

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY



**Closing Learning Gaps
Created by Remote Learning
Strategies for Supporting Success**

Clean Air in Buildings Challenge

Executive Editors:
Deidre Craythorne
Pam Roush
Jackie Newson
Brittany Doss

Editor-in-Chief:
Alyson Edwards

Associate Editor/Design and Layout:
Michelle Tveten Rollyson

Contributors:

Estella D. Crabtree, EPA, Help Me Grow, Learn the Signs. Act Early.,
Kimberly Lemons, Amanda Martin, Candace Morgan, Melissa Riggio,
West Virginia Birth to Three, West Virginia Department of Education, West
Virginia Infant/Toddler Mental Health Association, Alison Wilkinson-Sadler,
Kasey Wise

Group Publisher:

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

Please refer to the following list to contact group publishers:

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

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

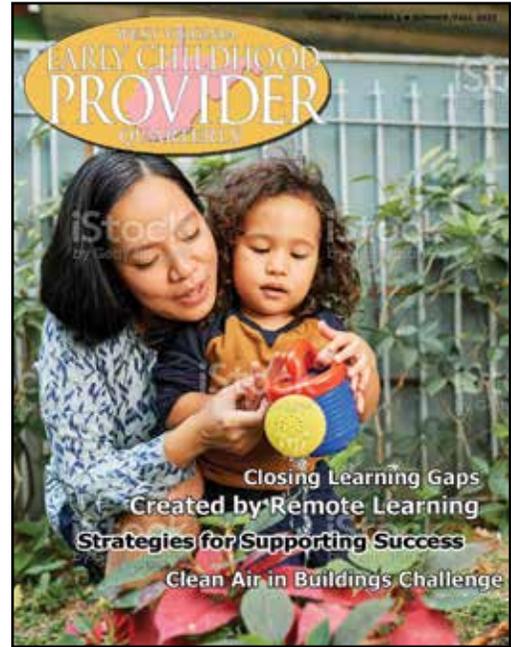
WV Head Start State Collaboration Office
350 Capitol Street, Charleston, WV 25301
(304)558-4638

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

Editorial Offices

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

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Quarterly by West Virginia's early childhood professionals are welcomed and
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reviewed by the editorial board for content, length and technique. They may
be edited from their original format. Please send your contributions to the
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Closing Learning Gaps Created by Remote Learning

Submitted by Alison Wilkinson-Sadler, MS, CCC-SLP, The Developmental Advantage, LLC

These past few years have been nothing short of rough on all of us. The pandemic has caused our normal to constantly shift and evolve. While the pandemic circumstances may appear to be normal in the eyes of our children, they do not recognize the impact it has on their minds, growth, and development. However, to child development professionals, therapists, educators, and parents/caregivers, the learning gaps and deficits from those gaps have started to arise more frequently.

As a speech-language pathologist that has worked for West Virginia Birth to Three and in the schools since the pandemic began, I have personally noticed learning gaps and lack of expected growth in many of the children from my collective caseload. Various strategies are being implemented throughout the different fields of child development, but most have involved going through some type of remote learning period.

For the past couple years, remote learning has been one of the main outlets of therapy for many children, adolescents, and adults. In many cases, it was the only way to reach out for help when it was too dangerous or risky to do so in any other way.

Remote learning, though beneficial, still had its downsides. This pandemic has put distance between us and others. Socialization is vital for everyone, but it is especially important for young developing children. Remote learning helped to somewhat close that gap, but it also affected children's abilities to learn, function, and grow in-person like they once did or had the opportunity to do so. The way individuals socialize, attend to tasks, and participate during in-person opportunities has been negatively impacted in the past few years and altered by constant remote/virtual use.

Since these developmental differences have been more consistently noted, professionals have been figuring up ways to correct and close the learning gaps that are and have been created. The following information includes

various strategies that can and have been used to help close those gaps created by remote learning for children between the ages of birth to three years old, as well as school age.

For children and their families who qualified and chose to participate with Birth to Three during the pandemic, remote learning became the most consistent mode of therapy available, especially during its onset. Although therapy slowed down, it never truly stopped as Birth to Three continued to push forward, regardless of the circumstances. West Virginia Birth to Three had to quickly switch to a remote virtual plan for all cases, which was a learning curve for most practitioners, specialists, coordinators, families, and all other team members involved.

Remote formats consisted of phone calls, video chats, or providing hands-on materials/resources to families via text, mail, and/or email. Even though such remote formats and rules may have varied throughout the pandemic, Birth to Three teams changed and grew right along with them, molding their new normal from day-to-day to continue to provide the best services they could. Remote learning was beneficial for being more parent-based and for teaching strategies directly to parents/grandparents/caregivers. It allowed an outlet for difficult discussions for some. Remote therapy allowed for more personal connections with families, but there were still many barriers to this form of therapy.

Now that in-person therapy has once again commenced, therapists are seeing the effects remote learning had on both the children and their families. Much of Birth to Three therapy is parent-based, even in-person, but remote therapy with the child does not allow them the same opportunities to interact/socialize with someone who is not a member of their household. During the times of remote learning, many child care centers, parks, and other entertainment outlets for parents to take their children were also shut down, leaving even less opportunity to socialize with others and explore new things. They went through major developmental phases with very little interaction outside of their family.

