

A photograph of two women in professional attire standing outdoors in front of a brick building. The woman on the left is Black, with short curly hair, wearing a light green collared shirt under a white blazer and dark pants. She is gesturing with her right hand while speaking. The woman on the right is Asian, with long dark hair, wearing a dark blazer over a light-colored collared shirt and blue jeans. She is holding a black folder and listening. Both are wearing lanyards with ID badges.

Building Strong Foundations

Leadership Skills that Support
Educators, Children, and Programs

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- 03 Leading Beyond the Title
- 08 Minding the Gap: Quality Improvement Specialist Team's Solution to Strengthening Provider Business Practices
- 11 Leadership vs. Supervision
- 15 Using Reflective Supervision as a Leader in Early Childhood Education
- 20 Be the Leader of Your Professional Growth
- 24 From Babysitter to Business Owner: A Discussion on Practical Professionalism and Cultivating Leaders
- 27 Leading A Healthy Classroom
- 31 Parent Blocks Newsletter

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Leading Beyond the Title

By Rosa Yake, M.S.
Co-founder of Anchored Vision

As summer fades into fall, organizations across West Virginia enter a season of transition. Early childhood programs welcome new children and families, nonprofit organizations launch new initiatives, and teams begin preparing for the opportunities and challenges of a new year. Leaders often spend this time focused on staffing, enrollment, budgets, contracts, and strategic planning. While these areas are essential, one of the most significant influences on organizational success is often less visible: leadership culture.

Every workplace develops a culture whether intentionally or unintentionally. The way leaders communicate, respond to challenges, establish expectations, and support their teams shapes the environment others experience each day. Organizational culture is not built through mission statements alone. It is created through daily interactions, leadership behaviors, and the standards that are consistently modeled and reinforced.

When people hear the word leadership, they often think of formal titles such as director, administrator, supervisor, manager, or executive. While these positions carry significant responsibility, leadership extends beyond authority and organizational charts. Leadership is influence.



It is reflected in how individuals communicate, solve problems, navigate conflict, support others, and contribute to the culture around them.

This perspective does not diminish the importance of formal leadership roles. In fact, it highlights the responsibility leaders have in shaping environments where others can succeed. Henry Cloud (2006) suggests that leaders create environments through what they model, tolerate, reinforce, and prioritize. As a result, leadership effectiveness cannot be measured solely by outcomes or productivity. It must also be evaluated by the health, engagement, and sustainability of the teams being led.

One of the most important responsibilities of any leader is developing self-awareness. Effective leadership begins with understanding how one's leadership style impacts the people around them. Some leaders naturally gravitate toward structure, direction, and clear expectations. Others excel at collaboration, empowerment, relationship-building, or vision casting. Each style offers strengths, yet no single approach is appropriate for every situation.

Research on emotional intelligence identifies self-awareness as a foundational leadership competency (Goleman, 1998). Leaders who understand their own tendencies are better equipped to recognize how their behaviors influence communication, morale, trust, and performance. They are also more likely to adapt their approach when circumstances require something different.

Consider a leader who consistently relies on a highly directive approach. During times of crisis or uncertainty, employees may appreciate the clarity and decisiveness that style provides. However, if that same approach is used in every situation, employees may begin to feel disconnected from decision-making processes or hesitant to share concerns and ideas. Conversely, leaders who emphasize collaboration and consensus may foster strong relationships and employee engagement but struggle to make difficult decisions when timely action is necessary.



The most effective leaders recognize that leadership is not about rigidly adhering to one style. Rather, it is about understanding the needs of the moment and responding appropriately. Team experience, organizational goals, workload demands, and workplace dynamics all influence how leadership should be exercised. Adaptability allows leaders to provide both support and accountability while maintaining focus on organizational objectives.

This adaptability is particularly important in helping professions. Early childhood education, nonprofit work, and community-based services require significant emotional labor. Professionals in these fields regularly support children, families, communities, and one another while managing competing demands and limited resources. In environments where people are constantly caring for others, leadership influences far more than productivity. Leadership affects morale, retention, psychological safety, burnout, and overall workplace well-being.

Unfortunately, many organizations spend extended periods operating in survival mode. Staffing shortages, increasing demands, funding concerns, and ongoing change

can create environments where employees become focused on simply getting through the day. Communication becomes reactive. Boundaries become unclear. Expectations shift without discussion. Over time, even the most dedicated professionals can begin to experience emotional exhaustion and disengagement.

One of the most effective ways leaders can combat this cycle is by creating cultures grounded in both compassion and clarity. Organizations often operate as though leaders must choose between being supportive and being accountable. In reality, sustainable leadership requires both. Compassion without accountability can create confusion and inconsistency. Accountability without compassion can create resentment and disengagement. Healthy workplace cultures are built when leaders balance empathy with clear expectations and consistent communication.

This is where boundaries play a critical role. Boundaries are often misunderstood as barriers that create distance between people. In professional environments, healthy boundaries actually strengthen relationships because they create clarity. They establish expectations, define responsibilities, improve



communication, and help individuals understand what is required for success. Cloud and Townsend (1992) emphasize that healthy boundaries support ownership, responsibility, and accountability. When leaders model healthy boundaries, they create environments where employees feel both supported and empowered.

Strong workplace cultures are not built solely through the actions of administrators and supervisors. They are strengthened when leadership qualities are encouraged throughout the entire organization. One of the greatest opportunities leaders have is helping others recognize and develop their own leadership potential.

Leadership can be demonstrated by an experienced teacher mentoring a new colleague. It can be reflected in an employee who remains calm during stressful situations, supports coworkers through challenges, or consistently communicates with professionalism and respect. **5** Leadership may appear in a team



member who takes initiative, solves problems, or contributes ideas that improve processes and outcomes. These actions may not come with formal authority, but they contribute significantly to organizational culture.

When organizations intentionally develop leadership at every level, employees become more engaged and invested in the success of the team. They begin to see themselves not simply as individuals completing assigned tasks but as contributors to a shared mission. This shift creates stronger collaboration, increased ownership, and a healthier workplace culture overall.

At Anchored Vision, many of the conversations that inspired the creation of our organization centered on these very challenges. Through professional experience, leadership development work, and conversations with individuals across multiple industries, we repeatedly encountered people who cared deeply about their work but were struggling with burnout, workplace stress, unhealthy organizational dynamics, and leadership fatigue. We also encountered individuals with tremendous leadership potential who lacked the encouragement, support, or opportunities needed to grow.

These experiences reinforced a belief that continues to guide our work today: healthy organizations are built when leadership development and personal well-being are valued together. Leadership is not simply about achieving outcome's. It is about creating

environments where people can grow, contribute, and succeed sustainably. When individuals feel valued, supported, and empowered, organizations become healthier, stronger, and more resilient.

As organizations enter a new season this fall, leaders have an opportunity to look beyond operational goals and consider the culture they are creating. New schedules will be developed. New initiatives will begin. New challenges will emerge. Yet alongside these responsibilities lies an opportunity to intentionally shape the environment people experience every day.

The strongest leaders are not necessarily those with the most authority or influence. They are the individuals who create clarity during uncertainty, encourage growth in others, communicate with consistency, and model the values they hope to see reflected throughout their organizations. They understand that leadership extends beyond a title and that their greatest impact is often found in the people they help develop along the way.

As the new year begins, perhaps the most important question leaders can ask is not simply, "What do we hope to accomplish?" but rather, "What kind of environment do we want people to experience while accomplishing it?" The answer to that question may ultimately shape the success of the entire year.

