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**Child Care and Development Fund (CCDF) Plan**

**for**

**State/Territory West Virginia**

**FFY 2019–2021**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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## Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Families
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

### *CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118

site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

## 1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

### 1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1)).

#### 1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a)).

##### a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: West Virginia Department of Health and Human Resources

Street Address: One Davis Square, Suite 100 East

City: Charleston, WV 25301

State: West Virginia

ZIP Code: 25301

Web Address for Lead Agency: <http://www.dhhr.wv.gov>

##### b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Bill J.

Lead Agency Official Last Name: Crouch

Title: Cabinet Secretary

Phone Number: (304) 558-0684

Email Address: [dhhrsecretary@wv.gov](mailto:dhhrsecretary@wv.gov)

#### 1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Janie

CCDF Administrator Last Name: Cole

Title of the CCDF Administrator: Interim Deputy Commissioner

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: 350 Capitol Street, Room B-18

City: Charleston

State: WV

ZIP Code: 25301

Phone Number: (304) 356-4601

Email Address: Janie.M.Cole@wv.gov

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Deidre

CCDF Co-Administrator Last Name: Craythorne

Title of the CCDF Co-Administrator: Child Care Program Manager

Address of the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: 350 Capitol Street, Room B-18

City: Charleston

State: WV

ZIP Code: 25301

Phone Number: (304) 356-4602

Email Address: Deidre.W.Craythorne@wv.gov

Description of the role of the Co-Administrator: The CCDF co-administrator oversees and directs the administration of CCDF requirements.

## 1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

- 1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

All program rules and policies are set or established at the state or territory level.

Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. Eligibility rules and policies (e.g., income limits) are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- Other. Describe:

2. Sliding-fee scale is set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- Other. Describe:

3. Payment rates are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- Other. Describe:
- Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):



1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply.

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

b) Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

c) Who issues payments?

- CCDF Lead Agency
- TANF agency.
- Other state or territory agency.
- Local government agencies, such as county welfare or social services departments.
- Child care resource and referral agencies.
- Community-based organizations.
- Other.

1.2.3 What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance. The DHHR includes provisions for corrective action within its grant agreements with the CCR&R Agencies that administer the subsidy system. These provisions are:

- Deductions & Withholdings: The Department may deduct amounts or withhold payments invoiced by the Grantee under the Grant Agreement between the Grantee and the Department or its operating units if the Grantee fails to comply with any requirements of

the Grant Agreement between the Grantee and the Department or its Bureaus, Offices, Divisions, or other operating units.

Funds withheld due to unsatisfactory program performance or failure to comply with the terms and conditions of the Grant Agreement between the Department or its other operating units may be restored upon satisfactory completion of the condition that caused the withholding.

- Monitoring: If, as a result of its monitoring efforts, the Department uncovers deficiencies in the Grantee's administration of the grant or related project/program, the Department shall notify the Grantee in writing of said deficiencies. The Grantee shall agree to take immediate and timely corrective action as determined by the Department in an attempt to rectify any identified and reported deficiencies and to resolve the matter.
- Department Right of Approval: The Department shall have the right in its sole discretion to refuse to permit any employee of the Grantee, or employee of an approved agent, assignee, or subcontractor of the Grantee, to be located at a Department work location, or to provide services to the Department or its clientele pursuant to the Grant Agreement.

In addition, The Department has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, DHHR program and contract staff interview all CCR&R staff as well as some local DHHR staff, providers and recipients, and review case records, personnel and financial files. Program staff monitor work flow and environment. If deficiencies exist, the state requests corrective action and then monitors to insure corrective action was taken. The state has the option to issue a new competitive grant announcement if improvement does not occur. All six agencies have been reviewed in this manner.

- 1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate. WV currently develops and administers its system for Child Care and related programs in-house. All code or software for child care information systems or information technology in WV which

expends CCDF funds to develop will be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs. In addition, WV signed a contract with Optum at the end of 2017 for the development of a new Integrated Eligibility System (IES) which will include all Child Care and related programs. In the OPTUM IES contact, it stipulates that any code written for the WV IES using federal funds will be available to other states for reuse.

- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency’s policies related to the use and disclosure of confidential and personally-identifiable information. All workers who handle personally-identifiable information are required to read and sign the Lead Agency’s confidentiality policy and are required to complete annual Health Insurance Portability and Accountability Act Security training. All records and information are properly maintained in regard to physical, network, and process security protocols.

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

*Consultation* involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

- 1.3.1 Describe the Lead Agency’s consultation in the development of the CCDF plan.
- c) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. The Division of Early Care and Education provided in-

- person meetings at four locations across the state. Participants were able to give input to the state plan via SurveyMonkey and information was distributed via various collaborative partners' listservs.
- d) Describe how the Lead Agency consulted with the State Advisory Council. The lead agency has official representation and a decision-making role in the State Advisory Council.
  - e) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. There are no Indian Tribes and/or Tribal organizations in the state.
  - f) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan. N/A
- 1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). *Reminder:* Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
- g) Date(s) of notice of a public hearing. April 16, 2018 *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.
  - h) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice. The Lead Agency posted notice of the public hearing on the Lead Agency's website. Notices were also sent out through email to collaborative partners responsible for TANF, Child Welfare, CCR&R agencies, and the Early Childhood Advisory Committee. The State Plan and notice of the hearing were also delivered to child care providers and families through listservs.  
Link to announcement page:  
<http://www.dhhr.wv.gov/news/Pages/default.aspx>
  - i) Date(s) of the public hearing(s). May 16, 2018 *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
  - j) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed. Connect Child Care Resource and Referral, 1 Player's Club Drive, Charleston, WV 25311. Comments were also accepted through Survey Monkey.
  - k) How the content of the Plan was made available to the public in advance of the public hearing(s). The plan was posted to the Lead Agency's website.
  - l) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The Lead Agency will review

comments and include public recommendations for plan activities as budget constraints allow.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).

m) Provide the website link to where the plan, any plan amendments, and/or waivers are available. <http://www.dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>

n) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees. Describe: Results from the plan amendments will be shared at the Early Childhood Advisory Council.

Working with child care resource and referral agencies. Describe: The CCR&R websites will have a link available to DHHR Child Care website.

Providing translation in other languages. Describe:

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe: The link to the plan was posted on the WV DHHR agency's Facebook page.

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe: The lead agency communicates with child care providers through dedicated list serves

Other. Describe:

#### 1.4 Coordination With Partners To Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes entities required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

(REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process: The Division of Early Care and Education provided the opportunity for input online to all State Agencies and community members, as well as in-person meetings at 3 locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

(REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals and process: The Division Director, Lisa Ertl, provided an informational spot light on the CCDBG reauthorization. ECAC members were also invited to the 3 statewide meetings.

Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?

No

Yes

(REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:

N/A—There are no Indian tribes and/or tribal organizations in the State.

(REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe the coordination goals and process: The Division of Early Care and Education participates in a state level early childhood advisory council. The WV Department of Education, Office of Special Programs, WV Department of Health and Human Resources Office of Maternal, Child and Family Health, WV Birth to Three sits at the Advisory Council table and is part of all collaborative efforts.

(REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: Coordination occurs within the Early Childhood Advisory Council membership.

X \_\_\_\_\_ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: The Lead Agency is also the agency responsible for public health and the agency responsible for immunizations. No additional coordination is required as the Lead Agency houses both initiatives.

X \_\_\_\_\_ (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process: The Lead agency coordinates with WorkForce West Virginia and co-locates some child care resource and referral offices to better assist job seeking parents.

X \_\_\_\_\_ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (PreK). Describe the coordination goals and process: The WV Department of Education is a member of the WV Early Childhood Advisory Council. Coordination occurs within the Early Childhood Advisory Council membership

X \_\_\_\_\_ (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process: The Lead Agency is also the agency responsible for child care licensing. No additional coordination is required as the Lead Agency houses both initiatives.

X \_\_\_\_\_ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: The Division of Early Care and Education provided the opportunity for input online to all State Agencies and community members, as well as in-person meetings at 3 locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

X \_\_\_\_\_ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process: The Division of Early Care and Education in conjunction with the WV Department of Education Office of Federal Programs reviewed and discussed the State Plan expectations for planning and implementation.

X \_\_\_\_\_ (REQUIRED) State/territory agency responsible for employment services and workforce development. Describe the coordination goals and process: The Division of Early Care and Education provided the opportunity for input online to all State Agencies and community members, as well as in-person meetings at 3 locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

X \_\_\_\_\_ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and

process: WV Department of Health and Human Resources is the parent agency of both the TANF and the Lead Agency. Ongoing collaboration is occurring.

(REQUIRED) Agency responsible for Medicaid and the state Children’s Health Insurance Program. Describe the coordination goals and process: The Lead Agency houses both Medicaid and the Children’s Health Insurance Program.

(REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: The Lead Agency houses both the Bureau for Behavioral Health and the Division of Early Care and Education. Both Bureaus work collaboratively to promote the wellbeing of children in West Virginia.

(REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: The CCR&R system in WV is the structure in place for families to come and apply for child care assistance as well as child care providers to receive professional development.

(REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: The Statewide Afterschool Network works closely with the Lead Agency to align strategic goals for West Virginia’s children. Lead Agency staff provides input and technical assistance to the Statewide Afterschool Network.

(REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process: The Lead Agency works with the West Virginia Department of Homeland Security and Emergency Management in coordinating disaster preparedness plans for child care and continuity of operations plans for the Lead Agency and its grantees.

*The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.*

State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The Lead Agency is currently working with the EHS/CC partnerships to provide technical assistance and financial supports.

State/territory institutions for higher education, including community colleges. Describe: There is higher education representation on the WV Early Childhood Advisory Council

Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: The Lead Agency will be expanding collaboration with the Maternal and Childhood Home Visitation programs.



\_\_\_\_\_ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe: The Division of Early Care and Education provided in-person meetings at four locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

\_\_\_\_\_ State/territory agency responsible for child welfare. Describe:

State/territory liaison for military child care programs. Describe: [REDACTED]

\_\_\_\_\_ Provider groups or associations. Describe:

Parent groups or organizations. Describe: [REDACTED]

Other. Describe: [REDACTED]

**1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds**

*Optional Use of Combined Funds:* States and territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No.

Yes. If yes, describe at a minimum:

- a) How you define “combine” [redacted]
- b) Which funds you will combine [redacted]
- c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations [redacted]
- d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level? [redacted]
- e) How are the funds tracked and method of oversight [redacted]

*Use of PreK for Maintenance of Effort:* The CCDF final rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public PreK funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

*Use of Private Funds for Match or Maintenance of Effort:* Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the child care program (98.55(f)).

- 1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

*Note:* The Lead Agency must check at least public and/or private funds as matching, even if PreK funds also will be used.

