

WEST VIRGINIA  
EARLY CHILDHOOD  
**PROVIDER**  
QUARTERLY

*Social-Emotional  
Development*

**Enhancing Oral  
Language  
Development**



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WV Early Childhood Provider Quarterly is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of the West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; Office of Maternal, Child and Family Health/West Virginia Birth to Three; WV Head Start State Collaboration Office; West Virginia Department of Education/Office of Special Education and is supported and administered by River Valley Child Development Services.

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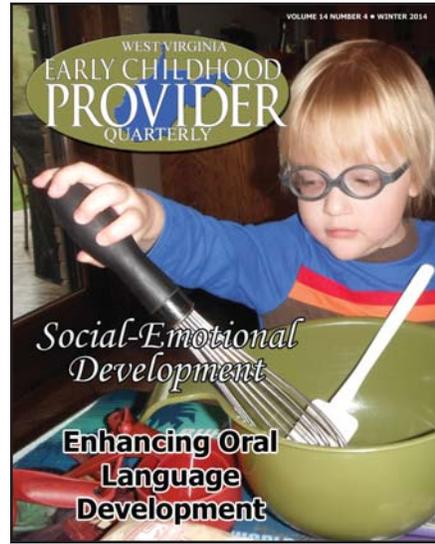
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# One4All Disability Expo Offers Information and Resources

Submitted by Marci Osburn, One4All Disability Expo

The One4All Disability Expo will be on March 29, 2014, at the Huntington High School Gymnasium from 10 a.m. - 2 p.m. The One4All Disability Expo is an annual resource fair offering the community a wide range of information on concerns related to special health care needs.

We look forward to another successful year with vendors, volunteers, and sponsors. The Expo has successfully served our tri-state of West Virginia, Ohio, and Kentucky since 2008. We would like to invite you to join us for the 7th Annual One4All Disability Expo as we continue growing to serve individuals and their families regardless of age, diagnosis, or prognosis. Our goal is to ensure all individuals have the information and resources available to reach their fullest potential. The expo bridges this gap, hosting an event bringing everyone together--offering information on local, state, and national resources for all needs and all ages.

We are eager to share another year with those throughout the community. We strive to provide a family-friendly atmosphere, ensuring that families have an opportunity to seek and find beneficial information, in addition to providing activ-

ities such as inflatables, photo booth, crafts, games, and animals. We also strive to expand the variety of vendors present and to increase the attendance.

Last year we were fortunate enough to have 63 vendors (a total of 112 individuals representing them) and approximately 500 community members come through the doors. It is always exciting to see how each of the vendors/participants interact with families and provide information to the attendees.

If you are interested in becoming a vendor/participant, or if you would like to obtain additional information about the event, please feel free to contact us at 304-691-1393, or visit our website [www.one4alldisabilities.org](http://www.one4alldisabilities.org).

Our success depends on each person involved in our event. Without our vendors, families, and a supportive community, this event could not take place. We truly appreciate the commitment from all who have attended and/or participated. We look forward to sharing another successful year in 2014!

**Please mark your calendars now!**



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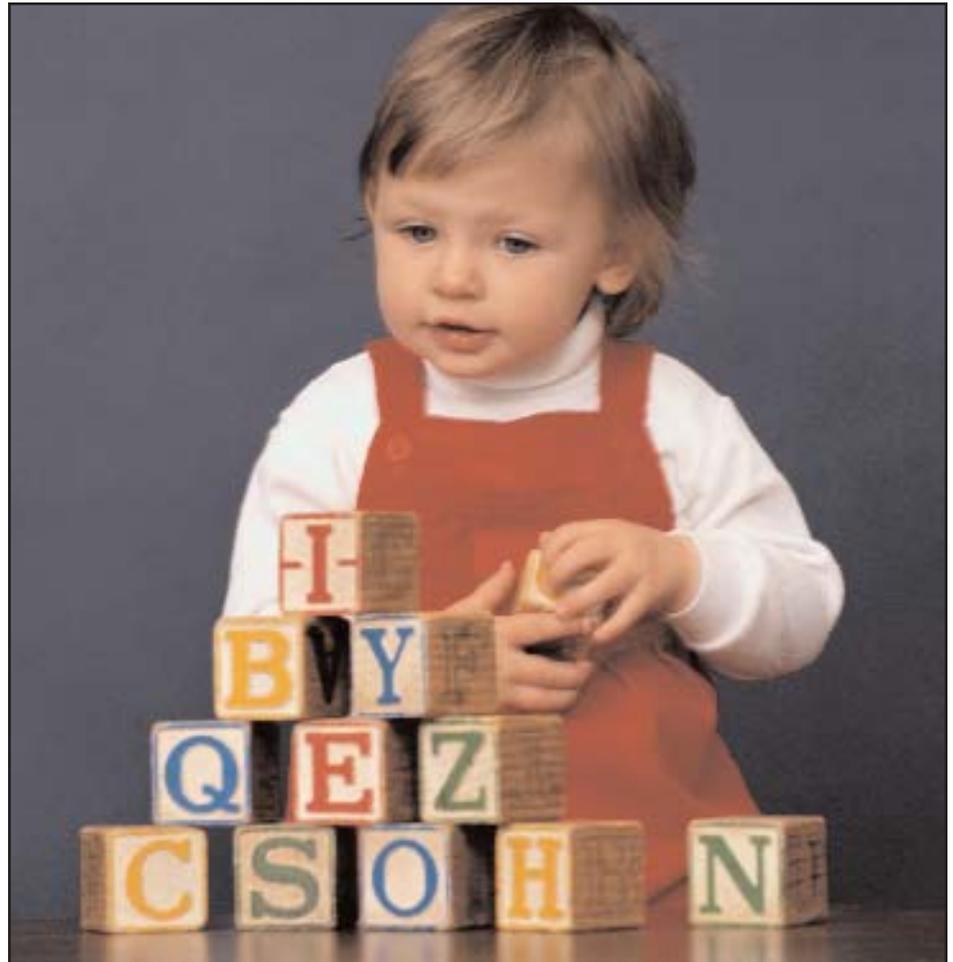
# Enhancing Oral Language Development

Submitted by Andrea Campbell, Ed.D., Concord University

Keeping control of the classroom, talking with a parent, intervening in a conflict, managing a play area, wiping a runny nose; these are all things that could be happening simultaneously in an early childhood environment. With all of the absolute must do's while caring for young children, it is easy to neglect the need to intentionally focus on enhancing every domain of each child's development in our care. It is especially easy to overlook the opportunities to intentionally focus on oral language development. According to the National Institute for Literacy (2009), oral language development refers to the development of the skills necessary for a child to understand, speak, and use words to communicate. These language development skills are related to a child's later ability to read, write, and spell. The development of these skills does not come easy for all children and may be even more difficult for children living in poverty. Intentionally focusing on oral language development throughout the daily schedule can enhance every child's oral language development.