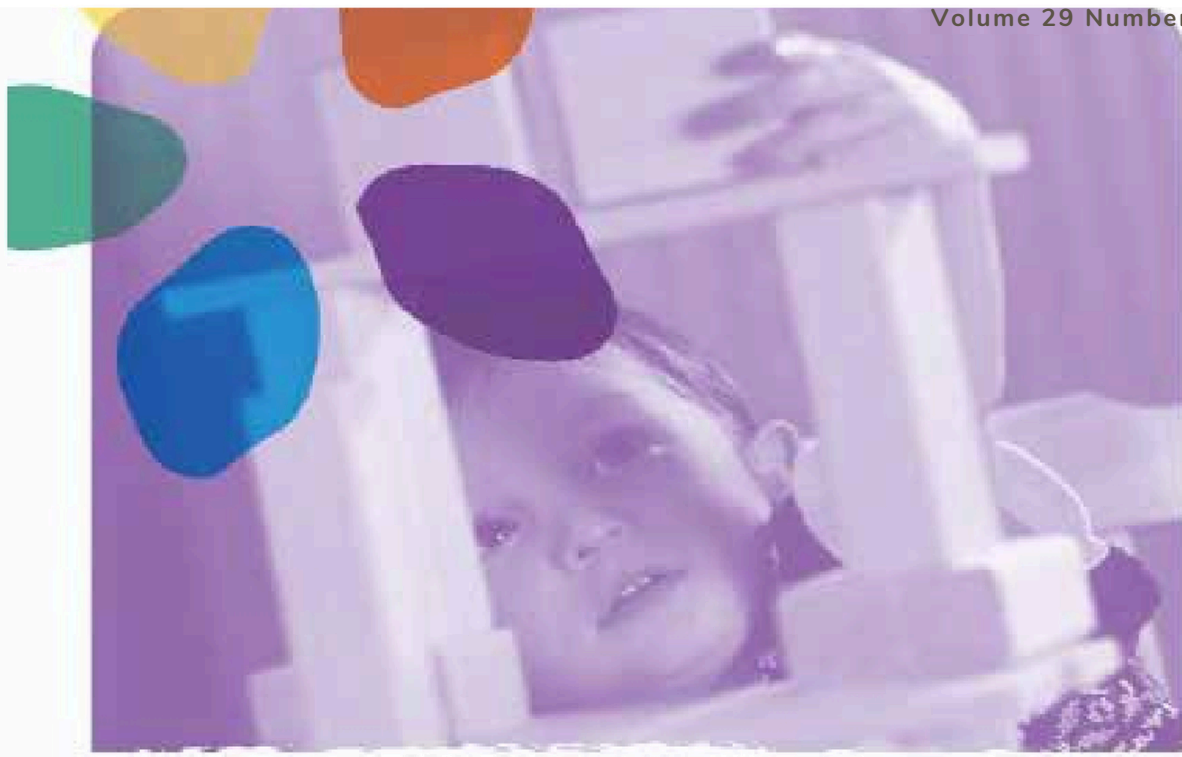
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Help Me Grow

West Virginia

Minding the Gap: Quality Improvement Specialist Team's Solution to Strengthening Provider Business Practices

For years, childcare providers in the great state of West Virginia have felt the division between providing childcare and making a profit acutely. The struggle between providing a much needed community service, not to mention a workforce support, and ensuring long-term retention of their business. It speaks to a tenement of Appalachian culture where community is key and community supports create the foundation of a town. How do we make those two ideals meet? Where is the line of convergence? How do providers do what they love and ensure their bills are paid? We, the Quality Improvement Specialist (QIS) team, believe we have found a way to close the gap.

By Emma Shaffer

Quality Improvement Specialist
Connect Child Care Resource & Referral



We are pleased to announce a new module series that targets specific aspects of the childcare business that providers may struggle with or be unaware of. Strengthening Business Practices was carefully selected with the needs of child care providers in mind. The series breaks complex business topics into manageable, easy-to-understand modules, allowing participants to learn at their own pace without feeling overwhelmed. By the end of the series, providers will gain practical tools, valuable strategies, and the increased confidence to strengthen their business operations and build a more secure financial future.



A collaborative effort between the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care and the Child Care Quality and Business Support Center recognized four distinct aspects of business where childcare providers can benefit from additional support – budgets, financial reports, marketing, and recruitment. This culminated in the creation of the Strengthening Business Practices Module series, which is further quantified into two separate versions to better support the differing business practices of Child Care Centers and Family Child Care Providers. While both versions cover the same topics, the information is individualized to each version's specific needs. Despite the vast scope of the topic, this training was designed for providers with any level of financial experience. Theories are backed by evidence, practices are explained in thorough detail, and activities encourage integrated learning.

This module series will encourage providers to take a hard look at their current finances – their budget (or lack thereof), their sources of revenue, their extensive list of expenses. The content is intended to both inform and encourage fiscal adaptation through its usage of discussions and hands-on activities. It presents providers with questions about their current practices; what is working well for them, what is challenging for them, and what areas could use improvement. The creators excelled in supplying training for a subject that is typically perceived as troubling or uncomfortable by making it accessible to providers from all walks of life. Allow me to break the sessions down.

Session one focuses on budgeting. More often than not, we create a budget only for it to be set aside, maybe referenced mentally, and found at a later date with an “Oh! That’s where that went!” The QIS team is committed to helping providers build on these skills. Through this training, providers will not only learn how to create a budget but also how to use it as a tool for future planning, informed decision-making, and financial forecasting. Participants will be asked to bring in their current budget, if they have one, and will be able to compare theirs to one that is created together – using all of the information possible. There is no shame if a provider does not have a budget, the QIS team will help them create a sample budget during the session. During this module series, everyone will be welcomed no matter their experience with handling their personal or business finances.

Financial reports make up the topic of this next session. While this topic can seem daunting, it is broken down into easily digestible segments. These are all of your “statements.” Your cash-flow statement. Your income statement. Your balance sheet. So, what is the purpose of these and do you really need them? Yes, yes you do. These seemingly irrelevant pieces of paper tell the story of your program's finances. They help us understand our net worth, net income and net change in cash. Yes, those are three different things business owners need to know. We will also take a look at provider's internal controls, aka the “green flags” of financial reporting.

This third session on marketing brings to mind the age-old Shakespearian adage “What’s in a name?” What is in YOUR (business) name? What are you known for? What is special about your program? How are your services different from those of other programs? Why should a family trust YOU with the care

and safekeeping of their pride and joy? Now, with the ever-growing need for childcare, providers may not have an empty spot, but are more likely to have an ever-expanding waitlist. Operating at capacity or having large-scale potential enrollment does not mean we don't have to market ourselves. Don't get me wrong, we are not trying to prostrate ourselves in the eyes of the public (or on social media). It means we showcase what we are proud of, the subtleties that distinguish us from another provider down the block. What curriculum or philosophy do you use? Do you offer smaller, more intimate class sizes? Do you operate at a higher Tier? What are the education levels of your teaching staff? What is your process for working with challenging behaviors? Families do not always know what they want out of childcare, besides a safe place for their child to go. We have to show them all we have to offer and why we are the best fit for them.

This fourth and final session was written more for Center and Family Child Care Facility Directors since it focuses on staff retention. We all know that staff turnover is higher than ever and that being fully staffed can make or break a provider. So this session begs the question; what are YOU doing to combat this? During this session, participants will take a look at their orientation and onboarding processes, they will see what areas are covered and which areas leave something to be desired. They will be introduced to feedback loops and taught to set them up effectively. We will look at not only recruitment and interview techniques, but also retention in an effort to minimize staff turnover.

