conference, February 2-4, 2012 in San Antonio, Texas. Additional expenses incurred over and above $750 will be the responsibility of the scholarship recipient.

Full Name:____________________________________________________________________

Child Care Center:______________________________________________________________

Position:______________________________________________________________________

Address:_____________________________________________________________________

Phone:_______________________________________________________________________

Fax:_________________________________________________________________________

E-Mail:_______________________________________________________________________

Please answer on a separate sheet of paper the following question in 500 words or less:

Explain how attending the SECA Conference will help you meet your professional goals.

(Typed and double spaced)

Deadline: Postmark by Friday, November 11, 2011

Send to
Helen Post-Brown, WVAYC
1654 Mary Lou Retton Drive
Fairmont, WV 26554
SunbeamCCC@aol.com
Fax: 1-304-366-5006

Visit www.wvayc.com for more information
An anecdotal record is a detailed description of a specific behavior or interaction as it occurs (Beaty, 1986). When a teacher observes children engaging in a behavior, this sheds light on their development. By documenting at the time of the behavior, the information can result in a rich array of developmental information about individual children that can be used in a variety of ways. The purpose of the assessment is to gather meaningful information about children in order to make decisions in their education and development.

There are tools that can be used when observing a child that will help develop an anecdotal record. Examples of this include:

- narrative records
- checklists
- rating scales
- time sampling (recording a specific behavior frequently)

When recording observations on children, record only the facts about the child’s behavior or actions. Avoid being judgmental, such as, “Robbie was being mean,” or “Sheryl was being nice,” or “Chris seems delayed.” Avoid interpreting a child’s intentions.

Although anecdotal records can be very time consuming, the advantages will provide meaningful and detailed information about children’s development and behaviors in all domains. Observing a child in the classroom setting, by using anecdotal records, may reveal a task that was missed on your initial assessment. Set aside time each week to observe each child, if only for a minute, and assess as many domains as possible. If, with a checklist, one or two domains have been missed, make a point to observe the child using that skill. Most children will have the opportunity to reach every domain during the day, observing them is the challenge.

The domains that should be included when observing a child are: fine and gross motor, cognitive, social/emotional, and language.

Teachers plan around children’s skills and interests. It is often difficult to decide what and how to set up the classroom. How does a teacher decide which puzzles to place on the shelf or which group learning experience to offer? With careful observation and anecdotal records, a teacher can use this information to plan her activities. This approach is called emergent curriculum. With careful observations and knowing children’s skills and interests, a teacher can plan learning opportunities that are exciting and beneficial to her students.

Teachers can rely on anecdotal records to keep families informed about their child’s progress. Using a portfolio and
keeping detailed observations, pictures, stories and art work from the children is an essential tool for sharing during a home visit or parent/teacher conference.

Anecdotal records are very useful in tracking a child’s development over time. When the initial assessment is done in September, then again in November, and anecdotal notes show no progression or improvement, the teacher may ask a specialist to do an additional assessment. Intervention done at a very young age may eliminate problems later on.

Keeping anecdotal records is an important responsibility for early childhood professionals. Careful and regular recordings on a child’s development has many benefits for teachers, families, and children. Assessments are done on children throughout their school years. Anecdotal records are one of the many, but most useful tools, for early childhood teachers.

(Some references used from article by Laura McFarland Ph.D. 2008)

Sample of An Anecdotal Record

Domain: Fine Motor/Cognitive
Oct 1, 2004 - 3yrs - 8mos
• Johnny spent 2 minutes at the art table today
• Used scissors, with difficulty, but cut paper
• Made a collage using approximately 10 items

Dec 5, 2004 - 3yrs - 10mos
• Johnny in art area, cutting paper, scissors held properly
• Still difficult to cut using both hands, but cut paper
• Glued paper together, put stickers on top

March 8, 2005 – 4yrs - 1 month
• Johnny using samples of curved lines on paper - tracing each line, using scissors to cut the curved line, cutting with ease using scissors properly, taping each line together to make a road

“Anecdotal records are very useful in tracking a child’s development over time...The purpose of the assessment is to gather meaningful information about children in order to make decisions in their education and development.”
Assessing Effective Practices in Early Intervention
Submitted by Barbara Tucker, West Virginia Early Childhood Transition

Knowing how to assess best practice methods is an essential practitioner tool. A critical part of improving developmental and educational results for children with disabilities is using effective practices in early intervention.

