

WEST VIRGINIA  
EARLY CHILDHOOD  
PROVIDER  
QUARTERLY

**Is Your Summer Program a Safe Space?**

**Holistic Support for School-Age Children**

**Understanding and Preventing  
Childhood Lead Poisoning**

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# 5 Simple Ways to Reduce Hazards in the Classroom

Submitted by Harmony Vance-Tissenbaum, West Virginia Child Care Health Educator

One of the joys of working with young children is watching them grow and learn; however, this is one of the reasons they are at greater risk for environmental hazards. In short, it is because they are still developing and their lungs and brain are still growing and getting stronger. One of the expectations of a child care provider is “The ability to correct hazards that might harm the health, safety, and well-being of the children” (Child Care Center Regulation 8.4.a.5.).

So, let’s talk about five simple ways to reduce environmental hazards in the classroom.

1. Vacuuming
2. Dusting
3. Ventilation
4. Scents
5. Cleaning Sprays

When people come into your building, they often bring in bits and pieces from the outside with them. Not only could they be bringing in dirt and debris, but they could also be bringing things like lead, arsenic, and mercury into your building. These can easily spread throughout the room settling onto



the floor and shelves. Two ways to prevent the build up of these hazards is to vacuum and dust often. When picking a vacuum, you want to pick something with a HEPA filter. This is a High Efficiency Particulate Air filter, and it is highly efficient. “This type of air filter can theoretically remove at least 99.97 percent of dust, pollen, mold, bacteria, and other airborne particles with a size of 0.3 microns ( $\mu\text{m}$ )” (EPA). A vacuum cleaner with this type of filter has the potential to catch more debris and particles instead of circulating them back into the air. It is recommended to empty the dust and dirt from the vacuum outside so that the debris

does not release into the air inside.

The second way to manage or remove these hazards is to dust. When dusting you want to use a wet rag. This will help to trap the particles in the rag which will prevent them from recirculating into the air.

“Air pollution exposures are widespread, and children are uniquely vulnerable, because they...breathe faster (inhaling more pollutants per pound of body weight) than adults, and because their bodies are still developing” (American Academy of Pediatrics). Making sure they have clean air is import-

ant. Vacuuming and dusting help to remove contaminants that come in from outside, but often air gets trapped indoors causing poorer air quality indoors than outside. This often happens due to the building being closed and having poor ventilation. The easiest way to increase air quality is proper ventilation. This can be done manually or mechanically. To manually ventilate you could open doors and windows to create a cross breeze that increases air flow. However, keep in mind you will need to ensure that your building remains secure. This might look like using secured screens or taking other security measures to keep the area safe. The alternative is to use mechanical ventilation.

Mechanical ventilation is often done via your HVAC system or air purifiers. These systems are often a safer means of ventilating a building as it removes the safety issues of manual ventilation. An HVAC system pushes and pulls air through the building by bringing the air from outside, bringing it to temperature, and pushing it out through your vents to either heat or cool the building. These systems use a HEPA filter to help remove contamination from the air. These filters need to be changed per the manufacturer's guidelines. You also want to make sure vents and returns are open and clear of de-

bris and furniture. Check your outside vents and machinery to make sure they are also open and clear of debris. When using an air purifier, it typically can only handle a certain amount of square footage and so you will probably need multiple machines. The purifier pulls air through the filters to then be released to recirculate in the room. You want to look for an air purifier that uses a HEPA filter and change as directed by the manufacturer's instructions. For most locations one form of ventilation or air purification is enough to have quality air indoors. With proper ventilation the air inside does not become stagnant and air pollutants do not become trapped, increasing the rate of pollution indoors.

Sometimes air quality may be affected by things that we don't even consider as a possible pollutant. "Despite their popularity, some evidence suggests that air freshener products increase indoor air pollution and pose a health risk, especially with long-term exposure" (Poison Control). For example, air fresheners and candles can give off gas chemicals like formaldehydes and put microscoping plastics into the air that children and adults breathe into their lungs. Typically, these are used to mask smells in which case it is best to avoid these scented items. Instead, try using baking soda or vinegar to help ab-

sorb the smell instead of masking. A common misconception is that you can just switch to something that is "natural" like essential oils. However, keep in mind that just because something is "natural" does not make it good for us. "Misuse of essential oils can cause serious poisoning" (Poison Control). There are many essential oils that should not be used around children and strong-smelling items of any kind should always be avoided in child care. According to Caring for our Children, "Indoor air should be kept as free from unnecessary chemicals as possible, including those emitted from air fresheners and other fragrances, cleaning products containing chemicals, aerosol sprays, and some furnishings." This brings us to cleaners and sprays. You want to look for cleaners that say, "Fragrance Free." The term "Unscented" often means that chemicals have been added to mask the smell. This choice will help to remove some of the unnecessary scents from the air that pollute air quality. Lastly, think of how the cleaner is dispersed. You want to avoid aerosols and mist sprayers as there is less control of the spray and they both push more of the chemical into the air. "The invisible droplets are inhaled by children and can trigger asthma and allergy symptoms" (Eco-Healthy Child Care).

Keeping an environment clean and hazard free for children can often seem daunting, but a few small changes can have a big impact on decreasing pollutants and increasing air quality. Make sure you are using HEPA filters in your vacuums, ventilation systems, or air purifiers to help minimize what is in the air. Also look for things that are adding unnecessary scents to the environment. Remember that children are some of the most vulnerable to poor air quality, so you want to support their development by taking the steps needed for quality air.

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## Concerned about your CHILD'S DEVELOPMENT?

**Help Me Grow**, a free developmental referral service, provides vital support for children from birth to age five including:

- Information and community resources to aid development
- Free developmental screening questionnaire
- Coordination with your child's doctor

Talk to a care coordinator and schedule a developmental screening for your child today.

