



Dear Parents/Guardians:

Welcome to Choices Child Care Resource and Referral.

Choices Child Care Resource and Referral is a program of River Valley Child Development Services. Choices is funded under an agreement with the West Virginia Department of Health and Human Resources, Bureau of Children and Families, and the Division of Early Care and Education.

Our agency serves parents/guardians and early child care providers in the Wood, Pleasants, Ritchie, Wirt, Calhoun, Gilmer, Harrison, and Doddridge counties. Our purpose is to assist families with the cost of child care. This financial assistance aids families in their efforts to improve their lives through employment, education or West Virginia Works.

We strive to educate child care providers about effective methods of rendering quality child care. We offer specialized registered training courses and facilitate support service programs for child care providers. Our agency provides behavioral assistance and various resources to all child care providers.

If you have any questions about our program please feel free to call us. If you are in Wood, Pleasants, Ritchie, Wirt, Calhoun, or Gilmer counties please contact our Parkersburg office at (304) 485-2668 and if you are in Harrison and Doddridge counties please contact our Clarksburg office at (304) 622-6528.

Sincerely,

Choices Staff

Choices Child Care Resource and Referral
315 North Ohio Avenue, Clarksburg WV 26301 304-622-6528
4421 Emerson Avenue, Suite 102, Parkersburg WV 26104 304-485-2668



Types of Child Care

Family Child Care Provider

- Must be registered with the WVDHHR
- Provide child care in their own homes, which are inspected, and must meet health/safety standards
- Provider and all adult household members are fingerprinted, undergo criminal background checks, Child Protective Services and Adult Protective Services background checks
- If criteria are met, the home is approved and regulated by the WVDHHR
- Registered/Subsidized child care providers may care for no more than 6 children at one time, including children who are living in the household under the age of six years. No more than 2 of the total number of children may be under the age of 24 months.

Family Child Care Facility

- Must be registered with the WVDHHR
- Must meet regulation requirements set by WV State Fire Marshal's Office
- Must undergo health inspections by the WV Bureau of Public Health
- Home or business is inspected and must meet health/safety standards
- Provider and all adult household members are fingerprinted, undergo criminal background checks, Child Protective Services and Adult Protective Services background checks
- If criteria are met, the home is approved and regulated by the WVDHHR
- Facilities provide child care for 7-12 children for four or more hours per day, including children who are living in the household under the age of six years. No more than four of the total number of children may be under the age of 24 months.

Child Care Center

- Must be licensed with the WVDHHR
- Must meet WV State Fire Marshal's Office requirements
- Must undergo health inspections by the WV Bureau of Public Health
- Centers provide child care for 13 or more children for four or more hours per day
- Centers must provide meals, cot or crib for naps, outdoor playtime, and planned activities

Ages

3 months – 2 years

2 years

3 years

4 years

Preschool – K Classrooms

Ratios

1 adult: 4 children

1 adult: 8 children

1 adult: 10 children

1 adult: 12 children

1 adult: 10 children

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Child Care Resource and Referral Programs

www.rvcds.org

FACT SHEET

Who is eligible for to apply for subsidy?

Applicants must be working, going to school, or participating in a DHHR-approved activity, such as those required by WV WORKS.

How old does my child have to be in order to participate?

Children should be under the age of 13, or 13-18 if special needs.

What are the **income guidelines**?

Gross monthly income is calculated:

Two Person Family:	\$2058	Three Person Family:	\$2598
Four Person Family:	\$3138	Five Person Family:	\$3678
Six Person Family:	\$4218	Seven Person Family:	\$4758
Eight Person Family:	\$5298		

Does WVDHHR cover the full cost of my child care?

There is a fee scale that will determine what (if any) amount you will pay.

What information do I need to bring when I apply?

- Verification of your activity (school schedule, pay stubs, etc.)
- Verification of any other income you receive such as child support, SSI, etc.
- Valid photo ID or another proof of identity such as an original United States issued birth certificate
- West Virginia residency with a recent utility bill, property tax receipt, lease agreement, etc. that has a residence address (no P.O. boxes)
- Original or certified copy of birth certificates for all children needing care

Do I need an appointment?

No, main offices are open Monday thru Friday; you may come in anytime to apply during regular business hours.

What if I don't have anyone to care for my child?

The R&R's has a database of provider names that can be given to families upon request. We have a list of Child Care Centers, Child Care Facilities and Family Child Care Homes that you can choose from.

Can my friend or sister sign up to be a provider?

Yes. As long as they don't live in the same home with you, they are at least 18 years of age and no one in the home has a felony, then they may sign up to be a Child Care Provider.

How do you sign up to be provider?

Anyone who wants to be a provider will need to call to make an appointment and obtain more information from the R&R for the county they live in. After all of your paperwork is in, a Regulatory Specialist from the WVDHHR will come out to inspect your home to insure that it meets State of West Virginia regulations. Please keep in mind that the Regulatory Specialist who inspects your home will make the final decision in whether a home is approved to care for children.

Do the providers have to sign up for training?

Yes. If you are interested in applying, contact the office below for the county you live in.

Choices Child Care Resource & Referral

4421 Emerson Ave., Suite 102
Parkersburg, WV 26104
304-485-2668; 1-866-966-2668

315 North Ohio Ave.
Clarksburg, WV 26301
304-622-6528; 1-866-622-6528

Choices serves Calhoun, Doddridge, Harrison, Gilmer, Pleasants, Ritchie, Wirt & Wood counties

Connect Child Care Resource & Referral

1701 5th Ave, Box 4
Charleston, WV 25387
304-414-4488; 1-888-595-8290

Connect serves Clay, Jackson, Kanawha & Roane counties

Link Child Care Resource & Referral

611 7th Ave., Suite 100
Huntington, WV 25701
304-523-9540; 1-800-894-9540

Link serves Boone, Cabell, Lincoln, Logan, Mason, Mingo, Putnam & Wayne counties



River Valley Child Development Services

Child Care Resource and Referral Division



WHAT IS NEEDED TO RECEIVE CHILD CARE ASSISTANCE?

Applicant and spouse must be working, going to school, or participating in a DHHR-approved activity, such as those required by WV Works.

The family must apply in person. Applications for assistance start the date that you come to Choices or an outlying DHHR office to apply. Referrals cannot be back-dated. Applications take a minimum of 45 minutes and are on a first-come, first-served basis with a Case Manager. Appointments are available upon request.

Applicants must bring verification of any of the following they receive for themselves or their children:

- ☐ **Photo ID** - Can be a WV driver's license, permit, or ID card; valid US Military Retiree Card or Uniform Service Identification Privilege Card (DD1173); valid US Passport; or valid Certificate of Naturalization.
- ☐ **Proof of Residency Showing Current Physical Address** - Can be a residential rent or lease agreement; recent utility bill (gas, electric or water only – not more than 45 days old); mortgage or property tax documentation; WV Voter's Registration Card; unexpired WV driver's license issued after July 2003; WV weapons permit; recent W-2 form (not more than 18 months old); and for parents under the age of 18, a WV School Enrollment Form.
- ☐ **Children's Birth Certificates**
- ☐ **Concise Student Schedule** (Printout from school showing days and times attending class)
- ☐ **Pay Stubs/Employment Verification** – You must submit your most recent pay stubs (not more than 45 days old). If you are paid every week, bring your last four (4) pay stubs. If you are paid every other week or twice a month, bring your last two (2) pay stubs. If you have NOT received one month's pay, you may have your employer complete a "New Employment Form."
Working Recipients: Any recipient of child care assistance who is an employee in the private sector must work at least 20 hours per week. If the recipient is not working at least 20 hours per week, the recipient will not be eligible for child care services.
- ☐ **Child Support Verification** (Printout from Child Advocate, copy of support order, divorce decree, etc.)
- ☐ **Social Security** - (either an award letter or copy of the check)
- ☐ **WV Works Award Statement** (must include benefit amount) **and Verification of WV Works Activity or CWEP assignments, if applicable**, (must have a letter from place of assignment with supervisor's name/phone number, as well as days and times you will be involved in your activity).
- ☐ **Verification of any other source of income** (e.g., military income; business registration, and quarterly tax reports for self-employment – other verification may be requested.)

***PLEASE NOTE:** Your application will be **PENDING** if you do not have all of your verifications when you apply. If your case is pending, your application will be denied/withdrawn if you fail to turn in the necessary verifications by the due date specified on your pending letter, and you will be solely responsible for all of your child care expenses.

CASE MANAGERS

PARKERSBURG OFFICE

Sarah James	Wood County	A-G
Matt Shrewsbury	Wood County	H-M ; Wirt County; Ritchie County; Pleasants County
Sarah Wigal	Wood County	N-Z

CLARKSBURG OFFICE

Heather Stewart	Harrison County	A – E ; Calhoun County; Gilmer County
Rhianna de Rosset	Harrison County	F– O ; Doddridge County
Mariah Burnley	Harrison County	P - Z



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

CHILD CARE CERTIFICATE

Case ID: xxxxxxxx
Issued To: Client's Last Name
Address : Mailing Address
City, State Zip Code
Phone : Client's Phone #

Issue Date: mm/dd/year
Issued For: Provider's Name
Address : Provider's Street Address
City, State Zip Code
Phone: Provider's Phone #
Tier Level: Provider Quality Tier Level (I,II,III)

- I. Certificates shall be presented by bearers to child care providers or care givers, in lieu of cash, to purchase child care services and shall verify that the Department of Health and Human Resources or its broker agency is responsible for making payment for child care services rendered, within the conditions specified. **Providers shall maintain the certificate as it is the only guarantee of payment for child care services.**
- II. Care givers accepting Certificates must be 18 years of age; offer a healthy and safe environment; have no history of child/adult abuse or neglect; have no serious criminal record; comply with provisions of state law regulating child care; and enroll for funding which will require an office interview with the issuing agency listed below.
- III. The care giver shall not accept and sign this certificate if he/she or any household member has a history of child/adult abuse or neglect or convictions of serious crimes against a person. Neither the agency nor the parent will be responsible for payment
- IV. The children listed below are eligible for payment for the number of hours and days indicated below. Payment shall not be made for times in excess of this authorization nor for services not rendered by the provider nor required by the parent(s). Payment for school-age children is limited to before and after school, sick days, school holidays, snow days or summer break.
- V.

Child's Name	Birth Date	Daily Rate	Child Fee	Hours/Day	Days/Week	Days/Month	*Eligible for Special Needs Supplement?
Name of the Child Needing Care	mm/dd/year	Daily amount Provider is to be paid (based on provider type, tier level, & family size)	Client's Daily Fee (Based on Client's income & family size)	Based on client's schedule & need for care	Based on client's schedule & need for care	Based on client's schedule & need for care	Yes/ No

* Special Needs Supplement rate is \$2.00 per day and is included in the above daily rate.

VI. **Schedule Notes:**

(Example: Monday- Friday between 8:00am and 4:30pm)

This Family is eligible for Non-traditional hours of care: ☐ Yes ☒ No

- VII. **This certificate is valid for the dates outlined below.** Payment will not be made unless a valid Certificate is in effect. Parents are to apply for a new Certificate at least (2) weeks prior to the below expiration date. Certificates are subject to change or cancellation upon written notice to both parties.

Child's Name	Eligibility Begin Date	Eligibility End Date
Name of Child Needing Care	mm/dd/year	mm/dd/year

VIII. **Payment Information**

- A. Monthly Rate: Providers will receive payment for 20 days when children are in care for 13 - 20 days.
- B. Non Traditional Care Incentive: Providers may receive \$4.00 extra per day for care provided during non-traditional hours. Non-traditional Hours are defined as:
1. Approved care for at least four (4) hours provided either before 6:00 am or after 7:00 pm Monday through Friday.

2. Any 12 hour work shift or split shift which equals twelve or more work hours (including transportation) in a 24 hour period.

3. Approved care for at least four (4) hours provided on a Saturday or Sunday.

- C. Special Needs Supplement: a child may be approved for the special needs rate of an additional \$2.00 per day if the child has significant Developmental delays or has a diagnosed physical or mental condition which has a high probability of resulting in a significant developmental delay. Significant delay is a 25% delay in one or more areas of development or a six (6) month delay in two (2) or more areas. Areas of development include: cognitive, speech/language, physical/motor, vision, hearing, psycho social, and self-help skills. Developmental delay is determined by early intervention programs, special education programs, or other multi-disciplinary teams.
- D. Quality Tier Rates: Providers meeting higher quality standards may receive additional incentives if they demonstrate compliance with tier requirements. Tiers are subject to change during the life of the certificate. Providers may only receive one tier incentive per child.

Tier I Rate	Base Rates
Tier II Rate	Additional \$2.00 per day
Tier III and/or Accredited Rate	Additional \$4.00 per day

E. Payment Rates and Age of Child: Payment rates are subject to change when a child reaches age 2, age 3, and age 5.

- IX. Certificates are not transferable to another provider. Changes in provider are to be reported to the agency within five (5) days of the change. Parents shall receive a new Certificate in the name of the new provider and the former certificate shall be null and void. Certificates remain valid until or if a closure notice is issued. As of date of closure, the provider shall destroy any invalid certificates.
- X. Providers must submit monthly bills to the issuing agency. **The parent is responsible for paying the fee directly to the provider.** The issuing agency will be responsible for making payment for the balance of the cost of care up to the provider's usual rate or the State's maximum pay rate, as shown above for the type of care and age of the child, whichever is less. Providers who do not collect parent fees will not receive the daily rates indicated on the certificate.

Issuing Agency:

Case Manager
Address of Child Care Resource and Referral Office
Office Phone #

Worker's Signature _____

Date _____

(Provider's Signature) (Date)

(Parent's Signature) (Date)



Guidelines for Using Child Care

1. **Do not use child care unless you are working or attending school.** Study time for school must be approved by your case manager in advance. Study time must take place on the days that you already have scheduled classes, and is only to be used for on-campus class study.
Working Recipients: Any recipient of child care assistance who is an employee in the private sector must work at least 20 hours per week and earning WV State Minimum Wage. If the recipient is not working at least 20 hours per week, or making WV State Minimum Wage the recipient will not be eligible for child care services.
2. **Do NOT use child care for any of the following reasons:**
 - A. Doctor appointments.
 - B. Hair appointments.
 - C. Volunteer work
 - D. To run errands, such as to buy groceries, do laundry, pay bills, etc.
 - E. To look for a job; child care for job search time MUST be pre-approved by your case manager as there are forms you must complete and sign.
3. **ALL changes must be reported IN WRITING within 5 DAYS of the change.** Examples of changes to report include:
 - A. You get married;
 - B. Father/mother of your children moves in OR out of your home;
 - C. Birth or addition of a child to your family;
 - D. If you move or change your phone number;
 - E. If your school or work schedule changes;
 - F. If you change or lose your job, finish a school semester/quarter;
 - G. You change child care providers;
4. **Keep track of your child care case status.** It is your responsibility to monitor when your child care certificate expires, as well as to complete all child care review requirements each time you are up for review (generally every 6 months).
5. **Sign your child in/out of child care each day, using ACCURATE times.** Always include "AM" and/or "PM" when you are writing in the time. Also, always sign your name; do not use initials.
6. **Unapproved child care use and/or failure to report changes within 5 days may result in a repayment to the State of West Virginia.**

I have read, understand, and agree to follow all child care guidelines as stated above, and I understand that failure to follow any of these rules may result in my case being closed, and/or a repayment obligation for misuse of child care assistance.