There are several tools available on the Internet that can aid practitioners in strengthening their knowledge of best practices.

Organizations with Proven Expertise
The National Dissemination Center for Children with Disabilities (NICHCY) Web site lists the following “starter” connections to experts with a strong knowledge base of experience.

National Early Childhood Technical Assistance Center (NECTAC):
http://www.nectac.org/topics/

Early Childhood Research & Reference Portal:
http://nectac.org/portal/portal.asp

Early Childhood Community Web site:
A place to pose questions, share challenges, contribute ideas and join discussions related to the early childhood field, with an emphasis on early childhood inclusion.
http://community.fpg.unc.edu

Let the Children Play (to Learn!)
Play is a critical element of a child’s developmental progression. For those children with developmental disabilities, play is just as important. Here are some Web sites that provide hands-on information for playing and learning.

Games for growing:
Teaching your baby using early learning games.
www.researchtopractice.info/productSolutionsGG.php

Lap It Up:
Early learning through parent-child lap games.
www.researchtopractice.info/productSolutionsLU.php

Powerful Playtime:
Toys and learning for the very young child.
www.researchtopractice.info/productSolutionsPP.php

Literacy for Little Ones:
Activities to boost beginning reading, writing, and much more!
www.researchtopractice.info/productSolutionsLLO.php

Center for Early Literacy Learning (CELL):
Guides for parents and practitioners on promoting early literacy learning.
http://www.earlyliteracylearning.org/

Relationship Building
Building social and emotional skills can be a daunting challenge for children, but these skills will lay the foundation for relationships in the future. Here are a few Web sites that address relationships.

Reading the intentionality of young children:
Young children have many intentions that we can read by careful attention to their subtle movements and glances.
http://ecrp.uiuc.edu/v12n1/forman.html

Up Close and Personal:
Strengthening the parent-child relationship.
www.researchtopractice.info/productSolutionsUCP.php

Hands-on ways to build social emotional skills through everyday routines:
Guides for teachers/caregivers and parents.
http://www.vanderbilt.edu/esefel/resources/strategies.html#booknook
Addressing Behavior Challenges in Young Children

There are many theories and strategies on how to address challenging behaviors in children, but many are not based on developmentally appropriate practices. Here are a few Web sites that provide information on this topic.

**Accentuate the Positive:**
Strengthening positive child behaviors.
www.researchtopractice.info/productSolutionsAP.php

**Helping children learn that there’s a relationship between their behavior and its consequences:**
How delays affect a child’s speed in learning the connection between their behavior and the consequences it may have.
www.researchtopractice.info/productBridgesBBPecl.php

**Effective practices for preventing challenging behavior:**
This briefly describes several early intervention strategies, including: (a) arranging the classroom, (b) scheduling, and (c) implementing rules, rituals, and routines.

**The 6 steps of positive behavior support:**
From the Technical Assistance Center on Social Emotional Intervention for Young Children.
http://www.challengingbehavior.org/explore/pbs/process.htm

**Positive beginnings:**
Supporting young children with challenging behavior. Six online modules for inservice and preservice.
http://pbs.fsu.edu/return.html

**Teaching tools:**
“Teaching Tools” assist teachers in developing a plan to support young children
http://www.challengingbehavior.org/do/resources/teaching_tools/ttyc.htm

Assistive Technology for the Little Ones

Assistive technology is an important element of working with children with disabilities. The idea of assistive technology for children can be daunting, but it doesn’t have to be. Resources and information on this topic can be found readily. For more information on this topic, visit these Web sites.

**Using assistive technology:**
Research shows that using assistive technology can help young children with disabilities learn valuable skills.
www.taalliance.org/publications/pdfs/all7.pdf

**Really? Assistive technology for infants and toddlers with disabilities?**
The Tots ‘n Tech Research Institute has materials for families and early interventionists.
http://tnt.asu.edu/

**Assistive technology for preschoolers to support socialization:**
How AT can be used to help children express themselves, build friendships, explore their environment and reduce frustrations

**Using assistive technology with young children:**
Low-tech solutions so children can participate in activities and routines that require use of arms and hands.