Many of these children were also too young to understand the concept of being remote, so the stresses of therapy were placed on the parents/caregivers while only having support from a distance. Parents/caregivers can utilize strategies and create language rich environments, but these children are still lacking experiences outside of the home.





Due to their limited socialization and varying communicative partners, one important target that practitioners are focusing on is social communication. Socialization is a skill many are expected to master or at least to have started practicing prior to attending school for the first time. However, due to remote learning and circumstances the pandemic created, this is not the case for many. All practitioners are ensuring that each child is evaluated thoroughly in the social interaction category and that specific skills are targeted during their time in therapy. Birth to Three practitioners and team members have also been bridging some of the learning gaps by providing the most referrals and resources available both during and after the family's time with the program.

With school age children, there is a split between children who experienced school in-person and children who have only participated in a remote learning format. Remote learning caused similar concerns for school age children regarding their social-emotional growth and other academic learning gaps. During remote times, many children had more pressing concerns to focus on while others did not always have access to the materials they needed. Some children had various family members to interact with, while others did not have the same opportunities.

Whether they had experienced school before the pandemic or not, it is difficult to determine what each of these children experienced during their months learning from home.

For school aged children, there have been various programs implemented to help students recover from their time of remote learning.

These examples are from Kanawha County Schools and may not be implemented in all counties in the state of West Virginia. One major carryover that the school systems have been implementing is allowing the students to take home their devices on weekdays and weekends. Even though this is often for homework, it still provides the students some familiarity with their remote learning experience. They have the same device they used daily when the county was participating in remote schooling. Some of the other programs include after-school tutoring to make-up work or help reteach concepts the students have not mastered.

They also have created an additional summer school program called "Summer Academy" where students can participate in an additional month of

schooling. This limits the amount of time they are away from being in a consistent academic setting as well as allows them time to catch-up on missed or misunderstood school curriculum. Due to possible difficulties or traumatic experiences that occurred during remote learning times, there has been an increased focus on social-emotional growth in the classroom. Schools usually attempt to implement social-emotional learning into their curriculum, but it has not always been such a strong focus as it is now. The counselors come into the classrooms weekly to have a lesson on various topics pertaining to social-emotional growth, along with various other counseling related topics. The counselor also pulls small groups from differing grades that are needing additional help with regulating emotions, socializing, and targeting other topics under the same umbrella. Many of these students have had a history of trauma or family difficulties, especially during the peak of the pandemic. Various school systems are finding new ways to create a safe learning environment for their students while also implementing methods to combat the learning gaps.

As a whole, our normal has changed drastically over the past few years, and it will continuously change as we move forward. Although practitioners usually have a particular set of skills, remote learning has changed how we approach, practice, and target our goals, as well as interact with families. Through the negatives of remote learning, we learned the importance of socialization and connections, as well as ways to close some of the learning gaps. It allowed us all an opportunity to expand who we are, grow with the unexpected, and remember that human connection is vital for development.

Resources:

Alexander, Francie. "6 Research-Backed Ways to Close the COVID Learning Gap." Closing the COVID Learning Gap | Houghton Mifflin Harcourt, 23 June 2022, <https://www.hmhc.com/blog/research-backed-ways-to-close-the-covid-achievement-gap>.

WVMetroNews. "Kanawha County Hopes to Help Kids Catch-up More in Summer Academy." WV MetroNews, 6 June 2022, <https://wvmetronews.com/2022/06/05/kanawha-county-hopes-to-help-kids-catch-up-more-in-summer-academy/>.





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Help Me Grow

West Virginia

A Personal Perspective: Lessons learned during the pandemic

Submitted by Estella D. Crabtree, Service Coordinator, West Virginia Birth to Three

My name is Estella D. Crabtree and I am an ongoing service coordinator for West Virginia Birth to Three. I am also a mother to three children with special needs. My oldest son, Timothy, is 19 years old and was diagnosed with Asperger's syndrome at the age of five. He is now attending his second year of college at Bluefield University, where he is majoring in nursing and plays on the football team.

My middle son, Christopher, is 17 years old and is entering his junior year of high school. He was diagnosed as moderate on the spectrum at age four.

My youngest son is Jaxon, and he is nine years old. Jaxon was born with spina bifida (open myelomeningocele), Chiari malformation, epilepsy, cerebral palsy, hydrocephalus and global developmental delays. As you learn more about me as a professional and a mother, this background information will help you to understand my views and opinions on remote learning.

March 2020 is when our world as

we knew it stopped. COVID hit and everything changed. Going to school, shopping, doctor visits, everyday life in general became a scary scenario. We all tried our best to stay quarantined and stay away from others. So much so that for the first time in my life of 42 years, I saw people afraid to live. The schools shut down, until they realized that this virus was not going to go away anytime soon. So there had to be a plan put in place for how to continue the education of our children. That is where the birth of remote learning happened. Although I am unsure of whose actual decision it was to implement remote learning, it was basically the only way we could find some sort of safe learning environment at that time. Schools issued devices to the students and our practitioners for Birth to Three started figuring out how to continue therapy with our little ones ages birth to three years old.