The QIS team fully believes in our providers, not just their aptitude with children, but also their financial prowess. Understanding and working your own finances can seem like such a chore, something you will get to eventually. With Strengthening Business Practices, our providers will stop setting aside for tomorrow what they can learn today. Change is only scary if we let it be, and so are our finances. Our goal is for our providers to engage in sustainable business practices with fidelity. The road to achieving our goal starts with closing the gap between community caretaker and successful business owner.



Leadership vs. Supervision

How does this affect a child's care?

By Dr. Amanda White
Owner/CEO ADW Catalyst Strategies



The terms leader and supervisor are usually used interchangeably by those speaking about either the role they have or someone in a leadership position at a company. Sometimes, you also hear the term leader when it comes to the family dynamic, but rarely, if ever, do you hear the term supervisor in that same context. However, these terms are actually not the same and have different meanings.

When thinking of a supervisor, what usually comes to mind is someone that oversees others, whether that is a department, a business, or a team. Webster defines a **supervisor** as “a person who supervises someone or something.”^[1] When thinking of a leader, those in management or supervisory roles come to mind immediately. Webster’s dictionary shows that a **leader is someone who has “powerful influence over others”**^[2] but also defines a **leader** as “someone who guides others.”^[3] So, what exactly is the difference?

Supervisors lead and leaders can be supervisors, and this is where the differences can become muddled and confusing to those in supervisor and other leadership roles. When looking more intentionally at the definition of a supervisor, one may also see that someone who is a supervisor is usually more focused on policies, procedures, and by the book actions. **Supervisors are less likely to take into consideration barriers to why someone may not be able to complete a task, meet productivity standards, or even show to work regularly and on time.**

On the other hand, **leaders tend to be more focused on mentorship, being a team player, and addressing barriers that arise.** While a leader does implement the policies and procedures of the organization, there may be less of a focus on stringent implementation, and instead, more focus on how the team can best do so without compromising care of both staff and clients (if they have clients they serve). Leaders care about the wellbeing of their team, and they want to ensure that team members can do their job without frequent burnout. Finally, **leaders spend time modeling the behavior they would like their team to have.**

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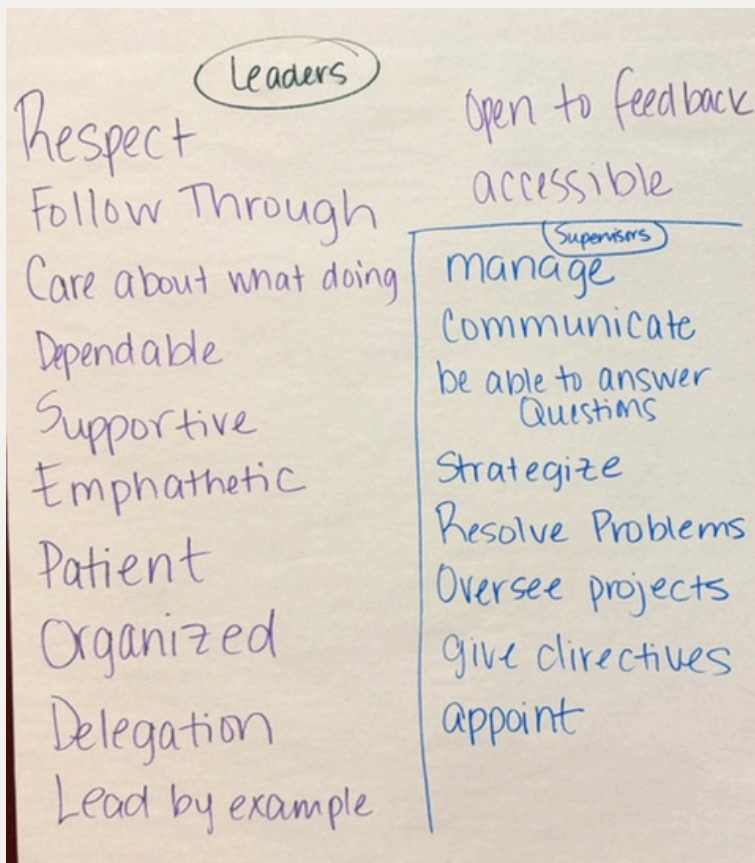
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^[1] “Leader.” Merriam-Webster.com Simple Definition, Merriam-Webster, <https://www.merriam-webster.com/simple/leader>. Accessed 2 Jul. 2026

When speaking recently with those in the child care field, many of them identified the difference between a supervisor and leader, and the picture below shows those differences. This session was during the Celebrating Connections Conference in April 2026 when this author held a session titled “Thrive from the Start: Leadership Strategies for Healthy Teams.” The goal of the session was for attendees to learn more about caring for themselves and their teams, what intentional leadership is, and to develop an action plan to implement post conference on being a more intentional leader who strives to do more leading while supervising.

So, when thinking about providing care for children, why does the difference in being a supervisor or a leader actually matter? (It is worth noting first that there are always going to be exceptions to what has been discussed so far and what continues to be discussed in this article.)

Starting first with child care centers or similar organizations: the culture of the center or organization can be influenced and determined by those in leadership roles. Are they supervising, or are they supervising but also acting in the role of a leader? How exactly could that influence what is happening? When those in leadership roles are only focused on compliance and supervising the staff caring for the children, the center or organization will be a safe place for children to be; however, it may feel cold or less welcoming. Furthermore, the team may be less focused on implementing new programming outside of what is required by funding programs. When the center or organization’s leadership is focused more on being a leader to the team, it may feel more welcoming and there may be more initiative to think outside of the box. The culture of the center or organization is less about tasks that need to be finished and more about the wellbeing of the children for which they are caring. Furthermore, turnover may be less in this type of environment, and overall, there tends to be ownership from everyone about caring for the children and the center or organization.



How else would you know the difference in the center or organization when you aren't part of the team?

When you have a center or organization that is more leadership driven, you are going to see that through staff members seeming to be more invested in what is happening with both the center and the children being served. Communication will be more proactive and informative. Problems will also be addressed as quickly as possible with input from others. When a center or organization is more focused on just supervision, the environment may tend to be more rigid with higher turnover rates. Input from others is not wanted, and things are more so about checklists and rule enforcement. Communication may be more reactive and vaguer.

Leaders vs Supervisors identified by child care provider staff at Celebrating Connections Conference 2026.

It is important for families, leaders, and team members to take this into consideration when choosing a center or organization and when potentially being in a leadership role.

Finally, how does the difference between a supervisor or leader affect families outside of the center or organization?

You can take the same principles discussed above and use them at home, too. When caring for a child, it is important to model behavior, guide them, and build relationships so that the child wants to follow the example being set in front of them. When parents or guardians care for the child in a supervisory manner, the focus may be more on discipline or correction and watching them.



In the end, as children are sponges and absorb everything around them, it is important to determine the type of environment, both at home and outside of the home, in which you want the child to be. By doing so, you can help the child's overall wellbeing as they grow older. So, whether at home or not, supervision vs. leadership lends itself to more than just the operations but also the culture. Supervised environments are safe, but led environments usually leave children, staff, and families feeling more valued, invested, and supported.

If you are in a leadership role, ask yourself this question: "Am I leading my team or am I focused more on supervising?" Every day, you can make small shifts: checking in on staff, asking for input, jumping in to assist, and modeling behavior. In doing so, you can change your environment to being not just compliant but also thriving, too.



Dr. Amanda White holds a doctorate degree in Community Care & Counseling - Traumatology. She is the founder of ADW Catalyst Strategies LLC where she is a conference speaker, contracts with organizations on improving workplace wellness, and develops courses for industries on burnout prevention and stress management.