Parent Signature

Date

Case Manager Signature

Date

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4421 Emerson Avenue, Suite 102, Parkersburg WV 26104 304-485-2668



Rules for Using Child Care Attendance Sheets

- The child's name, date of birth and the month and year of care must be on the top of each sheet.
- The attendance sheet is numbered like a calendar. If the child begins child care on the 12th of the month, the person bringing the child to the provider should complete that line with the time, AM or PM and sign. The person picking the child up from the provider will also write the time, AM or PM and sign.
- Times must be exact. If it is 8:03AM, that is the time that must be recorded on the attendance sheet.

Example:

Date	Time In	AM/PM	Parent's Signature	Time Out	AM/PM	Parent's Signature	0-2 Hours	2-4 Hours	4+ Hours	Non Trad
12	8:03	AM	<i>Signature</i>	5:01	PM	<i>Signature</i>			X	
13	12:15	PM	<i>Signature</i>	2:50	PM	<i>Signature</i>		X		

- If the child care provider takes the child to school, picks the child up from school, or puts them on/picks them up from the bus stop, the child care provider signs the sign in/out sheet at that time. For example: On the 14th, a parent brings the child to the provider at 6:10AM, the parent signs them in. If the child gets on the school bus at 7:30AM, the provider signs them out. If the provider picks the child up from school or the bus stop at 2:30PM, the provider will sign them in. When the parent picks the child up from the provider at 5:46PM, the parent will sign the child out. Another example: On the 15th, if the child was not in child care in the AM but the provider picks them up from school, the provider would sign them in and the parent would sign them out when they picked the child up from the child care provider's home.

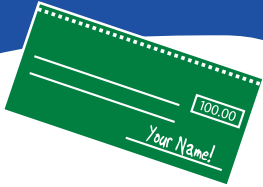
Example:

Date	Time In	AM/PM	Parent's Signature	Time Out	AM/PM	Parent's Signature	0-2 Hours	2-4 Hours	4+ Hours	Non Trad
14	6:10	AM	<i>Parent Signature</i>	7:30	AM	<i>Provider Signature</i>			X	
	2:30	PM	<i>Provider Signature</i>	5:46	PM	<i>Parent Signature</i>				
15	2:35	PM	<i>Provider Signature</i>	4:50	PM	<i>Parent Signature</i>		X		

- All entries must be written in ink. If a mistake is made, the person who made the error must correct it. Please draw one line through the error, make the correction and initial. **NO WHITE-OUT.**
- The child care provider will complete the section with hours used and will total the columns. The child care provider must also sign both pages and sign and date the last page with the totals for the month.
- **Please complete each line DAILY. Remember, this is a legal document and must be completed accurately.** If you have any questions, please contact our office. Thank you.

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West Virginia Volunteer Income Tax Assistance PROGRAM



Local communities in West Virginia enjoy an estimated \$25 Million in tax benefits through the efforts of VITA volunteers.



The VITA /EITC Program in West Virginia is funded by:

Claude Worthington Benedum Foundation
Internal Revenue Services
WV Community Action Partnership
WV Department of Health & Human Resources
WV State Tax Department

Regional Coalition Operations:

CHANGE, Inc.
Community Resources
MountainHeart
North Central WV Community Action Agency
United Way of Central WV
United Way of the River Cities

For a full list of partners visit wveitc.com

EARN IT.  KEEP IT.
SAVE IT!



Dial: 2-1-1

Visit: wveitc.com

This project represents the opinions of the West Virginia Alliance for Sustainable Families alone and does not necessarily reflect the opinions of the above organizations.



Money back for your hard work.



VITA is the 4th largest tax service in the U.S.

The Volunteer Income Tax Assistance (VITA) Program offers free income tax preparation services to working people. Assisting eligible individuals in securing the Earned Income Tax Credit (EITC), a federal credit available to many working families in West Virginia.

Keep what you earn. Tax Preparation Available!

Tax preparation by IRS certified volunteers is offered at VITA sites in West Virginia.

- Returns can be direct deposited in your bank account at no cost
- Keep all of your refund by avoiding costly Refund Anticipation Loan's (RAL)
- Use your refund to start saving

EITC- Earned Income Tax Credit

The EITC is a refundable federal tax credit for eligible working families. Families may receive money back even if they don't owe taxes, but a return must be filed. You can claim the EITC for 3 years back. Working families in West Virginia may also qualify for the Child Tax Credit (CTC) and the WV Family Tax Credit.

Are You Eligible for EITC?

If your annual earned income is less than \$50,000 you may qualify.

Other Requirements:

- Valid Social Security number
- United States citizen or resident alien all year
- Limited Investment income
- Age 25-64

What To Bring:

- Photo ID
- Social Security card(s)
- W-2 forms
- 1099 forms
- Childcare provider information
- Any other tax related documents
- Voided bank check if using direct deposit

! If filing jointly both adults must be present to sign the return.

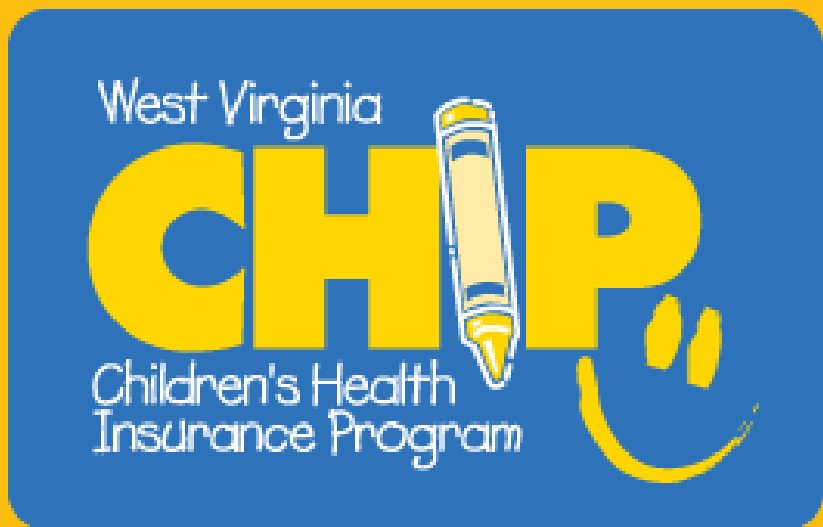
**EARN IT. KEEP IT.
SAVE IT!**

To learn more about VITA/EITC and where to get your taxes prepared:

Dial: 2-1-1 or Visit: wveitc.com

Volunteer Opportunities

Volunteers are always in need. FREE training is provided by the IRS. Visit: wveitc.com for more details or dial: 211



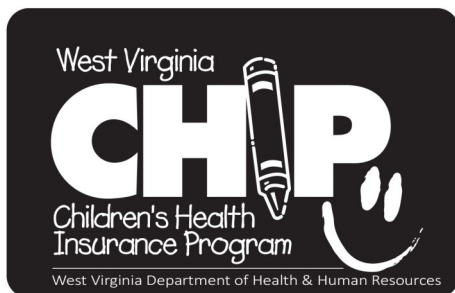
Free and Low-Cost Health Care Coverage For Children of Working Families



1-877-WVA-CHIP

Apply Online at www.wvinroads.org

www.chip.wv.gov



West Virginia Children's Health Insurance Program (WVCHIP)

WVCHIP is a low cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

Who Qualifies for WVCHIP?

- ♦ **Age**—Children under age 19.
- ♦ **Income**—Your Modified Adjusted Gross Income (MAGI) on line #37 on the 1040 Income Tax Form is how your income is counted. MAGI is the income shown after certain tax deductions you may take, such as some self-employment taxes, health savings account, student loans, IRA deductions, alimony, etc. All adults, parents, and spouses in the household are counted income. All individuals claimed as tax dependents are counted in household size.

Household Size	WVCHIP Gold Maximum Yearly Income	WVCHIP Blue Maximum Yearly Income	Premium Plan Maximum Yearly Income
2	\$24,690	\$34,731	\$49,380
3	\$31,170	\$43,846	\$62,340
4	\$37,650	\$52,961	\$75,300
5	\$44,130	\$62,077	\$88,260
6	\$50,610	\$71,192	\$101,220

Co-Payments—WVCHIP Gold and Blue groups do not have co-pays on preventive care, dental, vision, or generic prescriptions. WVCHIP Blue and the Premium Plan will be responsible for co-pays on inpatient services, outpatient procedures, non-well visits, and emergency room visits. Premium members also have co-payments for some dental services. All members will be subject to a co-pay on brand

name prescriptions. Co-payments will be required until maximum limit has been met for the year. Premium Plan members also have low monthly premiums in addition to required co-payments. Visit www.chip.wv.gov for more information.

- ♦ **Insurance**—Eligible children may not be enrolled in other insurance in addition to WVCHIP.

For more information, an application, or to apply by phone...

Call the WVCHIP Helpline at 1-877-982-2447 (Translation Services Available)

You can also apply for WVCHIP online!

Apply online at www.wvinroads.org in the convenience of your own home, or from a library, health care clinic, or hospital—any place that has Internet access.

Eff. 3/2018



As of October 1, 2008, Supplemental Nutrition Assistance Program (SNAP) is the new name for the Federal Food Stamp Program. Your State may use a different name, but it is still the same program. Finding out about SNAP benefits is easy. Just follow these simple steps:

1 Use the Prescreening Tool

The Prescreening Tool is an online questionnaire that estimates if you might qualify for SNAP. Visit www.snap-step1.usda.gov/fns/ and answer the questions. This questionnaire is **NOT** an application. To find out for sure whether you qualify, fill out and submit your State's application.

2 Get an Application

You can find your SNAP office by calling **1-800-221-5689** or visiting our Web site at www.fns.usda.gov/snap.

- You can go to your SNAP office to pick up an application or call the office and ask for an application to be mailed to you; **OR**
- Call the SNAP office and ask if there are other places in your area to pick up an application; **OR**
- Print the application from your State's Web site. In some States, you can apply online at your State's Web site.

Once you receive the application:

- Fill out as much as you can on your application. Be sure to include at least your name, address, and signature. This will be enough to start the application process.

- If you need help filling out your application, ask a worker in the SNAP office, a friend, or family member. Staff at food banks or neighborhood or faith-based organizations might help, too.

3 Return the Application

- Return your application to the SNAP office as soon as possible. You can send it by mail, fax it, or drop it off, unless you already applied online.
- The SNAP office will tell you what else you need to do after you have turned in your application.

4 Schedule Your Interview

- The SNAP office will contact you to set up an interview. You can ask for a telephone interview.
- Keep your interview appointment or call to reschedule. Collect your papers (next page) and wait for directions from SNAP.
- If you are approved, you will get an EBT card to use in authorized stores and farmers' markets like a debit card. Visit our SNAP Retailer Locator Web site to find stores near you: www.fns.usda.gov/snap/retailerlocator.htm.

5 Easy Steps to SNAP Benefits

5 Bring Papers to Your Interview

Once you have applied for SNAP, the checklist below can help you get ready for your interview. You don't need everything. If you are at a SNAP office, ask the SNAP worker to check the items you need to bring to the interview. If you are calling for an appointment, ask the SNAP worker what you should bring and mark the boxes below. You can also send someone to do the interview for you.

Identity

- ☐ Birth certificate
- ☐ Driver's license
- ☐ Work or school ID card
- ☐ Health benefits card
- ☐ Voter registration card

Residency

- ☐ Utility bills, like electric, gas, or water
- ☐ Rental agreement or mortgage statement that shows your address
- ☐ Letter from shelter employee where you are living

Medical Expense Deduction

For households with elderly (60 or older) and disabled members

- ☐ Billing statements
- ☐ Itemized medical receipts, like for prescription drugs
- ☐ Medicare card indicating Part B coverage

Earned Income

- ☐ Pay stubs
- ☐ Statement from employer as to gross wages
- ☐ Income tax forms
- ☐ Self-employment bookkeeping records

Unearned Income

- ☐ Bank statements
- ☐ Agency letter showing money received, like Social Security, Veteran's Affairs, child support, alimony, unemployment

Immigration

- ☐ Immigration or naturalization papers (only if you were born outside of the United States)



GIVE YOUR FAMILY

— a healthy start —

Raising a family can be challenging. West Virginia WIC is here to help.

WIC offers a variety of programs designed to help you and your family live a healthy life.



How CAN WIC HELP MY FAMILY?

Services and benefits offered:

- Personalized nutrition counseling
- Breastfeeding support
- Free, healthy food
- Healthcare referrals

Who's ELIGIBLE?

- Pregnant women
- Women breastfeeding an infant up to the infant's first birthday
- Postpartum women up to six months after delivery or end of pregnancy
- Infants up to their first birthday
- Children from age one until their fifth birthday

Applicants must also have a medical-based or dietary-based risk or condition and meet income guidelines.

Check the income guidelines to see if you qualify for WIC. If your family earns less than the amount listed, you may be eligible. (Note: If you are pregnant, add one person to the size of your household.)

WIC Shopping Is Now Easier

➔ eWIC Card

Participants can now purchase approved items using an electronic card to swipe at checkout.



➔ EBT Shopper™ Mobile App

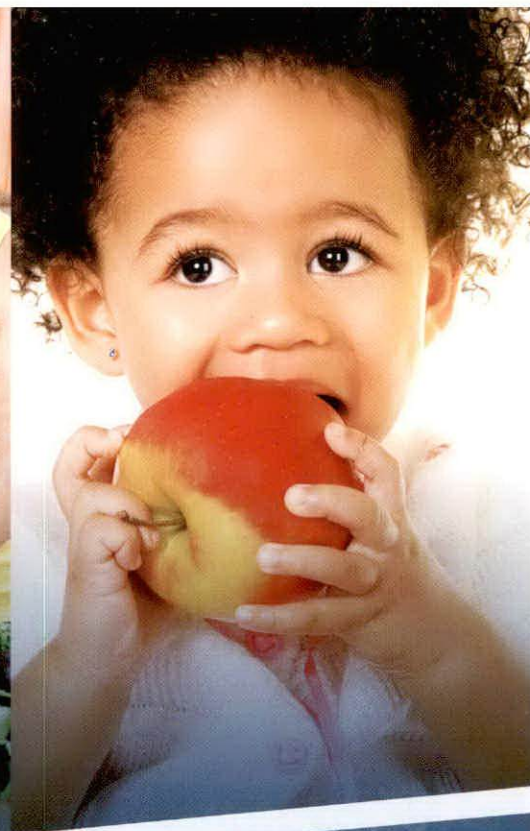
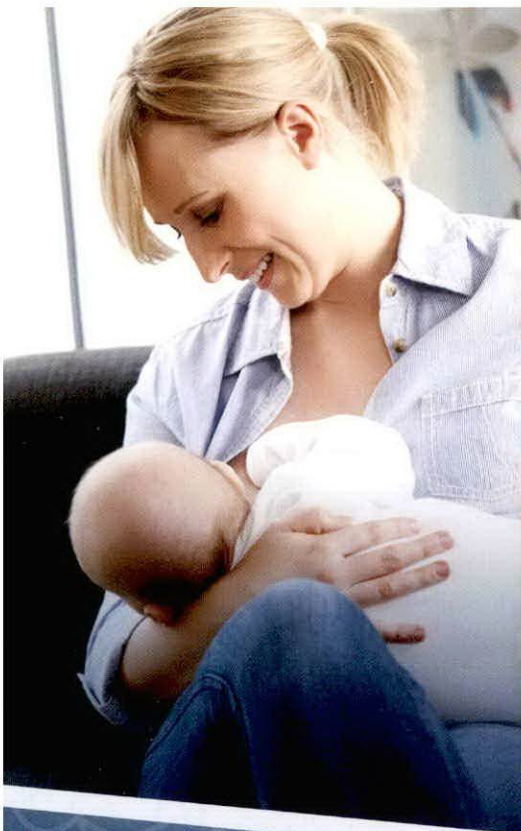
See your benefit balance on your phone and scan items to see if they are WIC allowed.