**Funding assistive technology for children:**
www.nectac.org/~pdfs/pubs/atfunding.pdf
Save the date!
February 21-24, 2012
Charleston Civic Center

Come see keynote speakers
Shawn Brown & Steve Spangler
Research shows that people learn 50 percent of everything they know by the time they are 3 years old and 80 percent by the time they are 5 years old. Parents and early childhood teachers play a vital role in ensuring that children are in an enriched and nurturing environment to support their growth and development.

The West Virginia Infant Toddler Professional Development program (WVIT) is a prime example of one of these programs. This program is available to caregivers working in child care centers and family child care homes. It is a 50 hour, ten session program, which meets state mandated training requirements for center based infant/toddler caregivers.

WVIT is presented in four modules. These modules are: The Caregiver, The Family, The Child, and Quality Programs. Health and safety practices are addressed throughout the course.

These modules are designed to encourage caregivers to view themselves as professionals. Caregivers learn a deeper understanding of infant/toddler development and the important role they play in that development. WVIT also helps caregivers understand the how and why of developing positive relationships with the families of the children they serve. Caregivers learn the crucial elements for a quality infant/toddler program.

Each caregiver enrolled in WVIT receives two technical assistance visits from the instructor, which gives the caregivers one-on-one time with the instructor to deepen his or her understanding of what is taught in the classroom. Caregivers also receive materials and resources to support them in making positive changes in their learning environments. A stipend is also available to assist with expenses related to attending the WVIT classes.

To continue supporting the professional development of infant/toddler caregivers, WVIT II is on the horizon. Plans are in place for WVIT II to be piloted this fall in Child Care Resource and Referral Regions III and VI. WVIT II is project oriented and has an emphasis on primary and continuity of care.

Thumbs up for this one West Virginia!
We have all seen it happen with children. We have even done it ourselves. A box arrives to the house. You unpack it and suddenly the children are ecstatic. They begin to crawl into it, close themselves up inside, set it up straight and peer out the top, and then the laughing and giggling begins!

The box. It is an amazingly cheap toy for children that only requires a bit of imagination to create hours of play and entertainment. And why not? It was inducted into the National Toy Hall of Fame in 2006. Who knew when the first commercial cardboard box was made in 1817, by Sir Malcolm Thornhill, that it would become a wondrous object for children to explore! A plain cardboard box can suddenly turn into a race car, a rocket, a house, a fort, a cave, an airplane…the possibilities are endless.

Playing with boxes gives children the opportunity for growth and development in various ways. The experience provided through simple box play helps shape and develop a child’s sense of spatial awareness and proprioception skills, imaginative play and creativity, social and emotional development, fine and gross motor skills and cooperative play skills. This can take place with a small shoe box, a large refrigerator box, and every size in between.

When presented with a box, a child does not hesitate to seize the opportunity to climb right in. There is a magnetic pull between the two that is inevitable. With a simple box, a child can gain a plethora of knowledge, all disguised as play. The children in Suite 2 at the WVU Healthcare Child Development Center were engrossed in a two week lesson theme that blended the concepts of spatial reasoning/body awareness, independence, and positive social interactions into one great experience!

On the first day, after taping the boxes into tunnels, “dead ends,” and towers, the children were allowed to freely explore the boxes. The children manipulated their bodies--bending, crawling, crouching, and stretching--to fit into the different shapes and sizes of the boxes. After the initial exploration, the teachers cut flaps for hatches, doors, and windows to further enhance the experience. Pulling and pushing the flaps allowed the children to exercise their fine motor skills. They were encouraged to take turns lifting flaps, opening windows and climbing in and out of hatches and doors. Needless to say there were a lot of “peek-a-boos” followed by belly laughs!

The children naturally started laying claim to the box they liked best. Throughout the two week lesson, children decorated their preferred box with paint, markers, crayons, glow in the dark stickers, and nature pictures. They used their box as home base and were encouraged to allow friends to enjoy it together! The children were taught to say “come in please” when they were ready to share their favorite space.
During the two week box theme, new activities were provided daily to enhance the children’s experiential learning. Adding items like block sets, cars and trucks, and kitchen items provided the children with new opportunities to learn. Keeping these supplemental items to a minimum allowed the children to focus more clearly on what they could accomplish, with the boxes, both individually and with their playmates.