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?

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

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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.

Using Reflective Supervision as a Leader in Early Childhood Education

Sheila A. Zickefoose, MA Ed, MA C/I, IMH-E®

Work in early care and education settings poses a unique employment experience and is distinctly different from other teaching professions because it focuses on the most rapid period of human brain development. Instead of teaching strictly academic subjects, early educators are blending daily care, play, and foundational learning to shape a child's future; while supporting families to be better prepared to meet the needs of their child as well. Working with young children and their families means no two days are the same! Staff must be able to think on their feet, adapting their responses and actions on the fly to meet the immediate needs before them.

With that comes high levels of stress and burnout in early care and education (ECE) staff. The demanding nature of the profession, compounded with systemic challenges, makes mental and emotional exhaustion a widespread issue in the child care workforce.



The Alliance for the Advancement of Infant Mental Health (2026) recently shared the following statistics for early care and education settings:

- “3x higher suspension and expulsion rates compared with K-12
- 1:3 ECE teachers leave the profession
- 4:5 educators report serious ongoing work stress
- #1 cited cause – children’s challenging behavior
- There is upward of a 30% gap in early care and education – we do not have enough staff and those we have keep leaving. This data represents child care, intervention and home visiting are not fairing better, we lack the data to demonstrate the gap in those programs.”

While this article cannot address all the varied issues challenging ECE programs, we can focus on the most effective and underutilized strategy for staff retention – reflective supervision/consultation. Why is this important? “In most cases, building the capacity within the adults supporting the child is more effective and cost effective than waiting for a crisis and trying to treat the child” or family (Alliance, 2026).

What is Reflective Supervision (RS)?

Reflective supervision often sounds like a mysterious and confusing concept because it blends emotional support with professional development, creating distinct boundaries that differ from traditional, task-oriented support (ZTT, 2016). To make sure we are on the same page, let’s look at a concise definition. **Reflective supervision (RS) is a relationship-based leadership model where a supervisor and educator meet consistently to explore the emotional and practical demands of teaching.** It prioritizes collaboration and open dialogue over directive evaluation, helping professionals process complex behaviors, reduce burnout, and improve program quality (ZTT, 2016).

Reflective leadership means program directors and administrators extend this mindset to their entire organization. Reflective leaders use **active listening, value team-based approaches, and foster environments** where staff feel trusted and heard. These leaders share achievements, exhibit flexibility, and ensure that their staff feel empowered to navigate complex, emotionally charged situations.

An ECE leader creates a **safe and welcoming space** for staff members or colleagues to reflect on and learn from their own work with a trusted mentor at their side. Accepting, caring for and understanding the individual they are supporting is the primary aim of the reflective supervisor. The relationship is marked by safety and mutual respect, modeling the desired working relationship with parents, children and colleagues creating a ripple effect of collaboration and growth (Hefron & Murch, 2010).

There is a great amount of research supporting RS and its positive impact on those participating in the experience and the families they support. The research is rooted in “qualitative studies . . . where its presence is associated with greater resilience among providers, or where the lack of continuing education and appropriate, supportive supervision contributes to provider burnout” (Multiplying Connections, 2023). There are three foundational building blocks critical to the practice of RS – reflection, collaboration, and regularity (ZTT, 2016). Let’s look at each of these:

- **Reflection** – means stepping back to analyze real-time experiences and identify what they mean for both the child, family, and the ECE professional. This requires us to look at the situation from multiple perspectives, including what others may observe, think and feel (Haller & Gilkerson, 2009). ECE leaders providing RS supports pay attention to helping the individual develop and use their abilities to question their initial impression and explore how their work is filtered through their own perspectives and those of the people they are interacting with (Heffron & Merch, 2010). Leaders guide these conversations in a safe, calm and supportive manner that allows the supervisee to explore how experiences have different angles for each person, thus improving decision-making skills and the overall quality of their work.
- **Collaboration** – is about engaging in respectful, mutual exchanges rather than just handing down instructions. It involves full participation between the supervisor and supervisee that only comes from a mutually respectful engagement. Each approaches the interactions with respect for the other’s perspective, honors the individual and collective work, and commits to thinking together to create more successful outcomes for everyone involved (Heffron & Merch, 2010). Collaboration allows leaders to learn from and teach their staff to share responsibility and decision-making in all engagements with parents, children and colleagues.
- **Regularity** – entails scheduling consistent, protected check-ins to build trust and psychological safety. Without regular interactions, reflection and collaboration often do not occur. Regularity encourages frequent opportunities to explore and discuss all aspects of ECE work, including understanding and respecting the needs of the individual and the needs of each family. The chronicity offers support to the staff as well as builds accountability for the work.

Reflection requires us to look at a situation from multiple perspectives.

Why it matters

Working with young children is emotionally demanding and can trigger stress or self-doubt. Reflective supervision acts as a safe space to discuss these challenges and current research indicates the critical nature of meeting the needs of the field to better meet the ever-increasing needs of children and families.

Key benefits include:

- **Reduced Burnout/Increased Job Satisfaction:** Feeling unprepared and undervalued contributes strongly to feeling burnout. ECE professionals will inevitably encounter children and families who have or are experiencing trauma from a variety of sources and second-hand exposure takes a toll. RS provides an opportunity to slow down and think deeply about the children and families in their care and do so in the context of a safe, supportive, reflective and trusting relationship. Those who have participated in research around RS report “feeling heard, validated and affirmed, reducing the feelings of isolation, sifting perspectives, addressing biases, feeling co-regulated” (Paradis, et al., 2021).
- **Improved Empathy:** When ECE professionals have greater insight, they are more open and curious about the experiences of children and families they support. Building that capacity to understand behavior in an accepting way directly impacts the professional’s ability to be consistent, predictable and reflective in their interactions with families and children (Paradis, et al., 2021). They demonstrate improved empathy for the experience of the child, their family and see the impact of that in different ways.
- **Improved Practice:** Helps professionals disentangle themselves from challenging situations and approach their work with greater intentionality and calm. They are better prepared with critical thinking skills, and are more adaptable to navigate the complex situations they face each day. As they understand their emotional triggers, and physical cues they become more empathetic, trauma-informed, providing more culturally responsive care (Taylor-Pickford, 2022).
- **The "Parallel Process":** The core concept that how supervisors treat their staff is how staff will treat the families they serve. By modeling empathy and active listening, supervisors teach educators how to better engage and support a child, parent or colleague and those interactions then influence those relationships with the child.



Reflective supervision acts as a safe space to discuss challenges to better meet the ever increasing needs of children and families.

What Can We Do?

To successfully implement reflective supervision in early care and education there needs to be a shift in traditional support and management approaches to a **partnership that is more collaborative and growth oriented**. This requires commitment from state, local, and individual program leadership to dedicate the time and effort involved to institute and maintain reflective, supportive relationships. Ensuring support for supervisors in addition to frontline staff is essential to success as well. This involves **all participating in reflective supervision being able to trust what they share is private and that their perspectives are respected as their reality**.

The WV Infant/Toddler Mental Health Association has a cadre of endorsed reflective supervisors who can support the ECE field, along with opportunities for leaders to receive professional development and participate in conversations about reflective supervision.

www.teamwv.org/west-virginia-infant-toddler-mental-health-association

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Core Knowledge and Competencies

West Virginia's Core Knowledge and Competencies for Early Childhood Professionals



Be the Leader of Your Professional Growth

EmmaLee Griffith, MS

WV STARS Project Manager



2015
Early Childhood
Advisory Council
of West Virginia

I'm writing this article in the middle of July, when summer is in full swing and many families are thinking about vacation plans. Imagine your family typically spends a week at the beach with your sister's family, but life happens differently this year. Instead, your family decides to spend a week in the mountains after hearing how much your coworker's family enjoys their annual campground trips.

