

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

Let's Get Moving!

**Navigating Children's Health and Safety
with Medical Action Plans**

Early Music and Movement

Executive Editors:
Elizabeth Teel
Regina Woodcock
Jackie Newson
Brittany Doss

Editor-in-Chief:
Alyson Edwards

Associate Editor/Design and Layout:
Michelle Tveten Rollyson

Contributors:

Kelly Amos, Melissa Brown, Early Care Share WV, Maryann Harman,
Help Me Grow, Ashley Jobes, Candace Morgan, National Office of Head Start,
Harmony Vance-Tissenbaum, West Virginia Birth to Three,
West Virginia Infant/Toddler Mental Health Association

Group Publisher:

WV Early Childhood Provider Quarterly is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of the West Virginia Department of Human Services and West Virginia Department of Health and is supported and administered by River Valley Child Development Services.

Please refer to the following list to contact group publishers:

WV Department of Human Services/Bureau for Family Assistance/Division of Early Care and Education
350 Capitol Street, Charleston, WV 25301
(304)558-1885
<https://dhhr.wv.gov/bfa/ece/Pages/default.aspx>

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

WV Department of Human Services/Bureau for Family Assistance/WV Head Start State Collaboration Office
350 Capitol Street, Charleston, WV 25301
(304)558-4638

WV Department of Health/Bureau for Public Health/Office of Maternal, Child and Family Health/WV Home Visitation
350 Capitol Street, Room 427, Charleston, WV 25301
(304)356-4408 | (800)642-8522
<https://www.wvdhhr.org/wvhomevisitation/>

Editorial Offices

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

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Let's Get Moving!

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

With the consistent rise of national obesity rates, what role can child care providers play in helping children to maintain a healthy weight? During early childhood, children often form habits that they carry throughout their life. A positive relationship with diet and exercise formed during childhood can have the potential to not only benefit their younger years, but their adult years as well. A study conducted in 2022 found that “Lifestyle patterns, namely discretionary consumption and TV, eating fruits and vegetables, and being outdoors are established by 1.5 years of age” (Nutrients). Before a child has even entered grade school many of their lifestyle habits that directly correlate with weight management are already formed. The impact of the child care provider and classroom during early childhood can help to build a foundation for healthy eating and movement in



the lifelong pursuit of healthy living. Though it is known that diet and exercise go together we are going to primarily discuss movement throughout this article.

West Virginia has a high prevalence of obesity rates among its youth. The “2022-23 WV Cardiac school readings found 32 percent of kindergartners, 40 percent of second graders, and 49.6 percent

of fifth graders are overweight or obese” (Cardiac Project). Knowing these numbers, it is no wonder that when compared to other states “West Virginia ranks 44 overall prevalence with 35.5 percent of children considered either overweight or obese” (child health data).

A strong correlation can be drawn between physical inactivity and

obesity. In the past, people did not spend hours in the gym nor were children exercising for extended periods of time. So why are obesity rates so high today? Simply put, children are more sedentary. In West Virginia, 17.7 percent of children between the ages of 1-5 years old engage in at least 4 hours of screen time a day, which is almost 5 percent higher than the national average at 12.8 percent (child health data). So, we know there is problem, and we know one of the key components to fix it is physical activity, but how do we get children more active at such a young age? "Only 27.5 percent of children in West Virginia meet the CDC recommended 60 minutes per day of physical activity" (child health data). This is why getting them up and moving indoors and out is such a crucial part of child care. In a child care setting, you want to look at their day and find areas where you can add physical activity to sedentary times. This could be having them act out the nursery rhymes during story time, adding

movement songs to circle time, having them do stretches while lining up before a transition, or having them jump while counting. Not only does this get them moving, but physical activity also improves memory retention and brain function.

Children should also be provided with enough time indoors and out to participate in both moderate and vigorous activities. According to the West Virginia Child Care Regulations, children should have "a minimum of 60 minutes of moderate to vigorous activity per 8-hour day for toddlers and children up to 3 years" and "a minimum of 90 minutes of moderate to vigorous activity per 8-hour day for children 3 years to school age" (14.3.c.3 and 14.3.c.4), with "no less than one hour of planned outdoor activity daily with opportunities to develop and practice age-appropriate gross motor movement skills, provided" (14.3.c.2). Make sure these times are scheduled in your daily plans, and the appropri-

ate adjustments are made for when the weather does not permit you to go outside. Their gross motor play should continue even if it must be done indoors. Try utilizing balancing games with tape on the floor, or tag while they crawl instead of running, or an obstacle course. There are many tools like Go Noodle or Pinterest to find indoor and outdoor activity ideas.

However, at times simply offering availability is not enough to engage children in physical activity. That is where the importance of staff-led activities comes into play. A staff-led activity engages children to play with their peers and with their teachers. This helps to organize students into a preplanned game or structured play activity that is not only teaching them gross motor skills, but also helps them to develop skills in communication, listening, sharing, taking turns, following directions, peer interaction, and so much more. According to the West Virginia Child Care Regulations, children 6 weeks

to 6 years old, should be provided “at least 2 structured or staff-led activities daily that promote gross motor movement skills” (14.3.c.1.). This may be as simple as playing tag together, or it could be as elaborate as leading in a game of imaginative play where the slide is a dragon you must sneak under to steal the treasure. These structured play times are beneficial to get both children and staff up and engaging together in play.

In conclusion, child care providers can help children to build healthy habits that help to lower their risk of being overweight or obese through the encouragement of physical activity. This can occur by finding the sedentary moments and sprinkling in some physical activity, making sure there is enough time allotted for moderate and vigorous play, and having planned play times that are led by teachers and staff. Though these aspects seem small, they can have a lasting impact on the children in your care.