West Virginia Birth to Three is based on a teaching model. We teach parents how to work with their children who have develop-

mental delays so they can excel and reach their milestones. So during this time of remote therapy and learning, our practitioners had to develop a different model. Instead of being inside the home with the family, they were having to use video chats, Zoom, and other platforms to interact with the child and parents. Our families were a bit confused at first. The families didn't understand how they were going to help their children with the therapies they needed without a practitioner present in the home.

Once we finally got to doing therapy virtually, families enjoyed being able to learn things from our practitioners. It gave them the opportunity to spend more time focusing on the things that our practitioners did while in the home. Parent coaching discovered a whole new level of our teaching model. Practitioners kept the families safe and taught them things they might not have known if the practitioners were still in the home.

I saw so many families that were able to reconnect with their

child and form a fantastic relationship with their practitioners. But with change there is always some things that are not happy endings. The social emotional aspects of the children born during the pandemic was severely lacking. If a child can't go out of their home and learn to socialize and interact with others, then there is no way to teach them proper social skills. Skills like sharing, manners, and how to engage in conversation are highly affected. We see the language and cognition of these children scoring much lower than before the pandemic. So, there is the gap. The gap that we feared with remote learning and therapy. The gap that at the time seemed impossible to fill because we have never been in this situation before.

Children were reliant on devices to interact with others outside the home. That made it highly difficult to reduce the screen time that we preach to parents. So we pulled together as a network of providers and gave our thoughts to brainstorm how we were going to approach this and still keep our families safe, but allow our children to gain the education and social abilities they need for proper development.

We started having group meet-

ings via teleconference. That allowed us all to be in the same "room" with the family. We encouraged practitioners to interact with the kids and do fun backgrounds and things to keep their attention. We coached parents on how to teach emotions and how to talk about social situations with their kids. As a parent of children with ASD, this is a very important part of our everyday lives. We learned how to do social stories very quickly. We teach our kids that it's ok to ask questions and how to properly display emotions with others. So, we took those skills and started applying them to all of our children. And in that process, we saw that in fact children do understand and learn better with social stories. There are very few times now that I write a goal with my team in which social stories and emotional descriptives are not a part of our strategies.

We learned a way to bridge the gap in West Virginia Birth to Three. I am proud of the things that we accomplished during a time that was so uncertain. I feel we brought families closer and more in tune with their children and each other during this crisis. Was it easy? Absolutely not! Did we all have to figure out a way to make it work? Yes, and during that process I feel we grew as

practitioners and learned that we are much more resilient creatures than we thought we were. As the pandemic lifted and we were able to start venturing back into homes and into small group settings, I think we learned to appreciate the things we took for granted at times. I currently still work virtually and remotely from home. I am productive being here at home. I am able to serve more families and find resources and connections much easier for them. I will not return to in-home work. Why? Because I know that being able to service more families and do so efficiently is more helpful to them. Also, I learned that relationships can be built without ever meeting someone in person. My families and I are all very close. I love seeing them and their children when I make my calls. I love the people I work with and I am thankful for all of them. So, bridging the gap in early childhood development through early intervention, can be done.

Strategies for Supporting Success

Submitted by: Amanda Martin, Coordinator of Early Childhood Education,
BridgeValley Community and Technical College, South Charleston, WV

Contributors: Kimberly Lemons, Preschool Teacher, Kanawha County Schools and
Melissa Riggio, First Grade Teacher, Fairland Local Schools

Early childhood education practices are dependent upon continuous investigation, observation, and interaction with children. Following the dynamic and cyclical shift in educational environments to remote and online classrooms and back to in-seat classrooms, early childhood educators are stepping up to identify gaps in learning and developing appropriate strategies to assist children and families with bridging those gaps. As we attempt to move out of the quarantine phase of our health crisis, teachers, children, and families are still viewing the educational system as fluid, but with more and more children entering a classroom for the first time, the learning gaps for teachers and families can become overwhelming.

Gaps in Success

Early childhood educators are conditioned to meet children on their individual developmental level, but are still seeing deficits that are unusual when children begin preschool. Kimberly Lemons, a preschool teacher in a WV Title I school not-



ed, “We are seeing children who are showing significant delays in social and emotional skills, as well as cognitive delays and motor delays. Children learn best by playing and engaging with peers in hands-on activities. Those are challenging concepts to relay over a video.” Lemons also discussed specific delays observed in her preschool classroom that include children’s lack of knowledge on how to enter play groups, difficulty waiting and taking turns, and an increase in solitary play among four and five-year-old children who should be engaging in cooperative and associative play at this age.

Lemons also observed a delay in fine motor skills, surmising that the children in her classroom were two to three months behind typical development of fine motor skills. “Even if we send home the materials for children to, for example, play with play dough, cut, draw, work puzzles, and build with blocks, if the families are not available or unable to encourage that type of play, the children are not building those fine motor skills that need to be developed for writing.”