- N/A—The territory is not required to meet CCDF matching and MOE requirements
- X Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
  - o If checked, identify the source of funds: General Revenue
  - o If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ \$6,386,183
- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

If checked, are those funds:

- donated directly to the State?
- donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: [REDACTED]

If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$ [REDACTED]

- State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with PreK expenditures (not to exceed 30 percent): [REDACTED]
  - If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its PreK and child care services: [REDACTED]
  - If known, identify the estimated amount of PreK funds that the Lead Agency will receive for the matching funds requirement: \$ [REDACTED]

Describe the Lead Agency efforts to ensure that PreK programs meet the needs of working parents: [REDACTED]

- State expenditures for PreK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,  
The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

- No
- Yes

Describe the Lead Agency efforts to ensure that PreK programs meet the needs of working parents: [REDACTED]

Estimated percentage of the MOE Fund requirement that will be met with PreK expenditures (not to exceed 20 percent): [REDACTED]

- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its PreK and child care services to expand the availability of child care: [REDACTED]
- If known, identify the estimated amount of PreK funds that the Lead Agency will receive for the MOE Fund requirement: \$ [REDACTED]

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

- 1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)). The state does not at this time participate in any public-private partnerships. With limited economic support for business in the state, the Lead Agency in years past has worked with the Child Care Resource and Referral Agency Directors to build awareness and ability to communicate need for these partnerships. While there were small successes, some businesses were willing donate items such as mulch or landscaping to child care centers, these partnerships quickly dissipate. The Lead Agency continues to inquire with the CCR&R system regarding community level participation between child care and local businesses. If interest exists, state level staff will available to work with the partners to enhance relationships and capitalize on funding/support potential.

## 1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

*Note:* Use section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

- No. The state/territory does not fund a CCR&R system and has no plans to establish one.
- Yes. The state/territory funds a CCR&R system. If yes, describe the following:
- a) What services are provided through the CCR&R system?
  - b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated.

The lead agency retains overall responsibility for administering all Child Care and Development Fund monies, including the development of state Child Care policy and procedures promulgation of regulatory requirements for providers, oversight of all funds by grantees, and assuring that grantees operate according to CCDF rules. The lead agency also provides direction for all activities that improve the quality of care. Policy is developed on a state level and is the same statewide with no local variations with regard to priorities for children, eligibility criteria, sliding fee scales, payment rates or procedures. Regulatory requirements must be promulgated through the state Legislature, so regulations apply statewide. The Department of Health and Human Resources does, however, enter into grant agreements with other private agencies to implement many of its services, programs and activities.

CCR&R Services: The state has developed an infrastructure of Child Care Resource and Referral (CCR&R) agencies to provide resource and referral services, manage the child care certificate system (including eligibility determination and payment to providers) and deliver a number of quality initiatives. The Current six CCR&R agencies were selected through competitive grant announcements. As the vast majority of service delivery and quality initiatives are contracted through the CCR&R, the state has a number of methods for maintaining overall control of the CCR&R activities. They include the following:

- An annual work plan and grant agreement used to continue and/or modify requirements and services.
- CCR&R agencies follow all state policy and procedures and use state designed forms and information systems. Checks are written and issued by the Lead Agency based on information entered into the state's database by CCR&R agencies, so certificate monies remain with the stat allowing for better control of funds.

In order to ensure that only appropriate expenses are charged to CCDF, all child care and related activities are captured in a separate fund in the accounting system.

The annual budget is prepared by the Bureau's financial unit based on projected expenditures and available federal and state funding levels. Each childcare expenditure is budgeted and spent in a specified accounting code (org), which allows expenditures to be segregated by activity type. This segregation includes capturing expenditures related to the various required earmarks. The codes also allow the transfer of the expenditures to the federal report form.

Detailed monthly expenditure reports are prepared that compare current spending levels to the budgeted amounts. These reports are thoroughly reviewed, and any discrepancies are researched, and any necessary adjustments are made.

Expenditures originate from several different sources, including activities that are directly charged to the separate child care fund such as payments made to child care providers. Child Care Resource and Referral (CCR&R) agencies are responsible for determining eligibility and processing payments to child care providers. These payments are processed in the Statewide Automated Child Welfare Information System (SACWIS). In West Virginia the system is known as the Family & Children's Tracking System (FACTS). The FACTS system allows the flexibility for various types of expenditures to post to specific accounting codes (orgs).

A cost allocation plan is used for administrative expenditures that are shared amongst various funding sources. The CCR&R agencies and Bureau workers complete a time study in order to allocate these costs. The time study is used to determine activities they perform

that are not eligible to be paid with federal CCDF funding, as well as activities that qualify for any of the required earmarks.

All accounting information is posted to the statewide Financial Information Management System (FIMS). From there, the Department's finance unit pulls the expenditures to complete the federal reporting forms.

## 1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

- 1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body: The Statewide Child Care Disaster plan was developed in conjunction with the WV Department of Homeland Security and Emergency Management, as well as with input from Early Childhood Advisory Committee . The Lead Agency has plans for Continuity of Operations Plans.
- 1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster: Subsidy services during localized emergencies are able to be continuously administered in areas not directly affected by the emergency since the state uses a statewide data system. In addition, the State has policy waivers that apply to areas affected by disasters, to allow for uninterrupted billing.
- 1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services: The Lead Agency in conjunction with licensing and regulatory and local Child Care Resource and Referral agencies, assists child care providers and families with post-disaster related child care services, through policy waivers and coordinated information sharing.

- 1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions: All child care providers are required to have emergency preparedness plans which address each of these items. Emergency Preparedness plans must be placed on file with their local Emergency Management agency, and updated annually per State licensing and registration regulations.
- 1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii): Per State licensing and registration requirements, family child care providers must hold practice drills monthly, while centers must do so twice per month. Evacuation by vehicle drills must occur twice per year.
- 1.8.6 Provide the link to the website where the statewide child care disaster plan is available: <https://dhsem.wv.gov/Resources/Pages/WV-Emergency-Operations-Plan.aspx>

## **2 Promote Family Engagement Through Outreach and Consumer Education**

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the



manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

## 2.1 Outreach to Families with Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language: According to the 2010 Census, only 1.1% of West Virginia's population speaks a language other than English at home, encompassing a wide range of languages from Hindi to Chinese. CCR&R agencies use a language phone service to ensure that these populations are adequately served. Because of the lack of demand, West Virginia has not conducted any statewide activities aimed at families with limited English proficiency.

2.1.2 Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability: The Lead Agency partners with Birth to Three, Behavioral Health agencies, the WV Department of Education, and Family Resource Centers to assist families with disabilities in accessing services.

## 2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16; 98.32).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Complainants are received by the Lead Agency in several ways:

1. General Intake at WV DHHR - Complainants can call the WV DHHR abuse and neglect hotline at 1-800-352-6513 and speak to a general intake worker who will take the complaint. Then, the intake worker emails the WV DHHR BCF ECE Child Care Program Manager "Child Care Center Violation Report" email with details regarding

the complaint. The Program Manager then forwards the complaint for investigation. The WV DHHR link <https://dhhr.wv.gov/bcf/Services/Pages/Centralized-Intake-for-Abuse-and-Neglect.aspx> has direction as to what information the intake worker will need for the complaint.

2. Email – R&R staff submit a complaint via email to the Child Care Program Manager.
3. Phone - Through a phone call from a complainant to either a BCF Division of Early Care and Education regulation unit specialist, child care supervisor or program manager.
4. Written information - ECE also takes complaints in written form.
5. [https://www.wvdhhr.org/bcf/ece/earlycare/ccc\\_comp.asp](https://www.wvdhhr.org/bcf/ece/earlycare/ccc_comp.asp)

2.2.2 Describe the Lead Agency’s process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring: A monthly report is generated manually that captures substantiated abuse and neglect in child care, deaths in care and serious occurrences (those incidents and/or injuries that resulted in formal medical care). All regulatory staff complete a monthly report. Regulatory staff capture that information individually. The information is aggregated and put on the report which is uploaded monthly to the WV DHHR website <https://dhhr.wv.gov/bcf/Pages/default.aspx>. The report is posted monthly and includes year by year data only.

2.2.3 Describe the Lead Agency’s process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring: Local DHHR child care regulatory specialists and the state licensing staff enter information in the state’s management information system (FACTS) on all substantiated parental complaints on family child care providers, family child care facility providers, school-age child care programs and child care centers.

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: When a complaint is substantiated, the provider is informed that a substantiated complaint becomes part of the public record that is made available to the parents upon request. Written notification of the complaint is mailed to the provider and may include a corrective action plan, a change in status, limitations on services, etc.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: When a parent requests a history of substantiated complaints, a report may be generated from the FACTS called a “History of Non-Compliance Report.” The report indicates any substantiated non-compliance, any corrective action and dates of completion. This information is readily access ible to local DHHR child care staff, resource and referral staff and State licensing staff. When a request for the information is made, the worker is to provide a copy of the applicable

pages(s). However, workers are not to provide any additional information of discussion regarding the complaints.

### 2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible: The Lead Agency's website is written in plain language and connects the public to all the services and programs offered by the Lead Agency. Side menus and search functions assist in website navigation.
- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): According to the 2010 Census, only 1.1% of West Virginia's population speaks a language other than English at home, encompassing a wide range of languages from Hindi to Chinese. CCR&R agencies use a language phone service to ensure that these populations are adequately served. Because of the lack of demand, West Virginia has not set up its website to accommodate other languages.
- 2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: The Lead Agency website is designed to be accessible to screen readers and uses high contrast colors to assist users in identifying buttons and links.
- 2.3.4 Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting

monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: <https://dhhr.wv.gov/bcf/Childcare/Pages/Child-Care-Provider-Regulatory-Requirements.aspx>

There are no exempt child care providers in West Virginia

- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>

- c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6:

<https://dhhr.wv.gov/bcf/policy/Documents/Criminal%20Background%20check%20%28CIB%29%20Policy.pdf>

### 2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers should be searchable by ZIP Code.

- d) Provide the website link to the searchable list of child care providers:

<https://dhhr.wv.gov/bcf/Childcare/Pages/ChildCareSearch/Child-Care-Locator.aspx>

- e) Which providers are included in the searchable list of child care providers:

- X Licensed CCDF providers
- X Licensed non-CCDF providers
- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- X Relative CCDF child care providers
- Other. Describe:

- f) Describe what information is available in the search results. Specify if the information is different for different types of providers:

Information available in the search includes provider location, contact information, license type, license expiration date, name of licensing specialist assigned, capacity

information, and licensing inspection reports. It also include links to the local child care resource and referral agency.

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- X National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- Other. Describe:

b) For what types of providers are quality ratings or other indicators of quality available?

- X Licensed CCDF providers. Describe the quality information:  The Lead Agency provider information on whether or not the program is accredited or meets Tier II standards.
- X Licensed non-CCDF providers. Describe the quality information:  The Lead Agency provider information on whether or not the program is accredited or meets Tier II standards.
- License-exempt center-based CCDF providers. Describe the quality information:
- License-exempt FCC CCDF providers. Describe the quality information:
- License-exempt non-CCDF providers. Describe the quality information:
- Relative child care providers. Describe the quality information:
- Other. Describe:

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are

deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available.