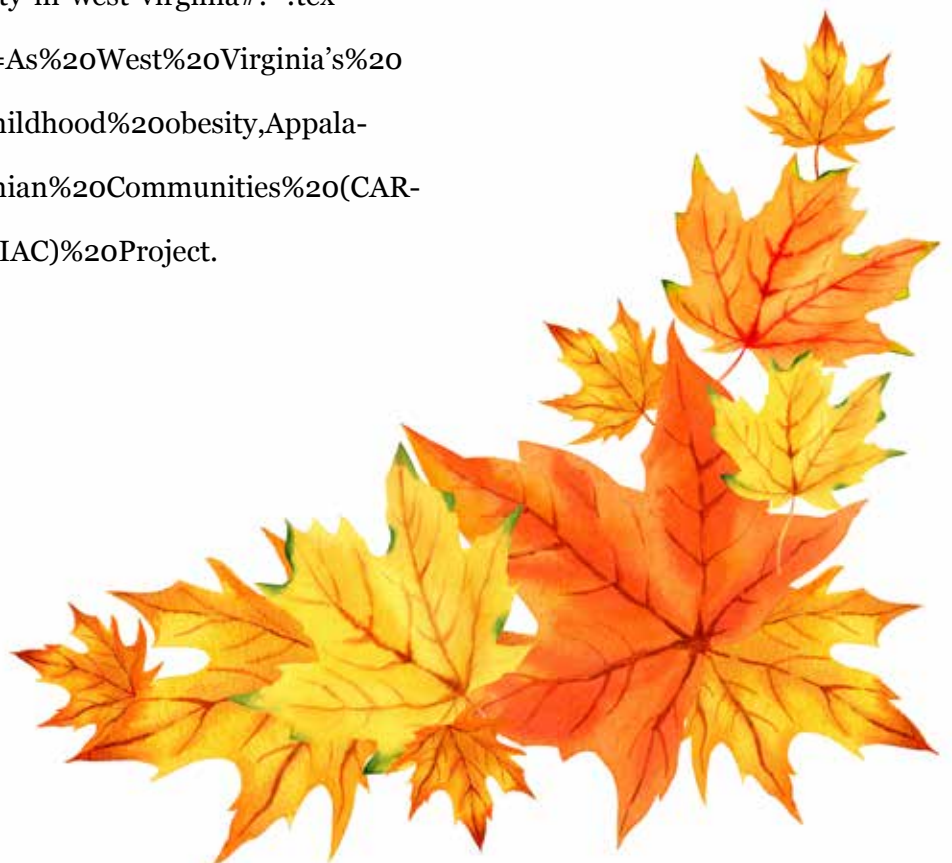
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Moving Along with Learning

Submitted by Maryann Harman, BA Music/MA Education

Human beings are the only mammal that innately will respond to a strong beat. We hear a song, we want to move. In this article, we will discuss brain research findings and explore how music and movement can be used to enhance memory skills, retention, and cognitive development.

It all begins early. A fetus will respond to music by blinking or moving to the beat. Dr. Alfred Tomatis, who will be discussed later in this article, used fiber optic cameras to observe the movement of the fetus in regard to sound. Though the particular muscle moved varied in each child, each time the same phoneme was sounded, the same muscle responded! This sensory-motor response allows the fetus to begin learning language in utero. This information suggests that prenatal exposure to music can be used to enhance a baby's development, and perhaps alleviate or minimize some developmental delays (Campbell, 2000).

In Dr. Carla Hannaford's book, *Smart Moves: Why Learning is Not All in Your Head* (1995-2005), she outlines the development of the ear and its role in language de-



velopment. Once the amniotic fluid has dried out of the Eustachian tubes and outer ear canals, the sense of hearing becomes pretty accurate. The ear is the most fully developed of the sense organs at birth and the last sense to stop at death.

Much of the previous information is a result of the work of Dr. Alfred Tomatis who is credited with 'discovering' that the voice only represents what the ear can hear,

also known as the Tomatis Effect. His research has done much to help with developmental delays and disabilities, including autism. A person's ability to hear affects abilities and emotion. Damage to hearing can cause depression. In patients with Alzheimer's disease, the playing of a song that has emotional memory causes periods of clarity. It is believed it is because the music stimulates a part of the brain related to memory. There have also been many anecdotes of

people remembering melodies that had been played while they were in utero. This is not only fascinating, but also functional. Having this information, we need to implement it in early childhood by providing activities that encourage active listening skills. These activities can include rhythm stick activities, imitating vocal sounds, and marching.

Another wonderful thing happens with movement. The brain produces a neurochemical called endorphins. This chemical causes a feeling of energy and makes the brain more conducive to learning. Movement and rhythm stimulate the frontal lobes, important in language development, thinking skills, reasoning, self-control, and motor function. The frontal lobe is the front portion of the brain and the largest of the four major lobes of the cerebral cortex. It increases in size during the prenatal stage, infancy, childhood, and early adolescence and continues to develop skills even after it has reached its final size, which occurs between ages 12 and 18. These key windows of growth accentuate the importance of movement in the early years.

Keeping the Beat

Studies by Phyllis Weikart reveal the importance of the ability to keep a steady beat and its link to

adequate linguistic development. Being able to keep a steady beat helps a person to feel the cadence (rhythm) of language and involves the vestibular system. This ability should be in place before a child starts school. The prime time to teach it is up until the age of seven. Older students and adults, without this in place, will find deficiencies in different skills that they will not be able to overcome. Nearly 90–95 percent of adults can keep a steady beat with an external cue. Only 30–50 percent can maintain it steadily on their own.

Moving to the Music

A natural partner to music is movement. Movement is a nonverbal response for children who do not yet have language ability. The vestibular system (the part of the ear related to balance and movement) must be activated for learning to take place (Hannaford, 1995). The eighth cranial nerve is the Vestibulo-cochlear. It comes from the inner ear mechanism, the semicircular canals and cochlea. The eighth cranial nerve pair carries auditory information from the ear to the brain. These connect through the vestibular system to all the muscles of the body. All learning in the first fifteen months of life is centered on the vestibular system development (Hannaford, p.157). Disturbance to the vestibular system can cause learning difficulties. This high-

lights the importance of movement in the beginning years to strengthen the vestibular system and ready the brain for learning.

Don Campbell, author of *The Mozart Effect* and *The Mozart Effect for Children*, states, “Movement is an absolute necessity for a toddler, and music stimulates the best kinds of movement” (Campbell, p. 102). The brain works by electrical current, thereby needing oxygen and water to function well. Movement helps to provide one of these two elements, oxygen. Another wonderful thing happens with movement. The brain produces a neurochemical called endorphins. This chemical causes a feeling of energy and makes the brain more conducive to learning. Movement and rhythm stimulate the frontal lobes, important in language development.

Music, Movement and Reading

A specific type of movement, cross lateral, is necessary for the brain to be ready to learn to read. This type of movement can be done while dancing or moving to other activities to accompany music or by tapping rhythm sticks and using different tapping patterns. It is also done while crawling and that is why it is important for babies to crawl. Cross lateral movement enables the brain to cross the

mid-section (going from the right side of your body, across the center to the other side). This ability is necessary for reading and writing because in order to read and write, one must go from one side of the paper to the other.

Dancing with scarves, as they flow from one side of the body to the other or walking like elephants, swaying arms as if they were trunks from side to side, are just two examples of cross lateral movement. Exercising to music and doing cross crawls or windmills is not only great for the cardio-vascular system, but it is readying the preschooler's brain for reading and is fun as well.