## *Importance of Intentionally Focusing on Oral Language Development*

The more a child care provider understands the importance of intentionally focusing on oral language development, the higher the quality of their care. Specifically, the most important aspect in a child care setting is the amount of talk occurring between a child and their care provider (Hart and Risley, 2003). In a longitudinal study, researchers found that children whose parents received welfare heard almost 50 per-



cent less number of words per hour as compared to those children whose parents had professional occupations (Hart & Risley, 2003). In addition, these researchers discovered that the single most important predictor of a child's overall vocabulary was the number of words a child hears. Child care providers and classroom teachers who intentionally focus on strategies aimed at increasing oral language skills can greatly reduce income disparities in language development, subsequently increasing the likelihood that a child will develop language and later literacy skills on par with peers not living in poverty.

Although the importance of talk in the

classroom has been documented through quality research, evaluation data of early childhood classrooms has indicated that this message has yet to permeate the field. The Classroom Assessment Scoring System (CLASS) has been used by the Multi-State Study of Preschool and State-Wide Early Education Programs (SWEEP) to evaluate multiple domains of early childhood classrooms. Components of oral language development are included in the instructional support domain. In both studies, the mean score of participants in the instructional support domain were found to be in the low quality range. Therefore, an intentional focus of all early childhood providers is needed to enhance the quality and oral

language development skills of all children under our care.

### *Oral Language Development Strategies*

Opportunities for enhancing oral language development can be found throughout the daily schedule of activities in an early childhood environment. Dickenson and Tabors (2003) have suggested three strategies child care providers can use to increase oral language skills.

#### **Varied Vocabulary**

As caregivers engage in conversations with young children, using a variety of words, grammatical structures, and abstract words can increase the vocabulary of the child (National Institute for Literacy, 2009). Modeling a rich vocabulary can be done anytime throughout the day. For example, during block play children may be building a road and pretending to drive cars over the blocks. The caregiver could participate in the play and use words such as automobile, hybrid, electric, gasoline powered, highway, interstate, etc. Other such opportunities could take place during circle time, art, meals, and transitions with a caregiver calling attention to specific words that a child may not have in their current vocabulary.

#### **Extended Discourse**

Adults can extend the conversations with children by drawing out discourse with young children. Extended discourse involves going beyond the child or caregiver asking a question or making a statement, with the other conversation partner responding one time. When using extended discourse, the caregiver intentionally carries on the conversation giving the child multiple opportunities to respond in a back and forth manner. Just as with the varied

vocabulary strategy, extended discourse can be implemented during any part of the day. For example, when a child arrives in the classroom for the day, the caregiver may notice the child has on snow boots. The caregiver can engage in a conversation about the boots that includes discussion regarding how they chose the shoes for that day, why they were a good choice for that day, can they find anyone else at school with boots on, etc. It is best for the caregiver to ask questions within the conversation that might result in a response that goes beyond a one word answer such as “yes” or “no.”

#### **Classroom Environments**

Researchers have documented that the most important predictor of language development is the quality of teacher-child relationships and the conversations between them (Dickinson & Tabors, 2003). The way classroom environments are set up can contribute and enhance the conversations that take place. Classrooms that are cognitively and linguistically stimulating can also lead to increased discussion and vocabulary among young children. Teachers can intentionally provide interesting and new items that encourage rich conversations to take place. Such items might include an interesting rock that was found during a walk or on the playground, a leaf, an insect, a picture that could lead to conversation, an experiment, etc. Caregivers can also examine the quality of read aloud times to ensure they are of interest to the children and are developmentally appropriate in terms of length and group size. In addition, teachers can ensure that there is not only a writing center available to the children but reading and writing materials throughout the classroom in other centers.

The strategies of using a varied vocabulary, extended discourse, and maintaining cognitively and linguistically stimulating environments can lead to the advancement of oral language development for all children. However, teachers and caregivers who make a commitment to consistently and intentionally implement each strategy throughout the day in their classrooms will have the greatest impact on the oral language gains of all children; particularly in those children from low income homes. Although the early childhood classroom is a very busy and demanding work place, the documented longitudinal outcomes of providing high quality programming focusing on oral language can make a lifelong impact on the children we serve.

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# Social-Emotional Development in Infants/Toddlers: *The Foundation that Children Need to Be Successful in School and Life*

Submitted by Sarah Dick, Mountwest Community and Technical College

Early childhood educators and parents of young children are often faced with questions and concerns about the skills children need as they enter elementary school. At times, a debate exists between which is more important: cognitive or social emotional development. Early childhood educators and parents often feel pressured to focus on “academics” as the expectations and standards in elementary school continue to be pushed down grade level by grade level. This can filter into the pressures of the Pre-K classrooms and below.

For teachers of young children, this pressure can affect the interactions and expectations that may not be developmentally appropriate. In addition, inappropriate activities may be implemented, where the need to focus on what some call “academics” prevails instead of the emphasis on play, guiding, and promoting social and emotional development. The early childhood years are the prime opportunity to build a foundation for children to become socially competent, where they will have the necessary skills to learn once they enter elementary school.

Some may wonder what is social-emotional development and how are those skills going to help children learn? It is imperative for caregivers and early childhood educators to understand what is known about this domain. Social-emotional development can be described as the child’s ability to self-

regulate and develop a self-concept. In addition, it involves the development of cooperation, pro-social behaviors and social relationships with adults and peers.

It is often said that “the early years are the learning years.” Yet the question by some is what is it that young children really need to learn? “The early years of life present a unique opportunity to lay the foundation for healthy development” (Cooper, Janice L., Masi, Rachel, and Vick, Jessica, pg. 3). Children are growing rapidly and are vulnerable to the experiences that influence their lives and development. Early experiences in the first few years of life have a significant impact on a child’s development and learning. “Negative early experiences can impair children’s mental health and affect their cognitive, behavioral, social-emotional development” (Cooper, et al, pg. 3). When children experience social-emotional difficulties, then this can also impact their development for school readiness. It is also noted that social-emotional development lays the foundation for all learning; however, this does not mean that other domains of development are less important.

“Given the current knowledge base about child development and learning, it is time to discard the debates about social-emotional versus cognitive development and which comes first or is more important. Clearly, children devel-

op both areas over the same period, and learning and development in one influences learning and development in the other” (Head Start Leaders Guide to Positive Child Outcomes).

This theory is also supported by the National Association for the Education of Young Children (NAEYC). According to Copple and Bredekamp, “What is known about child development and learning including, physical, social and emotional, and cognitive are important and are interrelated. A child’s development and learning in one domain influence and are influenced by what takes place in other domains.” In essence, there is a relationship between emotional and social skills and children’s academic achievement.

From the very beginning, it is critical for babies to form attachments and trust with their parents and primary caregivers. This attachment and trust is crucial to the development in all domains. “Babies can form such close relationships with a variety of people in their life including, parents, grandparents, siblings, and caregivers. The number of people that babies are attached to is not as critical as the need for them to have at least one person to form an attachment and bond with” (Trawick-Smith, pg. 169).