Now it's time to pack. It feels overwhelming to think about packing for yourself, your kids, and your dog: the loveys, the entertainment needs, the dog's treats, the clothes, the shoes, the "just in case" items. You pull out your usual packing list and,

over the next few days, review each section and make a few changes. No beach umbrella this year, but hiking boots are a must.

A question comes to mind, and you start to text your sister out of habit. Then you pause and text your coworker instead. She has been there. She will know firsthand what is helpful, what is unnecessary, and what you may not have thought about yet.

You successfully pack everyone, dog too, and head to the mountain campground for a week of tent camping with your family. You planned well, and you have what you need. Everyone is having a wonder-

ful time.

A few days into the trip, you hear from your sister. Her plans have changed, and she and her family are able to join you after all. They could not get a tent campsite, so they will be in a cabin in a different area of the campground. You think about this unexpected opportunity. You consider what you want and what will be best for your family. You reach out to your coworker for her opinion because she knows the campground. Then you adjust your plan and end your vacation with your sister's family. What a great week!

"EmmaLee, why are you talking about vacations, you're supposed

to be talking about leading your professional growth..." you may be thinking to yourself. But professional growth works the same way. The goal is NOT to have every detail of your career mapped out from today to retirement – that's impossible. What you need is simple - a direction, a plan broken into steps, reliable information from qualified people, and the willingness to adjust when life changes.

Leadership isn't just about supervising a classroom, managing teachers, or getting a higher career pathway level. Sometimes leadership looks like taking the lead for yourself – figuring out where you are, deciding where you want to go, seeking quality guidance, and taking responsibility for making your next move.

Tell me about your career path. Do you have a plan, or even a vague idea of what you want? Are you out here winging it?

Maybe you do not feel like the work you do is "career worthy," or you think career plans are for "professional people" working in offices. Maybe you want to make a plan, but the fear of failure is stopping you. Maybe the idea of planning your whole career feels too big to even try. Do you see

yourself as a leader?

Leading your own professional growth can feel overwhelming and scary at times. There are so many options, variables, and unknowns. But just like packing for a different kind of vacation, you can start with what you already know, use the tools available to you, ask good questions, and make changes along the way. You don't plan every vacation you'll ever take all at once, and you can't lead yourself to the end of your career without moving through it.

WV STARS Early Childhood Core Competency 6.4 expects that we "exhibit commitment to ongoing growth and learning." For early childhood professionals, that means understanding that learning is a lifelong process, participating in appropriate professional development, following an individualized plan, reflecting on and improving current practice, using current trends and research-based practices, joining professional organizations, and participating in program evaluations. When you participate in these activities, you are modeling leadership for the children, families, and colleagues around you. You do not need to be a director, administrator, coach, or even lead teacher to be a leader in your

professional growth.

A professional development plan is not a career schedule carved in stone. It is more like that packing list: a tool that guides your self-reflection and helps you make thoughtful choices. It belongs to you. It should reflect what you want for your future, where you are right now, and what support or information you may need next.

Let's start planning. First, get a baseline reading. This is your opportunity to reflect on your dispositions, skills, and behaviors and consider how they fit within the expectations and needs of the early childhood profession.

"But EmmaLee," you say, "I don't know what dispositions fit within the expectations for early childhood professionals! I don't know what skills and behaviors are expected of early childhood professionals! There's no resource for that!"

But you **do** have a resource. The West Virginia Core Knowledge and Competencies for Early Childhood Professionals document has all of this information – dispositions, behaviors, and skills. There's even a Professional Development Planning Tool. The planning tool walks you through the

process, from guiding your self-reflection through the skills, dispositions, and behaviors expected of early childhood professionals to helping you develop a plan and consider the resources you may need along the way.

On page 83, you will find the Planning Tool. The instructions guide you through self-reflection in each Core Knowledge Area, help you consider your responses, and support you in setting goals.

Remember, you do not have to move through all seven Core Knowledge Areas in one sitting - you aren't doing all your family's packing in one sitting! Tackle this in a few sittings or reflect on one area at a time. Take it slow and steady. This plan is for your future, and there is time to grow into it.

Here are a few things to keep in mind as you lead the development of your Professional Development Plan:

01

Leaders take ownership.

- This plan is for your future, so make it reflect what you want.

02

Leaders are flexible.

- The goal is not to map every step from today to retirement. The goal is to create guideposts you can work toward, knowing those guideposts will change.

03

Leaders seek wisdom from people with experience.

- It is easy to ask the people closest to us, but their advice may not always be accurate or helpful. Get information from the source when you can.

04

Leaders understand growth takes time.

- Whether you are fresh out of high school or in your 50s, it is okay to still be figuring out what you want to do when you grow up. There is no “right way” to move through your career.

05

Leaders hold themselves accountable.

- Many people are here to guide and support you along the way, but they cannot do it for you. You must research, ask questions, reflect, and do the work.

Being the leader of your professional growth does not mean you have to know everything right now. It means you are willing to look honestly at where you are, decide where you may want to go, gather reliable information, and take the next step. Open the planning tool, choose one Core Knowledge Area, and begin there. Your professional journey belongs to you. Lead it one thoughtful step at a time.

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From Babysitter to Business Owner: A Discussion on Practical Professionalism and Cultivating Leaders

By Emma Shaffer
Quality Improvement Specialist
Choices Child Care Resource & Referral

“Well it’s just babysitting. How hard can it be?”

Nearly all childcare providers have had a conversation with another person where their work has been downplayed, degraded, or even categorized as unimportant at some point in their career. It has been said by friends, family, families you provide care for, and even government officials. It is never easy to hear and once it is heard enough, you begin to internalize it. You might begin to think, “Why should I put effort into this? I feel like there is no point. I never receive recognition for all of my hard work.” No, the point of your work is not about recognition, but everyone deserves to hear that they have done a good job. It’s incredibly hard to teach children kindness when the words or opinions of others have made you lose it for yourself. So, where do you go from here?

What a large jump it is, going from just a “babysitter” to being the owner of a business!

What a task it can seem to begin the process of change. It can feel overwhelming. It can feel insurmountable. I am here to tell you that it IS possible. “From Babysitter to Business Owner” is a book written by Patricia Dischler, which was then turned into a training by Shante Ellis, I have the privilege of sharing with Family Child Care providers. Helping childcare workers across the state learn about professionalism and how to implement those practices into their daily small business operations has truly

opened my eyes. Too many of our providers feel like they are just babysitters. Some are starting to lose inspiration or drive. They have begun to view the work that they do as a chore because there is no appreciation for it. Let’s unpack a few key points of professionalism that will help you see yourself as the Early Childhood Professional that you are.