These activities also help with bal-

ancing. A young child, who cannot stand on one foot, may have reading and writing difficulties because standing on one foot demonstrates the ability to balance, and being able to balance is the result of a strong vestibular system. The vestibular system is strongly related to language abilities. Being able to stand on one foot is an accomplishment that could be greeted with "Wow! Look at you standing on one foot!" This makes the child feel good, which gets them trying to do more activities to balance. Balancing strengthens the vestibular system. One activity is directly related to another. Playing music and having a child walk heel to toe in rhythm on a balance beam (or, for younger children, on tape) can develop balancing skills.

Traditional circle games, where a child in the center invites the others to 'do what I do', encourage creativity and offer a safe place to try a new skill. Musical games while strengthening balance by inviting children to stand on one foot, jump up and down, or pretend to skate also put math skills in place.

These activities are explained in detail in my book, *Building Brains with Music* (2022).

Music, Movement and Math

Movement plays an important role for math skills. Before children can understand numbers, they must have spatial-temporal reasoning. This is the ability to understand your body in time and space.



Playing games like “In and Out the Windows” or “Blue Bird Through My Window,” where children weave their bodies under raised arms and then around and back out the other side, are fundamentally very important for preschoolers because the whole body is involved in understanding how it moves, takes up space, and interacts with other objects in space.

“London Bridges”, that so many of us played while growing up, is this same concept. Many early childhood programs are leaving games such as these out because they are feeling pressured to teach the concept. As teachers, there is no need to feel this pressure. If we allow children to play as they always played and not worry whether they are playing ‘correctly’ (process over product), their brains will be prepared for math and the concepts will be more easily learned.

Music and Child Health

So how does all this come together to promote child health and safety? Think of educating the whole child- body, heart and mind. One cannot be fully healthy without the others. It is music’s ability to integrate these that makes the perfect connection to health and safety.

For example, we can tell children to wear a helmet when riding a bike. Or, we can have children get

on the floor, pretend to peddle and sing “When I ride my bike, I put my helmet on.” Doing it that way, gets the message to the muscular level. Not only is the child exercising for the cardiovascular benefit, but the brain is fully understanding of the message. This can be done for any safety topic from swimming to fire safety.

Nutrition and exercise are issues that must be learned in the early years. What we learn before the age of 7 is what we will use all our lives. Children connect to concepts better when music makes that connection more appealing. We could talk about food groups and what we like to eat. Or, we could feed food from the different groups to a doll that is a smart woman, instead of a lady swallowing a fly. Because children are involved in hearing the song, physically putting the food into the mouth, and moving to accomplish all of this, this is a lesson they will not forget. Using music with movement also has the added benefit of using more areas of the brain, thus increasing retention and aiding in comprehension.

Another very important part of movement is its connection to emotional intelligence which is too often overlooked. When moving together, as in dance or games, we connect with others. We learn how to work with others and how

to share space and responsibilities. We learn how to take turns and get to observe not only what we’re good at, but what our friends are good at. This helps us develop an appreciation for not only our own skills, but the skills of others.

Knowing all of this, we must take “action” and “move” to keep children’s minds and bodies fit. It is through awareness that people will begin to use what we know.

Involve the Senses

Another reason that makes the above activities so successful is the use of more than one of the senses. The more senses involved in an activity, the better the success rate of learning the lesson.

With rhythm sticks, we are activating speaking, hearing, and feeling. We are also using both hemispheres of the brain. The real magic of music is that it not only uses both hemispheres, but each quadrant of the brain processes a different component of music. Human beings learn 10 percent of what they read, 20 percent of what they hear, 30 percent of what they see, 50 percent of what they see and hear, 70 percent of what is discussed, 80 percent of what is experienced and 95 percent of what you actively teach (Hannaford, 1995). Early childhood experiences that get the child involved in the total



process will yield the greatest results.

To activate more senses, one could blow bubbles while music is playing. Encourage children to catch the bubbles with their pincer grips. (This fine motor skill exercises a muscle in the brain used for higher-level thinking.) Some bubbles have odor or flavor to them. These bubbles can be caught with the mouth. Although I would not suggest using the flavored bubbles with the youngest children, I would use them once they are old enough to realize the difference between bubbles you can catch with your mouth and those you can't. Now all five senses are being used - hearing (as the music plays), touching (as they use their pincer grips), seeing (as they watch the bubbles), smelling

(as they smell the fragrance), and tasting (as they catch them with their mouths). This active learning stimulates and involves more parts of the cerebral cortex, producing stronger long-term memory. After an experience like this, the entire brain is awake and waiting to be filled! A wonderful resource for information and activities to awaken the senses is Dr. Pam Schiller's book *Start Smart* (Schiller, 1999).

Using the Arts

A new study from Harvard Graduate School of Education's Project Zero found demonstrable links between experiences with music and drama and increases in certain cognitive skills. The three-year study (directed by Project Zero researchers Ellen Winner and Lois Hetland and funded by the Bau-

man Family Foundation) reviewed 50 years of arts education research, analyzing 188 relevant studies. Based on 45 reports, researchers found evidence that spatial-temporal reasoning improves when children learn to make music, and this kind of reasoning improves temporarily when adults listen to certain kinds of music, including Mozart. The finding suggests that music and spatial reasoning are related psychologically (i.e. they may rely on some of the same underlying skills), and perhaps neurologically as well (i.e. they may rely on some of the same, or proximal, brain areas). However, the existing reports do not reveal conclusively why listening to music affects spatial-temporal thinking.

Music also has a natural connection to drama. Children are natural actors and love to act out their favorite stories. Comprehension is increased when there is active participation. The ability to learn and retain is increased after a dramatic activity. Sound stories are a great way to incorporate music and drama. Put a variety of instruments out, get out a book, and have the children insert sound to the story. Children will want to do the story over again. Repetition is important. When learning a new concept, it takes 400-600 repetitions before that concept becomes concrete.

The Mozart Effect –

Drs. Frances Rauscher and Gordon Shaw conducted studies at The University of California, Irvine to determine the effects of piano keyboard instruction on the spatial-temporal reasoning of kindergarten children. It was this research that the media coined the “Mozart Effect”. This research sparked much interest in music and learning, particularly Mozart’s music. Because the media gave it so much play, negative and positive, doubt was thrown on the original research. A second study was conducted at the University of Wisconsin Oshkosh by Dr. Rauscher to see if the same results would occur. They did. It was found that children, who were exposed to keyboard instruction on a weekly basis for a period of at least six months, had better spatial-temporal reasoning. Unfortunately, Dr. Rauscher’s work also showed that if the music lessons were discontinued, the connections made from the music lessons would die off. Music must be an ongoing part of the curriculum. One should note, however, that habituation (having something become too familiar) and overuse would make the music ineffective. For this reason, it is suggested that music be used 22 minutes for each hour.