A young infant is completely dependent on their primary caregiver. Meeting the physical and emotional needs of the

infant is vital. To meet the physical needs of survival, an infant must be routinely fed, changed, bathed, and tended to when ill. The psychological/emotional needs are met by nurturing, caring for and loving the infant. Therefore, he must be held, rocked, talked and sung to, and most importantly, loved. This loving relationship between an infant and their primary caregivers forms the foundation for their social-emotional well-being, as well as development in all other domains. “The infant is embedded in relationships with others who provide the nutrition for both physical and psychological growth” (Cooper, et. al, pg. 3).

“Loving relationships give young children a sense of comfort, safety, confidence and encouragement. Establishing strong positive relationships help children to develop trust, empathy, compassion, and a sense of right and wrong” (Social-Emotional Development: Birth to 12 Months).

“Emotionally healthy babies understand that they have nurturing, responsive caregivers who meet their basic needs” (Trawick-Smith). They can then view their world as safe and predictable and will be more likely to take risks with their learning.

Young toddlers, children between the ages of 13-24 months, begin to be more interested in their peers and forming friendships. They are also learning how to communicate their emotions (Social-Emotional Development: 12 to 24 Months). Forming bonds and making connections with toddlers teaches them how to communicate and interact with peers. Self-awareness is another skill that toddlers are beginning to learn. As

they begin to understand that they are separate from other people, they will then have thoughts and feelings that may be different from their own (Social-Emotional Development: 12-24 Months). When toddlers can exhibit this ability, they begin to develop empathy, which is the ability to imagine what others are feeling.

When children are two, they begin to play and interact more with their peers. They also begin to pretend and engage in imaginary play. Their play skills become more advanced, where they engage in dress up, take on roles, and create stories. At this age, children are more likely to show empathy, become upset when another peer is hurt or cries, and may comfort a peer who is in distress. Children also begin to share with others, and take turns with their peers; however, issues and conflicts over turn-taking and sharing are likely to occur. With proper guidance and over time, children will develop these skills more effectively.

### **Promoting Infant and Toddler Social-Emotional Development**

During the early childhood years, it is vital to promote children’s social-emotional development for a variety of reasons. First, when children exhibit positive social-emotional development, it provides a basis for life-long learning. Second, social skills and emotional self-regulation are integrally related to later



academic success in school. Lastly, prevention of future social and behavioral difficulties is more effective than later remediation (Head Start Leaders Guide to Positive Child Outcomes).

While it is critical for early childhood educators and primary caregivers to be knowledgeable about social-emotional development for young children, it is also important to understand how to foster their development.

What teachers and caregivers can do:

- Structure the environment to welcome all children and families. Get

to know the children and their families and find out what their likes and dislikes are.

- Communicate with and involve families into the program as much as possible. Celebrate the families culture and ask families to come into the classroom.
- Nurture and care for children. It is imperative to meet the needs of the children, both physically and psychological. While we feed and change them, we must also attend to them when they cry and have emotional needs.
- Build a bond of trust with the children. Be sure to meet their needs, let them know you are there for them.
- Establish routines. This will help children feel safe and secure. Assist children with transitions by communicating the routine to them and letting them know ahead of time when a transition will occur.
- Talk with them and acknowledge how children are feeling. Even very young babies need to be acknowledged and will benefit from the dialogue they get from their caregivers.
- Be patient with children. Young children have many needs and require love and patience. Always use a calm voice when speaking with children.
- Provide consistency and continuity of care. Children need to know and have consistent providers taking care of them.
- Model developmentally appropriate social and language skills.
- Plan open-ended activities that will promote curiosity and creativity. Focus on the process of learning rather than the end product.
- Provide guidance to children throughout the day and help them solve problems. Talk with them and help them identify their problems and how they are feeling.

While the early childhood years for all developmental domains and learning is important, the infant and toddler years are critical to the formation of a child's social-emotional development. The relationships that are formed early in life are critical for later healthy development (Trawick-Smith 169). These relationships are then interrelated with their overall well-being. Creating an environment that emphasizes and promotes social-emotional development during these early years and beyond, will help to provide the foundation children need to be successful in school and life.

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# WVAYC HAS GREAT NEWS...

Julianne P. Wurm is coming to West Virginia this spring. Author of "Working in the Reggio Way" and her new book released in March 2014, "More Working in the Reggio Way".

**The two day workshop will be  
Friday, April 4, 2014 and Saturday, April 5, 2014.  
Pierpont Community & Technical College, Fairmont, WV**

Registration information is available on our web site, [www.wvayc.com](http://www.wvayc.com)

*\*\*This event is sponsored by the West Virginia Association for Young Children and the NAEYC Student Chapter of Pierpont Community & Technical College.*

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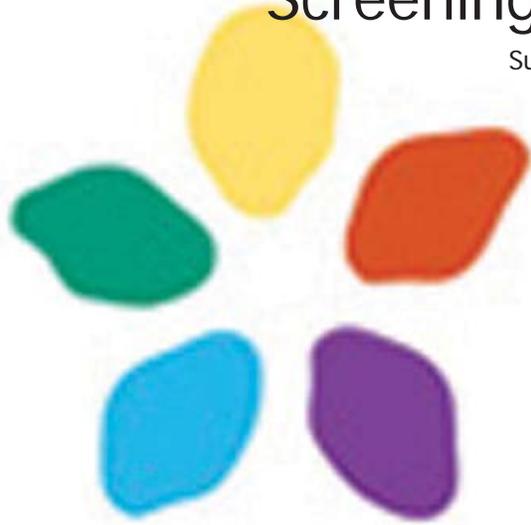
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# Help Me Grow: Promoting Developmental Screening and Community Linkages

Submitted by Jackie Newson, Help Me Grow



A recent Center to Bridge Research, Practice & Policy Lab article on the importance of early identification of developmental delays, stated developmental disabilities affect an estimated 13 to 17 percent of children in the United States, and between 10 and 13 percent of infants and toddlers. There is strong evidence that infants and toddlers with developmental delays are at elevated risk for learning and cognitive disabilities, speech and language difficulties, and behavioral problems as they reach school age. The impact of these delays can extend well beyond the childhood years; children with such delays are more likely to be in poor health, have low educational attainment, and have lower income as adults relative to their peers who do not face such challenges.

The National Center for Children in Poverty at Columbia University reported, in 2008, that “despite overwhelming evidence supporting prevention and early treatment intervention services, funding is heavily focused toward deep-end treatment...intensive services. However, evidence shows that the timely receipt of early intervention services can be effective in improving developmental outcomes. Early intervention has been shown to prevent or limit decline in cognitive development during the first five years of life. Notably, some studies suggest that these benefits are stronger the earlier a child receives services. Additionally, effects have been shown to be long lasting, with low-income students who had early intervention in preschool outperforming students without it in reading and math, with less grade retention and fewer assignments to special education by age 15 years. The projected savings to society as a result of the receipt of timely services to meet children’s developmental needs have been estimated at \$30,000 to \$100,000 per child.

Currently being replicated across the country, including West Virginia, the Help Me Grow (HMG) project promotes the early detection of children at risk for developmental and behavioral problems. Built upon a foundation of four critical components, 1) medical provider outreach, 2) community outreach, 3) data collection and 4) centralized single point of entry call system, HMG links children and families with the appropriate resources quickly and effectively.