Positive social interactions occurred easily during the box play. Children took turns in various boxes and were encouraged to verbally express their desires and make compromises when things were not going their way. When there were any disagreements, children were allowed to “work it out” among themselves with teachers acting as facilitators.

The teachers facilitated the play by allowing the children to decide how to use the boxes and supplemental materials. The children found that working together to solve a problem could be rewarding and that they could, in fact, do it all by themselves!

The children in the classroom enjoyed using their bodies in a new way, exerting their growing independence and interacting with friends. Teachers found it equally rewarding to see the children in their class blossom before their eyes. Everyone involved thoroughly enjoyed the experience.

Developing a theme around boxes can be beneficial for all young children and can be incorporated into every curriculum area from language and literacy to science. Some books that are appropriate for early childhood classrooms that involve imagination around boxes include Not A Box by Antoinette Portis, Christina Katerina and the Box by Patricia Lee Gauch, and A Box Can Be Many Things by Dana Meachen Rau.

Children become much more aware of the space around them when they are in small spaces such as a large packing box. They experiment with movement to see just how well they can fit inside. A child’s body awareness is stimulated in these situations giving way to a better understanding of how his body affects the space he is in and vice versa.

When two or more children are playing together, box play becomes exciting on a whole new level. Suddenly, imaginations are running wild. Ideas of new adventures are created and stories begin to be told. A parent or teacher can facilitate this play by writing down their stories, cutting shapes into the box (windows, doors, spy holes, etc.), adding props, or asking questions that can allow children to think up new ideas or investigations. Paints or other drawing tools can be added for children to use to help their story become more concrete while working on their fine motor skills. Children also experience situations that can help build on their social/emotional and problem solving skills.

Smaller boxes, such as shoe boxes, can be used as building blocks for younger children. Covering them with contact paper will help them last longer. Older children can create dioramas. This is a bit more challenging, but can help children practice their fine motor skills.

Finding boxes for your classroom can be as easy as checking with home improvement stores, appliance stores, grocery stores, shoe stores and furniture stores. Many of these places tend to throw them out, but a quick phone call can assist you in providing a theme filled with wonder and excitement! Go get some boxes and let imaginations run wild!
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.
Beginning December 28, 2012, any crib used in child care centers and licensed family child care homes must meet new and improved federal safety standards. Manufacturers, retailers and distributors must be in compliance with the products they sell starting on June 28, 2011. The new cribs will replace the traditional drop-side rail cribs and require more durable hardware and mandate more rigorous testing.

It is not possible to determine compliance of a crib simply by looking at it. Nor, can current cribs be made compliant by immobilizing the rails.

If a crib was purchased prior to June 28, 2011, and it is unclear whether or not the crib meets the new federal standard, contact the manufacturer, retailer or distributor and ask for a Certificate of Compliance. The crib must also have a label attached with the date of manufacture.

Providers should make preparations now to replace non-compliant cribs with new ones that meet the new federal standard. The Consumer Product Safety Commission recommends that old cribs be disassembled in a manner that they cannot be reassembled and used, and then disposed of. Do not resell, donate or give away a crib that does not meet the new crib standards.

You Need More Than Just Linemen for Protection

Winning takes preparation and if athletes are playing sports without proper health coverage then they’re not prepared to win. If your athletes lack health coverage, they may qualify to be covered by the West Virginia Children’s Health Insurance Program (WVCHIP) or Medicaid. Don’t let your players be on the bench when it comes to health coverage.

Ways to Apply:

😊 Call the WVCHIP Helpline at **1-877-982-2447** (Translation Services Available)

😊 Apply online at [www.wvinroads.org](http://www.wvinroads.org).

😊 Contact your local DHHR office.

😊 Visit [www.chip.wv.gov](http://www.chip.wv.gov) to locate a WVCHIP Community Outreach Partner in your area.
The incidence of Autism in children has increased over the recent years to an alarming 1 in 100 to 1 in 150 children. This increase can be largely attributed to the increased identification and diagnosis of children with milder Autism symptoms. Though Autism cannot be prevented or cured, early intervention can lessen the severity of Autism symptoms. This makes early identification of children with Autism crucial.

The parent is often the first person to notice abnormalities in their child’s development that could be indicative of Autism and bring these concerns to the pediatrician. According to the American Academy of Pediatrics though 44 percent of physicians treat at least 10 children with Autism, less than 10 percent actually do any routine screening for the condition. This can cause delay in diagnosis until symptoms are more pronounced as the child ages.