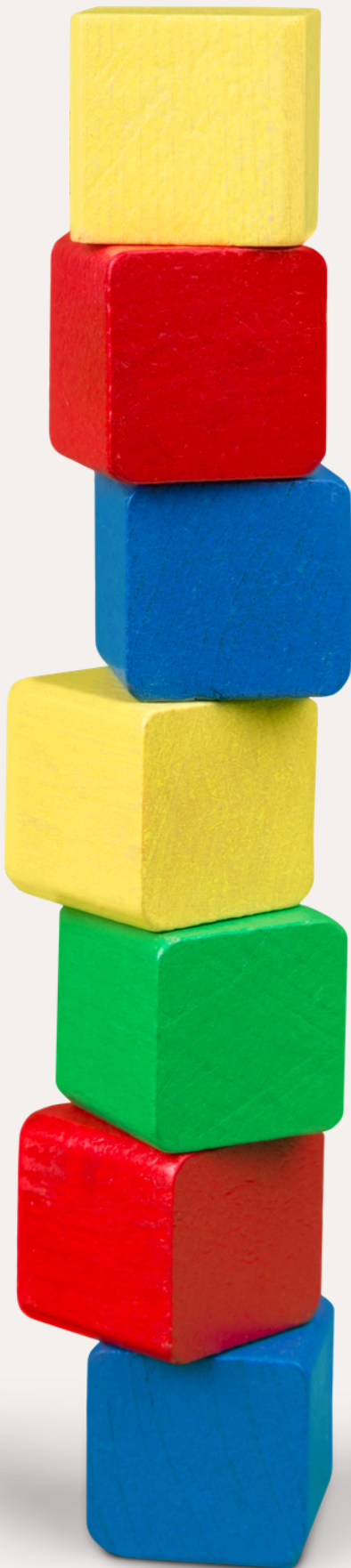
Think of someone that you consider to be very professional. What makes them seem professional? Is it their clothes, their stance, their demeanor? Really, most aspects of professionalism boil down to confidence. **Confidence in yourself, in your ability to handle situations, in the way you run your business, and in your ability to hold conversations.** When you know what you are doing, why you are doing it, and how it benefits you, you are more likely to let anxiety slip away and present yourself proudly.

One of the easier places to start on this journey is by taking a look at yourself and the environment you utilize. **How are you presenting yourself to your clients? Is your home inviting, outside and in? Can a potential client tell immediately if you have a safe space set aside for the children in your care?** Just because you may not have to leave your home to get to work, does not mean that you needn't take the time to be ready for your day. By starting with taking a look in the mirror and referring to those you hold in high esteem, you can create points of reference for yourself and your surroundings. Similarly, your attitude can impact a potential clients' decision-making process. By maintaining a positive attitude, your clients will feel more at ease with you, will handle hard conversations better, and feel their child will be safe with you.

Striving to improve the quality of care that you provide is yet another element of professionalism. **By continuing your education or participating in on-going professional development, you are challenging yourself to provide the best care that you are capable of.** Adding onto that, improving your business practices can provide many benefits to home providers. Recordkeeping helps with organization, budgeting helps improve fiscal retention, and marketing shows you are business savvy. When you work on increasing professionalism in all of the above aspects, you gain better parent partnerships, more organization, and a better understanding of your business finances. Additionally, you will receive more recognition for your work, greater appreciation, and be able to provide a higher quality of care to your clients. Having short-term or long-term goals is also a great indicator of quality. Being able to set, work towards, and achieve a goal shows discipline and persistence.

Just because your work is not done in a corporate office does not mean it is not important. Childcare is a workforce support, families with children would not be able to have both parents working if there was no one to take care of the children. School schedules do not align with the typical 9-5 that most jobs operate on. Other employers have non-traditional hours. So if everyone is at work all day but school ends at 2:30pm, who is going to watch the kids? This is a task that falls to you as a provider. **You open your home, your business, and your heart to your community and endure 10+ hour workdays to ensure that the most common work schedules all receive childcare.**

That work is not all for naught. It represents your dedication, your commitment to your craft, and your ability to see a goal through.





**You are not just a babysitter.
You are so much more!**



How does this translate to leadership? Being nominated or viewed as a leader comes from a place of respect. It shows that your peers are confident in your abilities and trust that tasks will be accomplished and goals will be reached. Not all leaders were prepared to lead, they did not feel able to be the singular voice for many. **Leadership is a state of mind– more than an intrinsic personality characteristic.** It comes from confidence, from experience, from professionalism. As a provider, there are many ways to become more professional. And all of those changes will bring you closer to being a leader. Professional development is a great way to begin your journey towards general quality improvement or even further beyond. When you purposefully learn more and strive to do better, to be better, you are increasing your ability to serve not only your clients but also your community as a whole. You do not have to have a massive following or be considered a local celebrity to be a leader. Offering a supportive shoulder for families who work and for children that are ready to learn is more than enough. Ensuring that your space is safe, your lessons are educational, and your door is open to families, the community, and other home providers is a great and easy way to be a leader.

So, no, **it is not “just babysitting”** and yes, **it IS hard.** You are running a small business, you are managing the education of children who are not your own, you are adhering to state law and field-wide ethical standards. You are providing nutritious meals and ensuring children's developmental and educational needs are met. You provide mediation and mentorship for your clients. You act as teacher, referral service, and CFO daily. You are not just a babysitter. You are so much more.

LEADING A HEALTHY CLASSROOM

By Harmony Vance-Tissenbaum
West Virginia Child Care Health Educator

Working in child care you are leading and teaching the young children in your care through the scope of childhood and helping build a foundation for learning and living that they will take with them for the rest of their lives. Often from an outside view the focus of child care is on counting, letter recognition, managing behaviors, and learning to play. All of which are part of the day-to-day, but another large aspect is leading a healthy classroom. The CDC and many others agree “A Good Teacher cares about a child’s education, A Great Teacher cares about the whole child” (Anonymous). Every time you step into a classroom you can hear the teacher reminding children to cover their mouths, checking if they washed their hands, teaching them how to blow their nose, and helping students to clean up after themselves. All of which are important parts of keeping the classroom healthy and helping the child to learn basic self-care, but these examples all fall into classroom management and teaching. However, that is not the only way that children learn healthy habits from their teacher. Many times, a child learns through observation and a teacher’s daily health habit can have a large impact on the classroom. I am sure everyone can think of a time in life when someone said, “do as a I say not as I do” and though hopefully this statement isn’t pertaining to covering your mouth when you sneeze or blowing your nose it very well could be about other health related habits. Let’s peek at just a few day-to-day habits that can often slip during the business of the day.

Hand Washing

When washing hands, we encourage children to wash thoroughly for twenty seconds, but how often are we counting to twenty or singing Happy Birthday twice when washing? Instead, are we doing a quick scrub and dash so we can turn our attention to something else? Even though we understand “handwashing with soap is one of the best ways to stay healthy” (About Handwashing, 2024).

We also want kids to wash their hands before they eat, after coming in from outside, before starting their day at child care, after blowing their nose, and many other times during the day. However, are we? Below is a list of all the times that hands should be washed that you can find in WV Child Care Regulations and Caring for our Children. Take a look and see if there are any times you might be missing.

W H E N H A N D S S H O U L D B E W A S H E D

Before and After:	After:	Other:
• Food/beverage preparation • Serving food • Eating • Feeding a child • Caring for someone with vomit, diarrhea, a cut, or a wound • Giving medication • Water play (more than one person) • Sensory material, such as playdough (more than one person)	• Toileting, diapering • Handling animals/animal waste • Being outdoors • Playing in sand • Handling body fluids • Removing disposable gloves • Handling garbage • Cleaning • Applying sunscreen	• Upon arrival • When moving from one group to another • Before going home • When hands are visibly dirty

Staying Hydrated

For many staying hydrated is something that isn't thought of throughout the day. According to the Cleveland Clinic "If you're thirsty, you're already mildly dehydrated, and that can cause signs of dehydration like headache, fatigue, dizziness and more". Making sure you are drinking adequate amounts of water throughout the day will help to support your body and can help to alleviate some of the stresses your body faces throughout the day.