To learn more and download the EBT Shopper App, visit EBTShopper.com.

GROSS INCOME GUIDELINES (before taxes)

Size of Household	Weekly Gross Income	Monthly Gross Income	Yearly Gross Income	e
1	\$430	\$1,860	\$22,311	
2	\$578	\$2,504	\$30,044	
3	\$727	\$3,149	\$37,777	
4	\$876	\$3,793	\$45,510	
For each additional family member, add:	\$149	\$645	\$7,733	



What Happens at a Clinic Visit?

You need to bring the following information to the WIC appointment:

- ✓ Identification such as a driver's license or social security card
- ✓ Birth Certificate, crib card or hospital footprints for infants
- ✓ Proof of address, such as rent receipt, utility bills, etc.
- ✓ Proof of household income, such as pay stubs, a WV WORKS or SNAP eligibility letter or Medicaid card
- ✓ Proof of pregnancy from a doctor, health department or Family Planning clinic
- ✓ Immunization records for infants and children
- ✓ eWIC cardholder, if available
- ✓ A dry diaper may also be helpful

This information is reviewed, along with the participant's health history. A health screening is performed on each participant. From there, information is entered on growth charts, and evaluated individually to determine WIC eligibility. Participants are then counseled by a health professional. Eating habits are discussed and food histories are evaluated. At that time, participants are informed of their eligibility and WIC program responsibilities.

You should expect to spend about an hour for each appointment. Many clinics offer evening hours for your convenience.



Contact us to learn more about WIC:
Office of Nutrition Services, West Virginia WIC Program
MOVHD - Wood Co. WIC
211 6th Street
Parkersburg, WV 26101
Phone: 304-428-3688
Fax: 304-485-7434

304-558-0030

dhhwic@wv.gov

www.wvdhhr.org/ons

This institution is an equal opportunity provider.

RIGHT FROM THE START PROGRAM



OVERVIEW

About Us

Right From The Start (RFTS) is a statewide home visitation program in West Virginia committed to producing improvements in birth outcomes for low-income pregnant women and their families. Right From The Start providers are registered nurses and licensed social workers known as Designated Care Coordinators (DCCs), who work and reside in the community they serve. The DCCs help women attempt to achieve these important goals:

- Improve pregnancy outcomes by helping women engage in good preventive health practices including early comprehensive prenatal care, good nutrition and reducing use of cigarettes, alcohol and other illegal substances.
- Help parents increase their knowledge of child development, offering parent education and facilitating access to community resources.
- Improve families' economic and personal self-sufficiency by empowering parents to develop a vision for their own future, plan future pregnancies, continue their education and find jobs.



Voluntary Early Prevention

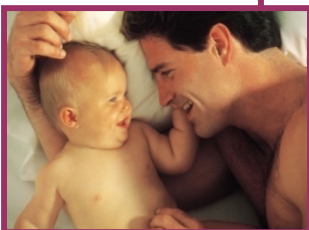
The RFTS Program provides training and support services to ensure that the home visiting model is precisely replicated in all West Virginia communities, leading to improved outcomes for both mothers and children. Sites adhere to key elements of the Program through protocols established by the WV Department of Health and Human Resources, Office of Maternal, Child and Family Health, Division of Perinatal and Women's Health, Perinatal Programs and ACOG.

Key Elements

- ❖ Home visitors (Designated Care Coordinators) are specially trained professionals – registered nurses and social workers licensed to practice in West Virginia.
- ❖ DCCs follow American College of Obstetricians & Gynecologists (ACOG) guidelines and protocols identified in the *RFTS Program Manual* that focus on the mother's personal health, quality of care-giving and life-course development.
- ❖ Women voluntarily enroll as early in pregnancy as possible with home visits beginning ideally by the 16th week of pregnancy and continuing through the first year of the infant's life.
- ❖ DCCs involve the mother's support system including family members, fathers and friends, and help families access other health and human services they may need.
- ❖ Each pregnant woman and family of the infant receives individualized services which they develop jointly with the DCC.
- ❖ Additional medical and social services offered in the community are also used to assure efficient use of resources.

RFTS Program Data (2009)

Average weight of infant born to RFTS participants - 7.07 pounds
Average gestation - 38.21 weeks
Average DCC/prenatal client contacts - 6.25
Average DCC/infant client contacts - 8.64
Total number of home visits - 23,261
Total number of enrolled clients - 7,201



350 Capitol Street, Room 427
Charleston, West Virginia 25301-3714
(304) 558-5388 or Toll Free in WV 1 (800) 642-8522 Fax# (304) 558-7164
www.wvdhhr.org/rfts

Benefits

Ensuring access to health care for low-income women and children has been an ongoing concern for state and federal officials. The Bureau for Medical Services (Medicaid) and Office of Maternal, Child and Family Health (OMCFH) have worked collaboratively to develop special initiatives that extend support services to women and infants at risk of adverse health outcomes. This partnership has not only expanded the state's capacity to finance health care for women and children, but has also strengthened the delivery of care by establishing care protocols, recruiting medical providers and developing supportive services such as case management and nutrition counseling which contribute to improved patient well-being.

The RFTS Program more than pays for itself, given the multitude of outcomes the program affects. Net reductions in public costs begin to accrue by the time the children reach four years of age. In similar program models, there is evidence that the economic returns/benefits from investing in early intervention programs are larger when programs are effectively targeted. The RAND Corporation has independently estimated that the return for each dollar invested is \$5.70 for the high-risk population served.*



Prevention That Works

For more detailed information about Program elements, go to (www.wvdhhr.org/omcfh/rfts), a vibrant and dynamic communication center. View a statewide map showing communities served by the RFTS Program, review Program data, link to other OMCFH programs and locate a provider in your area. You may call or contact the RFTS Program staff at 1-800-642-8522 or (304) 558-5388.

A study conducted by the West Virginia University Birth Score Office shows statistically significant differences between women who received at least one RFTS service and women who were not referred.

The RFTS Program Demonstrates

- Lower number of infants born with a high birth score.
- Lower rate of tobacco and alcohol use in pregnancy.
- Lower rate of infant admission to NICU.
- Higher rate of breast-feeding infants.
- Lower rate of C-sections.
- Higher rate for linking infants with high birth scores to a well childcare service.
- Higher number of infants carried past 37 weeks gestation. **

<http://www.wvdhhr.org/birthscore>

Did You Know?

Pregnant women who are Medicaid beneficiaries not referred to RFTS had statistically significant higher low birth weight & preterm delivery rates.



Did You Know?

Adequate prenatal care utilization increased in the prenatal participant group versus the Medicaid beneficiaries not referred to RFTS group.

Collaborative Partners

WV March of Dimes
WV Hospital Association
Parents As Teachers
WV Local Health Departments
WV Birthing Facilities
Office of Community Health Systems & Health Promotions

Healthy Mothers Healthy Babies
WV Medicaid
Bedfont USA
WV Audiologists
WVU Healthy Start/HAPI Project
Dr. Richard Windsor/George Washington University

WV CHIP
ACOG
PEIA
WV WIC
WVU Birth Score Office
AWHONN

WV State Medical Association
Family Resource Networks
Relatives as Parents Program
Office of Community & Rural Health

(partial list)

*Karloy, Lynn A.; Kilburn, M. Rebecca; and Cannon, Jill S., *Early Childhood Interventions: Proven Results, Future Promise*, Santa Monica, CA: RAND Corporation, MG-341-PNC, 2005.

**A Descriptive Analysis: Calendar Year 2008 WV Right From The Start Program (RFTS)

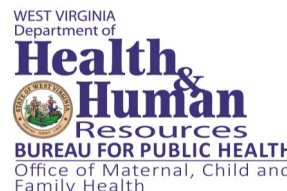
WV Birth to Three

West Virginia's Early Intervention System under Part C of the
Individuals with Disabilities Education Act (IDEA)

(304) 558-5388 or Toll-free (in WV) 1-800-642-9704 | www.wvdhhr.org/birth23



WV Birth to Three services are administered by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child and Family Health in cooperation with the Early Intervention Interagency Coordinating Council (ICC).



Eligibility

- A child must be less than 36 months of age.
- There are **no** financial eligibility requirements.

Eligibility is based only on a child meeting one or more of the following criteria:

1. Diagnosed by a multi-disciplinary team as having a significant delay in one or more of the following areas of development in accordance with the State's definition:
 - Cognitive development
 - Physical development including vision and hearing
 - Communication development
 - Social and emotional development
 - Adaptive development
2. Diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Examples of such conditions include, but are not limited to:
 - Down syndrome and other chromosomal abnormalities associated with delay;
 - Congenital syndromes or genetic disorders associated with developmental delays; and/or
 - Inborn errors of metabolism.
3. Experiencing multiple biological and/or environmental risk factors in accordance with the State's definition.

Referrals

Parents, physicians, service providers, or others who think a child may need early intervention services should refer the child to the Regional Administrative Unit (RAU) for the county where the child lives (see listing on next page). By federal law, primary referral sources are required to make a referral within seven days of suspecting that a child may be in need of early intervention services. Effective July 1, 2012, in accordance with federal regulations, children who are referred to WV Birth to Three less than 45 days before their third birthday will not be evaluated for eligibility. Parents will be provided information about other possible resources that could benefit their children and, with parent consent, WV Birth to Three will assist with referring these children to the county school district to determine whether the child is eligible for services.

Children age three years or older with suspected developmental delays should be referred to their local county school district for possible services.

Assessment/Plan

Children who are suspected of having or being at significant risk of developmental delay may receive a multidisciplinary evaluation to determine eligibility for WV Birth to Three services under Part C IDEA. The assessment also helps to identify the needs of the child and family. With participation of the family, an Individualized Family Service Plan (IFSP) is developed based upon the strength and abilities of the child and shaped by the concerns and priorities of the family. Services and supports listed on the plan are targeted to help the family promote the child's development through participation in daily routines and learning opportunities.

According to federal law, Part C services identified on a child/family's IFSP are delivered in natural environments. Families determine the environment in which the child would be if he/she was not in need of early intervention services. Services may also support the family's participation in community activities and everyday routines.

A variety of specialists may be called upon to help the family decide what strategies and services are needed to address their unique outcomes. These specialists may include:

- Audiologists
- Counselors, social workers
- Child development specialists
- Nurses
- Occupational therapists
- Physical therapists
- Registered dietitians
- Speech language pathologists
- Vision specialists

WV Birth to Three provides these services through enrolled professionals who meet the highest standard in their respective discipline. Transportation may be a Part C service in the rare instances when a family may have to travel to obtain a WV Birth to Three service.

Cost of Services

Part C services listed on a child/family's IFSP are provided at no cost to the family. WV Birth to Three may bill public insurance with no cost to the family.

These services are funded in part by the Individuals with Disabilities Education Act (IDEA), Part C, through the U.S. Department of Education and the West Virginia Department of Health and Human Resources (the state's lead agency responsible for implementation), Bureau for Public Health, Office of Maternal, Child and Family, Health, in cooperation with the West Virginia Early Intervention Interagency Coordinating Council.

Additional Questions

For more information, you may call the Office of Maternal, Child and Family Health, WV Birth to Three at 304-558-5388, or toll-free at 1-800-642-9704.

WV Birth to Three Local Points of Entry

Region 1 – Regional Administrative Unit

Catholic Charities West Virginia
2000 Main Street, Suite 222, Wheeling, WV 26003
Phone: (304) 214-5775; Toll-free: 1-800-619-5697
Fax: (304) 214-5792

Serves: Brooke, Hancock, Marion, Marshall, Monongalia, Ohio, Tyler, Wetzel

Region 2 – Regional Administrative Unit

The Arc of Mid Ohio Valley
912 Market Street, Parkersburg, WV 26101
Phone: (304) 485-2000; Toll-free: 1-866-401-8919
Fax: (304) 865-2072

Serves: Calhoun, Doddridge, Gilmer, Harrison, Pleasants, Ritchie, Wirt, Wood

Region 3 – Regional Administrative Unit

River Valley Child Development Services
1701 Fifth Avenue Box 14, Charleston, WV 25387-1900
Phone: (304) 414-4460; Toll-free: 1-844-885-0618
Fax: (304) 414-4461

Serves: Clay, Jackson, Kanawha, Roane

Region 4 – Regional Administrative Unit

River Valley Child Development Services
432 2nd Street, Huntington, WV 25701
Phone: (304) 523-5444; Toll-free: 1-866-WVBTT55 (1-866-982-8855)
Fax: (304) 523-5556

Serves: Boone, Cabell, Lincoln, Logan, Mason, Mingo, Putnam, Wayne

Region 5 – Regional Administrative Unit

MountainHeart Community Services
1200 Harrison Avenue, Suite 220, Elkins, WV 26241
Phone: (304) 637-2844; Toll-free: 1-800-449-7790
Fax: (304) 637-2845

Serves: Barbour, Lewis, Preston, Randolph, Taylor, Tucker, Upshur

Region 6 – Regional Administrative Unit

MountainHeart Community Services
Work 4 WV Center, 25 Red Oak Shopping Center, P.O. Box 1610, Lewisburg, WV 24901
Phone: (304) 647-3810; Toll-free: 1-866-229-0461
Fax: (304) 647-5521

Serves: Braxton, Greenbrier, Monroe, Nicholas, Pocahontas, Summers, Webster

Region 7 – Regional Administrative Unit

MountainHeart Community Services
1411 North Walker Street, Princeton, WV 24740
Phone: (304) 425-2926; Toll-free: 1-866-207-6198
Fax: (304) 425-7367

Serves: Fayette, Mercer, McDowell, Raleigh, Wyoming

Region 8 – Regional Administrative Unit

RESA 8
109 South College Street, Martinsburg, WV 25401
Phone: (304) 267-3595; Toll-free: 1-800-367-3728
Fax: (304) 267-3599

Serves: Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton

Say **YES** to Safe Sleep

MOST (99%) of West Virginia parents agree the safety of their babies is most important when thinking about where their babies sleep.

Did you know?

One baby dies every 10 days in West Virginia as a result of unsafe sleeping.

SafeSoundBabies.com

YES

Baby always sleeps alone, on her back and in her crib

YES

Crib is clear of toys, heavy or loose blankets, bumper pads & pillows

YES

It's safest for baby to sleep in the room where you sleep, but not in your bed.