Other educators are feeling the effects of remote learning deficits

as well. First grade teacher Melissa Riggio stated, “We are seeing very challenging attention deficits as well as cognitive deficits. I have had to shorten large group lessons by 5-10 minutes because the children are not capable of attending for longer periods, physically or mentally, as seen prior to remote learning.” Riggio also reported that children are behind on basics of first grade knowledge such as letter and number recognition. “I’ve had to refer to some of the kindergarten curriculum and skills because children don’t have the foundational skills to be successful in first grade.” Riggio commented that remediation is not being encouraged by administrators. Teachers are being urged rather to accelerate learning. While Riggio agrees with the positive inferences of accelerated learning, she noted a caveat for early childhood educa-

tion by stating, “In early education, however, acceleration is overwhelmingly challenging. If the children don’t have the foundational skills to build on or those skills aren’t strong enough, I can’t accelerate learning. I would be setting children up to fail, and that is the last thing teachers want.”

Strategies for Success

Children and adults have suffered through extensive change and trauma during the pandemic. Children, families, and educators are attempting to reconcile their mental and physical reactions to the changes over the past few years. Recognizing the gaps in learning created by remote learning in early childhood education is the first step in assisting children and families with successful progression. There are several strat-

egies that can assist educators in decreasing remote learning gaps.

1. Teachers should prioritize mental health and social-emotional learning in the classroom and encourage prioritizing these at home.

Educators and families have acknowledged that successful children have skills in self-awareness, self-management, social awareness, relationship skills, and can make responsible decisions. The isolation and loneliness associated with remote learning are not conducive to developing these skills. Creating activities in the classroom and inviting and encouraging families to practice associated activities at home are key to developing these skills. A robust plan directly related to developing these skills should be devel-



oped. Teachers should integrate social-emotional learning and mental health checks into their classroom schedules, planning and promoting specific activities that focus heavily on building those skills before moving on to academic skills. Inviting families to, and informing families of the specific activities being done in the classroom will promote these foundational skills and increase success.

2. Promote and encourage equity in the classroom.

Educators and families often confuse equity with equality. Equity is providing children what they need to be individually successful, while equality suggests providing the same thing to all. We know that children develop at individual rates and come into the classroom at different levels. When we provide for individual needs and dissolve the ideas that all children should get equal instructional time and materials, we can meet children at individual levels and see greater success.

3. Personalize learning for children.

Educators should build relationships with families and in doing that, they can learn about the personal experiences and individual strengths of children and their families. This allows educators to adapt learning

experiences to each individual child on a personal and relatable level. Personalization can also inform grouping in the classroom, allowing educators to group children not only with matching temperaments, but differing skill levels, to encourage peer interaction and scaffolding. Children relate more closely to peers and peers can be some of the best teachers. Personalization also addresses attention deficits among children. Educators who recognize fidgeting, and inattentive behavior can design an individual plan that will assist children with increasing attentiveness over time. This can be created by providing something as little as a fidget toy, to offering alternative seating, to providing alternative activities. If the individual needs of the child are met, success will come.

4. Lead by modeling knowledge and empathy.

In education, empathy is a starting place for all interactions with children and families. Everyone experienced the confusion and trauma associated with the pandemic in a different way. Coming into the classroom understanding that the children and families need more support than in previous years is necessary. Modeling empathy and providing developmental knowledge in a collaborative learning environment will improve success efforts. Focusing more on mentoring, rather than managing, places more priority on development rather than performance and completion of tasks. This will help to produce more positive student outcomes.



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



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

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

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

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The IMH Competencies® naturally align with Early Childhood work

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

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

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

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

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

Staying Safe and Healthy While Heading Back to School

Submitted by Candace Morgan, RN, BSN, WV Child Care Nurse Health Consultant, WVECTCR

As children prepare to head back to the classroom, families may worry about their child contracting illnesses at school. The spread of illness cannot be eliminated, but it can be minimized by incorporating practices that would decrease the likelihood that others would come in contact with infectious agents. Studies show that when schools use multiple prevention strategies, the spread of illness is decreased.

Major public health and medical organizations, including American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC), advise vaccination for eligible children and adults. Staying up-to-date with immunizations minimizes the risk of acquiring a vaccine preventable illness. Not only does it provide individual-level protection, but high vaccination coverage provides indirect protection to others (CDC.gov). Exclusion may also be useful for preventing the spread of illness in programs. To help identify sick or injured children, staff should perform a daily health check as children arrive at the center. Children with symptoms of infectious disease should not be admitted to the program. If a child is experiencing fever, vomiting, and/or diarrhea, a day at home may be just what the child needs in order to give him time to rest and recover. Once the child is symptom free for 24 hours, in most cases, without the aid of medication the child can safely return to group care.