Part of the reason this research

was coined the “Mozart Effect” is because it was discovered that listening to Mozart produced activity in both hemispheres of the brain. This activity is not produced with spoken text. It is hypothesized that music strengthens neural firing patterns and enhances spatial-temporal tasks. Music is processed separately. Lessons do not need to be private for the benefits. This is why school music programs are important. It should not be concluded that playing Mozart would make children smarter. It will not. Playing Mozart activates both hemispheres of the brain making it more conducive to learning. Activities must accompany the music.

Putting all the information together, one must acknowledge the importance of music in the classroom. Music gets the whole child involved in the process of learning. Learning style researchers, Rita and Kenneth Dunn, have found that as many as 85 percent of people are kinesthetic learners. (Einstein was a kinesthetic learner.) Combining this with the fact that 99 percent of what is learned is unconscious, we must realize the impact of music and movement activities.

While marching or singing, one is usually not thinking about what

they are learning. Music activities prepare the brain for more difficult tasks needed later by preparing the brain to work from both hemispheres. For example, though printing uses one side of the brain, cursive uses both. Music helps the brain to process higher-level thinking. Half the population does not reach the Piagetian stage of formal thinking. Evidence shows that one-third does not reach concrete thinking. Music is a tool to help wire the brain to reach this higher level of thinking. When we put instruments in a child’s hands in the early years, when we involve them in music and movement activities, we are teaching them an activity that is positive and will last them a lifetime. What a wonderful gift to give our children!

Maryann “Mar.” Harman, M.A., specializes in music education and is a recording artist and educational consultant. She has produced over 35 recordings, several of which have won awards to include a John Lennon Songwriter’s Award and two Parents’ Choice Awards. She has published the book *Building Brains with Music* and has done a TEDx talk of the same title. For more information about Maryann, please visit her website at www.musicwithmar.com.

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Maryann "Mar." Harman



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Music It's Always There for You



Maryann has a BA/Music and MA/Ed emphasis in Early Childhood. She is the founder of the international Music with Mar. program. Her passion is combining brain research with music activities that help children in all areas of development including language, cognitive, social and motor skills.

With over 40 years experience, her awards include two Parents' Choice Awards and a John Lennon Songwriting Award. She has written 35+ recordings, including music for Dr. Becky Bailey's "I Love You Rituals" and the LED Infant/Toddler Curriculum for Kaplan.

Mar. has done a TEDx Talk, "*Building Brains with Music*" and has published a book of the same name.

To receive daily brain facts on the importance of music in our lives, please follow on Facebook MaryannHarmanmusicwithmar

The Music with Mar. Catalog can be found on all digital outlets

Mar@musicwithmar.com

ADAPTING YOUR GROSS MOTOR PLAY

Submitted by: Ashley Jobes
TRAILS Early Childhood Specialist
Choices CCR&R

WHAT IS GROSS MOTOR PLAY?

Gross motor is a type of play where children use the big muscles in their arms, legs, and body to move in active ways. It is physical play that helps children build strength, coordination, and confidence while having fun. Caregivers can encourage gross motor play by providing opportunities for children to engage in it as part of their daily routine. Gross motor play can happen out doors or indoors as long as providers create a safe space for children.



CREATIVE USE OF SPACE & MATERIALS

You do not need a gym to give children big movement opportunities. If you plan ahead and are flexible, you can do some rearranging so that children still have access to these experiences. You can push furniture to the edges for the room to create an open play zone. You can utilize long hallways, multipurpose rooms, and even corners for movement experiences. A small space can feel big when it is set up with clear pathways for crawling, hopping, or balancing. With creativity everyday spaces can be adapted to become a safe and inviting area for active play.

WHY IS GROSS MOTOR PLAY IMPORTANT?

Gross motor play is an essential part of child development. Running, climbing, balancing, and jumping help children build strength, coordination, and confidence while also supporting social skills and self-regulation. What happens when outdoor play isn't possible due to weather, limited space, or safety concerns? For many child care providers finding space for children to be active can be very challenging. Luckily if you're willing to be plan ahead, be flexible, and creative, you can adapt your indoor environment for gross motor play anytime.

You don't need expensive equipment to encourage big movements indoors. Painters tape can quickly become a balance beam, hopscotch grid, or obstacle course. Pillows, mats or foam blocks can create a safe spot for climbing and jumping. Even simple items like scarves, beanbags, hula hoops, or soft balls (foam or beach balls) can turn into fun tools for tossing and catching. Structured games make gross motor play exciting and engaging. Try animal walks like bear crawls or crab walks. You can play games like follow the leader, freeze dance, or Simon says. Use story time as an interactive gross motor time by acting out books that children love. Being creative with materials you already have can keep children moving in new ways.



Resources:

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BENEFITS OF GROSS MOTOR PLAY

Gross motor play supports far more than just physical health. It is a key part of children's overall development. Movement supports brain development by strengthening connections that improve focus, memory, and problem solving skills. Gross motor play can encourage social interaction, cooperation, and confidence as children take turns, cheer each other on, and try new challenges. Gross motor play is a healthy outlet for children's energy and helps regulate emotions so that children can settle for a calmer activity afterwards.

THINGS TO CONSIDER

Indoor gross motor play works best when children feel safe and supported. Clear pathways, soft surfaces, and defined play zones help prevent accidents. Set simple rules for safety so that children can learn boundaries but also explore safely. Remember that outdoor play is always the best option for gross motor development. Fresh air, natural light, and open space gives children special benefits that cannot be fully replaced indoors. However, there are always going to be times that outside time isn't possible. On those impossible days, adapting gross motor play ensures that children still get the movement their bodies and minds need. Indoor gross motor play can serve as a valuable alternative to keep children active all year round.



Early Music and Movement

Submitted by Melissa Brown, Uptown Musik

Have you ever noticed that the slightest beat will make a baby as young as nine months bounce up and down, delighted in their own dance? Music moves us all. Music is feelings we can't seem to articulate and the energy we need to express.

Huntington, West Virginia, has been the home of my Kindermusik studio now for thirteen years. Kindermusik is the world's leading music and movement program and my program ranks 11th worldwide. I'm humbled to sit on the board of Kindermusik International, called the Sound Board, serving other licensed Kindermusik educators. I've been blessed to see hundreds of children come through my music studio doors over the years and I've seen how early music and movement education sets the child up for success later in life.

Kindermusik starts with babies as young as 3-12 months. We use developmental exercises with music and movement to slowly help the child achieve milestones. Almost always, the children achieve milestones sooner than what is considered average. I've lost count the number of children who have crawled and taken first steps in my music classes. This age loves shakers and bells and rhythm sticks.