Children with Autism have communication difficulties, problems with social interaction, and restricted or repetitive movements. Symptoms can range from barely noticeable to severe. Early indicators in infants include no babbling by 12 months; no gesturing, which includes

Continued on next page
pointing or waving bye-bye by 12 months; no single words by 16 months; and no two word phrases by 24 months.

In older children, parents should be concerned if the child does not respond to his name, the child appears deaf at times or has inconsistent hearing; if the child doesn’t point or wave bye-bye or use gestures; if the child is serious and doesn’t smile socially; if the child seems to prefer to play alone or is just not interested in interacting with other children; if the child has poor eye contact or seems to be in his own world and has been described as tuning out others; if the child gets stuck on things over and over or may do some activities repeatedly; if the gets upset by what seem to be minor changes in routine, has obsessive interests, or has some unusual motor actions such as flapping his hands or rocking his body or spinning his body or objects in circles.

Just because a child experiences one or more of these symptoms does not mean the he or she definitely has Autism. It does, however, mean that a further assessment is necessary. If Autism is identified early, treatment can be initiated to lessen the symptoms for the child.

-Article by Christy Freed, RN, Child Care Nurse Health Consultant

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Using Media to Preserve Your Family’s History

Preserving your family’s history is an important part of building a lasting legacy. Many times, important stories, dates, and experiences get lost and end with the death of a loved one. Keeping a history of your family provides an opportunity for relatives to share stories and capture moments in time.

With so many new technological advances, there are several ways to collect and preserve your family’s heritage.

Journals: Perhaps the most tried and true method is the use of journals. Many families have well-documented histories due to those who have painstakingly relayed details of their life.

Photographs: Photographs are an important link to the past and capture a moment in time. It is important to make sure to keep notations about the photographs, including names of those in the photo, ages, the place the photo was taken, and what the photo represents.

Video imaging: A wonderful advancement that has provided a new layer to preserving a family’s history. Video provides moving images, and can also include audio. Personalities emerge and are captured on film as stories are related and recorded.

Audio: Audio is a special gift because relatives get to remember or hear for the first time the voice of a relative. This also provides special insight into the personality of the individual.

Recording your family’s history is an activity that can include all ages. Children will often be fascinated by the details and stories that emerge. It will give them a sense of being connected to their family.
Meet Greg.

He loves hunting, playing the drums and especially, the new baby in his life. When the baby cries, he knows how to chill.

- Make sure the baby is safe—in his crib, on his back.
- Make sure the baby isn’t hungry, sick or in need of a diaper change.
- Then, step away for a few minutes. Or call someone for help.

Never, ever shake a baby.

KEEP YOUR COOL

For video + more information visit: SafeSoundBabies.com

Our Babies: safe&sound
The West Virginia Children’s Trust Fund
TEAM for West Virginia Children
Additional support from the Claude Worthington Benedum Foundation

This program is being presented with financial assistance as a grant to the TFAM for West Virginia Children from the WV Department of Health and Human Resources
What Does WV Birth to Three Mean to You?

“WVBTT is like family. They were with us through the good and bad times. During the bad times, they helped us understand and cope. During the good times, they were celebrating with us. My daughter may not be cured, but I can only imagine where she might be without the wonderful, caring, supportive people at WVBTT.”

Eric, Parent

West Virginia Birth to Three provides early intervention supports and services to families of children under age three who have developmental delays.

In 2009, WVBTT provided comprehensive developmental services to more than 5,000 children and their families!

“It is a joy to interact and help families make a difference in their children’s lives. Seeing children grow and achieve goals right in front of my eyes and being a part of something bigger than myself—that is the best part of being a practitioner in Birth to Three.”

Rachel, Service Coordinator

“My child was in Birth to Three and I loved it so much I never left...now I am a practitioner.”

Michelle, Developmental Specialist

“We didn’t know where to start when our son was first diagnosed with cerebral palsy. Birth to Three helped us to understand the diagnosis, we didn’t feel alone anymore, they helped us look at what all our son could do and not focus on what he couldn’t. I could not praise them enough. Without them, I would have been totally lost. They gave me all of the resources that I needed to help my son to get to his full potential. Thank you WVBTT.”

Joetta, Parent
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