Children exhibit many behaviors that foster the spread of illness. It is essential for staff to model and teach good hygiene. Encourage children to clean hands frequently, especially before eating, and after toileting, playing outdoors, wiping noses, or coughing into their hands. Alcohol based hand sanitizers containing at least 60 percent alcohol are appropriate if soap and water are not available. Washing hands with soap and water is the preferred method for cleaning hands when they are visibly soiled or when care involves diapering, toileting, and/or feeding (CDC.gov). Respiratory hygiene

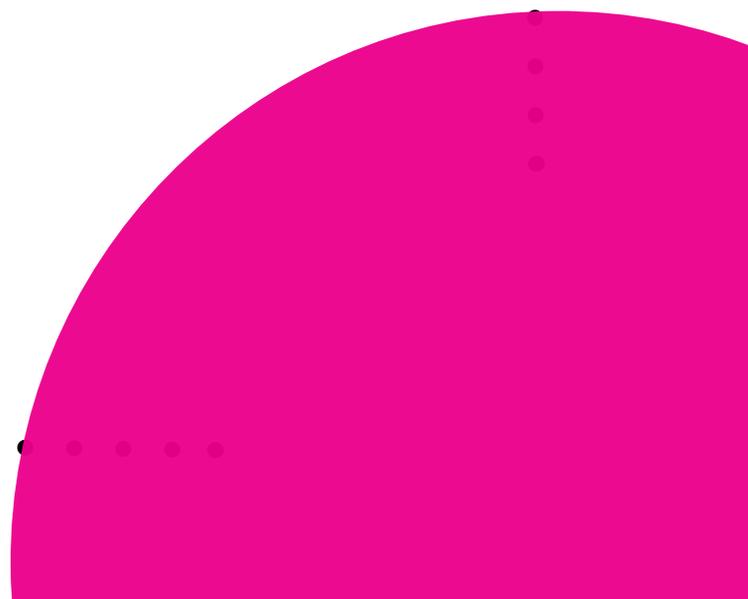


is another important measure for preventing the spread of illness. Teach children to cough into a tissue. When a tissue is not available, the crook of their elbow is acceptable. Instruct them to wash their hands afterward. Remember, tissues are single-use and should be disposed of immediately. Teach children that personal items such as water bottles, hairbrushes, food, and clothing should not be shared.

Routine cleaning is a useful method for removing germs from surfaces. Cleaning (washing with detergent and water) should be followed by sanitizing or disinfecting. Programs should follow a routine schedule for cleaning, sanitizing, and disinfecting. To reduce the risk of germs being spread through the air, have heating, ventilation, and air systems (HVAC) cleaned or updated. The Environmental Protection Agency (EPA) provides specific steps schools and other buildings can take to improve indoor air quality in their Clean Air in Buildings Challenge.

When there is an outbreak of illness noted in your program and/or community, consider adding measures such as physical distancing, wearing masks, and more intense cleaning. The CDC recommends the use of masks, for those above 2 years of age and who can safely wear them, while indoors when the COVID-19 level is high in the community.

In-person learning can be safe as long as we all take appropriate precautions. For more information about infection control in child care, contact a WV Child Care Nurse Health Consultant to schedule a training or check the WV STARS calendar for the next scheduled session.





Clean Air in Buildings Challenge

U.S. ENVIRONMENTAL PROTECTION AGENCY

MARCH 2022

This document provides basic principles and general actions recommended to improve [indoor air quality](#) (IAQ) in buildings and reduce the risk of airborne spread of viruses and other contaminants. These actions, as well as technical assistance and tools provided through the links, are intended to support building owners and operators, as well as organizational leaders and decision makers, to make ventilation and other IAQ improvements.

Infectious diseases like COVID-19 can spread through the inhalation of airborne particles and aerosols. In addition to other layered prevention strategies, taking actions to improve IAQ can reduce the risk of exposure to particles, aerosols, and other contaminants, and improve the health of building occupants. None of these actions will eliminate risk completely, and building owners and operators may not need or be able to take all actions listed below. The best combination of actions for a building will vary by space and location. When determining which actions to take to help protect occupants, building owners and operators should consider, for example, public health guidance, who and how many people are in the building, the activities that occur in the building, outdoor air quality, climate, weather conditions, and the installed heating, ventilation, and air conditioning (HVAC) equipment. Some actions may increase energy consumption and may be more appropriate as temporary measures when disease transmission is higher. Building owners and operators should engage experts, facilities managers, and others who are skilled, trained, and/or certified in HVAC work to develop and implement plans to improve IAQ and manage air flows. [Individual actions](#) and layered prevention strategies remain important measures for reducing the spread of viruses.

[American Rescue Plan](#) and [Bipartisan Infrastructure Law](#) funds can be used to supplement investments in ventilation and IAQ improvements in public settings.



1. CREATE AN ACTION PLAN FOR CLEAN INDOOR AIR IN YOUR BUILDING(S) that assesses IAQ, plans for upgrades and improvements, and includes HVAC inspections and maintenance.

- Determine how clean outdoor air is brought into the building and distributed to all occupied spaces. Understand and document how HVAC systems work for your building.
- Work with an HVAC expert to assess and inspect systems for ventilation, filtration, and air cleaning. Verify through [commissioning, testing, and balancing](#) that building systems are functioning as designed.
- Implement other IAQ assessment approaches such as carbon dioxide (CO₂) monitors as needed.
- Determine how much clean air (outdoor air + filtered HVAC recirculation air) is needed and verify or measure air delivery for each room or space.
- Assess if you need to manage the direction of air flows in higher risk areas of your building (e.g., in a school nurse's office).
- Create an IAQ action plan that includes regular inspections and maintenance, including filter replacements, and HVAC system upgrades or improvements, as needed.
- Support the people who operate or help with building and air distribution systems by providing [continuing education and training](#).