Toddlers in Kindermusik are not only learning how to drum a steady beat, but also how to control their bodies to music. For example, we will first learn to move our bodies and stop on cue to music- later this will transfer to us learning a musical rest on a sheet of music. One of my favorite songs is pretending to go on a walk through the forest. The children

hear different sounds of nature. We step, step, step, and then stop to listen. I always love when the children are older and we revisit this song and they learn that it is quarter note, quarter note, quarter note, quarter rest. For my music lovers out there, you can only imagine how the children light up with delight as they remember this song that they had when they were younger.

Our preschool age classes are full of imagination, movement, and music that tells a story. Each class is transformed into a magical adventure. This is often the age where children branch off and start exploring sports and other extracurriculars for the first time. While I completely support that, I want to encourage parents that are reading this article to prioritize music at this age. Develop-

mentally speaking, music and movement together translates over to hand-eye coordination and even being able to do rhythmic activities, such as riding a bike. This age also learns musical terms such as glissando, tempo, crescendo, etc.

Children in our 5-to-7 year old class learn to slowly read music and play the glockenspiel, dulcimer, and recorder. It is at this age where everything that the children have learned comes full circle and I see the child fully blossom musically. I have noticed over the years that children who have attended Kindermusik throughout their lives excel in our movement activities as well and are very coordinated. I believe there is a true correlation. Kindermusik Inter-

national has done independent studies which show that children who complete the Kindermusik program are, on average, 12 IQ points higher than their peers who have not taken Kindermusik classes. In my thirteen years of teaching music, I can definitely confirm that this is the case.

Over the years, my program has received many awards from Kindermusik International for our outreach in giving music to underserved populations in the community. In 2023, a dream became a reality when I was able to open up a nonprofit side to my music program. In loving memory of my Mamaw, Appalachian Children's Music and Arts Foundation was created. We provide music and arts scholarships for children

who have speech delays, who have special needs, or are of low socioeconomic status. To date, we have been able to serve over 200 families in the community with scholarships in less than three years. It is absolutely a passion to be a light in our community. All of us face such dark times in our lives. It is my observation that music can be a light, and music class can be a family to lean on in hard times.

Whether it is a Kindermusik class, or just turning on some music at home with pans and wooden spoon as your drum set, I highly encourage everyone to create music and movement time with the children in your life. Early music education and the milestones that it creates will last a lifetime for the child.





BAKED CHICKEN NUGGETS

This kid-friendly chicken nugget recipe is a great alternative to frozen or fast food nuggets.



PREHEAT OVEN
425°



COOK TIME
12-15
MINUTES



SERVINGS
4

Instructions

1. Preheat oven to 425°F. Spray a baking sheet with olive oil spray.
2. Cut the chicken into small bite sized pieces.
3. Put the olive oil in one bowl and the breadcrumbs, panko and parmesan cheese in another.
4. Season chicken with salt and pepper, then put in the bowl with the olive oil and mix well so the olive oil evenly coats all of the chicken.
5. Put a few chunks of chicken at a time into the breadcrumb mixture to coat, then on the baking sheet.
6. Lightly spray the top with olive oil spray then bake 8 - 10 minutes. Turn over then cook another 4 - 5 minutes or until cooked through

Ingredients

- 16 ounces chicken breasts, boneless and skinless
- 1/2 teaspoon kosher salt and black pepper, to taste
- 2 teaspoons olive oil
- 6 tablespoons whole wheat Italian seasoned breadcrumbs, or gluten-free crumbs
- 2 tablespoons panko, or gluten-free panko
- 2 tablespoons grated parmesan cheese
- olive oil spray



www.wwearlychildhood.org/cche

Skinnytaste. "Healthy Baked Chicken Nuggets." Skinnytaste, 28 Dec. 2017 <https://www.skinnytaste.com/healthy-baked-chicken-nuggets/>



Believe in Me: Partnering with Families from the Start

Join us in 2026 for information about practices, policies, planning, and research; to have the opportunity to network with other professionals; and to participate in a diverse array of early childhood education discussions.

CELEBRATING CONNECTIONS

APRIL 22-24, 2026

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CONVENTION CENTER**

This program is being presented with financial assistance as a grant from the West Virginia Department of Health, the West Virginia Department of Human Services, and the West Virginia Department of Education, and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.

**REGISTRATION
OPENS**

JANUARY 2026



Navigating Children's Health and Safety with Medical Action Plans (MAPs)

Submitted by Kelly Amos, RN

Caring for children in a child care setting means juggling a lot—growth and development, behavior, learning, safety, and health. When it comes to a child's health, providers must work within clear limits. They are not doctors or nurses and can't diagnose illnesses or create treatment plans. Because of this, there are also legal issues to keep in mind, including how and when they're allowed to help a child who has chronic medical needs.

This is where Medical Action Plans (MAPs) come in. These plans are one of the most important tools child care centers and child care providers can use to keep kids safe while staying within their legal limits.

Meet Elijah

Let's imagine a child named Elijah. He's a bright, happy 4-year-old with asthma. Most days, he runs and plays just like the other kids. But once in a while, his asthma flares up—especially if he's around animal dander. When that happens, he may start coughing, breathing quickly, or wheezing. If his symptoms get worse, Elijah could be in real danger.

Thankfully, Elijah's parents worked with his doctor to fill out a Medical Action Plan. His MAP is on file at the child care center, and every staff member knows what to do if Elijah needs help. This simple form gives his teachers the confidence and legal authority to act quickly, and it gives his parents peace of mind.

What Is a Medical Action Plan?

A Medical Action Plan (MAP) is a written plan that outlines a child's medical condition, symptoms, medications, and emergency steps. Think of it like a physical map you use to drive somewhere—it helps guide caregivers through everyday care and emergency situations for children with chronic health needs. You may also see these called Care Plans, or Medical Plan of Care, depending on the organization and setting discussing them, but the content is the same.

Some of the chronic medical conditions you should anticipate needing a Medical Action Plan for include:

Allergies, Anaphylaxis, Asthma, Autism Spectrum Disorder, Bleeding Disorders, Cancer, Celiac Disease, Cerebral Palsy, Cystic Fibrosis, Diabetes, Eczema, Heart Conditions, Hydrocephalus, Neonatal Abstinence Syndrome, Seizures, and Tracheostomies (Donoghue & Kraft, 2018). But keep in mind that there are other diagnosis you may need a MAP for!

A Medical Action Plan includes:

- The child's diagnosis
- Signs of a medical emergency
- Step-by-step medication instructions
- Any special accommodations the child needs
- When to call 911
- Emergency contacts (West Virginia Department of Human Services, 2024)

MAPs are completed by the child's healthcare provider and brought to the center by the child's parent or guardian.

Why Are MAPs So Important?

Besides helping children get the care they need, Medical Action Plans offer important legal protection for child care providers.