Since 2002, 85 percent of children referred to an HMG affiliate have been successfully connected with community-based programs and services. HMG has been able to respond to the national need for a comprehensive system that ensures early detection leads to the linkage of at-risk children and their families to community-

based programs and services, while also ensuring that the linkage with the medical home is prevalent throughout the whole process. A presentation by Carol Weitzman, MD, Department of Pediatrics and Child Study Center, Yale University School of Medicine, indicated three reasons why HMG is effective:

- 1) increased emphasis on the use of data for quality improvement processes
- 2) increased use of developmental screening as a pediatric performance measure and
- 3) organized linkage to services central to medical home service delivery.

Utilizing HMG as a centralized hub for ensuring families receive information on AAP Bright Futures recommended screening of 9, 18, 24 and 30 months can ensure families are screened early and results shared with medical providers for the child's next well-child visit.

HMG was launched in 1998 with a long-term vision of operation within all 50 States. West Virginia recently became the 17th HMG affiliate and was noted for being exemplarily for the "embedding" approach on integrating HMG within related initiatives and frameworks (e.g., Part C, Home Visiting, Strengthening Families) to build a statewide system of helping identify/support young children's developmental needs.

For more information on Help Me Grow West Virginia, contact Jackie Newson @ [jackie.j.newson@wv.gov](mailto:jackie.j.newson@wv.gov) or visit the website at [www.dhhr.wv.gov/helpmegrow](http://www.dhhr.wv.gov/helpmegrow).



## Concerned about your CHILD'S DEVELOPMENT?

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**Help Me Grow**  
West Virginia

# How Do Children Learn?

Submitted by Barbara Tucker, West Virginia Early Childhood Transition

Child development is a very broad subject. What, specifically, do we want to know? Children learn social mores from their environment, which shapes their interaction with the world. While written from the perspective of a child development center, the tenets are applicable to all settings. Children learn best through play, and development cannot be rushed. The public tends to have mistaken beliefs that developmentally appropriate environments do not incorporate academics.

An excerpt from the November 15, 2010, *Not Just Cute, Intentional Whole Child Development* blog describes developmentally appropriate practices (DAP) as a set of beliefs and practices focusing on how young children learn best. Teachers make choices based on sound knowledge of child development and learning processes, while taking into account individual differences and needs, as well as social and cultural constructs.

Ignoring DAP in an effort to “get ahead” is generally counterproductive because it ignores the way children are naturally wired to develop. It replaces in-born motivation and inquisitiveness with directives no young child can understand. Children learn best when there is a relationship with responsive adults: active, hands-on involvement; meaningful experiences; and opportunities to create their own understanding of the world.

In a quality setting, the teachers display intentional teaching based on sound research on how children learn incorporating the following principles:

1. All domains of child development are important and interrelated.
2. Children learn best within caring and positive relationships with adults and peers.
3. Rates of development vary from child to child.
4. Early experiences have profound effects on optimal periods for learning and development.
5. Children seek to understand the world around them and learn in a variety of ways.
6. Adults employ a variety of teaching methods and learning experiences.

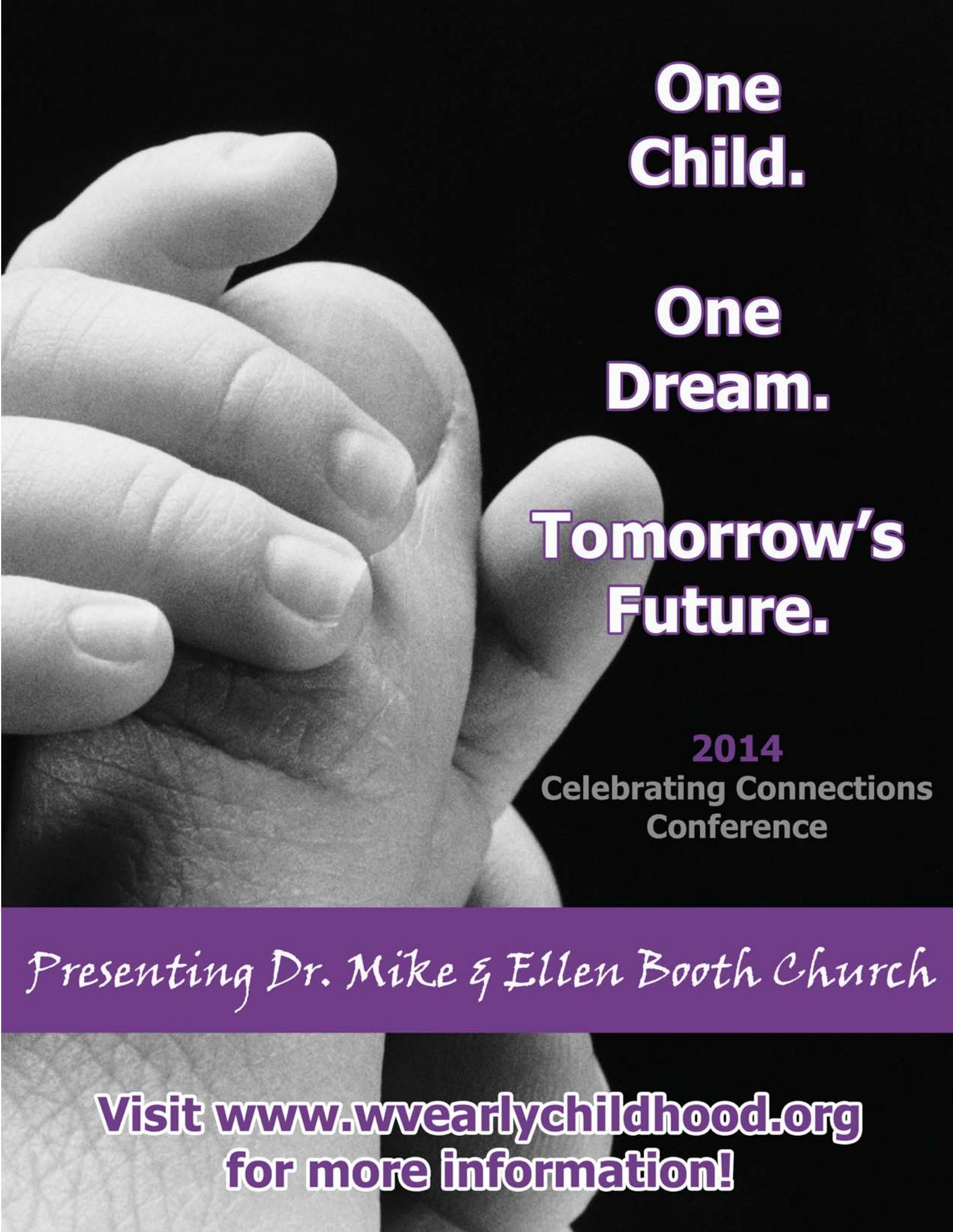
# Please share your photos!