2. OPTIMIZE FRESH AIR VENTILATION by bringing in and circulating clean outdoor air indoors.

- Ensure [outdoor air](#) is acceptably clean or is adequately filtered as it is brought into the building.
- Properly use [economizers](#), which are devices that supplement mechanical cooling with fresh air, to efficiently and cost effectively increase fresh air ventilation.
- Run HVAC systems during all occupied hours to ensure clean air enters and is distributed throughout the building.
- Ensure that exhaust fans in bathrooms are functioning, and set fans to run during occupied hours.
- Increase volume of clean, outdoor air at times of higher risk (e.g., at times of elevated risk of COVID-19):
 - [Adjust HVAC settings](#) while considering thermal comfort, humidity, outdoor air quality, and energy use.
 - Consider [running the HVAC system](#) to refresh air before arrival and/or remove remaining particles at the end of the day (e.g., 1-2 hours before/after the building is occupied), as needed.
 - Check with an HVAC expert to understand the maximum outdoor air your system can support.
- Open operable windows, as weather, outdoor air quality, occupant safety, and HVAC systems permit. To the extent possible, enable cross ventilation by opening windows and doors at opposite sides of the room or building. (Note: Opening windows while running HVAC systems may increase energy costs or introduce other air contaminants.)



3. ENHANCE AIR FILTRATION AND CLEANING using the central HVAC system and in-room air cleaning devices.

- Install properly sized [MERV-13](#) air filters or the highest rated MERV filters that the HVAC system can accommodate.
- Close off any gaps around air filters to minimize air moving around them instead of through them.
- Use [portable air cleaners](#) to increase air cleaning rates in areas where air flow and central filtration are insufficient:
 - Select devices that are appropriately [sized for the space](#) in which they will be used. Consider [ENERGY STAR](#) certified products. If noise is a consideration, look for a product with lowest perceived sound levels.
 - As a temporary measure, [do-it-yourself air cleaners](#) can also be built from HVAC filters and box fans.
- Increase ventilation and/or filtration in areas with higher emission of airborne particles and aerosols (e.g., gyms, cafeterias, or choir/music rooms at schools). You can make adjustments for these areas by:
 - Increasing the volume of clean, outdoor air delivery.
 - Using portable air cleaners.
 - Setting up extra exhaust ventilation to move air directly to the outside.
- Consider an upper-room [Ultraviolet Germicidal Irradiation \(UVGI\)](#) system to clean the air. (UVGI systems require professional design and installation, in consultation with experts.)



4. GET YOUR COMMUNITY ENGAGED IN YOUR ACTION PLAN by communicating with building occupants to increase awareness, commitment, and participation in improving indoor air quality and health outcomes.

- Communicate to affected people (e.g., building occupants, workers, students, teachers, and parents) about how the [action steps](#) you are taking will improve indoor air quality and reduce disease transmission in your building.
- Show your work by hosting building walkthroughs, posting descriptive signage, or communicating on social media. Demonstrate the importance of individual actions to ensure facility operations are optimal (e.g., keeping ventilation systems clear of clutter).
- Provide feedback mechanisms such as maintenance requests to identify repair issues and surveys to gather perspectives from your community.
- Remember [individual actions](#) and layered prevention strategies remain important measures for reducing the spread of viruses like COVID-19.

ADDITIONAL RESOURCES

Clean Indoor Air Resources

Indoor Air Quality

<https://www.epa.gov/indoor-air-quality-iaq>

Indoor Air and Coronavirus (COVID-19)

<https://www.epa.gov/coronavirus/indoor-air-and-coronavirus-covid-19>

Ventilation and Coronavirus (COVID-19)

<https://www.epa.gov/coronavirus/ventilation-and-coronavirus-covid-19>

Air Cleaners, HVAC Filters, and Coronavirus (COVID-19)

<https://www.epa.gov/coronavirus/air-cleaners-hvac-filters-and-coronavirus-covid-19>

Interactive Ventilation Tool

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/interactive-ventilation-tool.html>

Indoor Air Quality Scientific Findings Resources Bank

<https://iaqscience.lbl.gov/>

Ventilation in Buildings

<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

Ventilation in the Workplace

<https://www.osha.gov/ventilation>

Improving Indoor Ventilation During Cold Weather

<https://www.osha.gov/sites/default/files/publications/OSHA4172.pdf>

COVID-19 Guidance on Ventilation in the Workplace

<https://www.osha.gov/sites/default/files/publications/OSHA4103.pdf>

ASHRAE Epidemic Task Force, Core Recommendations

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/core-recommendations-for-reducing-airborne-infectious-aerosol-exposure.pdf>

Resources for Schools

Creating Healthy Indoor Air Quality in Schools

<https://www.epa.gov/iaq-schools>

Efficient and Healthy Schools Campaign

<https://efficienthealthyschools.lbl.gov/>

Efficient and Healthy Schools Website

<https://www.energy.gov/eere/buildings/efficient-and-healthy-schools>

ASHRAE Epidemic Task Force Guidance for Schools and Universities

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools-and-universities-c19-guidance.pdf>

Resources for Building Professionals

Indoor Air Quality Master Class Professional Training Webinar Series

<https://www.epa.gov/iaq-schools/indoor-air-quality-master-class-professional-training-webinar-series>