Children are often reminded to get a drink of water throughout the day for a multitude of reasons, and we limit the other drinks they have access to in child care settings by making sure that water and milk are their main sources of hydration. The question is how often are we leading by example and only drinking water and drinking it often? "Rehydration acutely with soft drinks worsens dehydration and exacerbates dehydration associated renal damage" (Garcia-Arroyo et al., 2016). It is important that our primary source of hydration comes from water and non-sugary beverages. Which leads to the question of how much water we should be drinking? The graph below comes from The Nutrition Source which is published by Harvard School of Public Health.



Age	Daily Adequate Intake
1-3 years	4 cups, or 32 ounces
4-8 years	5 cups, or 40 ounces
9-13 years	7-8 cups, or 56-64 ounces
14-18 years	8-11 cups or 64-88 ounces
men, 19 and older	13 cups, or 104 ounces
women, 19 and older	9 cups, or 72 ounces
pregnant women	10 cups, or 80 ounces
Breast feeding women	13 cups, or 104 ounces



Physical Activity

It is common knowledge that part of living a healthy life style is being physically active. We know it supports bone, muscle, and brain health along with improving balance, energy levels, and many more benefits. In child care there are several parts of the day when children are given the opportunity to be physically active. And these same times provide the teacher with opportunities to lead by example. We want to encourage children to take these active parts of the day and run and play, taking full advantage of physical play, but how often do we demonstrate physical activity? Are we also participating in the games and running and playing? Teacher participation can have a great impact on child participation in helping them to get their daily physical activity and it offers you the same opportunity. WV Child Care Licensing even states that “Qualified staff shall promote children’s active play and participate in children’s active games at times when they can safely do so” (14.3.e).

There are times when teacher participation may be more difficult, like an illness or when adequate supervision is more difficult. But there is still an easy way for teachers to lead by example, and it is simply by not sitting down during times when children should be physically active. This will encourage them to be up and moving instead of sitting with you. You can also encourage their activity with positive prompts like “good throw” or “You ran so fast.”

Healthy Eating Habits

There is ample opportunity for children to make healthy eating choices by providing healthy meals and snacks while they are in our care limiting the number of extra sugars, fat, and sodium so they are filling up on nutritious food that provide their body with the vitamins, minerals, and calories it needs, but are we creating those limits for ourselves? Are we only eating healthy meals and snacks while we are in the child care setting or are we bringing in our own snacks that are filled with sugar, fat, sodium, and higher calories?

It is important that our bodies get the nutrients that we need. Which is one of the reasons that child care must follow the USDA Child and Adult Care Food Program meal and snack patterns according to WV Child Care Regulation. So, they are offered breakfast, lunch and snacks for a typical day of care, but are we also fueling our bodies with what they need to get through the day? As providers you need to have enough food throughout the day to fuel your body.

When creating a healthy environment in your classroom just remember that children are often watching what we do, and they often pick up on habits. You can have a great impact on their health habits just by demonstrating them yourself. This will not only have an impact on your classroom’s health, but as an early childhood education teacher it is important to remember that you must take care of yourself as well. Often the classroom and outside life get so busy, and it is easy for things to slip through the cracks, but your health and the health of your students play an important role in your day to day. So not only do those habits help teach and lead the children in your care, but they also help to support you. Just remember to take care of yourself and your students will notice.





Child Care Health Educators 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. They can provide trainings, handouts, recipe ideas, or advice on many health related topics. They have flexible schedules and can work with you to schedule trainings at your center. Online and in person trainings are available.

CHILD CARE HEALTH EDUCATOR NORTH

Child Care Resource Center Resource and Referral Region, Choices Resource and Referral Region, and MountainHeart North Resource and Referral Region

Chrissy Lafferty

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CHILD CARE HEALTH EDUCATOR SOUTH

Connect Resource and Referral Region, Link Resource and Referral Region, and MountainHeart South

Resource and Referral Region

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Training Topics:

2 Hours:

Bed Bugs and Beyond

Being a Good Role Model

Identifying Environmental Hazards 1

Identifying Environmental Hazards 2

Indoor and Outdoor Safety

Let's Make a Menu

Let's Move

New Recipe Ideas 1

New Recipe Ideas 2

Oral Health

Picky Eaters

Planting Seeds for Healthy Eating

Safe Sleep Practices

Steps to Keeping Classrooms Healthy and Clean Part 1

Steps to Keeping Classrooms Healthy and Clean Part 2

Stress Management

Understanding Special Dietary Needs

1 Hour:

Beans...More Than Just Cute Songs

Breastfeeding Basics

Fun and Healthy Snacks

Infant Feeding

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Parent Blocks

NEWSLETTER

"Providing resources to parents throughout West Virginia"

Volume 22, Issue 4



When Parents Lead and Providers Support: A Team Approach to Special Health Needs

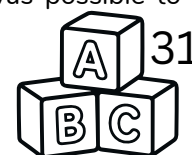
By Kelly Amos, RN, West Virginia Child Care Nurse Health Consultant

I'm one of the Child Care Nurse Health Consultants in WV. In my 12 years working in the medical field, as an EMT and then as a registered nurse, I've had the privilege of caring for children in a variety of settings and situations. If I think back on all those memories, my favorite and most meaningful moments as a nurse have occurred in the more relaxed setting of a child's home as a Private Duty Nurse. There is something about being engrossed in a child's world and the close collaboration with the family, learning their routines, listening to their concerns, and watching the incredible expertise they develop while caring for their children every day. As much as I care about the children I've cared for as a nurse, I'll never care as much about them as their own parents do, I'll never know them as well. The parents of the kids I've worked with have earned my respect, and have been a joy to collaborate with.

While working in these home settings, I had to navigate my professional role while listening to the parents' wishes. Sometimes, having to find compromises or unique solutions to concerns. While I brought nursing knowledge and skill to the table, the parents were the experts on their own child. It was possible to truly create a partnership for the care of children, with parents leading, and me bringing my professional experience as a tool to be utilized.

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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That same philosophy applies beautifully in child care settings. When families and child care providers work together as partners, children thrive.

Every Child Deserves to Belong

Children with special health care needs can enrich the classrooms with their unique personalities, strengths, and perspectives. Some children have asthma or food allergies. Others may have diabetes, seizure disorders, feeding tubes, hearing or vision impairments, mobility challenges, developmental disabilities, or chronic medical conditions. The care you provide may include administering daily medications or preventing an allergic reaction by being knowledgeable and vigilant about allergen exposure. Some of the sick children I've cared for have developed wisdom beyond their years due to the trials of life they have experienced. They navigate stress with grace and have a real appreciation for the simple joys of life.

Regardless of the diagnosis, every child deserves to participate safely in a welcoming, inclusive environment.

Creating that environment begins with one simple principle: There is a publication called *Caring for Our Children*, the

national health and safety standards developed by the American Academy of Pediatrics (AAP), the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. It is considered the go-to resource for health and safety in education and child care settings. These standards encourage individualized care planning, ongoing communication with families, staff training, and, when appropriate, coordination with the child's healthcare team.

Parents Are the Experts

When a child has a chronic medical condition, parents become remarkably knowledgeable, and they are the historians who have witnessed every struggle and milestone throughout their child's life.

They know:

- What a "normal day" looks like,
- The earliest warning signs that something is wrong,
- What calms their child,
- What medications have worked (or not worked),
- and often, subtle changes that others might miss.

As child care providers, one of the greatest gifts we can offer families is to recognize and respect their expertise. Instead of asking, "How do we

do this?"

Try asking, "Can you show me how you care for your child at home?"

That simple question communicates partnership rather than authority.

Communication Is the Best Safety Tool

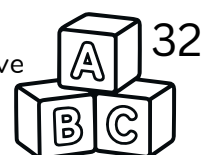
Many medical emergencies are prevented—not by extraordinary interventions—but by excellent communication.