We know that you have great pictures of the children in your care. We are hoping you will share some of these special photographs with the magazine. Any photos that you would like to share of children playing, reading, cooking, pretending, sharing...or just being cute, are welcome. You can send your pictures Attn: Magazine Photos, 611 Seventh Avenue, Ste. 322, Huntington, WV 25701.

Or you can email to [rollyson1@frontier.com](mailto:rollyson1@frontier.com). All photos will need a signed release which can be found at [www.wvearly-childhood.org/resources/photorelease.pdf](http://www.wvearly-childhood.org/resources/photorelease.pdf)



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# Exciting News About ACDS

Submitted by Sherrie Barrett, ACDS State Coordinator

## ACDS Instructors Academy

The Apprenticeship for Child Development Specialist (ACDS) program is accepting applications for the annual Instructor's Academy on June 23 – 27, 2014. Individuals wishing to teach an ACDS class must complete this intensive five day training. They also must attend a one day update every other year to continue certification. From a personal perspective, being an instructor is a wonderful experience. It is very rewarding to witness the growth and development of students as they begin the program, complete the fourth semester, and ultimately graduate. Many gain the confidence to continue their education and receive their associate and/or bachelor's degree. What a testament of the success of the program! If you are interested in this wonderful opportunity to continue your professional development and share your knowledge, please contact Sherrie Barrett at 304-523-0433 or sbarrett@rvcds.org.

## ACDS Journeyperson (Graduate of the ACDS program)

An ACDS Journeyperson is a graduate of the program that has received their official Department of Labor certificate. Once your certificate is received, you're eligible to attend Journeyperson trainings. Typically, two are held each year in various parts of the state. The trainings focus on the most recent research and information relevant to early childhood professionals. Participants receive WV STARS training hours as well as a \$50 stipend. If you are a graduate of the ACDS program and are not receiving information for these trainings, please contact Sherrie Barrett at 304-523-0433 or sbarrett@rvcds.org.

## NAEYC Accreditation

ACDS recently received an updated letter of endorsement from the office of National Association for the Education of Young Children (NAEYC) Accreditation of Programs. The letter states that the ACDS program is accepted as the equivalent to the National CDA Credential for the purpose of meeting NAEYC Candidacy, Renewal and Criteria requirements. If you are applying for NAEYC accreditation, renewal, or are an ACDS graduate and would like a copy of this document for these purposes, please contact Sherrie Barrett at 304-523-0433 or sbarrett@rvcds.org.



[www.wvacds.org](http://www.wvacds.org)

# Our Art Interpretation

Submitted by Sarah Brown, WV Pre-K Teacher, Sunbeam Early Learning Center



We praise children for their hard work instead of just commenting on how pretty their picture is. It doesn't matter if the dog they drew looks nothing like an actual dog as long as they can communicate their vision. We provide various materials for the children to explore with such as watercolors, clay, wire, beads, needle and thread, and objects from nature. Using different mediums allows the children's artistic vision to develop from a one dimensional drawing to a three dimensional sculpture.

We began our dinosaur discovery with a few ideas, but never knowing how far it would take us. After weeks of collecting information on what the world looked like when dinosaurs lived, we decided a diorama would be the best way to display the children's finds. We began with a "blueprint" of how we wanted the diorama to look. The children drew where they wanted the river, mountain and volcano to be placed. We also listed the other pieces we needed to create including pine trees, different dinosaurs, dinosaur eggs in their nest, dragonflies, and anything else we learned existed at the same time as the dinosaurs.

After drawing out our plan, we began creating it on a large flat piece of

One of the goals in our classroom is for the children to feel ownership of their work and know the importance of their ideas. We strive for purpose and determination when we're creating something.

Plexiglas we had found in the storage room. After a few trials we discovered that our usual washable paint wasn't going to work so we moved on to acrylic. We could see the change in the children's focus once we explained that this was paint that wouldn't wash off and we had to use it carefully. Whenever we use glass, needles, or materials that need special care, the children show serious consideration when using them. Using our own homemade clay, the children sculpted different types of dinosaurs as well as a shield volcano. We took a walk near our school to cut small branches off of different types of pine trees. To create the mountain, we shredded soap then

added water and the children used their hands to mold it in to the shape they wanted.

Once our creation was complete we wanted to display it to others, in a big way. We contacted our local library, who we have a great connection with, and asked for their help. They offered their entire downstairs gallery to display not only the diorama, but also our other art work. Then we took a trip on our "Sunbeam" bus with the children to set everything up. The children helped choose which paintings, beading, and sewing projects they would like to display in the exhibit. The thought process behind this is that the children have a

voice and action in everything we do. It's their interest and ideas that drive the learning. The library also put together an evening with snacks for the parents of the children to come and see all the creations. You could see the glow and pride on the children's faces when they got to take their parents around to see their group artwork. When we reflect back on these projects, the children in our class label themselves as "real artists". This is because the way in which we discuss their work and display it reflects that back to them.



# West Virginia Association for Young Children

You now have TWO chances  
to see  
**Dr. Jean Feldman**  
Singing and Dancing with the  
Common Core State Standards

**Monday, July 28, 2014**  
**Ramada Inn, Morgantown, WV**  
**AND**  
**Tuesday, July 29, 2014**  
**WVU-P, Parkersburg, WV**  
Registration is from 7:30 a.m. –  
8:30 a.m. and the workshop is from  
8:30 a.m.-3 p.m.

**Registration must be postmarked by**  
**July 15, 2014.**  
**No refunds after July 15, 2014.**



The old saying goes, "You gotta dance with the one that brung you." The question now is how do we dance with the "ones who fund us?" If you are required "to dance" with the new Common Core Standards, you won't want to miss this workshop. Dr. Jean will demonstrate dozens of creative activities that will brighten your classroom and make standards a song.

## West Virginia Association for Young Children Workshop Registration Form

Please keep a copy of your registration as your receipt. We cannot send out confirmations.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Select Workshop Date / Location:  Monday, July 28, 2014 in Morgantown, WV  
 Tuesday, July 29, 2014 in Parkersburg, WV

Member \$65  
 Non-Member \$80  
 Student \$35 (must provide copy of student ID or most recent ACDS semester certificate)

Total Enclosed: \_\_\_\_\_  
\*\*\*Cost includes box lunch.\*\*\*

Make check payable to WWAYC.