MAPs help:

- Show that the provider is following medical instructions
- Protect the provider from legal risk if the plan is followed correctly
- Give clear steps for staff to take in emergencies
- Help families and child care providers stay on the same page with the child's health needs and help set clear expectations

MAPs also help providers meet their legal responsibilities:

- Duty of Care – the responsibility to protect children from harm
- Informed Consent – written permission from parents to give medication or treatment
- Scope of Practice – only performing medical tasks that are legally allowed and trained for
- Avoiding Negligence – following the healthcare provider's directions correctly and without delay (Legal Information Institute, n.d.).

What Does WV Licensing and Best Practice Require?

In West Virginia, child care centers are required to have a Medical Action Plan on file for any child with a health condition that might need special care

or could lead to a medical emergency (West Virginia Department of Human Services, 2024).

According to WV Code 78CSR1, Section 15.2.a.5, a Medical Action Plan must be on file within 30 days of enrollment for any child with a chronic health condition (2024).

The American Academy of Pediatrics recommends that the Medical Action Plan be completed in a timely fashion by parents, and be updated with each major change in the child's condition, such as a change to a prescription or environment and diet needs (2018). The MAP should be considered a living, changing document, and a new one is generally required yearly or sooner as needed (Donoghue & Kraft, 2018).

What Should Be in a Good MAP?

A complete Medical Action Plan should include:

1. Child's Personal Info

Full name, date of birth, and emergency contact numbers including pediatric sub-specialists (Donoghue & Kraft, 2018).

2. Medical Condition Details

Clear diagnosis, known triggers, allergies, special diet or feeding modifications, special activity and environmental accommodations, special equipment or supplies needed, and special training requirements for caregivers (Donoghue & Kraft, 2018).

Example: Elijah's MAP says he has asthma triggered by animal dander. Symptoms include coughing, wheezing, shortness of breath, and anxiety. An environmental accommodation required for him is to not be around animals with dander, to be excused from any special activity around animals with dander, and for staff to be trained in the use of an inhaler.

3. Medication Instructions

A MAP should include a list of all medications, exact dosages, route, how and when to give them (Donoghue & Kraft, 2018).

For "as-needed" medications like Elijah's Albuterol, the MAP should say exactly when to use it (e.g., at the first sign of wheezing). This keeps providers from guessing or accidentally making a medical decision.

4. Emergency Steps

The MAP should specify what to do if symptoms become serious.

Elijah's MAP says that in the event of an asthma attack:

- Give 2 puffs of Albuterol
- Wait 5 minutes—if no improvement, give 2 more puffs
- If symptoms continue or worsen after 2 more minutes, call 911

This kind of step-by-step plan is exactly what staff need to respond quickly and correctly.

What Duties do Child Care Staff Have?

1. Medication Administration Training

Any staff giving medicine must complete approved training per WV CC Licensing Section 15.4.h.5, and get any specialized instructions from parents and caregivers for unique treatments a child has (2024).

2. Daily Health Checks

Staff must observe children for signs of illness or injury every day and document any concerns per WV CC Licensing Section 15.4.a (2024).

3. Following Medication Rules

Staff must:

- Get written parent permission
- Record every dose of medication
- Store medicines safely

See WV CC Licensing Sections 15.4.h.1 through 15.4.h.10 for complete guidelines (2024).

Communicating with families and doctors is crucial for children with chronic health needs. Parents should be kept in the loop at all times, and they must:

- Sign permission forms
- Provide updated health info
- Know when their child was given medicine or had symptoms (Donoghue & Kraft, 2018).

Keep open communication with the child's doctor. If a child's needs change, the MAP should be updated right away (Donoghue & Kraft, 2018).

Keeping Records Safe and Private

Child care providers must:

- Keep written logs of all medication given
- Record the child's name, medication, dosage, time given, and staff name on a medication log that is kept for 3 years
- Store MAPs securely and limit access to authorized staff only

Medical Action Plans help children with chronic health conditions thrive in child care settings. They give staff clear instructions, protect everyone legally, and help families feel confident that their child is safe. Review your current policies. Make sure every child with a chronic health condition has a current Medical Action Plan on file—and that your staff is trained to follow it.

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Staying Safe and Healthy In School

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

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

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

Children exhibit many behaviors that foster the spread of illness. It is essential for staff to model and teach good hygiene. Encourage children to clean hands frequently, especially before eating, and after toileting, playing outdoors, wiping noses, or coughing into their hands. Alcohol based hand sanitizers containing at least 60 percent alcohol are appropriate if soap and water are not available. Washing hands with soap and water is the preferred method for cleaning hands when they are visibly soiled or when care involves diapering, toileting, and/or feeding (CDC.gov). Respiratory hygiene is another important measure for preventing the spread of illness. Teach children to cough into a tissue. When a tissue is not available, the crook of their elbow is acceptable. Instruct them to wash their hands afterward. Remember, tissues are single-use and should be dis-

posed of immediately. Teach children that personal items such as water bottles, hairbrushes, food, and clothing should not be shared.

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

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

For more information about infection control in child care, contact a WV Child Care Nurse Health Consultant to schedule a training or check the WV STARS calendar for the next scheduled session.

www.wvearlychildhood.org/ccnhc

ACTIVE PLAY



National Center on
Health, Behavioral Health, and Safety

Healthy Habits Start Early

Good activity habits begin early in your child's life. As early as infancy, you can help your child grow lifelong healthy play habits. Your child learns from you, so while you help him be active, try to do the same activities!

Play Time Can Be Active Time!

For Your Infant

- Keep your baby active with tummy time and time spent out of the swing or bouncy chair. This will give him plenty of chances to stretch, reach, and kick so he can reach important milestones like crawling and sitting up.
- Avoid putting a TV in your baby's room. The more YOU talk to and play with your baby, the more likely he is to be healthy as he grows.

For Your Toddler

- Even very active toddlers need physical activity. Keep moving by dancing, jumping, and walking together.
- Try to limit screen time to 2 hours or less a day. Children who have lots of active play time outside and indoors are more likely to stay healthy and active as they grow up.

For Your Preschooler

- Help your child to stay active and learn at the same time by spending time outdoors.

- Try to limit TV, video games, and computer time to 2 hours or less a day. Children who watch more than 2 hours of TV a day are more likely to be overweight as they get older.

For Yourself and Your Family

- When you spend time being active, your child learns healthy habits from you.
- Set playtime, mealtime, and bedtime routines to make daily life easier to handle.
- Talk with your child's pediatrician, early care and education staff, and other parents to get ideas for making playtime active time.



National Center on
Health, Behavioral Health, and Safety

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

By 3 months,
Does your baby...

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

By 6 months,
Does your baby...

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

By 9 months,
Does your baby...

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

By 12 months,
Does your baby...