YES

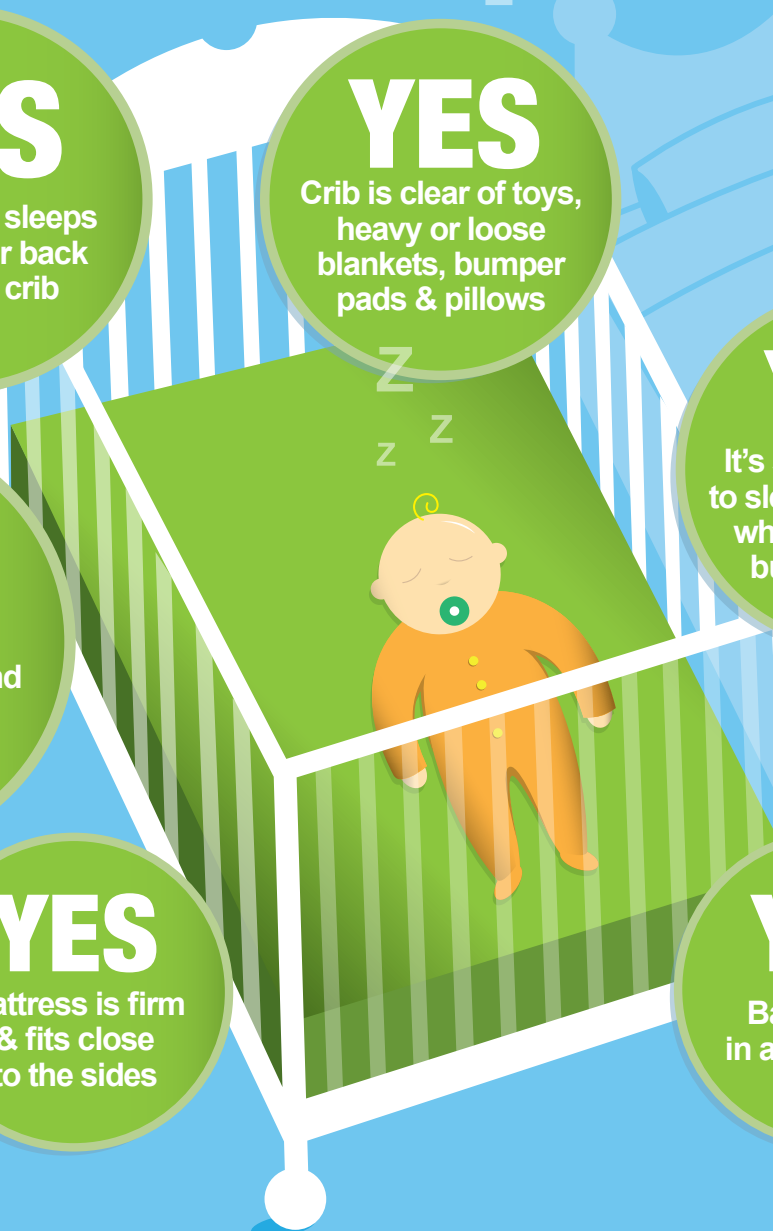
Dress your baby in light sleep clothing and keep the room at a comfortable temperature

YES

Mattress is firm & fits close to the sides

YES

Baby sleeps in a smoke-free room



MOST West Virginia Parents are Saying **YES** to Safe Sleep

MOST West Virginia parents agree...

86%

It is safest for baby to sleep alone instead of in a bed with an adult or other child.

96%

Toys, heavy or loose blankets, comforters and bumper pads can cause suffocation and should be removed from the crib, bassinet or 'pack and play'.

92%

Babies should only sleep in safety-approved cribs, bassinets or 'pack and plays' with a firm mattress that fits close to the sides.

98%

Babies should always sleep in rooms and homes that are smoke-free.

Data from *West Virginia Positive Community Norms Parent Survey Key Findings Report, March 2014.*

For video + more
information visit:

SafeSoundBabies.com

Our Babies:
safe&sound

The
West Virginia
Children's Trust
Fund

TEAM
for West Virginia
Children

Claude Worthington
Benedum Foundation

This program is being presented with financial assistance as a grant to the TEAM for West Virginia Children from the WV Department of Health and Human Resources.

Say **YES** to Safe Sleep For Babies

MOST (99%) of West Virginia
parents want to do what's
best for their children.

What's best for infants is
saying **YES** to safe sleep.



**A quick guide to
keeping your new baby
safe & sound**

A Parent's Guide to Safe Sleep

Helping you to reduce the risk of SIDS

DID YOU KNOW?

- About one in five sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."

- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.

You can reduce your baby's risk of dying from SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back during naps and at night.

WHO IS AT RISK FOR SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN I DO BEFORE MY BABY IS BORN TO REDUCE THE RISK OF SIDS?

Take care of yourself during pregnancy and after the birth of your baby. During pregnancy, before you even give birth, you can reduce the risk of your baby dying from SIDS! **Don't smoke or expose yourself to others' smoke while you are pregnant and after the baby is born. Alcohol and drug use can also increase your baby's risk for SIDS.** Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby.

MORE WAYS TO PROTECT YOUR BABY

Do your best to follow the guidelines on these pages. This way, you will know that you are doing all that you can to keep your baby healthy and safe.

- Breastfeed your baby. Experts recommend that mothers feed their children human milk for as long and as much as possible, and for at least the first 6 months of life, if possible.
- It is important for your baby to be up to date on her immunizations and well-baby check-ups.

WHERE IS THE SAFEST PLACE FOR MY BABY TO SLEEP?

The safest place for your baby to sleep is in the room where you sleep, but not in your bed. Place the baby's crib or bassinet near your bed (within arm's reach). This makes it easier to breastfeed and to bond with your baby.

The crib or bassinet should be free from toys, soft bedding, blankets, and pillows. (See picture on next page.)

TALK ABOUT SAFE SLEEP PRACTICES WITH EVERYONE WHO CARES FOR YOUR BABY!

When looking for someone to take care of your baby, including a child care provider, a family member, or a friend, make sure that you talk with this person about safe sleep practices. Bring this fact sheet along to help, if needed. If a caregiver does not know the best safe sleep practices, respectfully try to teach the caregiver what you have learned about safe sleep practices and the importance of following these rules when caring for infants. Before leaving your baby with anyone, be sure that person agrees that the safe sleep practices explained in this brochure will be followed all of the time.



Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, toys, or anything in the crib.



Supervised, daily tummy time during play is important to baby's healthy development.

WHAT ELSE CAN I DO TO REDUCE MY BABY'S RISK?

Follow these easy and free steps to help you reduce your baby's risk of dying from SIDS.

SAFE SLEEP PRACTICES

- Always place babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.
- Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Consider using a pacifier at nap time and bed time. The pacifier should not have cords or clips that might be a strangulation risk.

SAFE SLEEP ENVIRONMENT

- Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission's Web site at <http://www.cspc.gov>.
- Place the crib in an area that is always smoke free.
- Don't place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to his face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.

IS IT EVER SAFE TO HAVE BABIES ON THEIR TUMMIES?

Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to make sure that your baby is having tummy time at home with you.

TUMMY TO PLAY AND BACK TO SLEEP

- Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.
- "Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.

WHAT CAN I DO TO HELP SPREAD THE WORD ABOUT BACK TO SLEEP?

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.
- Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.
- If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.
- Set a good example – realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When placing babies to sleep, be sure to always place them on their backs.

If you have questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at childcare@aap.org or 888/227-5409. Remember, if you have a question about the health and safety of your child, talk to your baby's doctor.

RESOURCES:

American Academy of Pediatrics
<http://www.aappolicy.org>
SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment
<http://aappolicy.aappublications.org/cgi/rep rint/pediatrics;128/5/e1341.pdf>

Healthy Child Care America
<http://www.healthychildcare.org>

National Resource Center for Health and Safety in Child Care and Early Education
<http://nrc.uchsc.edu>

Healthy Kids, Healthy Care: A Parent Friendly Tool on Health and Safety Issues in Child Care <http://www.healthykids.us>

National Institute for Child and Human Development Back to Sleep Campaign (Order free educational materials)
<http://www.nichd.nih.gov/sids/sids.cfm>

First Candle/SIDS Alliance
<http://www.firstcandle.org>

Association of SIDS and Infant Mortality Programs <http://www.asip1.org>

CJ Foundation for SIDS
<http://www.cjsids.com>

National SIDS and Infant Death Resource Center <http://www.sidscenter.org/>

The Juvenile Products Manufacturers Association <http://www.jpma.org/>

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Revised 2012

Appalachian Council Head Start Programs in Wood & Surrounding Counties

About Enrolling in Head Start

Head Start programs offer enrollment for children who have turned three- or four-years-old prior to September 1st of the program year. All applicants must meet Federal guidelines as it relates to income. Please review the enrollment application or contact your county office for more information about availability.

For enrolling your 4-year old in Wood County, please contact Wood County Board of Education for Enrollment Details.

For Enrolling your 3-year old, Contact your area's Appalachian Council's Head Start Main Office, or WV Birth to Three, if your child has special needs.

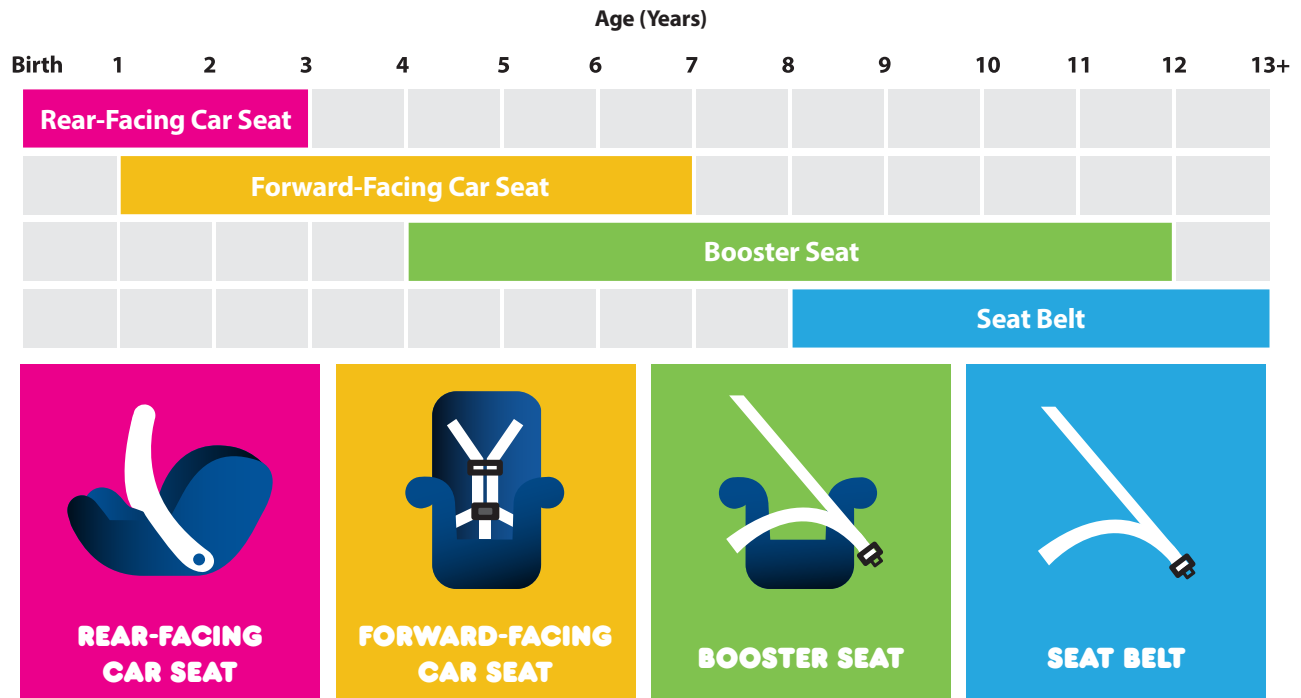
The Appalachian Council Head Start Main Office in Wood County also serves Calhoun, Doddridge, Pleasants, Tyler, and Wirt Counties.

Site	Address	Phone Number	COUNTY	CONTACT
WOOD COUNTY MAIN OFFICE & Dudley Ave. Classrooms Site	2501 Dudley Ave. Parkersburg, WV 26101	(304)865-7240	Wood	Main Office
Washington Site	10731 Dupont Road Washington, WV 26181	(304)863-8390	Wood	Main Office
Cedar Grove Site	490 Cedar Grove Road Parkersburg, WV 26104	(304)485-8884	Wood	Main Office
Blennerhassett Elementary	448 Jewell Road Parkersburg, WV 26101	(304)863-5128	Wood	Wood County BOE
Fairplains Elementary (2 Programs)	615 Broadway Ave. Parkersburg, WV 26101	(304)420-9531	Wood	Wood County BOE
Franklin Elementary	1511 Division Street Ext. Parkersburg, WV 26101	304-420-9534	Wood	Wood County BOE
Henry Logan (Wood County)	925 24 th Street Parkersburg, WV 26101	(304)865-7240	Wood	Wood County BOE
Jefferson Elementary	1103 Plum Street Parkersburg, WV 26101	304-420-9554	Wood	Wood County BOE
Kanawha Elementary	6465 Staunton Tpke Davisville, WV 26142	(304) 420-9557	Wood	Wood County BOE
Martin Elementary	1301 Hillcrest Street Parkersburg, WV 26101	(304)420-9625	Wood	Wood County BOE

Mineral Wells Elementary	1776 Elizabeth Pike Mineral Wells, WV 26150	(304)489-1670	Wood	Wood County BOE
Neale Elementary	2305 Grand Central Ave. Vienna, WV 26105	(304)420-9587	Wood	Wood County BOE
Williamstown Elementary	418 Williams Ave. Williamstown, WV 26187	304-375-7675	Wood	Wood County BOE
Harrisville	905 E South Street Harrisville, WV 26362	(304)643-4326	Ritchie	Appalachian Council Head Start Office
Belmont Elementary	512 Riverview Drive Belmont, WV 26134	304-665-2456	Pleasants	Appalachian Council Head Start Office/ Pleasants Co. Schools
St. Mary's Elementary	317 Washington Street St. Mary's, WV 26170	304-684-3510	Pleasants	Appalachian Council Head Start Office/ Pleasants Co. Schools
Pleasants County Schools	202 Fairview Drive St. Mary's WV 26170	304-684-2215	Pleasants	
Wirt Primary Center	PO Box 220 Elizabeth, WV 26143	(304)275-4263	Wirt	Wirt Co. Schools/ Appalachian Council Head Start Office
Wirt County Schools	PO Box 189 Elizabeth, WV 26143	(304)275-4279	Wirt	Wirt Co Schools/ Appalachian Council Head Start Office

Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat



Birth – 12 Months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



1 – 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

Forward-Facing Car Seat



1 - 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.



4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Booster Seat



4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

Seat Belt



8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.



Proper Child safety seat installation is your responsibility!

Buckle Your Baby for Life Company is a non-profit 501(c)(3) organization founded by a local law firm, Hamstead, Williams & Shook, that has the safety of West Virginia's future — our children — in mind.

State and national statistics show that passengers who are not properly buckled-up are at a much greater risk of serious injury or death in a car wreck. The risk of serious injury is particularly significant for infants and young children. Furthermore, West Virginia law requires that children below a certain age be properly buckled-up:

Every driver who transports a child under the age of eight years in a passenger vehicle other than one operated for hire shall, while the motor vehicle is moving and operating on a street or highway of this state, provide the protection of the child by properly placing and securing the child in a child passenger safety seat meeting applicable federal motor vehicle safety standards (W. Va. Code § 17C-15-46).

The Buckle Your Baby for Life program has two main objectives:

a. Buckle your baby now, for life. We want to help protect the lives of our new generation by ensuring that every family in North Central West Virginia has access to a child safety seat and is trained in its proper use. This will be done through an education program and, most importantly, providing child safety seats to those who cannot afford to buy one.

b. Teach your baby to buckle for life. Good habits developed at a young age are more likely to continue over a lifetime. Thus, a secondary goal of the program is to instill the habit of "buckling up" at an early age that will naturally carry over into the teen driving years and into adulthood.

For more information or to apply for a child safety seat, visit BuckleYourBabyForLife.org

It's NEVER ok to shake a baby.

- Shaken Baby Syndrome is most often triggered when a baby's caregiver can't cope with long periods of crying.
- Shaking a baby or hitting a baby's head can cause serious injury, even death.
- Symptoms of head injury may include fussiness, difficulty staying awake, trembling, vomiting, seizures, difficulty breathing and coma.
- If a baby has been shaken, early treatment can make a big difference. Call 911 or go to the hospital immediately if you think a baby has been shaken.