Certify by describing:

- a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary. The consumer website has a Child Care Locator for consumers that desire to search and research child care programs. The Locator makes available general information such as the name of the program, the address, capacity, phone number, ages accepted and so on. Once an individual has chosen a provider, the name of the provider can be clicked on which then takes the consumer to a page that lists noncompliance for the program. The list of noncompliance notes whether the provider has corrected the noncompliance or if the correction is pending correction. On this page, a consumer can request a written history of noncompliance for the program or contact the assigned regulation unit specialist for further information.
- b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries. The consumer website has a report which is updated monthly to include aggregate data on serious injuries, substantiated abuse and neglect and deaths.
- c) The process for correcting inaccuracies in reports. The information on the Child Care Locator is pulled from the state Family and Child Tracking System (FACTS). Should an error be noted, Early Care and Information staff contact designated FACTS staff about the inaccuracy, so a correction can be made.
- d) The process for providers to appeal the findings in the reports, including the time requirements. Any time a provider is monitored, and a corrective action plan is generated, the provider has 30 days to challenge the corrective action plan either via a prehearing conference or a formal hearing. The process for appealing the findings on the Child Care Locator are the same.
- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe. The Child Care Locator is updated monthly, with the information populating from the previous month.
- f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)). The Child Care Locator noncompliance information is not posted past 3 years. However, anyone can request a History of Noncompliance with allows for a report to be generated for any timeframe.
- g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years). The agreement between FACTS and the Division of Early Care and Education allows for the information to be removed when it is 3 years old. FACTS staff removes the material and populates it with current information.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

License-exempt non-CCDF providers

Relative child care providers

Other. Describe: [REDACTED]

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. Child care providers are to report to the Division of Early Care and Education staff within 24 hours any serious injuries or deaths. In addition, providers are required, as mandated reporters to report to the appropriate abuse and neglect agency.

b) The definition of “substantiated child abuse” used by the Lead Agency for this requirement. Physical injury, mental or emotional injury, sexual abuse, sexual exploitation, the sale or the attempted sale or negligent treatment or maltreatment of a child by a parent, guardian or custodian responsible for the child’s welfare, under circumstances which harm or threaten the health and welfare of the child.

c) The definition of “serious injury” used by the Lead Agency for this requirement. A serious injury is defined as any injury that occurs that requires formal medical care.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.  
[https://dhhr.wv.gov/bcf/Childcare/Documents/WV%20Serious%20Injury%2c%20AbuseNeglect%20and%20Death\\_FFY171718\\_As%20of%20022818.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/WV%20Serious%20Injury%2c%20AbuseNeglect%20and%20Death_FFY171718_As%20of%20022818.pdf)

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: The Lead Agency provides a link to local child care resource and referral agencies and describes the services offered.

<https://dhhr.wv.gov/bcf/Childcare/Pages/Child-Care-Resource-and-Referral.aspx>

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand

information included on the website. Describe and include a website link to this information: <https://dhhr.wv.gov/bcf/Pages/Contact.aspx>

- 2.3.11 Provide the website link to the Lead Agency’s consumer education website. <https://dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>

## 2.4 National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at ChildCare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers.

General Intake at WV DHHR - Complaints received will go to a general intake worker who will enter the complaint. Then, the intake worker emails the WV DHHR BCF ECE Child Care Program Manager “Child Care Center Violation Report” email with details regarding the complaint. The Program Manager then forwards the complaint for investigation. The WV DHHR link <https://dhhr.wv.gov/bcf/Services/Pages/Centralized-Intake-for-Abuse-and-Neglect.aspx> has direction as to what information the intake worker will need for the complaint.

- 2.4.1 Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline.

The intake worker emails the WV DHHR BCF ECE Child Care Program Manager “Child Care Center Violation Report” email with details regarding the complaint. The Program Manager then forwards the complaint for investigation. The WV DHHR link <https://dhhr.wv.gov/bcf/Services/Pages/Centralized-Intake-for-Abuse-and-Neglect.aspx> has direction as to what information the intake worker will need for the complaint.

## 2.5 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively



provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.5.1 through 2.5.4, certify by describing:

- 2.5.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state PreK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. [REDACTED]

CCR&R Services: The state has developed an infrastructure of Child Care Resource and Referral (CCR&R) agencies to provide resource and referral services, manage the child care certificate system (including eligibility determination and payment to providers) and deliver a number of quality initiatives. The current six CCR&R agencies were selected through competitive grant announcements. As the vast majority of service delivery and quality initiatives are contracted through the CCR&R, the state has a number of methods for maintaining overall control of CCR&R activities.

Parents, providers and the general public are informed of the availability of child care services through family support staff at local DHHR offices, child care staff at CCR&R agencies, providers who accept subsidy payments, the state's website, and other consumer education efforts. CCR&R agencies have placed posters in DHHR offices' waiting areas to notify parents of eligibility for services and have used various advertising campaigns including billboards, radio, and newspaper articles to spread the word. The CCR&R agencies have also set up application sites at college campuses and local businesses and have attended community fairs and even parent teacher organization meetings to provide information on child care services. Each CCR&R has a website that is connected to the state Child Care website that includes information on how to apply for child care and the options of types of child care. The CCR&R agencies also use their TRAILS vans to advertise the program. The vans set up at fairs, festivals and conferences across the state to offer information about available services.

- 2.5.2 The partnerships formed to make information about the availability of child care services available to families. [REDACTED]

Parents are informed of the availability of child care services through family support staff at local DHHR offices, child care staff at CCR&R agencies, providers who accept subsidy payments, the state's website, and other consumer education efforts. CCR&R agencies have placed posters in DHHR offices' waiting areas to notify parents of eligibility for services and have used various advertising campaigns including billboards, radio, and newspaper articles to spread the word. Each CCR&R has a website that is connected to

the state Child Care website that includes information on how to apply for child care and the options of types of child care.

Information is available through CCR&R agencies and the WV DHHR website. During the application process, parents are informed of the range of child care providers, including faith based, that are available through the certificate program and are referred to available providers in their area, if they have not already selected a provider. The Families and Children Tracking System (FACTS) enables a search of the provider database by county or zip code. Once that search is completed, a list of provider characteristics can be generated to provide a more detailed referral. The state’s web page also has a listing of child care centers that can be sorted by county.

2.5.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description, include at a minimum what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

- X Temporary Assistance for Needy Families program:   Information is available through CCR&R agencies and the WV DHHR website.
- X Head Start and Early Head Start programs:   Information is available through CCR&R agencies and the WV DHHR website.
- X Low Income Home Energy Assistance Program (LIHEAP):   Information is available through CCR&R agencies and the WV DHHR website.
- X Supplemental Nutrition Assistance Programs (SNAP)Program:   Information is available through CCR&R agencies and the WV DHHR website.
- X Women, Infants, and Children Program (WIC)program:   Information is available through CCR&R agencies and the WV DHHR website.
- X Child and Adult Care Food Program(CACFP):   Information is available through CCR&R agencies and the WV DHHR website.
- X Medicaid and Children’s Health Insurance Program (CHIP):   Information is available through CCR&R agencies and the WV DHHR website.
- X Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA):   Information is available through CCR&R agencies and the WV DHHR website.

2.5.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children’s development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is

provided, and how the information is tailored to a variety of audiences and include any partners in providing this information. [REDACTED]

The Lead Agency makes available to parents, providers, and the general public information on best practices concerning children's physical health and development including healthy eating and physical activities through the following resources:

- Nurse health educators are nurse health consultants are available through the State's six (6) Resource and Referral agencies to provide training and information to child care providers on nutrition, physical activity, child health and well-being.
- KEYS 4 HealthyKids (KEYS) is a partnership of community stakeholders whose goals is to implement healthy eating and active living policy and environmental change initiatives that can support healthier communities for children and families across the West Virginia. KEYS places special emphasis on reaching children who are at highest risk for obesity on the basis of race/ethnicity, income and/or geographic location.
- The Key 2 a Healthy Start is a quality improvement project in Early Care and Education (ECE) to prevent childhood obesity through policy, systems, and environmental changes. This intervention consists of developing a collaborative network, workshop training using an evidence-based obesity prevention quality improvement tool, and support to improve the nutrition and physical activity environments of young children.
- Farm to Childcare is a program that aims to make connections between local farmers for sustainable produce and local childcare centers. The plan is to facilitate the development of a community supported agriculture (CSA) for Farm to Child Care to increase buying power of local, fresh produce. The high cost of fresh fruits and vegetables is listed as one of the barriers to access to healthy foods. In order to keep the cost of food low, many child care centers and families are resorting to buying little fresh produce. Many factors impact the child care center's ability to increase the amount of fresh produce on their menu including cost, availability, and time spent to travel to place that sells local produce.
- Nutrition and Physical Activity Self-Assessment for Child Care Centers (NAP SACC) is a tool to improve nutrition and physical activity standards in child care settings. This tool to assess childcare centers for is used by The KEY 2 a Healthy Start. KEYS 4 Healthy Kids has partnered with childcare centers that completed NAP SACC before participating in workshops and implementing policy and environment changes. The workshop topics include an overview of nutrition and physical activity policies, menu planning with registered dietitians, physical activity improvement opportunities, incorporating families into nutrition and physical activity goals, worksite wellness, and goal setting to measure progress.
- Natural Learning Environment are a new type of playground. They are spaces that provide enriching outdoor learning opportunities that contribute to healthy development. Gardening is one of several but perhaps the most important element of a natural learning

environment. Research shows that children are more likely to eat fruits and vegetables when they have planted and cared for them. Keys 2 a Healthy Start has incorporated gardening into their school and childcare projects. All-natural learning environment sites are shared use meaning that they are open to the public.

- Spectrum of Opportunities’ is a current initiative that exists by which states, and to some extent communities, can support ECE facilities in their jurisdictions to achieve recommended standards and best practices for obesity prevention. Participants from various stakeholders throughout the state are involved with this program and researching how standards can be incorporated into all aspects of Early Care and Education settings.

2.5.5 Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

Two Behavioral Consultants (BC) are on staff at each of West Virginia’s six Child Care Resource and Referral Agencies (R&R). R&R Behavioral Consultants utilize developmentally appropriate practices and positive child guidance supports that include prevention, promotion, and intervention in addressing the social/emotional development and behavior concerns regarding children. BCs offer telephone and onsite consultation services and training based upon general and specific needs of programs, staff and children.

### **Families**

Behavioral Consultation is available to parents/caregivers via request or referral. State resource and referral agencies provide information regarding behavioral consultation services and social/emotional development to parents through website information, informational brochures, during face to face meetings, trainings, and direct referral. Parents receive consultation information and services from provider referrals as well.

### **Providers**

Behavioral Consultation is available to providers via request or referral. Consultation may be programmatic/classroom or child-specific; dependent upon need. Behavioral Consultants offer general community and site-specific training on positive child guidance, which may include positive behavior intervention and support models. Behavioral Consultants promote services by visiting centers to share consultation information and foster positive relationships. State resource and referral agencies provide information regarding behavioral consultation services through website information, informational

brochures, and resource and referral newsletters. Information regarding social emotional development and related training opportunities are available on the WV Early Childhood Professional Development Calendar.

### **General Public**

Information regarding behavioral consultation services is available to the public on state resource and referral websites and brochures.

### **Partners**

Department of Education, Head Start, Birth to Three, Home Visitation and others, participate in advisory councils/committees to disseminate information and training on infant mental health, social emotional development, positive behavior intervention and supports; to their respective clientele and the early childhood community at large.