**Help Me Grow: 1-800-642-8522**  
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**Help Me Grow**  
West Virginia

# Is Your Summer Program a Safe Space?

Submitted by Samantha (Sami) Cochran, Early Childhood Specialist,  
MountainHeart Region 5

What makes a SAFE space? Are you using active supervision? Are you meeting the children's physical and psychological safety needs? Are you building those relationships with staff and children in your care? Are you teaching body safety and consent? Are you having fun? Children in child care are spending 8 hours or more a day during the summer at your center; we need to provide a SAFE space for them. How can you do that?

## What makes a SAFE space?

Being **S**upportive, **A**ware, **F**ocused, and **E**ngaged is what makes a SAFE place.


- Be aware of and support children through developmental stages. Provide any hygiene products they may need. Let them know you are there for them. Teach them how to problem solve, take turns, and play with peers. Children are not born with social emotional skills.
- Focus on providing care and meeting the needs of the children in your care.
- Engage with the children through games, reading, field trips, communication, and all interactions.

## Are you using active supervision?

According to HeadStart, active supervision promotes a safe environment and prevents injuries in children. It always requires focused attention and observation. There are six strategies to put active supervision into place. They are:

- 1. Set up the environment.** Make sure you can see and hear all areas of the room from anywhere in the room. Make sure furniture is waist height or shorter.



- 
- 2. Position staff.** Staff should position themselves in different areas of the room and should be able to hear and see all children.
  - 3. Scan and count.** Staff should always be able to account for all children in their care and know what everyone is doing. This is very important in transitions.
  - 4. Listen.** Listening to all the sounds such as loud sounds or the absence of sounds can help staff identify danger.
  - 5. Anticipate children's behavior.** Staff should know what the children's interests are. They should also be aware of the child's mood. Knowing what to expect is going to help reduce harm.
  - 6. Engage and reflect.** Staff should support the child's individual needs and offer redirection and assistance.

### **Are you meeting the children's physical and psychological safety needs?**

#### ***Physical Safety Needs***

Making sure the child is physically safe in your care. Here are some tips to create a physical safe environment:

- Emergency Preparedness
  - Completing regular drills
  - Checking all emergency supplies
  - Making sure you are aware of the ALERTS in your area
- Layout of the classroom
  - Making sure exits are clear
  - Removing tripping hazards
- Health and Hygiene
  - Gloves
  - Washing hands

#### ***Psychological Safety Needs***

Creating an environment where youth feel comfortable taking risks, sharing ideas, and expressing themselves without fear of judgment.

Here are 7 steps to help create a psychological safe environment:

1. Provide Clarity
2. Build Self Awareness
3. Encourage Expression
4. Facilitate Class Discussions
5. Nurture a Growth Mindset
6. Preach Positive Feedback
7. Infuse Joy

Are you building relationships with staff and children in your care?

What is a relationship? The way in which two or more concepts, objects, or people are connected.

When do they develop? At any time. They can happen on the bus, school, sports, and any time they cross paths with others.

With whom? Anybody, it doesn't matter the age, culture, or gender. It isn't friendships. It goes deeper. It is making personal, meaningful connections.

What is the foundation? It is trust and respect.

**Here are 8 intentions that rely on trust and respect to help build those relationships:**

1. Engage with others in a genuine and positive manner.
2. Be an active communicator, both listening to and expressing ideas.
3. Be mindful of others and their feelings and current situations.
4. Be mindful of yourself and see how your words are perceived.
5. Show interest in learning more about others by asking questions and remembering the important things they told you.
6. Be open to receiving and providing constructive feedback.
7. Show others your appreciation.
8. Convey kindness, empathy, and understanding.

**Here are 10 tips to help build those relationships:**

1. Meet and greet the child daily by name. "Hi, Jordan, I'm so glad you're here today. How did the science test go?"
2. Talk with the child at their level. This is both physically and developmentally.
3. Ask open-ended questions and listen.



4. Encourage children by asking them what will happen next or how did you come up with that?
5. Reflect or paraphrase during conversations.
6. Watch for communication roadblocks.
7. Remember the context and details. Pull from past experiences.
8. Participate alongside the child.
9. Support opportunities for the child's input, shared responsibility, and leadership.
10. Smile, have fun, and show children that you enjoy what you do.

### **Are you teaching body safety and consent?**

#### ***Body Safety***

We teach children physical safety - look both ways, how to wash our hands, and how to take care of ourselves. It is important to teach them about how to keep their body safe.

##### How to teach body safety:

- It is important the children know the proper name for all body parts, age appropriately.
- It's OK to say, "no" even to adults.
- Teach children to ask permission before touching others.
- Talk about "OK" and "Not OK" to touch.
- Don't keep secrets.

Another part of body safety is teaching the children about the changes happening in their bodies. Some changes can be:

- Height/weight
- Body Odor
- Oily Skin/Hair
- Mood Swings
- Menstrual Cycle
- Voice Change

#### ***Consent***

Teaching consent needs to happen earlier in life. It isn't just about relationships. We need to teach them that their body belongs to them. When they know they have control, it is going to encourage self-esteem and recognize boundaries.

##### How to talk about consent:

- Teach them the proper names

- Encourage open communication
- Model respect for boundaries
- Use clear and simple language
- Help them practice
- Support their decisions

This will be an ongoing conversation with the children

Lastly, it is important to just have fun with the children. Show them you enjoy learning together with them. You can do this by:

- Playing with the children
- Taking them on field trips
- Involving them in your planning on what to do
- Reading with them
- Creating things

Meeting the child where they are and having fun is going to create a SAFE place for them.