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

By 18 months,
Does your baby...

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

By 24 months,
Does your baby...

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

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

Every child deserves a great start.

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

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

1-866-321-4728

Or visit www.wvdhhr.org/birth23



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



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SAVE MONEY

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- SAVE** Essential Cleaning, Hygiene and PPE Products
Connect to learn about essential products available in bulk! Cleaning, sanitization, diapers, wipes, PPE and more available!
- 20% OFF** Early Learning Supplies & Furniture
20% off one non-sale item

TYPICAL SAVINGS

- 12-18% Savings** OFFICE SUPPLIES SCHOOL
- 10-20% Savings** SUPPLIES
- 25-30% Savings** PAYROLL PROCESSING
- 10-35% Savings** FOOD SUPPLY
- 55% Savings** JOB POSTINGS

GETTING STARTED

Connect with your personal team of Savings Advisors to find out what savings programs will make an immediate impact on your bottom line.

LIMITED TIME SAVINGS

Take advantage of special, limited time offers available from our partners.

ALL SAVINGS PROGRAMS

Bring money just because you can! We're taking the work out of finding suppliers and negotiating deals. Every savings program provides discounts on products or services that you need most.

LOCAL VENDORS

Shop local and save with special discount programs from within your state. We have taken the work out of finding the best deals on goods and services that support your business.

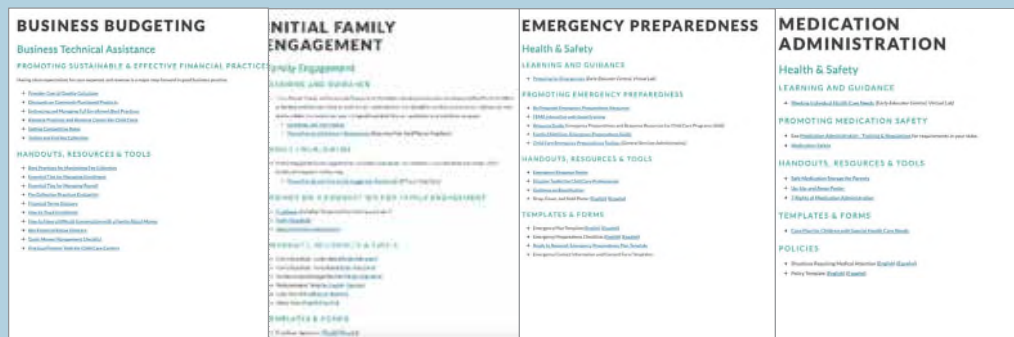
CALCULATE YOUR SAVINGS

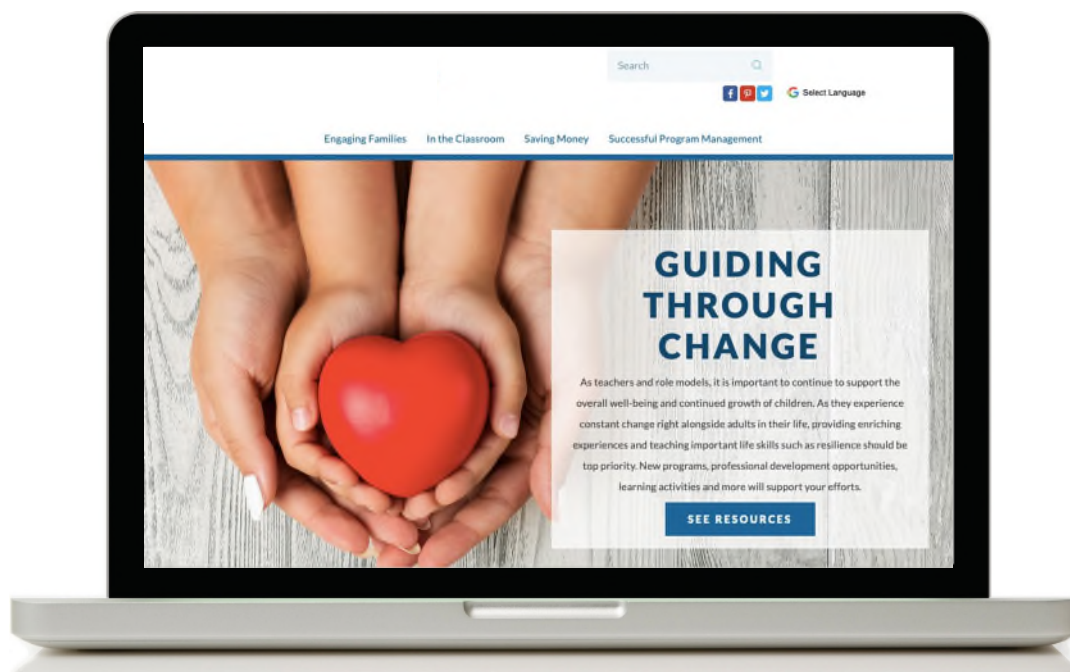
See how much you can save by taking advantage of the savings programs. Just plug in your current monthly spending to a few categories and find out.



RAISE QUALITY

Real world tools that address real world business needs. The Quality Best Practices Resource Toolkit provides hundreds of editable tools to support your efforts in streamlining programmatic, administrative, and management quality.





ENGAGING FAMILIES

Strengthen relationships and effectively support families with family handouts and tip sheets on common parenting questions and concerns about child development, nutrition, fitness, safety and social emotional best practices. Administrative resources include family handbook templates, surveys, family/teacher conferences, IEP resources, transitions and more.

IN THE CLASSROOM

Explore learning activities and resources, recommended books by age group or topic, companion learning activities, classroom materials, lesson plans and curriculum ideas, physical activity guides, literacy practices, and managing challenging behavior tools that will support teachers' work in the classroom.

SAVING MONEY

Exclusive discounts for popular vendors and suppliers on a variety of everyday products including classroom and office supplies, child care management software, food and essential items such as cleaning, hygiene, PPE and disinfection products. See how much you can save with our handy calculator.

SUCCESSFUL PROGRAM MANAGEMENT

Your go-to resource for everything needed to support administrative functions and to operate a sustainable, high-quality child care program. Here is a glimpse of the thousands of tools in this section:

Becoming an HR Expert includes tools to help you hire and retain staff, develop a workplace culture where staff want to stay, become the employer of choice, onboard new hires, manage a variety of HR policies and procedures and more.

Compliance & Quality explore resources, templates, forms, and policies designed to help your child care business enhance quality and strengthen compliance strategies.

Family Childcare Toolkit all the necessary administrative and programmatic supports your family child care business needs. Hundreds of tools, templates and resources to help you juggle all the different aspects of both running a business and caring for children.