Indoor Air Quality in Offices and Other Large Buildings

<https://www.epa.gov/indoor-air-quality-iaq/indoor-air-quality-offices-and-other-large-buildings>

Better Buildings Resource Center: Building Operations during COVID-19

<https://betterbuildingssolutioncenter.energy.gov/covid19>

ASHRAE Indoor Air Quality Guide

<https://ashrae.org/iaq>

ASHRAE Epidemic Task Force Guidance for Commercial Buildings

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-commercial-c19-guidance.pdf>

The Challenges of Remote Learning

Submitted by Kasey Wise, Wood County Christian School

Remote learning or distance learning, words in which we are all too familiar. Remote learning is the process of education that is practiced when students are not able to be physically present in a school setting/classroom. When that gnarly word--Coronavirus-hit, we, as educators, came together and prepared the best strategies that we knew for supporting this kind of learning! Many were not prepared or had never been trained to teach in a setting like this. We rolled up our sleeves and went to work on finding what worked best. All the while, keeping our students as the focus during this hard time.

I will be honest, the first thought I had was on the likelihood that our children would fall behind, regardless of our best efforts. At the time, I was a preschool teacher. We know that preschoolers should refrain from as much screen time as possible and have lots of hands-on learning. Hands on learning + remote = STUMPED! My team wanted to care for and prepare these children for what comes next. Isn't that the goal of every educator? Prepare students for what comes next. I remember coming together as a preschool collaborative program and seeing what we could do to keep these children engaged, YET not put too much responsibility on the caregiver. If we look to this past year, we see the break, the gaps that we missed, where we need to focus our time with the students that we see now in the classroom.

Today, I write this not only as a teacher, but also as an early education director, and I know the first thing that comes to mind as a gap is memorization! Memory plays a vital role in our social, emotional, and cognitive development, which relates to how we learn. Socialization helps build memory and when the pandemic hit, we lost that! Some children experienced emotional distress, which then can alter the memory.

In the classroom, as a preschool teacher, I see firsthand the children who are now entering the school setting and who are greatly impacted by the pandemic. I can see how world situation played such a big role in creating a gap in the developmental learning in their lives. We're now focusing on social and emotional learning to close this gap and to prepare them for the next year of learning. Without the social and emotional component, we cannot fully grasp academics. Social and emotional learning can have impacts that are long lasting. When students find school as a struggling point, they can develop anxiety, lose engagement, and suffer self-efficacy. Therefore, if we teach our children the fundamentals of social and emotional development, we can prepare them for the future.

Another gap of note would be students lacking independent skills--doing things on their own. Coming out of the pandemic, students seem to lack the confidence

to try and perhaps fail, but try, nevertheless. I see the gap in the independent skills that this age group once had. So now, we prepare the child with independent skills within the classroom that will have lasting impacts throughout their life. Skills such as zipping their own coats, using the restroom, pouring from pitchers, and using their hands (fine motor skills). Anything that can make the child more independent appropriate to the developmental age.

My team is working to make sure we are not leaving any skill behind. We are focusing on the gaps, so that we can find the solution and close them. This is an ongoing process that we will continue working on.

As an early education director, I am seeing the gaps from the pandemic are not only noticeable in preschool children. In the older grades we are seeing vocabulary and phonemic awareness is lacking. Another effect that we are seeing more of is anxiety! We need to meet the children where they are and adapt our expectations. The pandemic brought its own new world. As we prepare for the 2022-2023 school year, and we are learning that it isn't ever going away. We see that we will never go back to what it was, but every year creates new levels of change. This isn't just about the upcoming school year and using the same plans as the previous year, it is constant change for educators and students. We are here to focus on the gaps, and we hope to gain and offer strategies to close these gaps and become more of a community for generations to come.



Do you know a child who is not *moving *hearing *seeing * learning or *talking like others their age?

By 3 months,
Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,
Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,
Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,
Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,
Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,
Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

To learn more about the
WV Birth to Three services
in your area, please call:

1-866-321-4728

Or visit www.wvdhhr.org/birth23



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.



Parent Blocks

NEWSLETTER



“Providing resources to parents throughout West Virginia”

Volume 18, Issue 3, Summer/Fall 2022

Recovering learning gaps after COVID

The introduction of Coronavirus, followed by a multi-year pandemic, has been challenging for adults and children alike. Family routines have become interrupted and early childhood educators are seeing learning and developmental gaps that may have occurred because of the

disruption within relationships.

Throughout the last few years, many have received services via remote learning. Routine well-visits and non-emergency medical visits were cancelled or delayed. Everything from home visits to therapy

was delivered via technology. While this does have some advantages, the socialization piece was missing for the youngest of children, and even adults providing care to children.

Many within the early childhood classroom are placing a renewed focus on social emotional development, allowing children the space to understand, explore, and express emotions. Families are also being encouraged to support the individual strengths of the child. By doing so, families can help the child develop self-confidence, as well as learn to use these skills for other areas that may be frustrating.

If you have questions or concerns about your child’s development, you can contact your child’s pediatrician, child care teacher, Help Me Grow (1-800-642-8522), or West Virginia Birth to Three (1-800-642-8522).