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# Keeping Children Safe and Healthy During the Summer

Lisa Galford, MSN, RN, CCNHC



Summertime can be fun for all ages. Children especially love the summer because they can go outdoors and be wild and free. Some of my best childhood memories (minus the trauma of being close-lined in Red Rover) are based around playing outdoors. I suspect you have some too. Children love using their outside voice while playing and pretending. Being outdoors is an excellent way to learn about nature, to play team sports, or do water activities. Children may enjoy watching the clouds,

helping with garden plants, or participating in insect identification. The possibilities are endless, but there are also some risks associated with being outdoors during the summer months. Whether you are dealing with insects, the heat, dangers of sun, or going on a field trip, it is always good to be proactive and prepared.

You have probably heard the rhyme that warns of the dangers of poison ivy, oak, and sumac which tells us if they have leaves of three, leave

them be. All those plants have leaf clusters of three, which have oil containing a chemical called urushiol. Once that oil is transferred to the skin, the urushiol causes an allergic reaction resulting in a very itchy rash usually within 24 to 72 hours. Although the rash itself cannot spread, if the oil is not removed, it can be transferred to another part of the body causing additional areas of rash (Poison Ivy, Oak, and Sumac Rash, Johns Hopkins Medicine). If a child is exposed to the leaves of any of these

plants, the exposed skin should be immediately washed with soap and warm water to remove the oil before it has a chance to penetrate the skin. To avoid it altogether, it is best to stay clear of wooded areas. Make sure to keep weeds and brush trimmed away from play areas.

Insects can be another irritant to the skin, especially if they bite or sting. Mosquitoes can carry the Zika or West Nile Virus. Check your play area often for standing water left by the rain or even areas around drains and downspouts. Mosquito larva wiggling around in puddles of water might look harmless enough but once they mature and begin buzzing around, they will be looking for a nice blood meal. Use EPA-registered insect repellents to prevent mosquito bites (Preventing Mosquito Bites, CDC, 2024).

Another harmless looking insect is the bright red chigger often called berry bugs. These tiny mites live close to the soil in wooded or grassy areas. The larvae live in groups and love to feed on dead skin cells. Their bites cause very itchy bumps on the skin often in little clusters (Chigger bites: What they look like, treatment & prevention, 2025). It is always a good idea to educate children about possible dangers of insects, age appropri-

ately, of course.

Be cautious when taking children outdoors on hot days. Direct rays from the sun can cause play equipment to become hot to the touch. You should not only be concerned with the actual heat, but pay attention to the heat index which can make the temperature feel even hotter.

Extreme temperatures can be dangerous for you and the little ones you care for. Offer water breaks every 15-20 minutes and watch for signs of heat related illness such as nausea, dizziness, or confusion. Heat-related illnesses can escalate very quickly into a dangerous situation like heat exhaustion or heat stroke (Infants and children and heat, 2024).

Sunburn is a concern as well. When using sunscreen on children, apply to the skin prior to going outside to give it time to soak in before you get out into the rays. Sun rays can even damage the eyes and cause conditions such as cataracts, a condition that may lead to glaucoma later in life, or ocular melanoma (856726, The Sun, UV light and your eyes 2024). Follow the manufacturer's instructions for reapplication of sunscreen and use sunglasses with UV protection.

Many people love to go on field

trips, but when you travel with a group of children the load of responsibility increases. Visit the site beforehand to scope out potential dangers or whether the area is a good fit for the age group you will be taking. Implementing things like head counts can prevent you from leaving a child at the zoo or accidentally leaving someone in a vehicle. Always take contact information, emergency medications (like epi-pens), your first aid kit, and Medical Action Plans for a child who has chronic health conditions or allergies. It may be helpful if you dress the children in the same-colored shirts as well. Maybe you even have shirts with your center's logo.

If you are taking food with you, plan to keep food at the correct temperature. Food can spoil quickly if not stored properly (CFOC, 3rd edition). Don't forget to wash those little hands with soap and water before eating. If children have been outside, their hands are most likely physically dirty so hand sanitizer should not be used.

Water play is a fun way to spend time outdoors, but there are a few things to remember for safety purposes. Maintain constant, close supervision during water activities. Make sure you have the correct staff to student ratios in place (Banks, 2024). Empty buckets,

tubs, and water tables immediately after use. Children can drown in as little as a few inches of water. Ensure pools/splash areas are fenced and secure. And, to prevent the spread of illness, do not allow a child with GI symptoms, such as diarrhea, to swim or play on splash pads until the issue is resolved.

Thankfully, the positive aspects of being outdoors in the summer months outweigh the risks of potential harm with proper planning and preparation. Being able to enjoy the outdoors brings joy and memories that can last a lifetime for both children and adults.

Reach out to your local Child Care Nurse Health Consultant for more information regarding summertime safety and heat-related illnesses. We have a training with that exact title, and we also offer a training course titled Creepy Crawly Creatures which covers insects and parasites. All our training courses are free WV STARS approved trainings that we can provide both online and in person.

If you are unsure who your Child Care Nurse Health Consultant is, please find us on our website at [www.wvearlychildhood.org](http://www.wvearlychildhood.org), click our projects and then Nurse Health Consultants. We would love to assist you.

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# Making a Difference:

Mandate to Report, Responsibility to  
Prevent Child Abuse and Neglect

**REVISED, EXPANDED, & UPDATED!**

This version of the course has been updated and contains new information. Childcare Professionals can complete the new training for two hours of STARS credit, **regardless of when they last took the older version.**



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# Holistic Support for School-Age Children: Navigating Developmental Needs, Mental Health, and Physical Changes

Submitted by Jessica Wilcoxon, MS in Early Education, Early Childhood Specialist/After School Specialist with Link CCR&R

The journey through school-age childhood, typically spans from ages 5 to 12, which is a period of profound transformation. Children in this phase are simultaneously managing rapid cognitive, social, and emotional development while establishing foundational academic skills, and navigating significant physical growth. For children with developmental needs, these concurrent changes often present unique challenges that necessitate a comprehensive and collaborative support system.