Mail Check and Registration to: Gina Cheshire, WWAYC Support Staff, 374 Meadow Lane, Parkersburg, WV 26101

# 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](http://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.

# Milestones of Child Development

**It is important to remember that each child develops differently and in his or her own way. This resource is to be used as a guideline for some typical developmental milestones.**

## 1-3 months

### Movement milestones:

- Raises head and cheek when lying on stomach
- Supports upper body with arms when lying on stomach
- Stretches legs out when lying on stomach or back
- Opens and shuts hands
- Pushes down on legs when feet are placed on a firm surface

### Visual milestones:

- Watches face intently
- Follows moving objects
- Recognizes familiar objects and people at a distance
- Starts using hands and eyes in coordination

### Hearing and Speech milestones:

- Smiles at the sound of voice
- Enjoys cooing noises and vocal play
- Attends to sound
- Startles to loud noise

### Social/Emotional milestones:

- Begins to develop a social smile
- Enjoys playing with other people and may cry when play stops
- Becomes more communicative and expressive with face and body
- Imitates some movements and facial expressions

## 4-7 months

### Movement milestones:

- Pushes up on extended arms
- Pulls to sitting with no head lag
- Sits with support of his hands
- Sits unsupported for short periods
- Supports whole weight on legs
- Grasps feet
- Transfers objects from hand to hand
- Uses raking grasp (not pincer)

### Visual milestones:

- Looks for toy beyond tracking range
- Tracks moving objects with ease
- Grasps objects dangling in front of him
- Looks for fallen toys

### Language milestones:

- Distinguishes emotions by tone of voice
- Responds to sound by making noise
- Uses voice to express joy and displeasure
- Begins syllable repetition

### Cognitive milestones:

- Finds partially hidden objects
- Explores with hands and mouth
- Struggles to get objects that are out of reach

### Social/Emotional milestones:

- Enjoys social play
- Enjoys mirror images
- Responds to other people's expression of emotion

## 8-12 months

### Movement milestones:

- Gets to sitting position without assistance
- Crawls forward on belly
- Assumes hand/knee position
- Creeps on hands and knees
- Gets from sitting to crawling or prone (lying on stomach)
- Pulls self up to standing position
- Walks holding on to furniture
- Stands momentarily without support
- Takes two or three steps without support

### Hand and Finger milestones:

- Uses pincer grasp
- Bangs two one-inch cubes together
- Puts objects into container and takes objects out
- Pokes with index finger
- Tries to imitate scribbling

### Cognitive milestones:

- Explores objects in many different ways (shaking, banging, throwing and dropping)
- Finds hidden objects easily
- Looks at correct picture when image is named
- Imitates gestures

### Language milestones:

- Responds to simple verbal requests
- Responds to "no"
- Makes simple gestures such as shaking head for no

- Babbles with inflection
- Babbles “dada” and “mama”
- Says “dada” and “mama” for specific person
- Uses exclamations such as “uh-oh”

#### Social/Emotional milestones:

- Appears shy or anxious with strangers
- Cries when mother or father leaves
- Enjoys imitating people
- Shows specific preferences for certain people and toys
- Prefers mother and/or regular care provider over all others
- Repeats sounds or gestures for attention
- Begins to finger-feed himself
- Extends arm or leg to help when being dressed

#### Visual milestones:

- Looks at people and things with out crossing/squinting eyes
- Has clear eyes, not red or watery

### 12-24 months

#### Movement milestones:

- Walks alone
- Pulls toys behind him while walking
- Carries large toy or several toys while walking
- Begins to run stiffly
- Walks into ball
- Climbs onto and down from furniture unsupported
- Walks up and down stairs holding on to support

#### Hand and Finger milestones:

- Scribbles spontaneously
- Turns over container to pour out contents

- Builds tower of four blocks or more

#### Language milestones:

- Points to object or picture when it's named for her
- Recognizes names of familiar people, objects, and body parts
- Says several single words
- Uses two word sentences
- Follows simple, one-step instructions
- Repeats words overheard in conversations

#### Cognitive milestones:

- Finds objects even when hidden under 2 or 3 covers
- Begins to sort shapes and colors
- Begins make-believe play

#### Social milestones:

- Imitates behavior of others, especially adults and older children
- Becomes enthusiastic about company or other children
- Demonstrates increasing independence
- Begins to show defiant behavior
- Episodes of separation anxiety increase toward midyear, then fade

### 24-36 months

#### Movement milestones:

- Climbs well
- Walks down stairs alone, placing both feet on each step
- Walks up stairs alternating feet with support
- Swings leg to kick ball
- Runs easily
- Pedals tricycle
- Bends over easily without falling

#### Hand and Finger milestones:

- Makes vertical, horizontal, circular

strokes with pencil or crayon

- Turns book pages one at a time
- Builds a tower of more than 6 blocks
- Holds a pencil in writing position
- Screws and unscrews jar lids
- Turns rotating handles

#### Language milestones:

- Recognizes and identifies almost all common objects and pictures
- Understands most sentences
- Understands physical relationships (on, in, under)
- Says name, age, and sex
- Uses pronouns (I, you, me, we, they)
- Begins speaking clearly enough for strangers to understand most of words

#### Cognitive milestones:

- Makes mechanical toys work
- Matches an object in hand or room to a picture in a book
- Plays make-believe with dolls, animals, and people
- Sorts objects by color
- Completes puzzles with 3 or 4 pieces
- Understands concept of “two”

#### Social/Emotional milestones:

- Separates easily from parents
- Expresses a wide range of emotions
- Objects to major changes in routine

### 3 to 4 years

#### Movement milestones:

- Hops and stands on one foot up to 5 seconds
- Goes upstairs and downstairs without support
- Kicks ball forward

- Throws ball overhand
- Catches bounced ball most of the time
- Moves forward and backward
- Uses riding toys

**Hand and Finger milestones:**

- Copies square shapes
- Draws a person with 2 to 4 body parts
- Uses scissors
- Draws circles and squares
- Begins to copy some capital letters
- Feeds self with spoon

**Language milestones:**

- Understands the concepts of “same” and “different”
- Understands basic rules of grammar
- Speaks in sentences of 5 to 6 words
- Asks questions
- Speaks clearly enough for strangers to understand
- Tells stories

**Cognitive milestones:**

- Names some colors
- Understands the concept of counting and may know a few numbers
- Begins to have a clearer sense of time
- Follows three-part commands
- Recalls parts of a story
- Understands the concept of same/different
- Engages in fantasy play
- Understands causality (“I can make things happen”)

**Social milestones:**

- Becomes interested in new experiences
- Cooperates/plays with other children

- Plays “mom” or “dad”
- Becomes more inventive in fantasy play
- Begins to dress and undress with assistance
- Begins to be more independent

**Emotional milestones:**

- Possesses inability to distinguish between fantasy and reality
- Begins to have imaginary friends or see monsters

**4 to 5 years**

**Movement milestones:**

- Stands on one foot for 10 seconds or longer
- Enjoys hopping, climbing, and doing somersaults
- Begins the ability to skip

**Hand and Finger milestones:**

- Copies triangle and other geometric patterns
- Draws person with body
- Prints some letters
- Dresses and undresses without assistance
- Uses fork and spoon
- Cares for own toilet needs

**Language milestones:**

- Recites and sings simple songs and rhymes
- Speaks sentences of more than 5 words
- Uses future tense
- Tells longer stories
- Says name and address

**Cognitive milestones:**

- Counts 10 or more objects
- Names at least 4 colors correctly
- Understands better the concept of time
- Knows about things used every

day in the home (money, food, etc)

**Social milestones:**

- Wants to please and be with friends
- Begins to agree to rules
- Likes to sing, dance, and act
- Shows more independence

**If you have concerns about your child’s development, please contact your family’s primary care provider or see the resources below.**

**West Virginia Birth to Three Services:**

West Virginia Birth to Three is a statewide system of services and supports for families with infants and toddlers ages birth through thirty-five months of age who have developmental delays or are at risk of a developmental delay as identified by Part C of the Individuals with Disabilities Education Act (IDEA). There are no income eligibility requirements and services are provided at no charge to families. Call 1-866-321-4RAU to make a referral.