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

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How to support LANGUAGE in young children

Why is this important to know?

The first few years of life are so important for young children and set the foundation for a lifetime of learning. Learning to speak and communicate is very powerful! Children learn how to interact and share ideas and feelings. They also learn how to solve problems, be curious about the world around them, and learn who they are as people. This helps children make sense of all their experiences as they prepare for school and adulthood.

COVID-19 has changed life for families. With child care centers closed, changes in parents' employment and juggling other responsibilities, changes in family routines, and increases in passive screen time, important opportunities for children to talk and learn with peers and adults has been limited. While the long-term impact of COVID-19 on language development remains unclear, a recent study in Rhode Island found that "Children born during the pandemic have significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic." However, this does not mean that it is too late! Taking the time each day to read together, talk together during everyday routines, and engage in play with your child, will go a long way in getting development back on track.

(Sparks, S.D. April, 07, 2022. Babies are saying less since the pandemic: Why it's concerning. <https://www.edweek.org/teaching-learning/babies-are-saying-less-since-the-pandemic-why-thats-concerning/2022/04>)

Download the
Learn the Signs. Act Early. app to track and
celebrate your child's
milestones



Here are some everyday ideas to help your child grow and learn:

Newborns and babies:

- Talk during your daily routines like diaper changing or bath time ("Let's change your diaper. First, we need to get a clean diaper. After we change your diaper, we'll take a nap.")
- Read books together (Check out [Dolly Parton's Imagination Library](#))
- Notice your baby babbling or smiling at you and respond ("I see you smiling at me. You must be happy.")
- Sing and play nursery rhyme games (Peek-a-Boo, Pattycake, This Little Pig)

Young children:

- Talk together during your routines such as during grocery shopping, bath time, driving in the car, or on walks. You can talk about something you see or something you are doing. ("Look at those red peppers. What is something else that is red that we can eat?")
- Put screens down during mealtimes. Use the time to talk about daily routines or family plans.
- Read and make books together. Ask your child what is happening in a picture.
- Cook together (check out this great, short video on [making banana pudding together](#))
- Make up stories together about your child's favorite toys or people
- Sing and play simple children's games such as Ring Around the Rosey or Head Shoulders Knees and Toes
- Play together, adding to the words your child uses. "You're right, that is a car. It's red just like Papaw's car".



If you have concerns about your child's language development, talk to your child's:

- *primary care physician*
- *child care teacher*
- *home visitor or the [West Virginia Home Visitation program](#)*
- *[West Virginia Birth to Three](#) or 1-800-642-8522*
- *[Help Me Grow](#) or 1-800-642-8522*
- *[West Virginia Early Head Start](#)*



West Virginia Infant/Toddler
Mental Health Association
Supporting the social and emotional well-being of children

www.nurturingwvbabies.org

Concerned about Development?

How to Get Help for Your Child



Talking to the doctor is the first step toward getting help for your child if you are concerned about his or her development (how your child plays, learns, speaks, acts, or moves). **Don't wait.** Acting early can make a real difference!

1 Make an appointment with your child's doctor

- When you schedule the appointment, tell the doctor's staff you have concerns about your child's development that you would like to discuss with the doctor.

2 Complete a milestone checklist

- Before the appointment, complete a milestone checklist by downloading CDC's free [Milestone Tracker mobile app](#) from the App Store or Google Play or printing a paper checklist from www.cdc.gov/Milestones.
- Write down your questions and concerns; take these with you to the doctor's appointment.

3 During the doctor's appointment

- **Show the completed milestone checklist to the doctor**
 - > If your child **is** missing milestones, point them out, and share any other concerns that you have.
 - > If your child **is not** missing milestones but you still have concerns, tell the doctor about them.
- **Ask the doctor for developmental screening for your child**
 - > Developmental screening is recommended whenever there is a concern. It gives the doctor more information to figure out how best to help your child.
 - > For more information about developmental screening, go to www.cdc.gov/DevScreening.
- **Ask the doctor if your child needs further developmental evaluation**
 - > If your child does, ask for a referral and call right away. If you have difficulty getting an appointment, let the doctor know.

4 Make sure you understand what the doctor tells you, and what to do next

- Before you leave the appointment, check the notes you have written and make sure all of your questions have been answered.
- If you do not understand something, ask the doctor to explain it again or in a different way.
- When you get home, review your notes and follow the steps the doctor has given you. Remember, you can always contact the doctor's office if you have any questions.

You Know Your Child Best

If your child's doctor has told you to "wait and see," but you feel uneasy about that advice:

Talk with others (doctor, teacher, another provider) to get a second opinion

AND

Call for a free evaluation to find out if your child can get free or low-cost services that can help.

- **If your child is under age 3:** Call your state's early intervention program. Find the phone number at www.cdc.gov/FindEI.

- **If your child is age 3 or older:** Call the local public elementary school.

You do not need a doctor's referral to have your child evaluated for services.

Find more information, including what to say when you make these important calls, visit www.cdc.gov/Concerned.

Don't wait.
Acting early can make a real difference!



www.cdc.gov/ActEarly

1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.



Download CDC's free Milestone Tracker app