Providing effective support requires a holistic perspective that addresses three interconnected domains: core developmental needs, mental health and emotional well-being, and the physical changes associated with growth.

Developmental needs can range from specific learning disabilities (e.g., dyslexia, dyscalculia) to more pervasive developmental disorders (e.g., Autism Spectrum Disorder, Intellectual Disability). Giftedness is another developmental need. Some areas are starting to phase out the terminology of developmental needs and instead are using the terminology of the exceptional child. An exceptional child is one who deviates significantly from the average in terms of intellectual, physical, social, or emotional development, requiring specialized education or support.

While some exceptionalities are apparent early on in a child's life, some exceptionalities become more apparent once the child enters school (e.g., dyslexia may become a concern as a child is struggling to learn to read and write). West Virginia has support in place for when a parent, guardian, caregiver, or teacher has concerns about a school-age child's development.

The first step to support would be to contact the county school system that the child resides in and ask to speak with someone in the special education department. Note that every school district has a different process. Some will allow a referral from a child care provider, while others

require the family or the elementary school the child attends to complete the referral. The school system can assist with screenings for delays in speech as well as concerns with a child's developmental requirements (e.g., ranging from a learning delay to giftedness). If the child qualifies for additional support through the county school system, a family can request an Individualized Education Program (IEP) or a 504 Plan.

You may be asking what the difference is between an IEP and a 504 Plan. This chart will help clarify the focus area for each as well as the key benefits.

Support Mechanism	Focus Area	Key Benefit
<b>Individualized Education Program (IEP)</b>	Specialized instruction, related services (e.g., speech therapy, occupational therapy)	Ensures access to the general curriculum through tailored services and goals.
<b>504 Accommodation Plan</b>	Reasonable accommodation in the general education setting (e.g., preferential seating, extended time)	Eliminates barriers to learning for students with disabilities who do not require specialized instruction.

When instances occur that the family feels their school-age child needs additional support outside of what the county school system offers or they disagree with the county school system's screening data, West Virginia also has private entities. Help Me Grow West Virginia is a program offering free referrals for children birth through 8-years-old to connect families with developmental resources. Depending on the child's insurance, families could receive additional developmental support for little or no cost. Help Me Grow West Virginia will help identify the developmental programs that will work with family needs.

In addition to a 504 Plan or an IEP, there are targeted instructional strategies that can be used in a classroom and the child care/out-of-school time program. Targeted instructional strategies are effective supports that focus on a child's strengths while accommodating any challenges the child has. Targeted instructional strategies can be used with any child regardless of if the child qualifies for an IEP or a 504 Plan. The Professional Development Training Team (PDTT) at your local Child Care Resource and Referral (CCR&R) agency is a phenomenal resource for implementing targeted instructional strategies. Each CCR&R has an

After School Specialist that can work with a program providing care for school-age children. The After School Specialist can support the provider with modifying a lesson plan or the environment to meet the individual needs of the children. They are also able to assist with creating visual schedules, job charts, and developmentally appropriate classroom expectations to support the executive functioning skills of the school-age group. Training opportunities provided by members of the PDTT provide strategies to teach social skills, conflict resolution, labeling and regulating emotions, and self-awareness skills.

The school-age years encompass major physical milestones, from the loss of baby teeth to the early onset of puberty (pre-pubescence). For children with developmental needs, these changes can be confusing, overwhelming, or impacting of their motor skills and sensory processing. School-age children are building on their motor skill development by participating in gross motor activities through sports and playground games in addition to refining their fine motor skills by practicing handwriting. Some of our exceptional school-agers may require additional support with motor skill development. Occupational therapy (OT) is crucial for addressing challenges with fine motor skills, visual-motor integration, and sensory processing. An occupational therapist can provide specialized tools (e.g., pencil grips or a weighted blanket) and exercises to support a child's fine motor development. Physical therapy (PT) supports gross motor development, balance, and coordination. If a family is unsure where they can go to request PT and/or OT services for their school-ager, Help Me Grow WV can connect them to local organizations that provide those services.

Children need clear, age-appropriate information about their bodies and the changes they are experiencing. For children with cognitive or social delays, teaching personal safety, hygiene, and body boundaries requires explicit, concrete instruction and repetitive practice. A family can always consult with their child's primary care doctor for resources on how to teach these skills. West Virginia Center for Children's Justice is a trauma informed response to child abuse or neglect. One of their missions is to educate the community to prevent further trauma. The website is a great resource to teach school age children personal safety as well as body boundaries.

When discussing the physical development of school-age children, it's

important to discuss proper nutrition. Some families in West Virginia are at greater risk of food insecurity, which is the limited or uncertain access to enough, nutritious food for a healthy, active life due to a lack of money or resources. Some regions also struggle with food scarcity, which is the insufficient availability or access to enough nutritious food to meet a population's basic needs, resulting from environmental, economic, or social factors. The growing body needs proper nutrition for healthy brain development as well as muscle growth. WV WIC is a supplemental program to provide access to nutritious foods for infants and children until their fifth birthday. The WV Department of Human Services also provides SNAP applications for the state. SNAP stands for Supplemental Nutrition Assistance Program. Qualifications for this program is based on income as well as the household size. If you notice a family needing a little more access to food, WV Connections is a state sponsored website that stores local community resources. The website has a feature that users can search for local food pantries. A child cannot focus on learning when they are struggling with hunger.