- 2.5.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

### **Reducing Early Childhood Expulsion in West Virginia**

#### **General**

With reauthorization of the Child Care and Development Block Grant Act (CCDBG) of 2014, the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (ED) issued a joint policy statement with regard to reducing or eliminating expulsion and exclusion from early childhood settings [https://www.acf.hhs.gov/sites/default/files/ece/expulsion\\_suspension\\_final.pdf](https://www.acf.hhs.gov/sites/default/files/ece/expulsion_suspension_final.pdf). Multiple studies have confirmed expulsions from public pre-k and other early care and education settings occur at a rate higher than K through 12 combined. While data on prekindergarten expulsions suggests a rate of 4 to 6 times that of K-12 combined, expulsion data on children in non-prekindergarten settings is significantly higher. Child care professionals know the importance of high quality early childhood experiences and their corresponding impacts on overall development and learning. Expulsions remove children from these enriched experiences at a critical time and can lead to long term educational and social difficulties. In addition, it is children most in need of these experiences who are more often expelled. Expulsions also put significant stress on parents and families, which in turn can lead to more negative impacts on the child. West Virginia is focused on developing and implementing policy to address early childhood expulsions by fiscal year 2017-18. In the interim, early care and education providers, regardless of setting, have an opportunity to prepare for the policy implementation.

### Expulsion Prevention

West Virginia currently has a prekindergarten expulsion rate lower than the national average. In a recent report on prekindergarten expulsions, West Virginia ranked fortieth in percentage of children expelled. Expulsion rates for children in non-prekindergarten programs in the state are less clear.

[http://challengingbehavior.fmhi.usf.edu/explore/policy\\_docs/prek\\_expulsion.pdf](http://challengingbehavior.fmhi.usf.edu/explore/policy_docs/prek_expulsion.pdf).

In response to the HHS and Ed policy statement and initiatives, West Virginia will develop policies and supports to further reduce or prevent early childhood expulsions.

### Provider Policies and Parent Handbooks

Current WV licensing and regulations provide general guidelines regarding prohibitive behavior management methods as well acceptable behavior guidance techniques.

<http://www.dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>. The responsibility to understand and implement those requirements rests with the provider.

In keeping with recommendations stated in reauthorization of CCDBG and corresponding statements from HHS and ED, use of certain terminology will be discouraged or prohibited from provider policies and communicate with parents/caregivers. Use of statements such as “zero tolerance”, “probation plans” or “three strikes and you are out” should not be included in childcare provider policies, parent handbooks, or discipline plans in early childhood programs (e.g. “three bites and you are out”). These are criminal justice terms. They suggest criminology, negatively label children, diminish the child’s worth, and are inappropriate for use in early childhood programs or policies. Most importantly, they do not address the underlying concerns associated with the symptoms of challenging behavior.

### Civil and Education Rights for Individuals with Disability

Certain expulsions may violate the law. The Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA) provide information regarding civil and educational rights of individuals with disability. Early care and education providers, by law, are required to make certain accommodations for individuals who meet ADA/IDEA criteria. In addition, children who meet ADA/IDEA criteria are eligible for targeted intervention services. Those services and supports can improve the child’s overall development and further prevent expulsion. Providers are encouraged and required to implement public accommodations and educational support warranted under the act(s). For further information:

<https://www.ada.gov/childqanda.htm>

<http://www2.ed.gov/about/offices/list/ocr/504faq.html>

### Early Detection and Referral

Early detection and appropriate referral are critical for preventing expulsion and obtaining needed supports for children at risk. Early care and education providers should make referral at the first indication a child is at risk of being excluded or expelled due to

developmental concerns. To ensure the appropriate referral(s) is made, providers must become familiar with the qualifying criteria and services available within each system. Multiple service options, including those defined in ADA and IDEA are available based on child's age, developmental delay, disability, and associated behavior.

#### Birth to Three

WV Birth to Three (Part C) is a statewide system of services and supports for children under age three who have a delay in their development, or may be at risk of having a delay. To be eligible for WV Birth to Three services, an infant or toddler under the age of three can either have a delay in one or more areas of their development, or be at risk of possibly having delays in the future. For further information regarding Part C referrals: <http://www.wvdhhr.org/birth23/referral.asp>

#### Special Education

For eligible school-aged children with disabilities (including preschoolers), *Part B* is the system that provides special *education* and related services. Eligibility refers to the determination that must be made about whether a child has a disability as defined by the IDEA. For more information on Part B referrals and services:

<https://wvde.state.wv.us/spl/Documents/Policy2419Effective7-1-12.pdf>

<http://www.ddc.wv.gov/news/Documents/Parent%20Advocacy%20Guide%20FINAL%20Oct%202013.pdf>

#### Behavioral Consultation and Related Supports

A Behavioral Consultant (BC) is on staff at each of West Virginia's six Child Care Resource and Referral Agencies (R&R). R&R Behavioral Consultants utilize developmentally appropriate practices and positive child guidance supports that include prevention, promotion, and intervention in addressing the social emotional development and behavior concerns regarding children at risk for expulsion. BCs offer onsite professional development and technical assistance based upon general and specific needs of children. For more information on behavioral consultation and other R&R related services, refer to the R&R in your region:

<http://www.dhhr.wv.gov/bcf/Childcare/Pages/Child-Care-Resource-and-Referral.aspx>

#### Developmental Screening

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Early, regular, and reliable screening can help identify problems or potential problems that may threaten a child's development and lead to additional delays and deficits. West Virginia currently requires developmental screening in centers participating in state-funded pre-kindergarten programs but not in other early childhood settings. In order to strengthen capacity for systems-wide early childhood screenings, providers are encouraged to explore current community screening options. Policy suggestions have

been made that all children receive periodic screening and that screening services be available at early childhood programs/settings (see initial reference link).  
It is recommended providers begin to build capacity, via training and technical assistance (face to face and web-based), to provide in-house, onsite screenings. Currently, the Ages and Stages Screening Questionnaires are being promoted by several states (WV) as well as HHS and ED. For some additional screening information, including a list (compendium) of assessment tools:  
[https://www.acf.hhs.gov/sites/default/files/ece/ece\\_providers\\_guide\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ece/ece_providers_guide_march2014.pdf)  
[https://www.acf.hhs.gov/sites/default/files/ece/ece\\_providers\\_guide\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ece/ece_providers_guide_march2014.pdf)  
<http://www.dhhr.wv.gov/helpmegrow/Pages/Developmentalscreenings.aspx>  
<http://www.dhhr.wv.gov/healthcheck/Pages/default.aspx>  
<http://agesandstages.com/>

#### Online Professional Development and Technical Assistance

West Virginia early childhood providers, regardless of setting, are encouraged to begin planning now for expulsion prevention. Specific training on social and emotional development, as well as behavioral intervention strategies and supports critical to expulsion prevention, are available. Multiple prevention initiatives and service models are currently accessible online for training and technical assistance. While the following list is not exhaustive, no intervention, regarding behavior or otherwise, will be accepted if it is not considered Developmentally Appropriate Practice (DAP).  
<http://www.naeyc.org/DAP>  
<http://www.casel.org/preschool-and-elementary-edition-casel-guide>  
[http://csefel.vanderbilt.edu/resources/training\\_modules.html](http://csefel.vanderbilt.edu/resources/training_modules.html)  
[http://challengingbehavior.fmhi.usf.edu/do/pyramid\\_model.htm](http://challengingbehavior.fmhi.usf.edu/do/pyramid_model.htm)  
<http://iris.peabody.vanderbilt.edu/module/env/done/>  
<https://consciousdiscipline.com/>

#### State Professional Development and Technical Assistance

Additional opportunities for training and technical assistance specific to the contents of this document are available in West Virginia.

For more information and access to state and regional professional development:

[http://www.wvearlychildhood.org/Training\\_Calendar.html](http://www.wvearlychildhood.org/Training_Calendar.html)

## **2.6 Procedures for Providing Information on Developmental Screenings**

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA), in conducting those developmental



screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

#### 2.6.1 Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)). The Lead Agency partners with Help Me Grow to get information regarding developmental screenings to parents and providers. Both case managers and professional development staff received training from Help Me Grow to assist information dissemination efforts.
- b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). Professional Development staff who provide onsite technical assistance to child care providers are required to make Birth to Three referrals when necessary. CCR&R agencies are co-located with Birth to Three Regional Administrative Units to facilitate easier access for parents to Birth to Three services.
- c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. During intake case managers ensure that parents are aware of Help Me Grow services. They have pamphlets available and refer parents to the Help Me Grow website.
- d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. CCR&R case manager and professional development staff advise parents and providers how Help Me Grow and Birth to Three services can be accessed.
- e) How child care providers receive this information through training and professional development. CCR&R professional development staff advise providers how Help Me Grow and Birth to Three services can be accessed.
- f) Provide the citation for this policy and procedure related to providing information on developmental screenings. Child Care Resource and Referral Policy and Procedure Manual

The CCR&R agency shall work collaboratively with health organizations and other early childhood entities to promote access to developmental and health

screening and immunizations for children and continue to provide training on vision screening to caregivers and offer vision screening as appropriate. The agency is not responsible, however for health fairs or creation of resources where none exist.

## 2.7 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

### 2.7.1 Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement. [REDACTED]

The Lead Agency provides parents receiving CCDF funds with a child care certificate, which includes required information regarding the selected provider.

- b) What is included in the statement, including when the consumer statement is provided to families. [REDACTED]

Included in the statement is provider location information, quality tier level, date of last inspection, and information on how to access the provider's most recent inspection report and list of corrective action plans. CCR&R agencies provide internet access to parents to access this information.

- c) Provide a link to a sample consumer statement or a description if a link is not available. [REDACTED]

The consumer statement includes provider location information, quality tier level, date of last inspection, and information on how to access the provider's most recent inspection report and list of corrective action plans.

## 3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that

families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

*Note:* Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

### 3.1 Eligible Children and Families

At the time when eligibility is determined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

#### 3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children from 0 weeks to 12 years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

No

Yes, and the upper age is 18 (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity: Children presenting a significant delay of at least 25% in one or more areas of development, or a six (6) month delay in two or more areas as determined by an early intervention program, special education program or other multi-disciplinary team shall be eligible for the Special Needs status.

c) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision (658P(3); 658E(c)(3)(B))?

No

X Yes, and the upper age is 18 (may not equal or exceed age 19).

d) How does the Lead Agency define the following eligibility terms?

“residing with”: to live with permanently or for an extended period.

“in loco parentis”: an individual, related or non-related, who has been granted custody or guardianship by a court of law or who has assumed full physical custody and responsibility for a child, with or without legal intervention.

### 3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define “working or attending a job training and educational program” for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

“Working”: A working individual is one who receives a non-subsidized wage or salary, either from an employer or through self-employment. Self-employed individuals must work at least 20 hours per week. There is also a 20-hour minimum requirement for non-self-employed individuals. All working individuals must make at least state minimum wage.

“Job training”: Job training includes attendance at all on-the-job training, vocational training, and skill training. Attendance can be either full or part time enrollment but must be at least 20 hours per week or 20 per week when combined with work. Also, must be accompanied by satisfactory progress as verified by at least a 2.0 grade average when grades are available.

“Education”: Educational programs include attendance at secondary school programs, post-secondary schools, colleges and universities. Attendance can be either full or part time enrollment, but must be accompanied by satisfactory progress as verified by at least a 2.0 grade average when grades are available.