Never, ever shake a baby

You can
KEEP YOUR COOL

MOST (99%) of West Virginia parents agree they want to do what's best for their children.

What's best for babies is keeping them safe by keeping your cool when they cry.

For more
information visit:

SafeSoundBabies.com

Our Babies:
safe&sound

The
West Virginia
Children's Trust
Fund

TEAM
for West Virginia
Children

Claude Worthington
Benedum Foundation

This program is being presented with financial assistance as a grant to TEAM for West Virginia Children from the WV Department of Health and Human Resources.

Cool moms **KEEP THEIR COOL**
when baby cries



Meet Kate.

She loves being outdoors, cooking and especially, the new baby in her life. Like MOST West Virginia parents, Kate knows exactly what to do when her baby cries.

MOST (93%) of West Virginia parents agree it is never OK to shake a baby – even if they are very frustrated and the baby will not stop crying.

A quick guide to keeping your cool when the new baby cries.

Know the Facts About Baby Crying

All babies cry, sometimes for a very long time, even healthy babies. It's normal for babies to cry, and it's normal for parents to become frustrated. You are not alone, and it's not your fault.

- All babies have crying patterns that increase beginning at 2 weeks of age and tend to peak at 6 to 8 weeks. The crying usually declines after this point.
- Crying often happens more in the late afternoon or evening.
- Your baby may cry no matter what you try and may cry as long as 5 hours.

Even when you feel completely overwhelmed by the crying, it's important to:

KEEP YOUR COOL.
All babies cry – have a plan.

KEEP YOUR COOL Protect the baby

- Make sure the baby is safe — Alone, on his Back, in his Crib.
- Make sure the baby is OK and not hungry, sick, or needing a diaper change.
- Then step away for a few minutes and relax.

Have a plan like Kate's:

1. Go into another room, take some deep breaths and count to a hundred.
2. Call a friend or parent for advice.
3. Play music to relax yourself and the baby.

What's your plan?

1. I will call _____ for help.
2. _____
3. _____

MOST (96%) of West Virginia parents have a plan to make sure they never get upset or angry to the point where they might shake their babies.

How you can help others KEEP THEIR COOL

MOST (99%) of West Virginia parents agree they should make sure that other caregivers have a plan to avoid getting upset and never shake their babies.

Don't leave your baby with anyone who might not keep their cool or control their temper.

Be sure to tell anyone who spends time with your baby about keeping their cool, how crying is normal and how it can be overwhelming sometimes.

Share the dangers of shaking a baby with everyone – your boyfriend, husband, teenagers, your friends, baby sitters and grandparents. Tell them it is OK to lay your baby down in his crib on his back and take a break for a few minutes.

Make sure they have a plan to:
KEEP THEIR COOL.

SafeSoundBabies.com

Be a Great Parent!

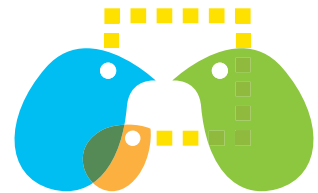
ParentFurther's 9 Parenting Strategies



Create a warm, caring, supportive family.



Maintain open, honest communication.



Connect your kids to other caring, responsible adults.



Get involved in your kid's school and other activities.



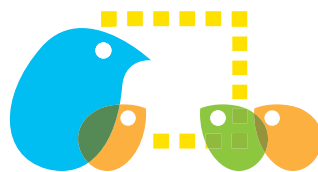
Empower your kid to contribute.



Keep your child safe.



Set boundaries and high expectations.



Get to know your kid's friends.



Be a positive role model.

Search >
INSTITUTE

Discovering what kids need to succeed

ParentFurther is a resource from Search Institute. For more than 50 years, Search Institute has been a leader and partner for organizations around the world in discovering what kids need to succeed. Our knowledge and resources help motivate and equip caring adults to create schools, communities, and families where young people thrive. The core of ParentFurther's positive, strength-based approach to parenting is built on Search Institute's Developmental Assets®: 40 common sense, positive qualities and experiences that help influence the choices kids make.

► www.search-institute.org

► [learn more about the 9 parenting strategies at www.parentfurther.com](http://www.parentfurther.com)

Children Benefit When Parents Have Safe, Stable, Nurturing Relationships

What are safe, stable, nurturing relationships?

Safety: The extent to which an individual is free from fear and secure from physical or psychological harm within their social, physical, and work environments.

Stability: The degree of predictability and consistency in one's relationships as well as the social, emotional, and physical environments.

Nurturing: The extent to which parents and children have access to individuals who are able to sensitively and consistently respond to and meet their needs.

Safe, Stable, Nurturing Relationships for parents are good for children too. They may help interrupt the cycle of violence and reduce children's exposure to abuse and neglect.

Child abuse and neglect is a preventable public health problem affecting millions of families.

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, or teacher). Child maltreatment is a serious problem that can have lasting harmful effects. The few cases of abuse or neglect seen in the news are only a small part of the problem, as many cases are not reported to police or social services. What we do know is that:

- In 2015, an estimated 683,000 children were victims of maltreatment.¹
- In 2015, more than 1,670 children died from child abuse and neglect—about 75% of deaths occurred among children younger than age 3.¹
- The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States is approximately \$124 billion.²

Child abuse and neglect is a complex problem rooted in unhealthy relationships and environments. The goal for child maltreatment prevention is clear: to stop child abuse and neglect from happening in the first place.



Research suggests that safe, stable, nurturing relationships between parents and other adults, in addition to those positive relationships between parents and their children, may help prevent child maltreatment from one generation to the next.

Safe, stable, nurturing relationships and environments are essential to preventing child maltreatment and to assuring that all children can reach their full potential.³ We know that healthy relationships between parents and their children are important, but a recent special issue in the *Journal of Adolescent Health* has shed light on the importance of safe, stable, nurturing relationships between parents and other adults in preventing child maltreatment.⁴ The role of safe, stable, nurturing relationships between adults might be especially beneficial for parents who experienced abuse during their own childhood years.

Nurturing relationships can protect against factors that might increase the risk for perpetuating abuse (e.g., stress) and they provide models for positive interactions and social support.

Children Benefit When Parents Have Safe, Stable, Nurturing Relationships

Child maltreatment in one generation is associated with child maltreatment in the next, but the cycle can be interrupted. It is important to know that past child maltreatment does not define a person.

What You Can Do...

Here are some steps you can take to incorporate findings from this research into your work:

- Enhance safe, stable, nurturing relationships in your prevention efforts—not only between parents and children, but also between parents and other adults (including romantic partners, friends, neighbors, and relatives).
- Work on skills building and training to enhance parents' ability to access and maintain healthy relationships, recognizing that parents who experienced maltreatment during childhood may need extra support in this area.
- Add a module to existing multicomponent programs (e.g., nurse-family partnerships) to enhance and promote supportive and nurturing adult relationships for parents.
- Establish partnerships with social services and other prevention organizations to coordinate efforts. Given that child maltreatment is associated with longer term behavioral and health problems (e.g., substance abuse),⁵ it is necessary to have a comprehensive response.

If safe, stable, nurturing relationships for parents are promoted and enhanced, children will benefit.

Resources:

For information on child maltreatment prevention:

<http://www.cdc.gov/violenceprevention/childmaltreatment/prevention.html>

CDC Special Supplement: Interrupting Child Maltreatment across Generations through Safe, Stable, Nurturing Relationships:

<http://www.cdc.gov/violenceprevention/childmaltreatment/interrupting-child-maltreatment.html>

CDC Essentials for Childhood Initiative:

Centers for Disease Control and Prevention. *Essentials for childhood: steps to create safe, stable, nurturing relationships and environments*. National Center for Injury Prevention and Control: Atlanta, GA, 2014.

<http://www.cdc.gov/violenceprevention/childmaltreatment/essentials/index.html>

Preventing Child Abuse and Neglect: A technical Package for Policy, Norm, and Programmatic Activities:

<https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>

References:

1. U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). Child Maltreatment 2015. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.
2. Fang X, Brown DS, Florence CS, Mercy JA. The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse and Neglect* 2012; 36:156-165.
3. <http://www.cdc.gov/violenceprevention/pdf/efc-01-03-2013-a.pdf>
4. Schofield, T., Lee, R., and Merrick, M. (2013). Safe, stable, nurturing relationships as a moderator of intergenerational continuity of child maltreatment: A meta-analysis. *Journal of Adolescent Health*, 53, S32-S38.
5. Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., and Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245-258.

The chart below lists the **minimum requirements** for entry into licensed child care centers in West Virginia.

These requirements are in accordance with Advisory Committee on Immunization Practices (ACIP) vaccination schedule.

Age	Hep B	DTaP	Hib*	Polio	MMR*	Varicella*	PCV* (Pprevnar)	Hep A*	Rotavirus
2-3 months	1st dose	1st dose	1st dose	1st dose			1st dose		See Note
4-5 months	2nd dose	2nd dose	2nd dose	2nd dose			2nd dose		
6-14 months	2nd dose	3rd dose	3rd dose	2nd dose			3rd dose		
15-17 months	2nd dose	3rd dose	3rd dose	2nd dose	1st dose	1 dose or history	3rd dose	1st dose	
18 mo. - 5 years	3rd dose	4th dose	4th dose	3rd dose	2nd dose*	2nd dose*	4th dose	2nd dose*	

Note: Rotavirus vaccine series must be initiated **between 6 weeks and 15 weeks of age; After age 15 weeks**, the series should not be started. Subsequent doses should be administered at 4 to 10 week intervals.

No dose of rotavirus vaccine should be given after 8 months, 0 days of age.

Hep A	Hepatitis A – a serious liver disease	Hep B	Hepatitis B – a serious liver disease
DTaP	Diphtheria, tetanus (lockjaw) and pertussis (whooping cough)	Varicella	Chickenpox – an itchy rash of spots that look like blisters
Hib	Haemophilus influenzae type b (bacterial meningitis), a serious brain, throat and blood infection	PCV (Pprevnar)	Pprevnar, pneumococcal conjugate vaccine protects against serious blood, lung and brain infection
IPV/Polio	Polio, a serious paralyzing disease	MMR	Measles, mumps, and rubella
Rotavirus	Rotavirus causes severe diarrhea, usually with fever and vomiting		

Rules for Hib doses: **Generally, 4 doses** (3 doses if Pedvax® is used) comprise a full series:

Children starting the series at greater than 6 months of age **generally** need: 3 doses if the first dose was given between 7-11 months of age, 2 doses if the first dose was given between 12-14 months of age, 1 dose if that dose was given between 15 and 59 months of age

Note: Children ages 12-14 months who received 1st dose before 7 months of age, only 3 doses are need, the last 2 separated by 8 weeks.

Rules for PCV (Pprevnar): **Generally, 4 doses** comprise a full series:

Children starting the series at greater than 6 months of age **generally** need: 3 doses if the first was given between 7-11 months of age, 2 doses if the first was given at 12-23 months of age, 1 dose if that dose was given between 24-59 months of age

Note: any one dose of PCV given between 24-59 months of age is the final dose needed for Pre-K (Some at-risk children are recommended for an additional dose at age 5-18 years).

***Minimum Interval Between Doses of MMR, varicella and hepatitis A vaccines**

MMR: 1 month between doses and 2

Varicella: 3 months between doses 1 and 2

Hepatitis A: 6 months between doses 1 and 2

Influenza Vaccine: recommended annually for all children 6 month of age and older.



Guidelines for Assuring Minimum Immunization Requirements for Pre-Kindergarten Program Enterers

All children entering Pre-Kindergarten programs should be age appropriately immunized.¹ The following guidelines for parents and school personnel indicate the **minimum** number of doses for each vaccine needed for Pre-Kindergarten entry.^{2,3}

Hepatitis A	2 doses (1 st dose after 1 st birthday) (2 nd dose at least 6 months after 1 st dose)	Hepatitis B	3 doses (Final dose at age 24 weeks or older)
DTaP	4 doses (Booster dose should not be given prior to 4 th birthday)	Varicella	1 dose (After 1 st birthday)
IPV	3 doses	MMR	1 dose (After 1 st birthday)
Hib	<u>Generally, 4 doses</u> (3 doses if Pedvax [®] is used) comprise a full series Children starting the series at greater than 6 months of age <i>generally</i> need: 3 doses if the first dose was given between 7-11 months of age 2 doses if the first dose was given between 12-14 months of age 1 dose if that dose was given between 15 and 59 months of age Note: Children ages 12-14 months who received 1 st dose before 7 months of age, only 3 doses are need, the last 2 separated by 8 weeks.		
PCV	<u>Generally, 4 doses</u> comprise a full series Children starting the series at greater than 6 months of age <i>generally</i> need: 3 doses if the first was given between 7-11 months of age 2 doses if the first was given at 12-23 months of age 1 dose if that dose was given between 24-59 months of age RULE: any one dose of PCV given between 24-59 months of age is the final dose needed for Pre-K (Some at-risk children are recommended for an additional dose at age 5-18 years)		

Students may be provisionally enrolled in Pre-Kindergarten with at least one dose of each required vaccine and allowed up to eight months, if necessary for minimum intervals, to obtain up-to-date status.

For questions about the Pre-Kindergarten Entry Immunization Guidelines above
contact the Division of Immunization Services at 1-800-642-3634.

¹ Applicable immunization schedules can be found at <http://www.cdc.gov> by searching under "Immunization Schedules".

² The term "Pre-Kindergarten" or "Pre-K" applies to designated programs for children ages 3 and 4 years old. The above vaccines are requirements for all WV public Pre-K programs in accordance with WVDE Policy 2525 (126CSR28), Universal Access to a Quality Early Education System. This includes any "WV Collaborative" Pre-K program supported through local education agencies (LEAs). Medical exemptions to the above should be granted in accordance with current standards of immunization practice endorsed by the AAP, AAFP, and ACIP.

³ These guidelines are also applicable to children age 18 months and older entering most childcare or preschool settings.

The West Virginia Bureau for Public Health recommends that vaccine doses administered 4 days or fewer before the minimum interval or age should be considered valid.

August 2017

West Virginia Immunization Requirements for New School Enterers

State law and rules¹ require that all children entering school in West Virginia for the first time in grades K-12 must show proof of immunization against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, varicella and hepatitis B unless properly medically exempted². The table below outlines immunization requirements as most commonly met.³ The West Virginia Bureau for Public Health recommends that vaccine doses administered 4 days or fewer before the minimum interval or age should be considered valid.

Vaccine	Requirements	Provisional Enrollment	Additional Information
DTaP/DTP Td/Tdap	Before admission, four doses required. One dose must be after the 4 th birthday.	After one dose, student may be allowed up 8 months to complete the series if necessitated by the minimum intervals of the vaccine schedule.	<ul style="list-style-type: none"> Three doses only for children completing primary series at age 7 years and older. Children exempted from the pertussis component of DTaP vaccine should receive DT vaccine instead, or if past 7th birthday, Td / Tdap vaccine, as applicable.
Polio (IPV)	Before admission, three doses required. One dose must be after the 4 th birthday.	After one dose, student may be allowed up 7 months to complete the series if necessitated by the minimum intervals of the vaccine schedule.	<ul style="list-style-type: none"> If polio immunization series included both OPV and IPV, then a total 3 of 4 doses are required depending upon the age of the child.
Measles, Mumps & Rubella (MMR)	Before admission, two doses required. First dose must be after the 1 st birthday.	After one dose, student may be allowed up to 30 days to complete the series.	<ul style="list-style-type: none"> Doses should be a minimum of 28 days apart.
Varicella	Before admission, two doses required. First dose must be after the 1 st birthday.	After one dose, children less than 13 years of age may be allowed up to 90 days to obtain 2 nd dose; children aged 13 years and older may be allowed up to 30 days to obtain the 2 nd dose.	<ul style="list-style-type: none"> Children less than 13 years of age must have a minimum interval of 12 weeks between the 1st and 2nd doses. Children aged 13 years and older may receive the 2nd dose 28 days after the first dose. Immunity may also be demonstrated through the legal guardian's written or verbal attestation of varicella (chickenpox) disease.
Hepatitis B	Before admission, three doses required. Last dose must be after the age of 6 months.	After one dose, student may be allowed up to 4 months to complete the series if necessitated by the minimum intervals of the vaccine schedule.	<ul style="list-style-type: none"> Final dose is not valid if administered before 24 weeks / 6 months of age.