WV Connections can also assist families with other stressors such as housing or support with utilities. Another resource to support families with financial issues, health, domestic, or natural disasters is WV 211. An individual can visit the website, call in by dialing 211, or text their zip code to 898-211 to contact someone that will provide information on the support available. Our school-age children will thrive in their learning environment when we eliminate stressors that impact the family unit.

School-age children, particularly those with developmental differences, are at an elevated risk for co-occurring mental health issues, including anxiety and/or depression. Also, West Virginia is the state with the highest rate of children in foster care; the latest statistic reports that 19.4 out of every 1,000 children residing in West Virginia are in the foster care system, which is significantly higher than the national average (U.S. Foster Care Statistics 2026). This means that West Virginia has the highest rate of children with trauma, and this is just the cases that are reported. Mental health services are vital for the overall health of a school-age child. Academic and social pressures can exacerbate anxiety or depression.

Thankfully, the state has mental health support for our school-agers. Most schools offer children enrolled access to their school's psychol-

ogist, counselor, or social worker. If a child resides in an area where the school can't provide that support, WV Connections, funded by the Department of Health, is a free website that assists anyone with locating resources near them. The user will just type in their zip code, the type of resource that they are looking for, and then they can filter that search to fit the specific need. The website provides information on mental health services throughout the state. The search can be narrowed by filtering services for a school-age child as well as distance, if transportation is an issue.

Another great resource is the Behavioral Consultant (BC) with your local CCR&R. The primary role of the Behavioral Consultant is to support the teacher with strategies to work with a child that may be exhibiting more challenging behaviors. Thinking about the number of children that we know are traumatized, the odds are that the trauma response exhibited by a child in the classroom will be more likely and can be a little difficult to work with. The Behavioral Consultant can assist the child care program/out-of-school time program with creating a safe and inclusive climate. Strategies that the BC can bring into the classroom include effectively implementing a calm down corner, providing suggestions for the teacher to be clear and precise with instructions, implementing an educational plan to teach children social-emotional skills, as well as providing specific strategies for the teachers to support exceptional children in the classroom. Many of the Behavioral Consultants are skilled in sensory processing differences and can recommend supports either to use in the classroom or directly with a child. Some of these supports include allowing sensory breaks or movement breaks to allow an overload of input to leave the body, environmental modifications to reduce stimuli, and identify triggers to respond appropriately. Another skill of the Behavioral Consultant is their knowledge of local mental health services in their region.

Effective mental health care often requires a partnership. Regular communication between the family, school staff, child care staff, and the therapist(s) ensure consistency in strategy and medication management, if medication is being used. Everyone involved with supporting the mental health of a child needs to have access to the strategies suggested by the mental health professional and effectively communicate their efficiency while the child is in a particular setting.

The success of a school-age child, particularly one with exceptionalities, hinges on the consistent application of a unified, holistic support model. This comprehensive framework recognizes the interdependence of the three key domains discussed: addressing core developmental needs through individualized plans and targeted instructional strategies, supporting physical health through occupational and physical therapies and ensuring proper nutrition and safety, and prioritizing mental health through school-based professionals and resources. The coordinated effort among families, school systems, child care providers, and community entities, such as Help Me Grow WV and the CCR&R, is paramount to removing barriers and creating an inclusive climate. By fostering this robust partnership, West Virginia stakeholders can ensure that every school-age child receives the necessary foundation to successfully navigate their cognitive, emotional, and physical transformation and thrive in their education and life skills.

### **Community resources mentioned in this article**

#### **Help Me Grow WV**

<https://dhhr.wv.gov/helpmegrow/Pages/default.aspx>

#### **CCR&R**

<https://bfa.wv.gov/child-care-resource-and-referral>

#### **Handle with Care**

<https://www.handlewithcarewv.org/>

#### **WIC**

<https://dhhr.wv.gov/WIC/Pages/default.aspx>

#### **SNAP**

<https://bfa.wv.gov/snap>

#### **WV Connections**

<https://wvconnections.findhelp.com/>

#### **WV 211**

<https://wv211.org/>

# 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.

# Understanding and Preventing Childhood Lead Poisoning

Submitted by WV Childhood Lead Prevention Team, West Virginia Department of Health

Childhood lead poisoning is a preventable, serious environmental health problem. Children exposed to lead may develop adverse health effects such as decreased IQ, infertility, learning disabilities, nervous system damage, and stunted bone or cell growth. In most cases, children are exposed to lead by paint in older homes or by ingesting paint chips. Secondary sources include water contamination through lead pipes or lead brass. Lead is naturally found in soil. Soil can be contaminated by lead dust. Certain consumer products such as mini blinds, imported spices, medicines, cosmetics, and toys also can contain lead.

Occupational risks such as manufacturing, construction, mining, welding, recycling, and printing can impact children. Children can be exposed through recreational hobbies such as hunting, fishing, stained glass, glazed pottery, and painting. Certain occupations and recreational hobbies can put children at risk because lead dust particles can be carried into the home from your hair, skin, shoes, clothes, and tools. Showering or changing clothes before entering



the home, regular hand washing, and practicing safety in your work environment are crucial to reducing potential exposures. Lead paint was banned in 1978. It is imperative if any home renovations are performed, especially in homes older than 1978, that children and pregnant or breast-feeding mothers are not present.

The West Virginia Department of Health (WVDH), West Virginia Childhood Lead Poisoning Prevention Project (WVCLPPP) is a state project federally funded by the Centers for Disease Control and Prevention (CDC). The project

monitors all West Virginia children reported with an elevated blood lead level (EBLL).