Financial Management resources to guide your work in budget planning and preparation, managing enrollment, tuition, fee collection, revenue practices, setting competitive rates, building business credit and more. Handy tuition, enrollment, business credit, and budgeting forms, letters, templates and more.

Nutrition, Health & Safety guides, handouts, forms, templates and tools on everything from support for breastfeeding moms to food safety; to physical, mental and emotional health; to cleaning and chemical safety and emergency safety and preparedness.

Posters communicate important messages to staff and families on a variety of topics including emergency preparedness, safety, health, handwashing, diapering, required workplace posters and more. Download and print them all for free!



Early Care Share WV is an innovative opportunity for early childhood programs to strengthen business practices, share services and buying power while collaboratively enhancing program quality and giving all children in West Virginia the most solid start.

The *West Virginia* early childhood community has come together to provide tangible resources that can be applied immediately to not only benefit child care programs and their staff, but also the children and families they serve. This all-in-one comprehensive collection of resources will provide invaluable time and cost savings.

What Providers Are Saying About *Early Care Share WV*

"Helped me improve the quality of our center!"

"Showed me how to become a better business owner."

"Has proven vital to my success as a director."

"Gave me new and exact ways to keep my students, family and staff engaged."

"Provided answers to questions before I even know to ask them!"

INTERESTED IN LEARNING MORE?

Call: 304-529-7603 | Email: tcr@rvcds.org

REGISTER TO ACCESS THE SITE TODAY AT:

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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
www.dhhr.wv.gov/helpmegrow



Help Me Grow

West Virginia



Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"

Volume 21, Issue 4, Fall 2025

What Can I Do to Get My Child Active?

U.S. Centers for Disease Control and Prevention

Knowing the recommendations is a great place to start. Physical activities can range from informal, active play to organized sports.

Start early. Young children love to play and be physically active. Encouraging lots of safe and unstructured movement and play can help

build a strong foundation for an active lifestyle.

Make physical activity fun. Fun activities can be anything your child enjoys, either structured or unstructured. Activities can range from team or individual sports to recreational activities, such as walking, running, skating, bicycling, swimming, play-

ground activities, or free-time play.

Here are some ways you can do this:

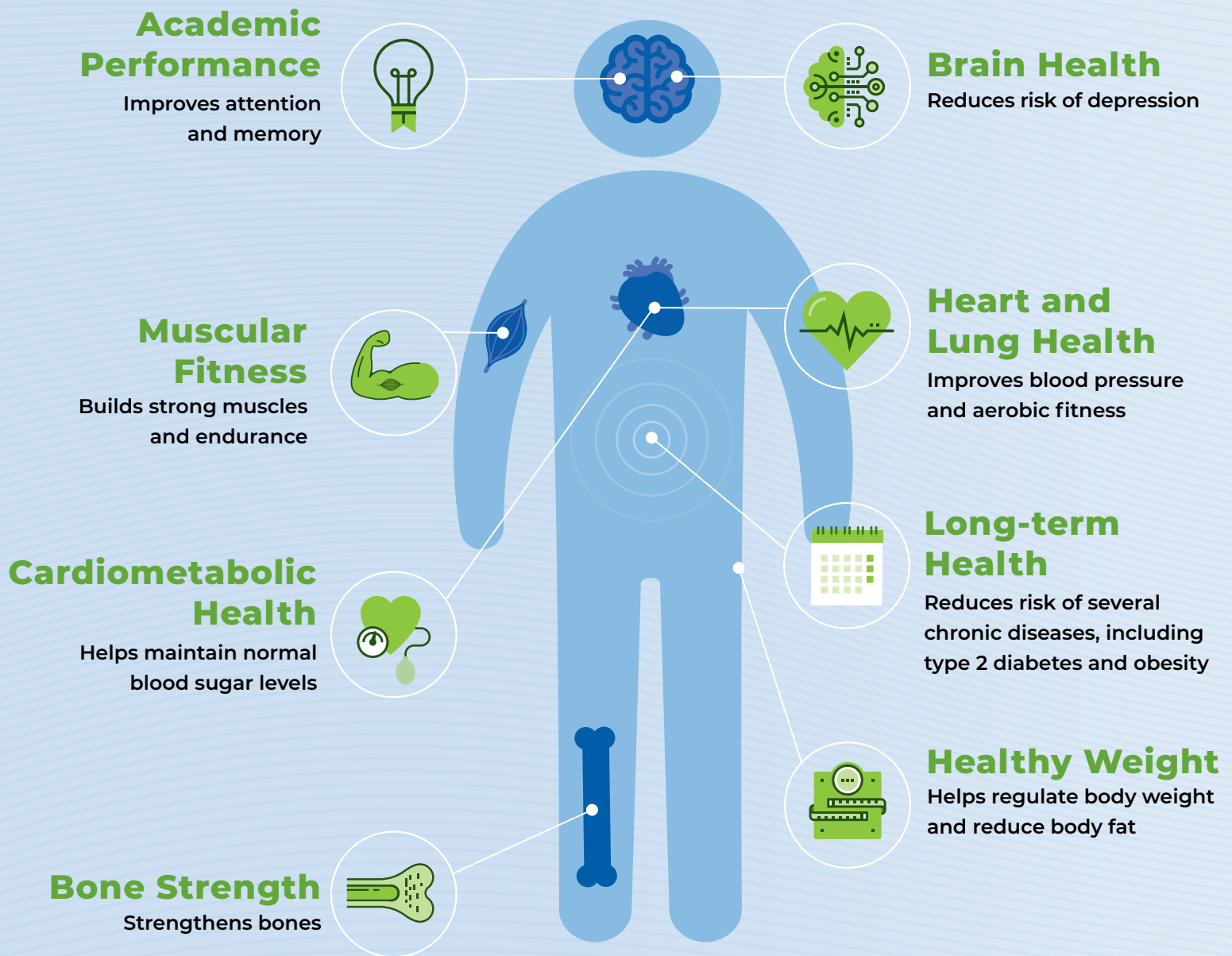
- Make physical activity part of your family's daily routine by taking family walks or playing active games together.
- Give your children equipment that encourages physical activity.
- Take young people to places they can be physically active, such as public parks, community baseball fields, or basketball courts.
- Be positive about the physical activities in which your child participates. Encourage them to be interested in new activities.
- Instead of watching television after dinner, help your child find fun physical activities. Examples include walking, playing chase, or riding bikes.
- Be safe! Always provide protective equipment such as helmets, wrist pads, or knee pads for physical activities such as riding bicycles or scooters, skateboarding, roller skating, and rock-wall climbing.

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.

Permission to photocopy

Health Benefits of Physical Activity

FOR CHILDREN



Source: *Physical Activity Guidelines for Americans*, 2nd edition

To learn more, visit: <https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-children.html>

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.



35

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.](#)