¹ See WV Code §16-3-4 and 64CSR95 for further information.

² Medical exemptions must be requested by a physician who has treated or examined the child and be reviewed and submitted to the Immunization Officer of the Bureau for Public Health. Requests for exemptions must be based on current standards of immunization practice and include the following information: the vaccine(s) being exempted, the specific medical reason for the exemption, whether the exemption is temporary or permanent, and, if temporary, when the exemption should be reevaluated. West Virginia State Law does not allow for non-medical exemptions to immunization requirements.

³ Occasionally, based on product used or the age at which a child is being immunized, deviations from these requirements may be acceptable. Any deviation must be consistent with applicable, age appropriate immunization schedules found at <http://www.cdc.gov> and searching under "Immunization Schedules".

10 Signs Your Child Is Being Bullied

Watch for these signs

- 1. Doesn't want to go to school or other activities.**
- 2. Frequent headaches or stomachaches, feeling sick or faking illness, lots of trips to the school nurse.**
- 3. Avoiding or afraid of riding the school bus.**
- 4. Having difficulty sleeping, cries self to sleep, nightmares.**
- 5. Changes in typical behavior: Appears anxious, depressed, withdrawn, sad, moody, angry, or talks about being lonely. Sudden drop in grades.**
- 6. Avoiding social situations and sudden loss of friends or not wanting to be with the usual group of friends.**
- 7. Becoming upset or withdrawn after receive a text or being on the computer.**
- 8. Clothes, toys, books, electronic items are damaged, missing or "lost" without explanation.**
- 9. Unexplained physical marks, cuts, bruises and scrapes.**
- 10. Talks about feeling helpless or about suicide; self harms, runs away.**

Anti-Bullying Action Steps for Caring Community Members



We all play a role in the raising of our nation's youth! With this in mind, we've created the following anti-bullying tips for caring community members based on the Developmental Assets research, the qualities and external factors that we know kids need to be successful.

- **Be Open to Mentoring Relationships with Youth:** Research asserts that youth need three caring adults to provide support for them. This could be in your neighborhood, or through formal mentoring programs like Big Brothers, Big Sisters.
- **Create Opportunities for Youth to Engage with Community:** Involve youth in neighborhood clean-up days, allow them to be on club committees, or seek out a group of youth to perform at a function in a community center.
- **Take an Interest in Neighborhood Youth:** Build relationships with your neighbors and your neighbor's kids. Be on the watch for ways to have positive interactions with neighborhood youth.
- **Promote Peaceful Conflict Resolution:** How we act in front of kids teaches them something. Be sure that what you are teaching is what you want them to learn. Model good communication and peaceful, non-violent conflict resolution.
- **Promote Youth Having a Sense of Purpose** – Adults in the community have a great deal of power toward shaping youth. Look for ways to enhance their sense of purpose. This will help them build resilience. Express your appreciation when they have contributed to the community in a meaningful way and look for other opportunities to have them contribute in the future.
- **Provide Safety in the Community** – Adults in the community can promote a safe environment by being a part of neighborhood watch groups, knowing who should be (or should not be) in a neighborhood, and watching out for each other's children.

For more anti-bullying action steps, please visit:

<http://www.parentfurther.com/high-risk-behaviors/bullying/action-steps-community-members>

Discipline

What is Discipline?

To discipline means to teach. Discipline is not punishment. Discipline means providing guidelines and support for young children while they are learning how to manage their emotions, deal with disappointment or frustration, and form relationships with other people. Effective discipline means teaching children to behave in ways that support the values of their family, society and culture.

Discipline is not something to do after a child misbehaves, but is an ongoing way of interacting with a child that encourages good behavior, discourages bad behavior, and yes, addresses misbehavior when it occurs.

Why Discipline Matters

Discipline has long-term benefits for parent and child.

- ★ Research shows that a discipline style of “limit setting” is associated with positive outcomes for children. Such a style is characterized by paying attention to children’s feelings, using appropriate distractions, explaining the reasons for a limit to the child, and helping the child succeed in staying within the limits set.



- When parents used limit setting, their children were better able to wait for something they wanted, better able to get along with peers, and more confident in social situations.

The best kinds of discipline build trust.

- ★ Research also shows us which discipline methods don’t work. Several studies have found that harsh tactics such as spanking are not effective. Such methods do not support a child’s developmental progress towards self-control.
- Sensitive, yet firm limit setting as a discipline method does much more than simply change a child’s behavior. It also builds trust and respect for consequences.

What Parents Can Do

Be Consistent

First, remember that whatever the age of your child, it's important to be consistent when it comes to discipline. If you don't stick to the rules and consequences you set up, your children aren't likely to either.

Consider your child's age:

- ★ **INFANTS:** During the first 18 months, focus on teaching your child how to interact with the things and people in his world. Babies and toddlers are naturally curious. When possible, plan ahead and remove fragile items that your baby might be curious about or that are dangerous.
- ★ **TODDLERS:** At this age, children begin to differentiate themselves from their caregivers and will start to assert their own decision making. This is a good time for parents to step in with guidance and teaching.
- ★ **PRESCHOOLERS:** This is when children become more aware of actions and consequences. Communicate the rules and expectations of your home and family. Follow-through is important and consistency is the key!

Remember that there are three ways to discipline:

1. ENCOURAGE GOOD BEHAVIOR

- ★ Use praise, rewards, and modeling.
- ★ Model desired behavior and acknowledge your own errors to teach children what is expected of them and teaches them, and that it is ok to make mistakes.
- ★ Set clear rules and explain why these rules are important. Be sure the child knows what to expect before disciplining

for an unacceptable behavior. Set these boundaries and expectations early, before challenging situations arise.

- ★ Make requests in short, easy to understand phrases.

2. PREVENT MISBEHAVIOR

- ★ **Offer choices:** One of the way children express their independence is by making choices. For example, allow your child to choose his own clothing or snack. This gives him a sense of control and reduces the likelihood of disagreement.
- ★ **Distraction:** This is simply re-directing a child's attention from an undesirable behavior to something else. Though it is critical to observe cues and respect emotions, distraction can be very effective, especially with toddlers and preschoolers.
- ★ Children are more likely to misbehave when they are hungry, tired, or feeling left out, so try to anticipate your child's needs.

3. RESOLVE PROBLEM BEHAVIOR

- ★ **Time-out:** Many parents have reported that time-outs are an effective discipline choice. This is especially true for behaviors that are intentional or when the time-out has been an agreed upon response to a repeated behavior.
- ★ As with most parenting techniques, time outs are less about the action itself and more about how the time out is perceived by the child. The goal is to provide clarity about the act of misbehavior while showing sensitivity within the parent-child context

Discipline is one of the most important parts of parenting.

Dealing with a misbehaving child is really just one very small part of discipline, and a child who others may call "well-behaved" is probably not a child who is frequently punished. Rather, he is likely a child whose days are filled with communication with his parents and caregivers and a child who understands limits and expectations. Thought of this way, discipline is simply another step in preparing your child for future happiness and success, and an essential part of the parent-child relationship. It doesn't have to be unpleasant, and it can make family life more fun and joyful.





A Child's Developmental Milestones

0-6 months

Cognitive Milestones	Language Milestones	Social/Emotional Milestones	Physical Milestones	Recommended Activities
<ul style="list-style-type: none"> • Listens attentively to sounds and voices (by 1 month) • Cries deliberately for assistance (by 1 month) • Coordinates eye movements (by 2 months) • Discovers hands and feet as extension of self (by 3 months) • Likes to repeat enjoyable acts (by 4 months) • Recognizes and responds to name (by 5 months) • Studies objects intently (by 6 months) 	<ul style="list-style-type: none"> • Makes some sounds other than crying (by 2 months) • Begins cooing one syllable (by 3 months) • Makes first consonant sounds (by 4 months) • Babbles spontaneously • Acquires sounds of native language (by 6 months) 	<ul style="list-style-type: none"> • Reacts to discomfort and pain • Recognizes parent's voice • Makes eye contact • Shows affection by looking, waving, kicking and smiling • Shows feelings of security when held or talked to • Expresses delight • May form attachment to one special object • Laughs when tickled • Builds trust when cries are answered • May begin to cling to primary caregiver 	<ul style="list-style-type: none"> • Usually responds to objects or faces as they move • Plays with fingers, hands and toes • Holds and manipulates objects; sucks on everything! • Reacts to sound of voices, rattle or bell • Vocalizes to him/herself, people and toys • Can raise him/herself up on forearms (while on tummy) and hold head up • Rolls from back to tummy (by 4-6 months) • Can smile at self in mirror (by 5 months) • Can grab at objects (by 6 months) 	<ul style="list-style-type: none"> • Talk with and hold baby. Give him/her interesting things to see. • Perform "the itsy bitsy spider" or other fun finger plays. • Provide safe, washable toys for children to look at and suck on. • Place toys near and above baby, encouraging him/her to roll over for a better view. • Play instruments in the classroom. Talk about the instrument. • Respond quickly to a child's cry. Children at this age need to know they can trust you. • Use wall and floor mirrors to point out the beautiful baby.





A Child's Developmental Milestones

6-12 months

Cognitive Milestones	Language Milestones	Social/Emotional Milestones	Physical Milestones	Recommended Activities
<ul style="list-style-type: none"> • Anticipates events (by 7 months) • Finds hidden objects (by 10 months) • Can point to body parts • Puts nesting toys together correctly • Develops expectations about familiar events • Waves bye-bye 	<ul style="list-style-type: none"> • Puts together long series of syllables • Responds appropriately to a few specific words (by 9 months) • Speaks a few recognizable words • Produces gestures to communicate (by 7 months) • Learns how to take turns making sounds in "conversation" 	<ul style="list-style-type: none"> • Enjoys being with other children • Has an increased drive for independence • Expresses anger more dramatically • Has a fear of strangers • Is aware of social approval or disapproval • Performs for others • Has pride in personal accomplishments 	<ul style="list-style-type: none"> • Learns to crawl, stand up and walk • Sits without support (by 8 months) • Transfers toys from hand to hand • Sees almost everything with good vision • Begins to cruise and eventually walk • Develops eye-hand coordination 	<ul style="list-style-type: none"> • Provide safe and steady furniture. • Place interesting things in the environment so the children will want to get them. • Play a mimic game. Put a toy in one hand and then transfer it to the other. Encourage baby to do the same. • Hold baby's hands as he/she takes steps. Be sure to cheer! • Play social games such as peek-a-boo and pat-a-cake. It helps develop social, language and physical skills.





A Child's Developmental Milestones

12-18 months

Cognitive Milestones	Language Milestones	Social/Emotional Milestones	Physical Milestones	Recommended Activities
<ul style="list-style-type: none"> • Identifies family members in photographs • Enjoys cause and effect relationship • Is able to make choices between clear alternatives • Begins to solve problems • Remembers more 	<ul style="list-style-type: none"> • Has expressive vocabulary of 4-10 words (by 13-15 months) • Has expressive vocabulary of 10-20 words (by 18 months) • Can listen and respond to simple directions 	<ul style="list-style-type: none"> • Prefers to keep caregiver in sight while exploring environment • Demands personal attention • May reveal stubbornness • Unable to share • Responds to simple requests 	<ul style="list-style-type: none"> • Picks up small objects with pointer finger and thumb • Can build a tower of cubes • Can throw a ball • Walks well • Turns pages in a book • Can walk while holding an object 	<ul style="list-style-type: none"> • Put small pieces of soft food on baby's high chair so he/she can practice picking up food. • Stick with daily routines to help children develop a sense of order. • Display toys clearly on low shelves. • Talk with the children. Read to them. • Gather family photos and create a classroom photo album. Talk about the pictures. • Use age-appropriate gross motor equipment, soft blocks, soft balls and beanbags in your classroom.



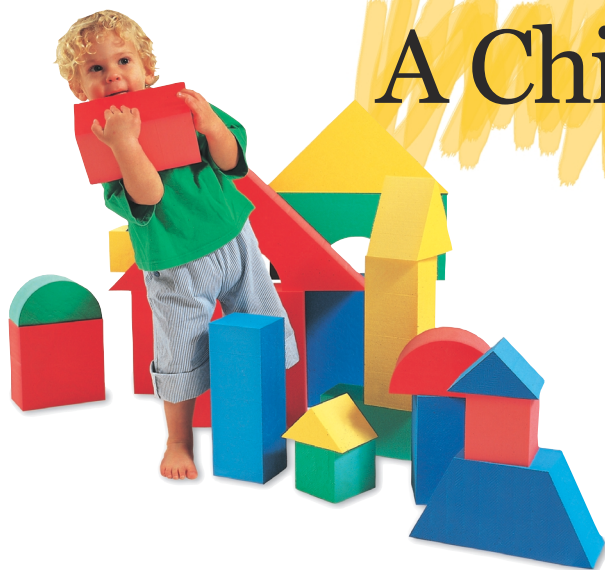
A Child's Developmental Milestones



18-24 months

Cognitive Milestones	Language Milestones	Social/Emotional Milestones	Physical Milestones	Recommended Activities
<ul style="list-style-type: none"> • Sorts shapes and colors • Mimics adult behavior • Points to and names objects • Refers to self by name • Learns by helping • Learns concepts such as size, shape and weight as he/she moves and plays with objects in the environment. 	<ul style="list-style-type: none"> • Has expressive vocabulary of 20-25 words • Uses 2-word phrases to communicate • Uses gestures to communicate • Begins using courtesy words (please, thank you) occasionally 	<ul style="list-style-type: none"> • Is possessive • Begins to show empathy • Reveals a sense of trust • Begins to play next to children • Shows emotions of pride and embarrassment • May dawdle • Engages in imaginative play • Tests limits of behavior • Performs for an audience 	<ul style="list-style-type: none"> • Can draw scribbles • Kicks backward and forward • Stands on a balance beam • Walks up stairs with help • Runs well • Enjoys riding small-wheeled riding toys • Drinks from a straw 	<ul style="list-style-type: none"> • Let them help you prepare a snack or other task. • Try to expand their language. If a toddler says, "ball" say "Yes, this is a big, red ball!" • Stock art area with lots of crayons and paper. Encourage table drawing as well as easel drawing. • Have more than one of everything. Sharing is difficult at this age. • Encourage children to show off their skills. Include a big round of applause!