The CDC established 3.5 micrograms per deciliter as the reference value for when case management begins. WVCLPPP uses this reference value for all case management, but all results, even those that are not elevated, are reported to the project. Children can be screened for lead poisoning at health centers, hospitals, private practitioner offices, federally qualified health centers, local health departments, and select Special Supplemental Nutrition Program

for Women, Infants, and Children (WIC) offices. All blood results are reported to the WVCLPPP from laboratories or clinics. Results not directly through a lab are reported to the project using the Childhood Blood Lead Reporting Form.

The project's main goal is to eliminate childhood lead poisoning. This is accomplished by increasing the number of children who receive a blood lead test, improving data surveillance to identify high risk target areas, identifying resources to assist with population base interventions, providing public education to promote primary prevention, and eliminating childhood lead poisoning as a major public health problem.

Lead poisoning is listed as a notifiable disease in the State of West Virginia under Title 64 Series 42

Legislative Rule. Health care providers, laboratories, and other public health personnel are required to report the occurrence of a notifiable disease as defined in the rule. All blood lead levels must be reported to the WVDH within seven business days following receipt of laboratory findings. W.Va. Code §16-35-4a requires lead-level screening of all children before the age of six. Legislative Rule §64-42-3.6 defines screening as the assessment of a child's environment and social conditions to determine risk for lead poisoning. In April 2022, Legislative Rule 64CSR42 became effective requiring all children receive a screening test at one year and again at two years of age, and children 36 to 72 months of age, if they have not been screened previously.

By tracking children with lead

poisoning, WVCLPPP can identify children at risk to target prevention and outreach activities, make case management services available to each child with lead poisoning, monitor progress toward eliminating childhood lead poisoning, evaluate and monitor trends to identify high risk populations, remove and reduce sources of lead, and develop and evaluate interventions and processes.

The project has educational resources available for providers and the public. For providers, Management Provider Guidelines and the Blood Lead Reporting Form are available on the project website. The project offers training sessions to equip providers who perform testing with knowledge of state testing requirements and detailed procedures of submitting EBLs. Trainings sessions are also available for community partners. Community partner training sessions provide in-depth education to early childhood partners, those who work closely with families in the community, and provides a wide variety of information about childhood lead poisoning.

For more information on WVCLPPP visit <https://dhhr.wv.gov/wvchildhoodleadpoisoning>. To contact WVCLPPP, email [wv-clppp@wv.gov](mailto:wv-clppp@wv.gov) or call 1-800-642-8522.





WEST VIRGINIA EARLY CHILDHOOD  
**Training**  
 CONNECTIONS  
 AND RESOURCES

### **West Virginia Early Childhood Training Connections and Resources (WV ECTCR)**

A program of River Valley Child Development Services (RVCDS), is a statewide program designed to provide professional development opportunities for the early care and education community. Through an extensive network of information, training and technical assistance, resources, and collaboration, WV ECTCR strives to improve the quality of early care and education services for young children and their families.

WV ECTCR is collaboratively funded through grants from WV Department of Human Services (Bureau for Family Assistance, Office of Early Care and Education) and WV Department of Health (Office of Maternal, Child, and Family Health, WV Birth to Three and WV Home Visitation). At times, WV ECTCR receives project-based grants to complete work.

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## Our Projects

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### **West Virginia State Wide Training and Registry System (STARS)**

supports the Early Childhood and Out-of-School time workforce in growing their careers and improving quality of care for children and families. STARS oversees Professional Development opportunities for the workforce, credentialing trainers, tracking completed professional development hours, assisting with the development and creation of self-paced courses, and cleaning and compiling data to observe trends and needs. WV STARS is one of 18 states to meet the National Workforce Registry Alliance Partners in Employment Reporting (PER) standards, allowing our data to become part of a larger data set of Early Care and Education workforce members used by national leadership and policy makers.

WV STARS encourages career growth through tracking and recognition of educational accomplishments like ACDS, CDA and West Virginia's Early Care and Education Credentials. To help the workforce plan for their professional growth, WV STARS provides a Career Pathway, designed to guide advancement opportunities, and the Early Childhood Core Knowledge and Competencies/Training & TA Provider Competencies to provide details about the disposition, skills, and knowledge required to be a competent Early Care and Education professional. Finally, WV STARS promotes professionalism in the workforce by providing financial support for both the Pathway Advancement Scholarship and Pathway to Earnings wage incentive program.



WEST VIRGINIA EARLY CHILDHOOD  
**Training**  
 CONNECTIONS  
 AND RESOURCES

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### **West Virginia State Apprenticeship for Child Development Specialist Program**

program, often referred to as ACDS, is a four-semester training opportunity for individuals employed in the field of early childhood. ACDS is designed to combine classroom instruction and work experience to enhance the quality of care provided for children and families in WV. The program is a collaboration between the Department of Labor (DOL) and River Valley Child Development Services (RVCDS).

### **WV Governor's Early Intervention Interagency Coordinating Council**

is a governor appointed council mandated by the Individuals with Disabilities Education Act to advise and assist with the implementation of the WV Birth to Three Early Intervention System. The Council is composed of families, practitioners, state agency representatives and other early childhood stakeholders.

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### **West Virginia Child Care Nurse Health Consultants**

work with child care providers to promote the health and safety of children in the child care setting. These consultants can provide expert guidance, technical assistance and training on a wide range of health and safety topics, including medication administration.

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### **Child Care Health Educators**

provide trainings and resources to child care providers serving children and their families. They focus on providing the most up-to-date information on health, safety, and nutrition topics to child care providers to improve the overall health of the child.

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### **Early Childhood Quality Evaluators**

are a group of highly trained individuals in the ECERS-3, ITERS-3, FCCERS-3 and SACERS-U assessment tools. The purpose of conducting assessments is to establish data on current child care center classrooms, out of school time classrooms, family child care facilities and family child care homes in WV to assist in future planning of training, technical assistance, etc.