“Attending job training or education” (e.g. number of hours, travel time): Parents must be working at least 20 hours or enrolled full time in a job training or educational activity, or a mix of both part-time work and part-time job training/education activities. Travel time is not considered when determining eligibility.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

No. If no, describe the additional work requirements:  

X Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity: Parents must be working at least 20 hours or enrolled full time in a job training or educational activity, or a mix of both part-time work and part-time job training/education activities. Job search is available to parents who experience a non-temporary loss or cessation of eligible activity at 90 days per every 6-month period.

- c) Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?

No.

Yes. If yes, describe the policy or procedure. Child care may be provided for up to three months for current recipients or new applicants who have lost employment or who have completed school and are looking for work. Recipients who meet eligibility requirements and request job search time shall be granted. Job search is limited to one 90-day job search per six-month period.

- d) Does the Lead Agency provide child care to children in protective services?

No.

Yes. If yes:

- i. Please provide the Lead Agency’s definition of “protective services”: Children residing with parents that are unable to provide adequate care or supervision and whose parents support and assistance with child care responsibilities to prevent or alleviate child abuse or neglect.

*Note:* Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency’s definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

- ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

No

Yes

- iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

### 3.1.3 Eligibility criteria based on family income

- a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination? The total amount of money, prior to deductions, received or earned monthly by the members of the family.

- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).
- c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)). Income eligibility limits are statewide.

	(a)	(b)	(c)	(d)
<b>Family Size</b>	<b>100% of SMI (\$/Month)</b>	<b>85% of SMI (\$/Month) [Multiply (a) by 0.85]</b>	<b>(IF APPLICABLE) (\$/Month) Maximum “Entry” Income Level if Lower Than 85% of Current SMI</b>	<b>(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI</b>
1	\$3016	\$2564	\$1508	50%
2	\$3944	\$3353	\$2030	51.5%
3	\$4872	\$4142	\$2553	52.4%
4	\$5801	\$4930	\$3075	53%
5	\$6729	\$5719	\$3598	53.5%

*Reminder:* Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: : <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

- d) SMI source and year Federal Register. 7/5/17
- e) What was the date that these eligibility limits in column (c) became effective? 7/1/17
- f) Provide the citation or link, if available, for the income eligibility limits.

<https://dhhr.wv.gov/bcf/Childcare/Documents/Appendix%20A%202017%20FPL%20Sliding%20Fee%20Scale.pdf>

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

- a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). Parent(s) can select a check box on the application or the parent(s) may respond to the inquiry by the worker at the time of the face-to-face intake interview.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes. If yes, please identify the policy or procedure: [REDACTED]

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)). [REDACTED]

Applicants must be engaged in their qualifying activity at least 20 hours per week, or, if enrolled in school, enrolled full time. Applicants with less than 20 hours of qualifying activity, must also be enrolled in school at least part time to be eligible.

3.1.6 Lead Agencies are required to take into consideration children’s development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent’s work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency’s policies and procedures that take into consideration children’s development and learning and that promote continuity of care when authorizing child care services. [REDACTED] Case managers who authorize subsidy services may take into account the child’s development and any special needs when authorizing care. In addition, additional time may be authorized for children attending pre-k programs, and Head Start or Early Head Start programs.

3.1.7 Graduated phase-out of assistance.

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state’s initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold that:

- (A) Takes into account the typical household budget of a low-income family
- (B) Provides justification that the second eligibility threshold is:

(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability

(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency’s income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

a) Check and describe the option that best identifies the Lead Agency’s policies and procedures regarding the graduated phase-out of assistance.

N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

The Lead Agency sets the second eligibility threshold at 85 percent of SMI.

- Describe the policies and procedures.
- Provide the citation for this policy or procedure. [REDACTED]

X The Lead Agency sets the second eligibility threshold at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold.

- Provide the second eligibility level for a family of three. The exit level for a family of 3 is set at \$3,148, which is 64.6% of SMI.
- Describe how the second eligibility threshold:
  - i. Takes into account the typical household budget of a low-income family: Entry is set at 150% of 2017 Federal Poverty Level and exit is set at 185% of 2017 Federal Poverty Level.
  - ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability: Families are not required to report increases in income above the exit level, but below 85% of SMI during their eligibility period.
  - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption: Families are not required to make any in-



person visits to the eligibility offices after their first visit. They may call, email, or mail changes in to the office.

- iv. Provide the citation for this policy or procedure: [redacted]

**5.3.3 Changes in Income during Certificate Period.**

Clients whose income changes during a certificate period shall remain eligible for services until the next status review. If the client's income has decreased, the client may request a fee reduction. (See Chapter 6, Section 4.6) CCR&R workers shall not increase fees for clients whose income has increased due to increased work hours, pay raise or other income during the certificate period

- b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?
- No
  - X Yes
    - i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out. Copays are adjusted every 10 percentiles of the Federal Poverty Level, with families below 40% of 2017 FPL paying no fee. Fees are only adjusted at time of review, unless the parent experiences a circumstance that allows for reduction.
    - ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (*Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.*)
      - X No.
      - Yes. Describe: [redacted]

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)).

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

**Irregular Income.** The CCR&R worker shall convert irregular income, or income amounts that vary from pay day to pay day, to monthly amounts by:

- A. Prorating income received less often than once a month by dividing the amount by the number of months it is intended to cover. Individuals who, by contract or self-employment, derive their total annual income in a period of time shorter than one year shall have that income averaged over a 12-month period. This would apply to both unearned income, which is intended to meet future needs, as well as income from work performed in the past. OR
- B. Averaging the amount of the irregular income received in the past to arrive at a monthly amount which can be anticipated in the future. The worker will generally average the monthly gross income received in the previous three months. However, if an applicant/recipient experiences or has experienced a recent substantial decrease or increase in his/her regular income, the worker will take this into consideration to estimate the income the applicant/recipient can reasonably expect to receive in the future. OR
- C. Totaling income that varies seasonally throughout a year, and then dividing by 12 to obtain an expected average monthly income. The worker should take into consideration any change in the rate of payment that has taken place when calculating the average. OR
- D. In situations where an applicant or member of the family has recently experienced a temporary disruption of income due to a strike, job loss, cut back in number of hours to be worked or other factors, the R&R worker shall consider as income that amount that the client can reasonably anticipate receiving during the next month. Monthly reporting by the client of income received should be requested until the temporary disruption ended.

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

- Applicant identity. Describe: Verified by Photo ID at the time of application
- Applicant's relationship to the child. Describe: Self Report at the time of application and 12-month review.
- Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: Birth certificate for each child in care, at the time of application.
- Work. Describe: Pay stub at the time of application and 12-month review
- Job training or educational program. Describe: enrollment information and schedule at the time of application and 12-month review
- Family income. Describe: documentation of all income at the time of application and 12-month review
- Household composition. Describe: self-report at the time of application and 12-month review

- Applicant residence. Describe: proof of address at the time of application and 12-month review
- Other. Describe:

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- Time limit for making eligibility determinations. Describe length of time CCR&R Agencies have 13 days to take action on an application from the date of initial contact.
- Track and monitor the eligibility determination process
- Other. Describe
- None

3.1.11 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

*Note:* The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a) Identify the TANF agency that established these criteria or definitions: WV Department of Health and Human Resources
- b) Provide the following definitions established by the TANF agency:
  - “Appropriate child care”: Child care is available during work or activity placement hours. Regulated or certified child care is suitable for special needs children.
  - “Reasonable distance”: Travel to access child care is not in excess of 60 minutes per day.
  - “Unsuitability of informal child care”: Determination is made on a case-by-case basis. The Family Support Specialist has discretion to determine unsuitability. (see all other items).

- “Affordable child care arrangements”: Can access and be eligible for child care subsidy (CCDF). Provider (regulated or informal) is eligible to receive child care subsidies.
- c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
  - In writing
  - Verbally
  - Other. Describe:
- d) Provide the citation for the TANF policy or procedure:   WV Works policy 13.9 and 15.7

### 3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

*Note:* CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

- 3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families.
- a) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized: Children presenting a significant delay of at least 25% in one or more areas of development, or a six (6) month delay in two or more areas as determined by an early intervention program, special education program or other multi-disciplinary team shall be eligible for the Special Needs status. All families who apply and are income and qualifying activity eligible are accepted.
  - b) How does the Lead Agency define of “families with very low incomes” and include a description of how services are prioritized: Families earning less than 40% of the 2017 FP. All families who apply and are income and qualifying activity eligible are accepted.
  - c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF: All families who apply and are income and qualifying activity eligible are accepted.
  - d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and

those at risk of becoming dependent on TANF (98.16(i)(4)): All families who apply and are income and qualifying activity eligible are accepted.

3.2.2 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

- a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. The Lead Agency allows agencies serving the homeless population to provide verifications of need for care and activity.
- b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families. Child Care Resource and Referral agencies perform in-person outreach to agencies serving homeless populations.

*Note:* The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.3 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

*Note:* Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

- a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:
  - Children experiencing homelessness (as defined by CCDF).  Provide the citation for this policy and procedure.   
2.10 Waiver and Variance Requests and Hearings Chapter §49-2B-7 allows the WVDHHR to grant a waiver or variance if the health, safety or well-being of a child would not be endangered by granting it, provided that such requirements are not contradictory to state code.

A.The provider must submit the request for a waiver or variance in writing, must cite the specific requirement for the waiver or variance, and address all of the requirements outlined in the registration requirements.

2.10.1 Considerations in Granting Waivers or Variances Family child care regulatory specialists must consult with the child care supervisor in considering a waiver or variance.

2.10.2 Notification of Decision on Waivers and Variances All regulatory staff shall notify the provider in writing of the decision with regard to the waiver or variance. The written decision shall include the following:

A.Conditions applied to the approval of the request;

B.A time frame for the existence of the waiver or variance;

C.The date at which the waiver or variance will be reviewed; or

D.Reason for denying the request

- Children who are in foster care. The Division of Early Care and Education’s Child Care Regulation Unit will allow a grace period for child care programs who have identified foster children enrolled. A child care program will be given the opportunity within the 90-day period to submit a waiver to current regulation. The waiver will include documentation of an immunization plan for the foster child.

Provide the citation for this policy and procedure.  

2.10 Waiver and Variance Requests and Hearings Chapter §49-2B-7 allows the WVDHHR to grant a waiver or variance if the health, safety or well-being of a child would not be endangered by granting it, provided that such requirements are not contradictory to state code.

A.The provider must submit the request for a waiver or variance in writing, must cite the specific requirement for the waiver or variance, and address all of the requirements outlined in the registration requirements.

2.10.1 Considerations in Granting Waivers or Variances Family child care regulatory specialists must consult with the child care supervisor in considering a waiver or variance.

2.10.2 Notification of Decision on Waivers and Variances All regulatory staff shall notify the provider in writing of the decision with regard to the waiver or variance. The written decision shall include the following:

A.Conditions applied to the approval of the request;

B.A time frame for the existence of the waiver or variance;

C.The date at which the waiver or variance will be reviewed; or

D.Reason for denying the request

- b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). The licensing agency resides within the Lead Agency.
- c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?
- X No.
- Yes. Describe:

### 3.3 Protection for Working Families

#### 3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

- a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity. Due to the current funding limits, the Lead Agency is not currently implementing the minimum 12-month eligibility and redetermination requirements.