**Preschool Special Education Services:**

Special education and related services are provided by county school systems in accordance with federal and state guidelines to eligible children ages three through five who have developmental delays and/or disabilities that qualify them for these services. Children are determined eligible through a multidisciplinary evaluation process. These services are provided at no charge to eligible families. For information on sources of services in West Virginia for exceptional children, please call 304-558-2696 or 800-642-8541 (V/TDD).



**T.E.A.C.H.** Early Childhood®

**WEST VIRGINIA**

A Project of River Valley  
Child Development Services

304-529-7603 ext. 118  
www.wvearlychildhood.org

### Current Scholarship Models

**For teachers in licensed child care centers, facilities and Head Start programs:**

- Jump Start/Final Step scholarship
- Associate Degree scholarship
- Bachelor's Degree scholarship
- Pre-K scholarship

**For family home providers:**

- Jump Start/Final Step scholarship
- Associate Degree scholarship
- Bachelor's Degree scholarship

**For Directors of licensed child care centers, facilities and Head Start:**

- Jump Start/Final Step scholarship
- Associate Degree scholarship
- Bachelor's Degree scholarship
- Pre-K scholarship



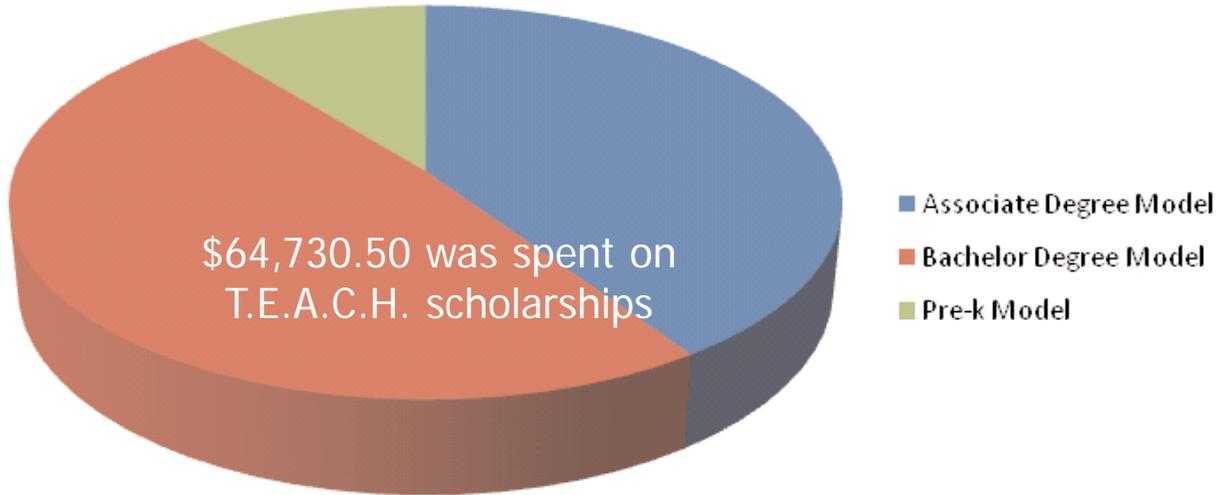
“ Growing up, I never envisioned myself as a college graduate. T.E.A.C.H. WV has changed that for me. Without this wonderful opportunity, I wouldn't be able to provide a positive future for myself and my family. I will always be grateful to T.E.A.C.H. WV for giving me a future and a chance to make something of myself. ”

*-Stephanie  
Cabell County*

100%

Number of recipients and sponsoring employers who would recommend T.E.A.C.H.

## Number of Scholarship Recipients: 37



**716** Number of children being served in T.E.A.C.H. WV recipient classrooms

### Average Number of Credit Hours Completed Per Scholarship Contract

Associate degree scholarship: 9.6  
Bachelor degree scholarship: 12  
Pre-k scholarship: 12

### Average Percentage Increase In Wages

Associate degree scholarship: 5.4%  
Bachelor degree scholarship: 5.2%  
Pre-k scholarship: 7%

### Average Retention Rate of T.E.A.C.H. WV Scholarship Recipients

Associate degree scholarship: 92%  
Bachelor degree scholarship: 100%  
Pre-k scholarship: 100%

### Number of Early Childhood Programs Sponsoring an Employee on Scholarship:

19, including 1 family home provider

### *2012-2013 Funding Sources Include:*

*The American Electric Power Foundation; United Way of the River Cities; The Greater Kanawha Valley Foundation; Kresge Foundation; West Virginia DHHR, Bureau for Children and Families*

## Colleges and Universities Attended by T.E.A.C.H. WV Recipients 2012-2013

Kanawha Valley Community and Technical College

Mountwest Community and Technical College

WV Northern Community College

WVU-Parkersburg

Concord University

Marshall University

West Virginia University

T.E.A.C.H. Early Childhood® WEST VIRGINIA is a licensed project of Child Care Services Association



**United Way of the River Cities**  
Funded Partner

# Parent Blocks

## NEWSLETTER



"Providing resources to parents throughout West Virginia"  
Volume 11, Issue 1, Winter 2014

## Appreciating Developmental Milestones

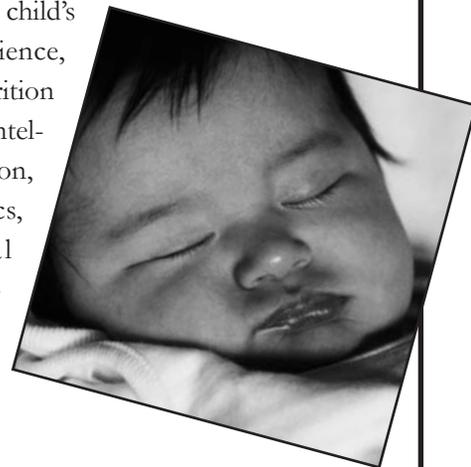
By Gary Direnfeld, MSW, RSW, Social Worker

When did your child learn to sit on his own, or walk, or talk, or potty train? These accomplishments are known as developmental milestones. Developmental milestones refer to abilities we expect children to reach within certain age ranges. Researchers have studied developmental milestones. As a result, the age ranges that most children accomplish these milestones are well known. Different ages present different milestones. For example, a child of about two usually has a vocabulary of several

dozen words; a child of three to four years of age is generally toilet trained for both bladder and bowel.

There are many things that can influence a child reaching developmental milestones within expected age ranges. They include

prenatal health of the mother and the child's birth experience, appropriate nutrition and daily care, intellectual stimulation, illness, genetics, family/marital conflict, parenting skills, and individual differences.