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### **Quality Improvement Monitoring and Compliance Specialists**

enhance oversight of West Virginia's Tiered Reimbursement/QRIS system by conducting monitoring and compliance visits in childcare programs participating at the higher quality tier levels.



WEST VIRGINIA EARLY CHILDHOOD  
**Training**  
 CONNECTIONS  
 AND RESOURCES

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### Early Care Share WV

is an online platform that delivers a wealth of practical resources for early childhood education directors, family care providers, teachers, and students. Most simply, the website helps its users manage their programs more efficiently by saving time, reducing costs, and improving quality. Examples of resources offered include links to state and national regulations, discounts from vendors, and templates and sample documents.

### West Virginia Early Childhood Provider Quarterly

supports and informs the early childhood community, including families, on a variety of topics through an online format and distributed electronically. The Parent Blocks Newsletter is a section of each magazine that is designed to provide families with relevant information on a variety of topics that focus on children's issues from a parent's perspective.

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### Statewide Conferences

**Celebrating Connections** is the annual early childhood conference providing learning opportunities for all professionals in the early care and education community and parents.

**Great Beginnings Infant/Toddler Conference** is an annual professional development opportunity for Infant/Toddler Caregivers, Administrators, Early Interventionists, Home Visitors, and Early Head Start Staff.

**Home Visitation Institute** is an annual professional development opportunity for Home Visitation providers.

**Afterschool Quality Conference** is an annual professional development opportunity for Afterschool providers.

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### Office Hours

Monday-Friday  
 8:00pm-4:00pm

### Follow us on Facebook

[facebook.com/WVECTCR](https://facebook.com/WVECTCR)




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TCR-ECE is supported by federal funding passed through the West Virginia Department of Human Services: Federal award amount: \$4,727,547 (99.9% of program budget) State award amount: \$5,122 (0.1%). TCR-OMCFH is supported by state funding through the West Virginia Department of Health. TCR-HV is supported by federal funding passed through the West Virginia Department of Health: Federal award amount: \$225,000 (100% of program budget) State award amount: \$0 (0%).

# Healthy Snack Ideas

Submitted by West Virginia Child Care Health Educators

During the hot summer days, children are busy being physically active and spending time outdoors. They need plenty of water and healthy snacks to keep their energy high. Healthy snacks between meals provide many benefits: improves concentration, improves their mood, and helps to curb hunger so children do not overeat at mealtimes. Healthy snacks add nutrients and energy to a child's day, unlike unhealthy snacks that only provide empty calories. Try to avoid foods that are high in sugar, fat, and salt and offer foods like fresh fruits and vegetables, whole grains, and protein.

Here are some healthy snack options and recipes:

- Milk and carrot sticks
- Yogurt with strawberries and granola
- Cucumbers with whole wheat crackers
- Watermelon with string cheese
- Whole wheat bagel, cream cheese, and apple slices
- Hard-boiled egg and oranges
- Homemade yogurt pops



## Homemade Yogurt Pops Vanilla Yogurt Cut up fruit of your choice.

1. Layer yogurt and fruit in a paper cup.
2. Put stick in for handle and freeze until solid.
3. Enjoy!

Reference:

Lua, Jaren, Nancy, Peters, T., Peters, W., Julianne, . . . Better Baker. (2017, June 13). Strawberry Blueberry Yogurt Pops. Retrieved from <https://www.wineandglue.com/strawberry-blueberry-yogurt-pops/>



# Parent Blocks

## NEWSLETTER



"Providing resources to parents throughout West Virginia"

Volume 22, Issue 3, Summer 2026

## About Childhood Lead Poisoning Prevention

Source: United States Centers for Disease Control and Prevention

Lead is a naturally occurring metal that can cause negative health effects. People are exposed to lead by eating lead paint chips, ingesting contaminated food or water, and/or by breathing in lead dust.

Children younger than 6 years are more likely to be exposed due to their hand-to-mouth behavior.

Many children ingest lead dust by putting objects such as toys and dirt in their mouths.

Children can be exposed to lead where they live, learn, and play. Sources of lead exposure can include the following:

- Chipping or peeling paint in homes or buildings built before 1978
- Water from lead pipes
- Soil near airports,

highways, or factories

- Some imported candies and traditional medicines
- Some imported toys and jewelry
- Certain jobs and hobbies

A blood lead test is the best way to determine if a child has been exposed to lead. Parents can talk to their healthcare provider to find out if a blood lead test is needed. Healthcare providers can recommend follow-up actions and care based on the child's BLL.

To find out if a home has lead, hire a certified lead inspector to test for lead. Visit the Environmental Protection Agency's Lead Abatement, Inspection and Risk Assessment web page to locate one. Renters can ask their landlord to have the home inspected or to share results of recently conducted lead inspections.

For more information, visit West Virginia Childhood Lead Poisoning Prevention Project, <https://dhhr.wv.gov/wvchildhoodleadpoisoning/Pages/default.aspx#acc1>

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

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# SUPPORTING YOUNG CHILDREN AND FAMILIES IN MAKING THE MOST OF FAIRS, FESTIVALS, AND PARADES

WEST VIRGINIA INFANT/TODDLER MENTAL HEALTH ASSOCIATION



Spring, summer, and fall in West Virginia often include lots of fairs, festivals, and parades. This is a great time for young children to explore different foods, music, animals, and fun new experiences. It can also mean that young children may experience unfamiliar sounds, smells, lights, and crowds. Preparing young children in advance, and a little pre-planning, will help to make the experience enjoyable for all! Fairs and festivals are a great way to explore the state, both in your own area and beyond.