- b) How does the Lead Agency define “temporary change?” Temporary change – is defined as a change in the parent activity extending longer than 45 calendar days.
- c) Provide the citation for this policy and/or procedure.

To be entered when policy is published.

### 3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
  - No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program.
  - Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
    - iii. Provide a summary describing the Lead Agency’s policies and procedures for discontinuing assistance due to a parent’s non-temporary change: See below
    - iv. Describe what specific actions/changes trigger the job-search period. Child care may be provided for up to three months for current recipients or new applicants who have lost employment or who have completed



school and are looking for work. Recipients who meet eligibility requirements and request job search time shall be granted.

How long is the job-search period (must be at least 3 months)? 90 days

Provide the citation for this policy or procedure. WV Child Care

Policy:

4.2 Child care may be provided for up to three months for current recipients or new applicants who have lost employment or who have completed school and are looking for work. Recipients who meet eligibility requirements and request job search time shall be granted. One job search per six-month period. Job search time for 8 hours per day, 5 days per week. Time starting from the last date of previous employment.

- b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

Not applicable.

Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

i. Define the number of unexplained absences identified as excessive:

ii. Provide the citation for this policy or procedure:

X A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: In order to be eligible for child care services, the family must verify the identity of the head of household, meet WV residency requirements, income requirements, and activity requirements. A child must meet age and WV residency requirements, need child care for a portion of the day, and reside with the head of household applying for services.

X Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

### **8.3.1. Misrepresentation**

Misrepresentation occurs when a specific child care policy section is violated as a result of the information not having been reported by the client or reported falsely. If the CCR&R Agency becomes aware that the client/provider is attempting to or has received services/payments to which they are not entitled, the CCR&R worker must take corrective action to prevent further payments from occurring. Improper payments made as a result of misrepresentation shall be referred to Investigations and Fraud Management (IFM) when the amount exceeds \$1,000.00. If the amount does not exceed \$1000.00, the CCR&R shall initiate repayment procedures. A willfully false statement is one that is deliberately given, with the

intent that it be accepted as true, with the knowledge that it is false. It is an essential element in a misrepresentation charge that the client/provider knew his statement was false.

8.3.1.1. Examples of a willfully false statement include the following:

- A. The client states that he does not receive child support when he really does.
- B. The child care provider bills for days when the child was not in her care.
- C. The client states that she is employed when she is not.

8.3.1.2. Misrepresentation can also consist of the suppression of what is true. For example, the client omits child's biological father when listing household members on her status check, or the client fails to report bonuses received on the application.

8.3.1.3. When a parent continues to use child care services when the need no longer exists (e.g., parent has lost job or quit school, non-working/non-school attending biological parent has moved into the home), the case will be closed, and no further payment made. As soon as the R&R worker is aware that the client is using services when the need no longer exists, the worker should:

- A. Immediately call the child care provider and tell them that effective the next business day, the agency will no longer be responsible for payment.
- B. Send an immediate closure notice to the parent, advising them of the status of their case and the need for repayment.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

*Note:* Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

- a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?
- No  
 Yes
- b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- Additional changes that may impact a family's eligibility during the 12-month period. Describe: The Lead Agency requires the parent to report any change of situation within 13 days of the change.
- Changes that impact the Lead Agency's ability to contact the family. Describe: The Lead Agency requires the parent to report any change of situation within 13 days of the change, i.e. change of physical or mailing address.
- Changes that impact the Lead Agency's ability to pay child care providers. Describe: The parent must report a change in provider within 13 days of the change, in order to allow the Lead Agency to make the appropriate changes in the FACTS system to insure timely payment of the new provider.

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

- c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.
- Phone  
 Email  
 Online forms  
 Extended submission hours  
 Other. Describe:

- d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income

exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report. [REDACTED]
- ii. Provide the citation for this policy or procedure. [REDACTED]

3.3.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents in families receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and that information required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination.

- a) Describe the Lead Agency’s procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory’s or designated local entity’s requirements for the redetermination of eligibility. List relevant policy citations. The Lead Agency notifies the parent, via US Mail, 30 days prior to the redetermination of eligibility deadline. The necessary forms are included in this notification. Parents are notified of the deadline date and consequences if the necessary information is not submitted. The Lead agency accepts documentation for redetermination via US Mail; Email; Fax; or in-person, or a combination of those methods.

- b) How are families allowed to submit documentation for redetermination? Check all that apply.

- Mail
- Email
- Online forms
- Fax
- In-person
- Extended submission hours
- Other. Describe: [REDACTED]

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

*Note:* To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest “Entry” Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)</b>	<b>What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?</b>	<b>The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?</b>	<b>Highest “Entry” Income Level Before a Family Is No Longer Eligible</b>	<b>What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?</b>	<b>The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?</b>
1	\$402.01	\$38.50	10%	\$1859	\$170.50	9%
2	\$541.01	\$49.50	9%	\$2504	\$231.00	9%
3	\$681.01	\$33.00	5%	\$3148	\$148.50	5%
4	\$820.01	\$27.50	3%	\$3793	\$115.50	3%
5	\$959.01	\$33.00	3%	\$4437	\$137.50	3%

b) What is the effective date of the sliding-fee scale(s)? July 1, 2017

c) Provide the link to the sliding-fee scale:  
<https://dhhr.wv.gov/bcf/Childcare/Documents/Appendix%20A%202017%20FPL%20Sliding%20Fee%20Scale.pdf>

d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). The sliding fee scale is Statewide

3.4.2 How will the family’s contribution be calculated, and to whom will it be applied? Check all that apply.

- The fee is a dollar amount and:
  - The fee is per child, with the same fee for each child.
  - The fee is per child and is discounted for two or more children.
  - The fee is per child up to a maximum per family.
  - No additional fee is charged after certain number of children.
  - The fee is per family.
  - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
  - Other. Describe:
- The fee is a percent of income and:
  - The fee is per child, with the same percentage applied for each child.
  - The fee is per child, and a discounted percentage is applied for two or more children.
  - The fee is per child up to a maximum per family.
  - No additional percentage is charged after certain number of children.
  - The fee is per family.
  - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
  - Other. Describe:

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family’s co-payment (658E(c)(3)(B))? Reminder – Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.
  - Number of hours the child is in care. Describe:
  - Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
  - Other. Describe:

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency

(98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$681.
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. WV Child Care Policy: Supportive Services for Child Protective Services: 4.6.6 For families whose income falls within the income eligibility guidelines, the applicable fee shall be charged unless waived in the Safety or Treatment Plan. The plan shall state the reason for including the4 waiver. 4.6.7 For families whose income exceeds the eligibility guidelines, income and fees may be waved ONLY if child care is a component of the Safety Plan designed to prevent a child’s removal from the biological/adoptive parent’s home (i.e. caretaker relative’s home), this waiver is not applicable.
- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation. WV Child Care Policy: 6.4.1 Who Pays Fees? “. . . State foster children in approved foster homes are also exempt. . .”.

3.4.5 Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment (98.45(b)(5))?

- No.
- Yes. If yes:
- Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families?  
[REDACTED]
  - Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families. [REDACTED]
  - Describe the Lead Agency’s analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.  
[REDACTED]

3.4.6 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds? Check all that apply.

- Limit the maximum co-payment per family. Describe: [REDACTED]

- Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe. The combined amount of copayment for all children is limited to approximately 8.5% of the monthly gross income.
- Minimize the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe:
- Other. Describe: West Virginia does not allow providers to charge the difference between the subsidy rate and the provider’s rate.

#### **4 Ensure Equal Access to Child Care for Low-Income Children**

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs. Parents have the option to choose from center-based care, family child care or care provided in the child’s own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care.

##### **4.1 Parental Choice in Relation to Certificates, Grants, or Contracts**

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). After the family has been determined eligible for child care services, a Child Care Certificate is issued from the FACTS to the parent. This certificate serves as proof that the Department of Health and Human Resources will be responsible for payment and



contains pertinent information about the family and the amount of the fee to be paid by the parent. The parent shall use the certificate to purchase care from a child care provider of choice.

4.1.2 Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- Certificate that provides information about the choice of providers
- Certificate that provides information about the quality of providers
- Certificate not linked to a specific provider, so parents can choose any provide
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of the application
- Community outreach, workshops, or other in-person activities
- Other. Describe: Information on the WV DHHR Website

4.1.3 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? *Note: Do not check “yes” if every provider is simply required to sign an agreement to be paid in the certificate program.*

No. If no, skip to 4.1.4.

Yes. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
- ii. The type(s) of child care services available through grants or contracts: \_\_\_\_\_
- iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):
- iv. The process for accessing grants or contracts:
- v. How rates for contracted slots are set through grants and contracts:
- vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:
- vii. If contracts are offered statewide and/or locally:

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
  - Urban
  - Rural

4.1.4 Certify by describing the Lead Agency’s procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). [REDACTED]

Both the provider services agreement and the parent services agreement advise each party that parents are to have unlimited access to their child. Child care providers who violate this policy are barred from participation in the subsidy program.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
- Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: Minimum Wage Requirement. In-home care is limited to situations where payment will equal or exceed minimum wage. In general, a provider must care for multiple children order to meet this requirement. To determine if payment will equal minimum wage, calculate the number of hours the provider will care for the children and multiply by the current minimum wage.
- Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: In-Home child care providers must be at least 18 years of age.
- Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [REDACTED]
- Restricted to care by relatives. Describe: [REDACTED]
- Restricted to care for children with special needs or a medical condition. Describe: [REDACTED]

- Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: Regulation of In-Home Child Care: Although In-Home child care providers are exempt from state regulatory requirements, they are required to meet health and safety standards and training requirements in order to participate in the certificate system and receive federal funds. The home must meet certain health and safety requirements and the provider must meet certain health and safety requirements including a background check.
- Other. Describe:

#### 4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

**Note** – Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State’s Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff

salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and costs.

MRS

Alternative methodology. Describe: [REDACTED]

Both. Describe: [REDACTED]

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or other state-designated cross-agency body: The Lead Agency shares the content of the State Plan and its requirements with the Early Childhood Advisory Committee. Since the Lead Agency surveys 100% of providers as a part of its licensing activities, and always has, no change to the process has been deemed necessary.
- b) Local child care program administrators: West Virginia's child care program is State administered.
- c) Local child care resource and referral agencies: Child care resource and referral agencies share the market rate survey instrument with child care providers.
- d) Organizations representing caregivers, teachers, and directors: [REDACTED]
- e) Other. Describe: [REDACTED]

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. The Lead Agency Surveyed 100% of its child care providers. Data is collected through the child

care regulatory database as part of annual licensing or registration reviews, dependent upon type of care. Child Care providers can also call in to report rate changes between review periods, to ensure that the most current information is always in the system.

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

- a) Geographic area (e.g., statewide or local markets). Describe: The market rate survey is a statewide survey.
- b) Type of provider. Describe: The market rate survey is broken down by type of provider: Child Care Center, Family Child Care Facility, Family Child Care Home.
- c) Age of child. Describe: The market rate is broken down by age of child: Infants – birth to 24 months, toddlers – 25 months to 36 months, preschool - 37 months to 59 months, and school age – 60 months and up.
- d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. No other factors are considered. At this time, West Virginia does not operate a QRIS System.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). Market rate information was shared through the CCDF statewide informational meetings.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). The market rate survey was completed on 03/8/2018.
- b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. The market rate survey report was made available on April 16, 2018.
- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. The market rate information was shared through the CCDF statewide informational meetings.

- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report. Public comment period pending.

### 4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates *at least* every 3 years.

- 4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children).

- a) Infant (6 months), full-time licensed center care in the most populous geographic region  
Rate \$32 per day unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: 60<sup>th</sup>
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region  
Rate \$25 per day unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: 75<sup>th</sup>
- c) Toddler (18 months), full-time licensed center care in the most populous geographic region  
Rate \$30 per day unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: 65<sup>th</sup>
- d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region  
Rate \$22 per day unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: 50<sup>th</sup>
- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region  
Rate \$28 per day unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: 60<sup>th</sup>

- f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region  
 Rate \$22 per day unit of time (e.g., hourly, daily, weekly, monthly)  
 Percentile of most recent MRS: 55th
- g) School-age child (6 years), full-time licensed center care in most populous geographic region  
 Rate \$25 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)  
 Percentile of most recent MRS: 60th
- h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region  
 Rate \$20 per day unit of time (e.g., hourly, daily, weekly, monthly)  
 Percentile of most recent MRS: 60th
- i) Describe how part-time and full-time care were defined and calculated. West Virginia has three levels, however, all levels are converted to a full day prior to payment. Part Day 0 – 2 hours = 1/3-day, Part Day 2 hour - 4 hours = 2/3-day, Full Day – 4 hours or more.
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 3/1/2016
- k) Provide the citation or link, if available, to the payment rates. <https://dhhr.wv.gov/bcf/Childcare/Documents/Appendix%20B%20Payment%20Rates%202016.pdf>
- l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

- Differential rate for *non-traditional hours*. Describe: \$4 per qualifying day, per child
- Differential rate for *children with special needs*, as defined by the state/territory. Describe: \$2 per qualifying day, per child

- Differential rate for *infants and toddlers*. Describe: [REDACTED]
- Differential rate for *school-age programs*. Describe: [REDACTED]
- Differential rate for *higher quality*, as defined by the state/territory. Describe: \$2 per day, per child for Tier II programs, \$4 per day, per child for Tier III/Accredited programs.
- Other differential rates or tiered rates. Describe: [REDACTED]
- Tiered or differential rates are not implemented.

#### 4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

- a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices [REDACTED] In 2016, all provider payment rates were set at the 75<sup>th</sup> percentile for all types of care, child care centers, family child care facilities, and family child care homes.
- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology [REDACTED] In 2016, all provider payment rates were set at the 75<sup>th</sup> percentile for all types of care, child care centers, family child care facilities, and family child care homes.
- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF [REDACTED] In 2016, all provider payment rates were set at the 75<sup>th</sup> percentile for all types of care, child care centers, family child care facilities, and family child care homes.
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality [REDACTED] In 2016, all provider payment rates were set at the 75<sup>th</sup> percentile for all types of care, child care centers, family child care facilities, and family child care homes. The Lead Agency adds enhancements to the base rate for providers achieving higher quality, enabling them to receive up to the 85<sup>th</sup> – 90<sup>th</sup> percentile.
- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6)
- f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers [REDACTED] In 2016, all provider payment rates were set at the 75<sup>th</sup> percentile for all types of care, child care centers, family child care facilities, and family child care homes.



- g) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.
- Geographic area. Describe: [REDACTED]
  - X Type of provider. Describe: Center rates are higher than family child care rates, based on the results of the market rate survey.
  - X Age of child. Describe: Rates are highest for infants, and lowest for school age care.
  - X Quality level. Describe: Teir II and accredited providers receive an enhancement to the base rate, \$2 per day, per child and \$4 per day per child, respectively.
  - Other.
- h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:
- Payment rates are set at the 75th percentile or higher of the most recent survey. Describe: [REDACTED]
  - Feedback from parents, including parent surveys or parental complaints. Describe: [REDACTED]
  - X Other. Describe: Payment rates are set at the 75<sup>th</sup> percentile of the 2016 market rate survey. Payment rates will be reevaluted this year in light of the most recent market rate survey.

#### 4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(1)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(1)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(1)(4) through (6); 658E(c)(2)(S)(ii); 98.45(1)(4); 98.45(1)(5); 98.45(1)(6)).

4.5.1 Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,

- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
  - Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure. [REDACTED]
  - Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure. The CCR& R agencies process monthly payment invoices within five days of receipt. The State Auditor's office issues payments to providers, either through direct deposit or by paper check per the provider's choice based on invoices entered by the CCR&R.
- b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:
  - Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure. [REDACTED]
  - Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure. Children who attend at least 13 days per month are reimbursed at the full monthly rate. The full monthly rate is the daily rate multiplied by twenty.
  - Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. [REDACTED]
  - Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. [REDACTED]
- c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(1)(3)). [REDACTED]
  - Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). Payment is based on days of attendance rather than a percentage of time. A full day is attendance of at least four hours. Attendance of less than four hours is billed in either 1/3,

attendance from 1 minute up to 1 hour 59 minutes. Or 2/3 increments, which is 2 hours up to 3 hours 59 minutes.

Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. [REDACTED]

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe: The Lead Agency and the provider enter into a written payment agreement which is updated every two years at the time of provider recertification.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family’s eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe: Parents and providers alike are given a 13-day notice of any change in eligibility.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: Providers are able to request a conference with CCR&R staff at any time. If they are unsatisfied with the resolution, the provider can request a fair hearing with the Board of Review. Requests for fair hearings are processed within twenty-four hours. The Board of Review schedules the hearing within 30 days.

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas. Describe: [REDACTED]

#### 4.6 Supply-Building Strategies To Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

a) Children in underserved areas: According to a recent study undertaken by West Virginia University, there are no child care deserts in West Virginia.

b) Infants and toddlers: There is a lack of infant and toddler care in certain regions of the State, Child Care Resource and Referral agencies are charged with needs assessment and recruitment activities.

c) Children with disabilities (include the Lead Agency definition in the description): There is a lack of care for children with disabilities in certain regions of the

State, Child Care Resource and Referral agencies are charged with needs assessment and recruitment activities.

- d) Children who received care during non-traditional hours: [REDACTED]
- e) Other. Please describe any other shortages in the supply of high-quality providers.  
[REDACTED]

4.6.2 Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

a) Infants and toddlers. Check all that apply.

Grants and contracts (as discussed in 4.1.3)

- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: [REDACTED]

b) Children with disabilities. Check all that apply.

Grants and contracts (as discussed in 4.1.3)

- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: [REDACTED]

c) Children who receive care during non-traditional hours. Check all that apply.

Grants and contracts (as discussed in 4.1.3)

- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: [REDACTED]

d) Other. Check and describe:

- Grants and contracts (as discussed in 4.1.3). Describe: [REDACTED]
- Family child care networks. Describe: [REDACTED]
- Start-up funding. Describe: [REDACTED]
- Technical assistance support. Describe: [REDACTED]
- Recruitment of providers. Describe: [REDACTED]
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe: [REDACTED]
- Other. Describe: [REDACTED]

4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

- a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? The Lead Agency defines the entire State as an area with significant concentrations of poverty and unemployment.
- b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs. All families who apply and are eligible receive services.

## 5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to providers serving CCDF children. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

### 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). West Virginia has no license exempt child care programs.

5.1.2 Which providers in your state/territory are subject to licensing under this CCDF category? Check all that apply and provide a citation to the licensing rule.

Center-based child care. Provide a citation:

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>

Family child care. Provide a citation:

**Family Child Care Facility**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>

In-home care. Provide a citation:

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>

**Informal and Relative Family Child Care Home –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)

5.1.3 Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day,

threshold on the number of children in care, or any other factors applicable to the exemption.

- Center-based child care. If checked, describe the exemptions. n/a
- Family child care. If checked, describe the exemptions. n/a
- In-home care. If checked, describe the exemptions. n/a

5.1.4 Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

- a) Center-based child care if checked in 5.1.3. n/a
- b) Family child care if checked in 5.1.3e. n/a
- c) In-home care if checked in 5.1.3. n/a

## 5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define infant (age range): 6 weeks to age 1
- Ratio: 4/1
- Group size: 8
- Teacher/caregiver qualifications:  
Infant Lead Teacher – must be at least 21 years of age, have a high school diploma or equivalent with a minimum of 1 year of relevant work experience and one of the following qualifications: A CDA credential and 300 hours of relevant work experience or, a total of 2 years of relevant work experience or, a registered Apprenticeship Certificate for Child Development Specialist (ACDS) or 28 college credits with at least 9 credit hours in early childhood development.

Infant Assistant Teacher -must be at least 18 years of age, have a high school diploma or equivalent and have a minimum of 1-year relevant work experience or a West Virginia Training Certificate in Early Care and Education (WVTCECE) or its equivalent.

2. Toddler

- How does the State/territory define toddler (age range): 1 year to 2 years

- Ratio: 4/1
- Group size: 12
- Teacher/caregiver qualifications:  
Toddler Lead Teacher - must be at least 21 years of age, with a high school diploma or equivalent and have a minimum of one of the following: A CDS credential and 300 hours of relevant work experience or a total of 2 years relevant work experience or a registered Apprenticeship Certificate for Child Development Specialist (ACDS) or 28 college credits with at least 9 credit hours in early childhood development. Development.

Toddler Assistant Teacher – must be at least 18 years of age, have a high school diploma or equivalent and have a minimum of one of the following: 1-year relevant work experience or a West Virginia Training Certificate in Early Care and Education (WVTECE) or its equivalent.

### 3. Preschool

- How does the State/territory define preschool (age range): a child between the ages of 2 through 4
- Ratio: 2 years – 8/1 ratio; 3 years – 10/1 ratio; 4 years 12/1 ratio
- Group size: 2 years – group size of 16; 3 years – group size of 20; 4 years – group size of 24
- Teacher/caregiver qualifications:  
Preschool Lead Teacher – must be at least 21 years of age, have a high school diploma or equivalent and have a minimum of 1 year of relevant work experience and one of the following: A CDS credential and 200 hours of relevant work experience or a total of 2 years relevant work experience or a registered ACDS or 28 college credits with at least 9 credit hours in early childhood development.

Preschool Assistant Teacher – must be at least 18 years of age, have a high school diploma and a minimum of one of the following: 1 year of relevant work experience or a West Virginia Training Certificate in Early Care and Education (WVTECE) or its equivalent.

### 4. School-age

- How does the State/territory define school-age (age range): a child between 5 and 13 years of age, eligible to attend school or enrolled in K-12. These programs include summer recreation camps, day camps and out-of-school time programs.
- Ratio: 16/1
- Group size: 32
- Teacher/caregiver qualifications:  
School-age Lead Teacher – must be at least 21 years of age, have a high school diploma or equivalent, a minimum of 1-year relevant work experience and one of the following: A CDA credential and 300 hours of relevant work



experience or a total of 2 years relevant work experience or a registered ACDS or 28 college credits with at least 9 of those credit hours in early childhood development.

School-age Assistant Teacher – must be at least 18 years of age, have a high school diploma or equivalent and a minimum of one of the following: 1-year work experience or the West Virginia Training Certificate in Early Care and Education (WVTECE) or its equivalent.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers. n/a
6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. If a center based provider mixes age groups for certain times of the day, the ratio associated with the youngest child in the group is to be maintained for the entire group.
7. Describe the director qualifications for licensed CCDF center-based care.