Parents who are informed as to normal developmental milestones can be better equipped to support their child's development with age-appropriate expectations. Further, if their child is not meeting the expected milestones, they can be in a better position to seek help and make use of recommendations.

If you believe your child is astray of suggested developmental milestones, don't be afraid to ask. Seek help and use the advice provided to improve your child's situation. Better starts make for better endings.

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

Permission to photocopy

Visit our website at [www.wvearlychildhood.org](http://www.wvearlychildhood.org)

# Taming the “Tooth-Feary”

Submitted by Gina Sharps, MPH, RDH, Bobbi Jo Muto, MPH, RDH and Ashley Logan, BS, RDH, School Health Technical Assistance Center at Marshall University

Children experience many firsts over the course of their childhood; their first smile, their first step, first words, and their first tooth. All those firsts come with excitement, bewilderment and questions. The first dental visit is no different. Parents often ask “When should my child first see a dentist?” The answer is the first visit should happen by the first birthday. While this recommendation is the view of both the American Academy of Pediatric Dentistry and the American Academy of Pediatrics, parents are often surprised at the idea of such an early visit. The age one dental visit is based on national studies that continually demonstrate that preschool-aged children are getting more cavities. Unfortunately, more than 1 in 4 children in the United States has had at least one cavity by the age of 4. Many kids get cavities as early as age 2.

To prevent early childhood cavities, parents/caregivers first have to find out their child’s risk of developing cavities. They also need to learn how to manage diet, oral hygiene, and fluoride to prevent problems. So, the first dental visit will serve as an opportunity for the parents to discuss:

- How to care for their infant’s or toddler’s mouth (becoming familiar with the normal appearance of the child’s gums and teeth)

- Proper use of fluoride
- Habits such as finger and thumb sucking
- Injury prevention (ways to prevent accidents that could damage the face and teeth)
- Teething and milestones of development
- Nutrition (the link between diet and oral health)

The main purpose of the age 1 dental visit is to learn about your child’s oral health and how to best care for your child’s unique needs before any problems occur. Many dental problems can be prevented or easily

treated in the early stages. It’s important to find a dentist and dental hygienist that you trust and an office where you feel comfortable. At this first visit, you will get your questions answered and start to develop a good rapport with the dental team.

The best way to prepare for the first visit is to consider your expectations and concerns. The following list will assist you in selecting a dental office that is right for you and your child.

Be prepared and look for an office that is:

- Child and parent friendly
- Knowledgeable about young children’s oral health, growth and development



- Gentle and kind toward your child even if your child creates a fuss when the dentist/and or dental hygienist looks in your child's mouth
- Focused on your child's specific needs
- Specific about advice on how to care for your child's mouth and teeth and willing to show you how to do it

The right office for you and your child will also:

- Tell you how to reach the office in case of an accident or dental emergency
- Give specific advice about regular follow-up care
- Tell you about what will happen next in your child's oral development
- Help you to guard and promote your child's oral health

Once the initial dental visit has been scheduled, it's now time to prepare your child for the appointment. Dental offices are full of unique and interesting sights, smells and sounds. So, preparing your child for this new environment is critical for a successful trip. Parents should expect their young child to fuss during portions if not all of the dental visit. However, it is not uncommon for children to be accepting when the dentist examines them. They may enjoy the attention and novelty of the visit.

There are several things that you can do at home ahead of time to prepare your child for their first dental visit. Adapting these simple suggestions dependent upon their age can assist in "Taming the Tooth-Feary"!

- Brush your child's teeth after every meal. This will encourage good oral health habits along with acclimating them to opening their mouth.
- Schedule a morning appointment when children tend to be rested and cooperative.
- Read books and watch DVD's that talk about the dentist and a dental visit.
- Role play with stuffed animals or dolls. Demonstrate and talk about leaning back in the dental chair, opening wide and counting teeth.
- Look up pictures of a dental office online, point out the masks, the furniture, and members of the dental team.
- Tell your child about the visits but limit the amount of details given. Answer any questions with simple, to-the-point answers. Let the dentist answer more complex or detailed questions. Dentist and dental hygienists are trained to describe things to children in a non-threatening way and in easy-to-understand language.
- Don't tell your child that something will hurt or be painful.

- Be positive and keep to yourself any anxiety that you might feel about dental visits. Remember, fear is transferable and it is of paramount importance not to taint your child with any personal unpleasanties.
- Stress to your child how important it is to maintain healthy teeth and gums and that the dentist is a friendly doctor whose job it is to help do this.
- Don't promise a reward for going to the dentist.
- Never use the visit as a punishment or threat.

Parents, along with the right dental office, play a critical role in making their child's first check-up a positive experience. Cheers to a successful first dental visit!

Sources: Colgate, ADA

# Developmental Screening

## FACT SHEET

### What is child development?

A child's growth is more than just physical. Children grow, develop, and learn throughout their lives, starting at birth. A child's development can be followed by how they play, learn, speak, and behave.

### What is a developmental delay? Will my child just grow out of it?

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in playing, learning, speaking, behaving, and moving (crawling, walking, etc.). A developmental delay is when your child does not reach these milestones at the same time as other children the same age. If your child is not developing properly, there are things you can do that may help. Most of the time, a developmental problem is not something your child will "grow out of" on his or her own. But with help, your child could reach his or her full potential!

### What is developmental screening?

Doctors and nurses use developmental screening to tell if children are learning basic skills when they should, or if they might have problems. Your child's doctor may ask you questions or talk and play with your child during an exam to see how he or she learns, speaks, behaves, and moves. Since there is no lab or blood test to tell if your child may have a delay, the developmental screening will help tell if your child needs to see a specialist.

### Why is developmental screening important?

When a developmental delay is not recognized early, children must wait to get the help they need. This can make it hard for them to learn when they start school. In the United States, 17 percent of children have a developmental or behavioral disability such as autism, intellectual disability (also known as mental retardation), or Attention-Deficit/Hyperactivity Disorder (ADHD).

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

In addition, many children have delays in language or other areas. But, less than half of children with problems are identified before starting school. During this time, the child could have received help for these problems and may even have entered school more ready to learn.

### I have concerns that my child could have a developmental delay. Whom can I contact in my state to get a developmental assessment for my child?

Talk to your child's doctor or nurse if you have concerns about how your child is developing. If you or your doctor think there could be a problem, you can take your child to see a developmental pediatrician or other specialist, and you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older) for help. To find out who to speak to in your area, you can contact the National Dissemination Center for Children with Disabilities by logging on to [www.nichcy.org/states.htm](http://www.nichcy.org/states.htm). In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families at ([www.cdc.gov/actearly](http://www.cdc.gov/actearly)). If there is a problem, it is very important to get your child help as soon as possible.

### How can I help my child's development?

Proper nutrition, exercise, and rest are very important for children's health and development. Providing a safe and loving home and spending time with your child – playing, singing, reading, and even just talking – can also make a big difference in his or her development.

For other ideas of activities to do with your child, and for child safety information, go to [www.cdc.gov/ncbddd/child/](http://www.cdc.gov/ncbddd/child/) and look in the "developmental milestones" section.



Learn the Signs. Act Early.