[WWW.NURTURINGWVBABIES.ORG](http://WWW.NURTURINGWVBABIES.ORG)



To access more resources of the West Virginia Infant/Toddler Mental Health Association, please scan the QR code.

**Start with a plan.** Begin with making sure the festival, fair, or parade is the right fit for your family. Other considerations could be the time when you attend, how long you attend, and what activities your family would be interested in seeing. Visit the areas that your family is most interested in first, in case you need to leave early. Depending on the length of time you will be staying, you may want to bring:

- comfort item for naptime,
- snacks to stretch between meals,
- sunscreen for hot days,
- jackets for cooler evenings, or
- change of clothes for water rides.

**Consider sensitivity to sounds, lights, and costumes.** Some children LOVE loud noises, bright flashing lights, and characters in costumes. Others do not. If your child is sensitive to these things, you may consider:

- bringing ear plugs or head phones, or leaving the event earlier before all the loud noises begin.
- avoiding activities with bright lights, or attending in the daytime when the lights are not as bright.
- redirecting the child away from an area that has characters in costumes. Children should not be made to interact with characters in costume if feeling anxious or afraid.

**Recognize your child's need to have some quiet time if feeling overwhelmed.** Signs that your young child is feeling overwhelmed:

- irritable or crying,
- anxious,
- agitated, or
- clingy behavior.

Plan for breaks and look for quiet areas. Sometimes, fairs and festivals will offer a sensory room that offers young children a quiet place to rest and recharge.

## PROMOTING HEALTHY ENVIRONMENTS FOR CHILDREN

# Lead



### KEY POINTS

- The most common sources of lead exposure in children are lead-laden dust and paint chips from deteriorating lead paint on interior surfaces. Children living in poverty and children living in pre-World War II housing are at increased risk.
- Lead acts as a neurotoxicant to the developing brain, resulting in potentially irreversible damage, even at low blood lead levels (BLL).
- Pediatricians should assess for lead risks in children 6 years and younger.
- Disparities persist that disproportionately expose low-income, minority, and marginalized children to lead.

### CLINICAL GUIDANCE

- Lead impacts the developing brain and can lead to cognitive impairment with decreased IQ. This can result in poor academic achievement, shortened attention span, and abnormal behaviors.
- Lead can impact other organs including the kidneys, blood, bones, and reproductive tract.
- Symptomatic high-dose lead exposure may present as headaches, abdominal pain, loss of appetite, vomiting, constipation, clumsiness, agitation, decreased activity, stupor, coma, and convulsions.

Treat acutely symptomatic children as medical emergencies. Implement medical assessment and management. Separate them immediately from further exposure to lead to prevent further injury.

Prevention is key!

- Risk assessments for sources of lead in the child's environment should be completed at well-child visits between 6 months and 6 years (Bright Futures). If concerned about lead-based paint or other source of lead, obtain a BLL and provide family with anticipatory guidance on reducing sources of lead exposure.
- Consult local health departments or regional Pediatric Environmental Health Specialty Unit (PEHSU) to determine recommendations for obtaining BLLs in your jurisdiction. Note that:
  - Children with Medicaid must receive a BLL at 12 and 24 months (or once between 24 and 72 months if no previous record exists).
  - Children with developmental disorders, pica behavior, or poor cognitive abilities are at increased risk for lead exposure and may warrant monitoring with BLLs.
  - Recent immigrants, refugees, or international adoptees should be tested at the earliest opportunity.

To diagnose elevated BLLs:

- Use a venous BLL — it's the Gold Standard.
- If a finger-stick or capillary sample was used for a screening test, confirm elevated levels with a venous sample to rule out potential contamination

The management of elevated BLLs is multifaceted.

- The current reference value for BLL = 3.5ug/dL (representing the top 97.5%tile of BLLs).
- Any child with a confirmed venous BLL  $\geq$  3.5ug/dL should be directed to case management and exposure mitigation:
  - Take an environmental history to identify and eliminate the source of lead.
  - Implement mitigation measures in the home, such as dust precautions, removing shoes at the threshold of the domicile before going inside, careful and frequent handwashing, damp mopping floors, washing windowsills, baseboards, and plastic toys, etc.
  - Some health departments have lead programs that provide lead inspections of the home for children with elevated BLLs.
  - Home remediation should be performed by a Lead-Safe Certified contractor.
  - Provide nutritional counselling to ensure adequate intake of calcium, vitamin D, and iron. Iron supplementation may be warranted if deficiency confirmed on lab test.
  - Additional evaluation (eg. abdominal radiograph) may be warranted based on the history.
  - Follow-up BLLs at recommended intervals depending on their initial BLL.
  - Perform a structured developmental screening per recommendations in Bright Futures. Refer the child to Early Intervention or other therapeutic program.
  - Consult with a toxicologist or a PEHSU about chelation therapy for children with BLL >45 mcg/dL.
- Immigrant, refugee, and internationally adopted children may be at increased risk for lead exposure and should be tested for elevated blood lead concentrations when they arrive in the US.

## **FOR MORE INFORMATION**

The following resources offer additional information regarding lead toxicity and exposure:

- [Prevention of Childhood Lead Toxicity](#) – AAP Policy Statement
- [Recommendations on Medical Management of Childhood Lead Exposure and Poisoning](#) – PEHSU Resource
- [Childhood Lead Poisoning Prevention](#) – CDC Resources
- [Lead Exposure and Lead Poisoning](#) – AAP Resources
- [Pediatric Environmental Health, 4<sup>th</sup> Edition](#) – AAP Policy Manual
- [Pediatric Environmental Health Specialty Units](#)
- [Blood Lead Levels in Children: What Parents Need to Know](#) – HealthyChildren.org
- [Bright Futures](#) – Prevention and health promotion for infants, children, adolescents, and their families