Before a child with special health care needs begins attending your program, schedule time to sit down with the family. Learn about the child's daily routine, medical needs, strengths, favorite activities, communication style, and any accommodations that support the child's success.

Some highlights to include in this discussion include:

- Medical diagnoses
- Daily medications
- Allergies
- Feeding needs
- Mobility or positioning assistance
- Medical equipment
- Activity modifications
- Emergency symptoms
- Emergency contacts
- Comfort measures
- Behavioral or sensory supports
- Communication methods

This conversation should feel collaborative—not intimidating.



Families should leave feeling heard, respected, and confident that their child is entering a caring environment. And you, as the child care provider, should leave the conversation feeling prepared, knowledgeable, and free to communicate anytime you have a question about the child's healthcare needs.

Every Child's Plan Should Be Individualized

No two children with the same diagnosis are exactly alike. For example, two children with asthma may have completely different triggers. I once had two girls in my care who had asthma attacks within 20 minutes of each other. Their lung sounds, symptoms, and response to emergency medications everything was different! One recovered within 5 minutes and one medication dose, the other needed multiple medications over 15 minutes, and we almost had to send her to the ER.

Two children with diabetes may have different insulin schedules, with different medical devices to administer the insulin.

Two children with autism may communicate, learn, and regulate emotions in entirely different ways. That's why individualized care plans are so important.

Whenever applicable, programs should have:

- A Medical Action Plan or Individualized Health Care Plan
- Emergency Action Plan
- Medication Authorization Forms
- Emergency Contact Information
- Instructions for medical devices
- Documentation of required staff training

These plans should be reviewed whenever the child's needs change and kept accessible to staff responsible for the child's care, while protecting the family's privacy. Caring for Our Children recommends individualized care planning and staff preparation for children with special health care needs, and West Virginia licensing requirements also require emergency planning that addresses the individual needs of children, including those with special needs.

Training Builds Confidence

Many child care providers worry about caring for children with medical needs because they simply haven't had much experience.

That is completely understandable.

The good news is that confidence grows through education and practice.

Parents are often excellent teachers. They can demonstrate how to:

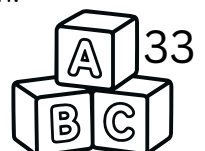
- Use an inhaler with a spacer,
- Clean a nebulizer,
- Administer an epinephrine auto-injector,
- Check blood glucose,
- Recognize seizure activity,
- Operate feeding equipment,
- Or use other medical devices safely.

No one is expected to know everything on the first day.

The goal is preparation and an open door of communication for future training.

Daily Communication Matters

It is easy to get into a routine in the care of a child with special healthcare needs. I'm guilty of becoming too used to a rhythm in a child's care and feeling frustrated when new treatments or schedules are introduced. Health needs can change quickly. A medication dose can be updated, and a medical device may malfunction, leading to an entirely new treatment regimen. So don't get too comfortable with a child's treatment plan!





Regular communication can help prevent errors from occurring.

Many programs find success using:

- Daily communication sheets
- Secure messaging apps
- Brief conversations during drop-off and pick-up
- Scheduled conferences for significant updates



Even a one-minute conversation can prevent misunderstandings and improve safety.

Inclusion Benefits Everyone

Sometimes providers worry that accepting a child with special health care needs will require "special treatment."

In reality, inclusion is simply providing each child with what they need to participate successfully.

- Some children need glasses.
- Some need inhalers.
- Some need extra time.
- Some need visual schedules.
- Some need adaptive equipment.

Meeting individual needs is simply part of quality child care. It is an important lesson in the realities of life, and can give children perspective. When children grow up learning alongside peers with different abilities, everyone benefits through increased empathy, understanding, kindness, and acceptance.

Last Thought

Families are not asking those who care for their children to know everything; they just want their precious child to be safe, to be seen, and to matter to those who care for them.

They're asking us to become trusted partners.

When we listen carefully, communicate openly, follow individualized care plans, and recognize parents as the leaders of their child's care, we create environments where children are not defined by their diagnosis—they are simply children, free to learn, play, grow, and belong.

That partnership is one of the greatest gifts we can give a family.

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Special Health Needs Checklist: Parent

	PARENT
	SPECIAL HEALTH NEEDS CHECKLIST
BEFORE ENROLLMENT	☐ Meet with the child care provider.
	☐ Share your child's diagnoses and healthcare needs.
	☐ Provide a current Medical Action Plan or Individualized Health Care Plan.
	☐ Provide an Emergency Action Plan, if applicable.
	☐ Complete medication authorization forms.
	☐ Provide medications in original labeled containers.
	☐ Supply necessary medical equipment and supplies.
	☐ Demonstrate how medications or medical devices are used.
	☐ Explain emergency warning signs.
	☐ Fill out Medical Release Form allowing communication to doctors, pharmacies, or any other entity.
ONGOING COMMUNICATION	☐ Review dietary needs, allergies, and activity considerations.
	☐ Notify the program of medication changes.
	☐ Update emergency contacts.
	☐ Replace expired medications.
	☐ Inform staff of changes in health status.
	☐ Inform staff of current weight.
	☐ Share strategies that help your child succeed.
	☐ Review the care plan at least annually or whenever changes occur.

Special Health Needs Checklist: Provider

PROVIDER	
SPECIAL HEALTH NEEDS CHECKLIST	
BEFORE ENROLLMENT	☐ Meet with the family.
	☐ Review all health and emergency plans.
	☐ Verify emergency contacts.
	☐ Ensure medication authorization forms are complete.
	☐ Learn each medication's purpose, dosage, timing, and possible side effects.
	☐ Receive training for required medical procedures or equipment.
	☐ Know where medications and emergency supplies are stored.
DAILY CARE	☐ Follow the child's individualized care plan.
	☐ Observe for changes in symptoms or behavior.
	☐ Administer medications according to authorization, physician orders and program policy.
	☐ Document medication administration and significant health events.
	☐ Communicate concerns promptly with parents.
	☐ Protect the family's confidentiality.
	☐ Encourage full participation whenever safely possible.
	☐ Review and update the child's plan with the family as needed.

Supporting children through holidays and celebrations

West Virginia Infant/Toddler Mental Health Association | www.nurturingwvbabies.org



PREPARING CHILDREN FOR HOLIDAYS AND CELEBRATIONS

The crowds, the scheduled events, family and community gatherings! Whew! Celebrating holidays can be exciting, and overwhelming, especially for children who are often off of their regular routine, and around larger groups of people. Be accepting, patient, and kind during these times—not only to children—but to yourself. Let go of preconceived ideas and focus on creating memories, not having the “perfect” holiday.

READING CUES

Children can tell you a lot about how they are feeling, if we are willing to read their cues. It's important to remember, especially during the holidays, that children aren't “mini-adults”. Cues that children are feeling overwhelmed include: crying, fidgeting, whining, rubbing eyes, or feeling irritable. It's ok for children to have downtime, take a nap, or leave the event early. Encourage them to participate, but don't force them.

A WORD ABOUT RELATIVES

Try to prepare children before meeting with relatives they may be unfamiliar with. Don't force children to give hugs and kisses to relatives they don't know. While children won't be able to sit for long periods of time and listen to family stories, they do like to participate as part of the group. By bringing books or small toys, the child can share and play.

TIPS AND TRICKS

- Bring a snack for the child, especially if you will be gone for a while.
- Try to stick to routines as much as possible, but allow for fun opportunities that may come up.
- Social stories can help in preparing children for family gatherings or holiday celebrations. [Here are some examples.](#)