A Child's Developmental Milestones

2-3 years

Cognitive Milestones	Language Milestones	Social/Emotional Milestones	Physical Milestones	Recommended Activities
<ul style="list-style-type: none"> • Comprehends size • Beginning to understand time sequences (e.g. before lunch) • Matches shapes and colors • Counts and manipulates objects • Is beginning to think about consequences • Is able to concentrate for longer periods of time 	<ul style="list-style-type: none"> • Combines words to form short sentences • Uses plurals • Answers routine questions • Provides appropriate answers • Comprehends some pronouns • Follows two step directions 	<ul style="list-style-type: none"> • Has a strong sense of ownership • May begin cooperative play • May show need for security object • Is becoming more independent 	<ul style="list-style-type: none"> • Walks backwards • Can balance on one foot (by 3 years) • Strings large beads • Holds scissors correctly • Zips and snaps • Learns to use the potty • Walks up and down stairs independently 	<ul style="list-style-type: none"> • Provide dolls and simple props like cups and plates to encourage imagination and role play. • Stringing activities are great at this age! • Play games that require balancing. • Practice cutting with scissors on a one-on-one basis. • Help them snap and zip their own coats.



4-5 years

A Child's Developmental Milestones

Cognitive Milestones	Language Milestones	Social/Emotional Milestones	Physical Milestones	Recommended Activities
<ul style="list-style-type: none"> Comprehends special concepts (e.g. around, in front, high, next to) Rote counts up to 20 Can complete a 6-8 piece puzzle Begins to understand time concepts Understands simple math concepts Recalls main details of a story 	<ul style="list-style-type: none"> Uses possessives Uses double negatives Joins sentences Can answer how, who, when questions Follows up to 4 step directions Uses third person Tells simple jokes Has a 2000 word vocabulary 	<ul style="list-style-type: none"> Enjoys being with other children Has an increased drive for independence Expresses anger more dramatically Is aware of social approval or disapproval Performs for others Has pride in personal accomplishments Develops sex role identification Begins taking turns and negotiating 	<ul style="list-style-type: none"> Can hop on one foot, skip and jump Can catch a ball with both hands Can catch a beanbag Dresses and undresses him/herself Can copy a simple design Uses scissors to cut a straight line 	<ul style="list-style-type: none"> During circle time, engage children in conversation with you and each other. Encourage dramatic play with puppets, dress up clothes, etc. Tell children when things will happen. Give them warnings before time is up. Add show and share time to weekly activities. Add puzzles to manipulative area. Help them when they first try a new puzzle. Develop a math area complete with cash register, money, sorting toys and calculators. Provide books that encourage positive gender associations, rather than gender bias.





WORK FORCE.....

West Virginia
USA

The WorkForce System of Opportunity Includes:

Adult Basic Education

... provides educational opportunities and alternatives for the adult learner.

Community Resources

... provides services in immediate emergency assistance, housing, weatherization, energy conservation, family development counseling, outreach assistance and free income tax preparation.

Division of Rehabilitation Services (DRS)

... placement and retention services for individuals with disabilities.

Job Service

... matches job seekers with employers in a prompt, efficient manner.

On-the-Job Training

... OJT provides partial wage reimbursement to employers while employees are being trained.

Senior Community Service Employment Program (SCSEP)

... employment and training for older workers.

Unemployment Compensation

... compensation is designed to provide benefits to eligible persons who are temporarily unemployed through no fault of their own.

Veterans' Employment and Training

... providing priority service to veterans in jobs and training opportunities.

Workforce Investment Board/Mid-Ohio Valley

... committed to providing employment and training services for employers and job seekers.

Youth + vantage

... In and Out-of-School Youth Program provides employment and training opportunities.

Visit the following offices for job seeker services and/or call 1-866-420-4531 (ext. 4245) to schedule an appointment for WIA case management services.

CALHOUN COUNTY

Community Resources
258 Court Street
Grantsville, WV 26147
304-354-9265

CLAY COUNTY

CAEZ/Valley Fork Learning Center
4208 Wallback Road
Wallback, WV 25285
304-587-2686

JACKSON COUNTY

WORKFORCE WV Center
206 Stone Drive
Ripley, WV 25271
304-373-0313

MASON COUNTY

WORKFORCE WV Center
404 Main Street
Point Pleasant, WV 25550
304-675-0857

RITCHIE COUNTY

Community Resources
633 South Spring Street
Harrisville, WV 26362
304-643-2332

ROANE COUNTY

Division of Rehabilitation Services
321 Market Street
Spencer, WV 25276
304-927-0954

WOOD COUNTY/ WIRT COUNTY/ PLEASANTS COUNTY

WORKFORCE WV Center
304 Lakeview Center
Parkersburg, WV 26101
304-420-4531 (ext. 4245) or
1-866-420-4531 (ext. 4245)

WORKFORCE

West Virginia
USA

1.866.420.4531

All In One Location

**The *One Stop* That Meets All of
Your Employment and Training Needs**

Adult/Dislocated Workers Services

- Job Service Registration
- Internet Access to Job Search
- Occupational Training Programs
- Referral to Remedial Studies
- Referral to Classroom Training
- Assistance with Job Applications
- Aptitude/Interest Assessment
- Basic Skill Assessment
- Resume Writing Tips
- Interviewing Skills
- Basic Skills Testing
- Career Planning
- On-the-Job Training
- Skill Upgrading

Youth + *vantage*

- 14-21 Years of Age
- Work Readiness Skills
- Computer Literacy
- Educational Enrichment
- Occupational Training
- Civic Responsibility

Employer Services

- Employment Screening
- On-the-Job Training
- Wage & Salary Data
- Employment Assessment
- Recruitment
- Labor Market Information
- Customized Training
- Professional Development

**For more information about our
WORKFORCE West Virginia Centers, visit our
website at www.workforcewv.org.**

The Workforce Investment Board can help...

The Workforce Investment Board Mid-Ohio Valley coordinates a variety of federal, state and local employment and training resources in a nine-county area of West Virginia to ensure that efficient and effective workforce services are accessible to employers, current employees, job seekers and other citizens of the region. The skilled staff are ready to assist job seekers and employers and in doing so boost economic development in the region.

***Special Needs?** This Workforce Investment Act funded program is an equal opportunity employer/program; auxiliary aids and services are available upon request to individuals with disabilities.*

**TTY/TDD 1-866-420-4531
or
TDD 304-558-1549**

Workforce Investment Board
★ MID-OHIO VALLEY ★



1-844-HELP4WV

**There is HOPE.
There is HELP.
Here at HOME.**



**ONE Call.
ONE Text.
ONE Click.
INSTANT HELP.**

Get connected with community-based substance abuse treatment programs and behavioral health services near you.

HELP4WV.com



WEST VIRGINIA
Department of
Health & Human Resources
 **BUREAU FOR BEHAVIORAL HEALTH & HEALTH FACILITIES**

Feeling lost, lonely, desperate?



**When it seems like there's
no hope, there is help.**

If you or someone you know is thinking about suicide,
call the National Suicide Prevention Lifeline:

1-800-273-TALK (8255)
With help comes hope.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK
1-800-273-8255
www.suicidepreventionlifeline.org

Is someone you love **CROSSING THE LINE?**

No one loves you
as much as I do...

**...you don't need
family.**

I want to
protect you...

**...by making the
hard decisions.**

You know I love you...

**...that's why I get
so angry.**

I understand you...

**...others will think
you are a crazy
fool.**

I will take care
of you...

**...you couldn't
make it out there
without me.**

Our family
comes first...

**...and anyone who
tries to break us
up will pay.**

I love you so
much...

**...I will kill you
before I'll let
you leave.**

West Virginia Licensed Domestic Violence Programs

Beckley Area	304-255-2559 1-888-825-7856	Voice/TTY
Charleston Area	1-800-681-8663	Voice/TTY
Elkins Area	1-800-339-1185	Voice/TTY
Fairmont Area	304-367-1100 304-367-1101	Voice TTY only
Huntington Area	1-888-538-9838	Voice/TTY
Keyser Area	1-800-698-1240 304-788-6556	Voice TTY only
Lewisburg Area	304-645-6334 1-866-645-6334	Voice/TTY
Martinsburg Area	304-263-8292	Voice/TTY

National Domestic Violence Hotline 1-800-799-SAFE (Voice) 1-800 787-3224 (TTY)

Morgantown Area	304-292-5100	Voice/TTY
Parkersburg Area	1-800-794-2335	Voice/TTY
Welch Area	304-436-8117 1-800-688-6157	Voice/TTY
Weirton	304-797-1489	
Wheeling Area	1-800-698-1247	Voice/TTY
Williamson Area	304-235-6121 1-800-478-2211	Voice/TTY

Statewide Domestic Violence Prevention Office
West Virginia Coalition Against Domestic Violence
304-965-3552 (Voice/TTY) • www.wvcadv.org

*Alternative formats (disk, audiotape, large print and Braille)
of this brochure are available through this office.*

Is someone you love

CROSSING THE LINE?



1-800-799-SAFE

(1-800-799-7233)



How do I know when someone I love

CROSSES THE LINE?

No matter what type of relationship you are in, (husband and wife, boyfriend and girlfriend, parent and child, caretaker, and care receiver, lesbian or gay) if the other person is hurting you emotionally and/or physically, they are crossing the line that causes you harm.

Crossing the line generally does not happen suddenly. It is more like a series of events leading to a place that you never thought you would be. If anything listed below is happening in your life, the line of safety is being crossed.

- Putting you down; playing mind games; making you feel guilty.
- Controlling what you do, who you see and talk to, what you read, where you go; limiting your outside involvement; using jealousy to justify actions.
- Using the children/grandchildren to control you.
- Using looks and/or actions to scare you.
- Controlling the family income; keeping you from working; making you ask for money; or taking your money.
- Making and/or carrying out threats.
- Making light of the abuse; saying the abuse didn't happen; blaming the abuse on you.
- Destroying property; abusing pets; displaying weapons.
- Slapping, hitting, pushing, holding you down, choking, or pulling your hair.

*If someone you love is crossing the line of safety, **tell someone you trust.***

What can I do?

If someone is hurting you, it is not your fault and you are not alone. Talk with someone you trust – a good friend, a caring health care or social worker, a sensitive family member, or an understanding person from your faith community. Talk with someone who will:

- Listen to you.
- Believe you.
- Not blame you.
- Not discriminate against you.
- Keep what you tell them confidential.
- Allow you to make your own decisions.

Domestic violence advocates are often the best people to talk with in order to understand your rights. They are there to help you identify choices and to help you look at the risks and benefits of these choices. They will not pressure you to do something you are not ready or able to do. And they will keep what you tell them confidential. They are there to listen, inform and support you. Only you can decide what is best for you.

Contact information for domestic violence advocates in your area are listed on the back panel of this brochure.



Domestic Violence Services

If you are in immediate danger, call 911.

National Hotline

To talk with an advocate and access services in your local area 24 hours a day, call the [National Domestic Violence Hotline](https://www.nationaldomesticviolencehotline.org/) at **1-800-799-SAFE**.

Local Domestic Violence Services:

HOPE, Inc.

PO Box 626
Fairmont, WV 26555-0626
(304) 367-1100
Fax: (304) 367-0362
Serves the following counties:
Doddridge (304) 873-1416
Gilmer (304) 462-5352
Harrison (304) 624-9835
Ritchie (304) 643-2407

Family Crisis Intervention Center

P.O. Box 695
Parkersburg, WV 26102
(304) 428-2333
1-800-794-2335
Fax: (304) 428-2398
www.fcichaven.org
Serves the following counties:
Calhoun (304) 354-9254
Pleasants (304) 684-3961
Wirt (304) 428-2333
Wood (304) 428-2333

Services Available:

- **Emergency shelter** offers a safe place for victims to stay if they are in need of emergency housing. While there, survivors learn about available options and develop a safety plan.
- **24-Hour emergency hotline** gives 24-hour a day access to advocates who provide crisis intervention and emotional support, advocacy, information, admission into shelter and referrals if the shelter is full.
- **Advocacy and other support services** can include help in obtaining medical care, legal protection, housing, furniture, clothing, training and educational services, employment, social services, emergency transportation, and translation services.
- **Peer support counseling** provides information, emotional support and help in identifying options and building solutions. Programs offer referrals to long-term therapeutic services.
- **Battered women's support groups** provide victims with an opportunity to be with other women who have been abused and with whom they may have much in common.
- **Services for children** include counseling and support to help children understand what is happening and to provide education and tools to break the generational cycle of domestic violence.
- **Monitored visitation services** offer a protected, neutral setting for exchange or visitation with children to occur.
- **Perpetrator Intervention Programs** are educational programs offered in some areas of the state for perpetrators of domestic violence to learn to recognize and be accountable for their abusive behavior.

Reporting Child Abuse and Neglect

WHO MUST REPORT?

Anyone may report suspected child abuse or neglect. Under West Virginia Law (WV Code 49-6A-2) certain persons are required to report. These persons include:

- medical, dental, or mental health professionals
- religious healers
- social services workers
- school teachers and other school personnel
- members of the clergy
- child care or foster care workers
- emergency medical services personnel
- peace officers or law enforcement officials circuit court judges
- family court judges or magistrates
- Christian Science practitioners

WHY SHOULD I REPORT?

The purpose of required reporting is to identify suspected abused and neglected children as soon as possible so that they may be protected from further harm. Child Protective services cannot act until a report is made.

Without detection, reporting and intervention abused and neglected children may remain victims for the rest of their lives. These children do not grow up and forget their childhood. They carry physical and emotional scars throughout their lives, often repeating the pattern of abuse and neglect with their own children.

AM I PROTECTED IF I REPORT?

West Virginia law provides immunity from civil or criminal liability for persons reporting in good faith (WV Code 49-6A-6)

HOW DO I REPORT?

When you suspect that a child is being abused you should report your concerns to the Child Protective Services (CPS) unit in the county office of the Department of Health and Human Resources where you live. [Locate DHHR County Offices](#)

Reports can also be made to the Child Abuse and Neglect Hotline (1-800-352-6513) 7 days a week, 24 hours a day.

What is child abuse?

Child abuse is any action (or non-action) that hurts a child or puts a child in danger.

Sexual abuse

Occurs when a person uses power, force or authority to involve a child or young person or adult in any form of unwanted or illegal sexual activity. This can involve touching or no contact at all. This may take the form of taking sexual explicit photographs or videos of children, forcing children to watch or take part in sexual acts and forcing or coercing children to have sex or engage in sexual acts with other children or adults.

Physical abuse

Occurs when a child suffers significant harm from an injury. The injury may be inflicted intentionally or may be the inadvertent consequence of physical punishment or physically aggressive treatment of a child. Some examples of physical abuse include hitting, punching, burning or shaking a child.

Emotional abuse

Affects a child's self-esteem and their psychological and emotional well-being. Emotional abuse can include being repeatedly isolated, rejected, continual coldness, excluding and distancing by a child, or putting down and calling a child demeaning names.

Neglect

The failure to provide for the child or young person's basic needs for life, such as food, clothing, shelter, medical attention, supervision or care to the extent that the child's health and development is, or is likely to be, placed at risk.

Domestic violence

Exposure to domestic violence can include watching or hearing a family member assault or threaten another member of the family, direct involvement (for example, trying to intervene or calling the police), or experiencing the aftermath of family violence, such as seeing bruises or observing maternal depression.

It is important to remember that abuse is often multi-dimensional and many victims will experience more than one form of abuse. The risk of negative behaviour, physical and mental health outcomes increase with the number of adverse childhood experiences.

Abuse has serious effects on children and can result in long-term physical and psychological problems. The consequences of abuse also extend beyond the immediate victims, and affect families, communities and broader society.

GRANDFACTS

STATE FACT SHEETS FOR GRANDFAMILIES



The GrandFacts state fact sheets for grandfamilies include state-specific data and programs as well as information about public benefits, educational assistance, legal relationship options and state laws. Visit www.grandfamilies.org to find this and all GrandFacts state fact sheets.

West Virginia

The Children

- 22,000 (6%) children live with a relative with no parent present.
- 41,482 (10.9%) children under 18 live in homes where householders are grandparents or other relatives.
 - 35,393 (9.3%) of these children live with grandparents.
 - 6,089 (1.6%) of these children live with other relatives.

The Grandparents

- 21,304 grandparents are householders responsible for their grandchildren who live with them. Of these:
 - 8,884 (41.7%) do not have parents present.
 - 13,553 (63.6%) are under age 60.
 - 9,906 (46.5%) are in the workforce.
 - 4,453 (20.9%) are in poverty.
 - 7,158 (33.6%) have a disability.
 - 5,219 (24.5%) are unmarried.
 - Race/Ethnicity:
 - 19,621 (92.1%) are white (not Hispanic or Latino)
 - 1,001 (4.7%) are black or African American
 - 128 (0.6%) are Hispanic or Latino origin
 - 64 (0.3%) are Asian
 - 107 (0.5%) are American Indian or Alaska Native
 - 0 (0.0%) are Native Hawaiian or other Pacific Islander
 - 383 (1.8%) are multiracial
 - 0 (0.0%) are some other race

Children in Kinship Foster Care

For data on children in kinship care within the child welfare system, see the [Child Trends fact sheet for West Virginia](#).

www.childtrends.org

Programs That Can Help

Local programs that provide support, resources and assistance to grandfamilies can often be found by contacting your local school, area agency on aging, community center, faith-based organization or children's services office.

Key Programs in West Virginia

Family Resource Center - REACHH

Website: www.reachhfrfc.com

Phone: 304-466-2226

Email: reachhfrfc@suddenlinkmail.com

Service Area: Summers and Mercer Counties

Description: Outreach, crisis intervention, in-home supports, advocacy, information and referrals, case-management, counseling, community education and children's programs.

Relatives as Parents Program of the Panhandle

Contacts: **Berkeley County:** Annie Otto
304-754-3802

anniem36@frontier.com

Jefferson County: Gwen Twyman
304-724-2044

thyvein@aol.com

Morgan County: Lisa Osborne
304-258-5600

Service Area: Berkeley, Jefferson and Morgan Counties

Description: Support groups, information and referral, legal assistance for kinship care issues and respite care.

MissionWV, West Virginia University Extension Services, Legal Aid of WV and the Dept. on Health & Human Services - West Virginia Relatives as Parents Program (RAPP)

Website: www.missionwv.org

Contact: Carolyn Suppa or Kelly Thompson

Phone: 304-562-0723 or 1-866-CALL-MWV (225-5698)(toll-free)

Email: info@missionwv.org

Service Area: Statewide

Description: Support groups, workshops, email listserv, resource referrals and toll-free warm line.

Public Benefits

Federal and state public benefits programs can help with income, food, healthcare, home energy, telephone and other needs for those who are eligible. Eligibility requirements vary with each public benefit and sometimes are different from state to state. Some benefits are for the family and others are for children or older adults individually. Children are often eligible for public benefits even if their caregivers do not have guardianship or legal custody. Relative caregivers may become eligible for benefits programs when their household size increases.

Help with Public Benefits

AARP Foundation's Benefits QuickLink

Benefits QuickLINK, powered by BenefitsCheckUp of the National Council on Aging, offers a free and private way to complete a questionnaire to find out if relatives and/or the children they are raising qualify for certain programs that pay for food, increase income and cover home and healthcare costs. The specific programs covered by the questionnaire in the website are listed below. Once the questionnaire is completed, the website generates a list of eligible programs and contact information.

www.aarp.org/quicklink

Benefits QuickLINK State and Federal Public Benefits	Benefits QuickLINK Public Benefits for Families Raising Children
<ul style="list-style-type: none"> • Medicare Savings Programs • Medicare Prescription Drug Coverage • Medicare Rx Extra Help • State Pharmaceutical Assistance Programs (SPAP) • Medicaid for Aged, Blind, and Disabled • Supplemental Nutrition Assistance Program (SNAP) • Earned Income Tax Credit (EITC) • Low Income Home Energy Assistance (LIHEAP) • State Property Tax Relief/Rebates • Supplemental Security Income (SSI) • Employment Programs • Telephone and Cellphone Assistance • Transportation Assistance 	<ul style="list-style-type: none"> • Medicaid for Children • State Children's Health Insurance Program (SCHIP) • TANF-Child Only Grants • Supplemental Security Income for Children • Child Care Assistance

Benefits.gov

An official website of the federal government, this resource has state specific information on benefits, in addition to a screening tool to find out which programs you may be eligible to receive.

www.benefits.gov

Eldercare Locator

The National Eldercare Locator service helps you find your local area agency on aging and other state and local resources that can help with public benefits, local programs and other services for older adults.

1-800-677-1116 (toll-free)

www.eldercare.gov

Key Public Benefits: Income

Each state administers federal funds that provide cash assistance to families in need. Some states also offer other forms of financial assistance.

Temporary Assistance to Needy Families (TANF)

Cash assistance may be available to eligible children and their relative caregivers.

WV WORKS

Department of Health and Human Resources, Bureau for Children and Families

877-716-1212

www.dhhr.wv.gov

Generations United's Grand Resources:

A Fact Sheet for Grandparent and Relative Caregivers to Help Access Support through the Temporary Assistance for Needy Families (TANF) Program

www.gu.org/RESOURCES.aspx

Social Security

A multigenerational program, Social Security provides income benefits to adults, older adults and children. In addition to [Retirement](#) and [Disability](#) benefits, [Survivor's Benefits](#) are based on a child's parent's earnings and may help if a child's parents die. Your grandchild may also qualify for benefits based on your work record. The [Supplemental Security Income](#) (SSI) program pays benefits to disabled [adults](#) and [children](#) who have limited income and resources. SSI benefits are also payable to people 65 and older without disabilities who meet the financial limits.

[Online Directory](#) - To find your local Social Security Administration office.

1-800-772-1213 (toll-free)

<https://secure.ssa.gov/>

Key Public Benefits: Nutrition

Relative caregivers and their families may be eligible for assistance with groceries, meals, infant formula and nutrition education. These are some of the key nutrition benefits programs and resources.

Supplemental Nutrition Assistance Program (SNAP)

SNAP is the new name for the federal Food Stamp Program. It helps low-income individuals and families buy the food they need for good health. Although SNAP is the national name, your state may use a different name.

West Virginia Supplemental Nutrition Assistance Program (SNAP)

Department of Health and Human Resources, Bureau for Children and Families

1-800-642-8589 (toll-free)

www.dhhr.wv.gov

Food and Nutrition Services of the U.S. Department of Agriculture (USDA)

Child Nutrition Program - The schools, early childhood education programs, child care centers, afterschool programs or other programs that children attend may offer free or reduced meals through the federal Child Nutrition Program, which provides breakfast, lunch, snacks, summer meals and milk. Contact the school, center or program to ask if they participate in any of the child nutrition programs and how to apply. Relative caregivers should inform the program that they are raising the child and whether or not they are doing so through a court order.

Online State Directory - To find your state office that manages the Child Nutrition program.
www.fns.usda.gov/cnd/Contacts/StateDirectory.htm

Women, Infant and Children (WIC) - States administer federal funds for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Online State Directory - To find your state office that manages the WIC program.
www.fns.usda.gov/wic/wic-contacts

Foodbanks

Organizations that provide free food and sometimes other items, such as diapers, to families in need.

Online State Directory - To find local food banks.
www.feedingamerica.org/foodbank-results.aspx

Key Public Benefits: Health Care

Relative caregivers and the children they are raising may be eligible for health insurance through Medicare and/or Medicaid and help with prescription drugs. **Benefits QuickLINK** can help you find these benefits.

www.aarp.org/quicklink

Health Insurance for Children

Relative caregivers may apply for free or low-cost health and dental insurance for the children they are raising through the Children's Health Insurance Program (CHIP), which provides health coverage to eligible children through both Medicaid and separate CHIP programs. CHIP and Medicaid are the national names, and your state may use different names.

WVCHIP

Department of Health and Human Resources
1-877-WVA-CHIP (1-877-982-2447 toll-free)
www.chip.wv.gov

West Virginia Medicaid

1-877-716-1212 (toll-free)
www.dhhr.wv.gov

Consent to Obtain Health Care

Even with insurance, consenting to health care for a child can be a challenge for relative caregivers who do not have legal custody. Some states have laws that allow these caregivers to “consent” to such treatment.

Grandfamilies.org Online Database - To see if your state has such a law.
www.grandfamilies.org/Search-Laws

Key Public Benefits: Tax Credits

The following information is about tax credits from the federal government available throughout the United States. Similar tax credits may exist in your state for state taxes. For example, according to the Center on Budget and Policy Priorities (CBPP), 26 states and the District of Columbia offer a state tax credit based on the federal Earned Income Tax Credit (EITC) and four states offer a Child Tax Credit. See CBPP’s **“Get it Back Campaign”** for more information on state tax credits.

Earned Income Tax Credit (EITC) is an income tax credit for workers who do not have high incomes. It is a refundable tax credit, which means you could get a refund check from the U.S. Internal Revenue Service (IRS) even if you don't earn enough to pay taxes.

Child Tax Credit is a tax credit for up to \$1,000 per dependent child. But, it is not refundable.

Additional Child Tax Credit may help if you don’t owe enough taxes to benefit from the child tax credit. Unlike the child tax credit, this tax credit is refundable.

Child and Dependent Care Tax Credit may help you if you’ve hired someone to help care for the child so you could work or look for work. If so, you may be able to claim up to \$3,000 in expenses per child.

Adoption Tax Credit can help if you have adopted your grandchild or other relative. It can give you a credit for the money you spent to adopt. If you adopted a child from the foster care system with special needs, you may be eligible for the maximum amount of credit for the year you adopted regardless of whether you had any qualifying expenses. If you did not adopt from the foster care system, you must have qualifying expenses like legal fees. This tax credit allows adoptive parents to claim up to \$13,460 per child.

Please note that tax credits themselves are not counted as income. They will not be counted when you apply for financial help.

Center for Budget and Policy Priorities (CBPP) – To find out about tax credits in your state.
www.cbpp.org

The U.S. Internal Revenue Service (IRS) – To find out more information about each of these tax credits
www.irs.gov

Education

The **U.S. Department of Education** offers a [parent site](#) that has a wide range of helpful information for parents **and** caregivers regarding children's education from early childhood through college, special needs, disabilities, language challenges and gifted students.

1-800-USA-LEARN (1-800-872-5327) (toll-free)

www.ed.gov/parents

West Virginia Department of Education

304-558-2691

www.wvde.state.wv.us

Educational Enrollment

Relative caregivers can contact their local school district's administrative office or their local school to find out how to register the child and what paperwork is needed. Caregivers may need birth records, health records or previous school records. Some states have laws that allow relative caregivers without legal custody or guardianship to enroll the children they are raising in school. These laws are often called education "consent" laws, but they may be called something else in your state.

Grandfamilies.org Online Database - To find out if your state has an education consent law.

www.grandfamilies.org/Search-Laws

Early Intervention, Special Education and Related Services

The Federal Individuals with Disabilities Education Act (IDEA) - From birth to age 21, children who have learning disabilities, physical disabilities or other special needs may be able to get early intervention, preschool and special education services in school through the federal IDEA. Services may include speech, physical and occupational therapies.

The IDEA requires that states identify, locate and evaluate all children ages 3 to 21 with disabilities who may need special education and related services. Once the evaluation team, which includes a child's caregivers, has decided if a child is eligible for early intervention, preschool or special education services, an Individual Family Service Plan (IFSP; birth to three years of age) or an Individual Education Plan (IEP; three to 21 years of age) is developed and services should begin shortly.

West Virginia Department of Education, Office of Special Programs

304-558-2696

www.wvde.state.wv.us/osp

West Virginia Birth to Three – Early Intervention Services

304-558-5388 or 1-800-642-8522 (toll-free in West Virginia)

Email: dhhrwvbt@wv.gov

www.wvdhhr.org/birth23

Parent Centers across the country provide information to help parents *and* caregivers with children who have special education needs and disabilities.

Online State Directory - To find Parent Centers in your state.

www.parentcenterhub.org/find-your-center/

Generations United's Grand Resources:

A Grandparent's and Other Relative's Guide to Raising Children with Disabilities

www.gu.org/RESOURCES.aspx

Early Childhood Education

Head Start and **Early Head Start** are early education programs for eligible children.

Online Directory - To find Head Start or Early Head Start centers in your state.

1-866-763-6481 (toll-free)

www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices

Child Care Aware provides information, resources and connection to local Child Care Resource and Referral Agencies (CCR&R) that help you find local child care.

Online Directory - To find your local Child Care Resource & Referral Agency.

1- 800-424-2246 (toll-free)

www.childcareaware.org/families/

Legal

The following legal relationships may be options for both those children exiting the foster care system and those outside the system. For those families who do not want to establish a legal relationship, consent and power of attorney laws are available in several states.

All of the following options are presented in general terms. This area of the law is created at the state level, so how these options are defined and which ones are available can vary significantly by state.

Adoption

With adoption, the relative caregiver becomes the parent in the eyes of the law. This fact makes access to services on behalf of the child the same as for any parent. Adoption ends all of the birth parents' rights and responsibilities, which means that birth parents cannot go to court later and reclaim those rights and responsibilities.

Adoption assistance payments may be available to relative caregivers who choose to adopt children in their care from the child welfare system.

North American Council on Adoptable Children - To get information about your state's subsidy, in addition to other adoption information.

www.nacac.org

Dave Thomas Foundation for Adoption - To find adoption resources that may be helpful to you.
www.davethomasfoundation.org

Guardianship

The biggest difference between adoption and guardianship is that guardianship does not take away all the birth parents' rights and responsibilities. Parents typically keep certain rights and the obligation to financially support the child. Unlike adoption, the parents can go back to court and ask for the guardianship to be ended. For caregivers, a guardianship allows them to access services on behalf of the child that otherwise might prove impossible while not changing family relationships, like making grandma legally mom.

Guardianship assistance payments may be available to relative caregivers who choose to get guardianship of the children in their care who are exiting the child welfare system.

www.grandfamilies.org - To find out more about whether your state has guardianship assistance.

Legal Custody

Legal custody is similar to guardianship, but it is usually granted by a different court that has different procedures.

Other Options

In some states, relative caregivers who do not want or have a legal relationship to the children in their care have laws that make it possible to access health care treatment and educational services on behalf of the children without going to court.

For more information on all these options, and to see what exists in your state, see www.grandfamilies.org.

State Laws

Grandfamilies.org is a collaboration between **Generations United**, the **American Bar Association Center on Children and the Law** and **Casey Family Programs**. It contains an easy-to-use, searchable **database** of state laws and legislation directly impacting kinship families. You will also find explanations of legal topic areas, practical implementation ideas, personal stories and many other resources.

Topics Covered:

- Adoption
- Care and Custody
- Education
- Federal Laws
- Foster Care Licensing
- Financial Assistance
- Healthcare
- Housing

- Kinship Navigator Programs
- National Family Caregiver Support Program
- Notification of Relatives
- Subsidized Guardianship

The online database of laws and legislation is at www.grandfamilies.org/Search-Laws.

Updates

If you have an update or a resource to be included in this or any of the other GrandFacts State Fact Sheets, please email grandfamilies@gu.org.

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Data Sources:

- Annie E. Casey Foundation Kids Count Data Center. 2013-2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates represent a three-year average. Accessed March 4, 2017. Retrieved from <http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/1491/any/14207,14208>
- U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates. Accessed March 4, 2017. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1001&prodType=table
- U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates. Accessed March 4, 2017. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1002&prodType=table