A center director must be at least 21 years old and meet the following educational, training and work experience based upon the number of children to be served:

Type I Center (up to 30 children) – The director must meet one of the following requirements: CDA credential or 12 college credits in an early care and education field with 300 hours of relevant work experience or a total of 10 years of relevant work experience.

Type II Center (31-60 children) – The director must meet one of the following requirements: ACDS registered or 28 college credits with at least 9 credit hours in early childhood development or 15 years of relevant work experience.

Type III Center (more than 60 children) – The director must meet one of the following requirements: An associate’s degree in early care and education or a bachelor’s degree or associates degree in a related field with 12 credit hours in early childhood and 90 practicum contact hours or a bachelor’s degree in a related field and a total of 2 years or relevant work experience or a degree in business, management or administration with 12 credit hours in early childhood development and 300 hours of relevant work experience.

b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): a child less than 12 months of age
- Ratio: 4/1 (family child care facilities are permitted to care 7-12 children, with a maximum of 4 of those children being under 24 months of age)
- Group size: 4
- Teacher/caregiver qualifications:  
Infant Lead Teacher – must be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15

clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA or ACDS credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university.

Infant Assistant Teacher – must be at least 18 years old and be able to read and write.

## 2. Toddler

- How does the State/territory define toddler (age range): a child between the ages of 12 and 24 months
- Ratio: 4/1 (family child care facilities are permitted to care 7-12 children, with a maximum of 4 of those children being under 24 months of age)
- Group size: 4
- Teacher/caregiver qualifications:
- Toddler Lead Teacher – must be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15 clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA or ACDS credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university.

Toddler Assistant Teacher – must be at least 18 years old and be able to read and write.

## 3. Preschool

- How does the State/territory define preschool (age range): a child 2 through 4 years of age
- Ratio: 12/2
- Group size: 12
- Teacher/caregiver qualifications:
- Preschool Lead Teacher – must be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15 clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA or ACDS credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university.

Preschool Assistant Teacher – must be at least 18 years old and be able to read and write.

4. School-age
    - How does the State/territory define school-age (age range): a child 5 to 13 years of age
    - Ratio: 12/2
    - Group size: 12
    - Teacher/caregiver qualifications:
      - School-age Lead Teacher - be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15 clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA or ACDS credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university. School-age
      - Assistant Teacher – must be at least 18 years old and be able to read and write.
  5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes. n/a
- c) In-home CCDF providers:
1. Describe the ratios. 6/1 for family child care homes (family child care home providers are permitted to care for no more than 2 children under 24 months). 3/1 for informal and relative family child care homes.
  2. Describe the group size. 6
  3. Describe the threshold for when licensing is required.
    - Family Child Care Homes - The threshold required is for the care of between 4-6 children.
    - Informal and Relative Family Child Care Homes - The threshold required 3 or fewer children and the desire to participate in the subsidy program.
  4. Describe the maximum number of children that are allowed in the home at any one time.
    - Family Child Care Homes – 6
    - Informal and Relative Family Child Care Homes - 3
  5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size. West Virginia requires related children to be included in the ratio and group size for all provider types.

6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Family Child Care Homes – no more than 2 children under 24 months of age and no additional school age children are permitted to be cared for in a family child care home if the number of children exceeds the maximum capacity of 6

Family Child Care Facilities – no more than 4 children under 24 months of age and no additional school age children are permitted to be cared for in

### 5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(1)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)
  - Provide a summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) All child care providers in West Virginia are required by regulation to adhere to current standards and best practices regarding the prevention and control of infectious diseases. Immunization requirements are also addressed in the rule. Each set of rules addresses, at a minimum, hand washing, universal precautions, diapering, toileting, sanitation of the physical plant, medication administration and addressing illness. In addition, regulations 78 CSR 1, 18, 19 and 20 address immunization requirements for up to date immunizations for all children.
  - List the citation for these requirements.  
**Child Care Center -**  
[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.d.1. and 17.1-17.2.d. address prevention and control of infectious disease. 78 CSR 1 control of infectious diseases. 7.1.a.5.C.2. and 15.1. through 15.1.b. address immunization requirements.)  
**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (4.4.b.6. and 21 7.7.b.8. address prevention and control of infectious disease.)

**Family Child Care Facility**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (14.2.f. and 20.1. through 20.14. address prevention and control of infectious disease. 6.4.f. through 6.4.f.3. address immunization requirements.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (10.1. through 10.2.f.6. addresses prevention and control of infectious diseases. 10.1.c. through 10.1.d.5. addresses immunization requirements.)

**Informal and Relative Family Child Care Home –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) 9.1. through 9.1.c. address the prevention and control of infectious diseases. 9.2. through 9.3. address immunization requirements.)

Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). 78 CSR 21 does not address immunization requirements since these are school age children and West Virginia’s public and private school systems are required to submit immunization records upon enrollment and during certain school years throughout the child’s elementary and high school years.

- Describe any variations based on the age of the children in care. Parents and guardians of children enrolled in a Kindergarten through grade 12 program, as part of the enrollment and ongoing attendance requirement in private and public-school settings upon enrollment and at certain times when additional immunizations and boosters are due.
- Describe if relatives are exempt from this requirement. Relatives are not exempt from this requirement.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Sudden infant death syndrome and safe-sleep practices are defined as a basic health and safety requirement based on best practice. All applicable provider types are required to adhere to safe sleep practices to mitigate the chance of sudden infant death syndrome and any other unsafe or unhealthy condition from occurring while children sleep. Regardless of provider type, all infants are placed to sleep on their backs, cannot have anything besides a crib to the waist in their cribs and are to be visually checked on by the caregiver.

List the citation for these requirements.

**Child Care Center -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File%202018.pdf> (8.6.d.5., 10.5.c.1. through 10.5.c.1.B. and 13.4 through 13.4.i.8. address SIDS and safe sleep.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (11.1.b., 11.2. and 15.1.n.-15.4.a.9. address SIDS and safe sleep.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (16.1. through 16.1.c. and 16.2.b. address SIDS and safe sleep.)

**Informal and Relative Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020%20Final%20File%202018.pdf> (15.1. through 15.1.c. and 15.2.b. address SIDS and safe sleep.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). No variation
  - Describe any variations based on the age of the children in care. Children in care that cannot roll over onto their tummy on their own are required to be placed on their back to sleep.
  - Describe if relatives are exempt from this requirement. Relative caregivers are not exempt.
3. Administration of medication, consistent with standards for parental consent

Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Medication administration is defined as guidelines caregivers follow when accepting, administering and documenting when medication is given. Medication administration helps ensure that drugs are administered safely and legally.

List the citation for these requirements.

**Child Care Center -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File%202018.pdf> (15.4.h. through 15.4.h.15 addresses medication administration.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (17.1. through 17.5.g. addresses medication administration.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (6.4.i., 14.2.f.2, 15.1.j., 15.4.a.8., 20.12.a. through 20.12.b. addresses medication administration.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (10.1.b. through 10.1.b.3. address medication administration.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). No variations by provider type.
  - Describe any variations based on the age of the children in care. No variations in the age of children.
  - Describe if relatives are exempt from this requirement. The Informal and Relative rules do not address medication administration specifically. However, these providers are required to successfully complete the preservice training which addresses medication administration. In addition, this provider type is required to seek medical care immediately during an emergency.
4. Prevention of and response to emergencies due to food and allergic reactions
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) West Virginia requires providers to document potential food and allergic reactions upon registration of all children enrolled in care. Except informal and relative family child care homes, providers are required to keep on file a medical record for each child enrolled and if a child has a food or allergy, a medical plan of care is to be on file. Providers are required to post in privately in each classroom or by the family child care phone any child in care that has a food or other allergy. Except informal and relative family child care, all other providers are required to address food and allergies in their staff policy and procedure handbooks. Staff will then be trained on the prevention and response of emergencies due to food or other allergies. Certain providers are required to have on file a current health department assessment.
  - List the citation for these requirements.
    - Child Care Center -**  
[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (16.9.f. addresses emergencies to food and allergic reactions)
    - Out-of-School Time Child Care Center –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (6.3.a.7. addresses emergencies to food and allergic reactions.)
    - Family Child Care Facility -**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (6.4.j. addresses emergencies to food and allergic reactions.)
    - Family Child Care Home –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (10.1.d.1. addresses emergencies to food and allergic reactions.)
    - Informal and Relative Family Child Care Home -**  
[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (9.1.a. addresses emergencies to food and allergic reactions.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). No variations
  - Describe any variations based on the age of the children in care. No variations
  - Describe if relatives are exempt from this requirement. Relatives are not exempt.
5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) West Virginia requires licensed providers to adhere to rules from both the health department and fire marshal and maintain clear inspection reports from them. In addition, the child care rules are written to ensure that the physical plant and premises are fenced or have a natural barrier outdoors, electrical hazards are mitigated by requiring outlet plugs in sockets, for example and there is no unintentional access to bodies of water.  
List the citation for these requirements.  
**Child Care Center -**  
[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.4.a.5., 13.1.d., 13.6.e.2., 14.8., 14.9.e.3., 20.3. through 20.4.b.2. address building and physical premises safety.)  
**Out-of-School Time Child Care Center –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (6.3.a.7. addresses emergencies to food and allergic reactions.)  
**Family Child Care Facility -**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (15.1.f. and 18.3.-19.3.f. address building and physical premises safety.)  
**Family Child Care Home –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (7.3. through 7.5.c., 14.3.b. address building and physical premises safety.)  
**Informal and Relative Family Child Care Home -**  
[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (7.1. through 8.2. address building and physical premises safety.)
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations to the expectations that all providers, regardless of type, will ensure basic health and safety measures are met regarding their building, equipment and grounds.



- Describe any variations based on the age of the children in care. No variations.
  - Describe if relatives are exempt from this requirement. Informal and Relative Family Child Care Homes are not required to have inspections from the Fire Marshal or their local health department to operate. However, this provider type is expected to adhere to basic health and safety requirements set forth within their rule.
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Abusive head trauma, shaken baby syndrome and child maltreatment are generally addressed during specific training sessions offered through their local child care resource and referral agencies. All providers except Informal and Relative providers are required to attend these trainings. All provider types and support staff are mandated reporters of suspected abuse and neglect.

List the citation for these requirements.

**Child Care Center -**

[https://dhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (3.8. addresses abusive head trauma, shaken baby syndrome and child maltreatment)

**Family Child Care Facility -**

<https://dhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.6., 7.2. , 15.1.n., and 15.4.a.9. abusive head trauma, shaken baby syndrome and child maltreatment)

**Family Child Care Home –**

<https://dhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.3. addresses abusive head trauma, shaken baby syndrome and child maltreatment)

**Informal and Relative Family Child Care Home –**

[https://dhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.3. addresses abusive head trauma, shaken baby syndrome and child maltreatment)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Informal and Relative Family Child Care Homes are not required to complete the formal training through their Child Care Resource and Referral agency but may participate voluntarily.
- Describe any variations based on the age of the children in care. When an informal or relative family child care home cares for any children under 13 months of age, the completion of a self-study packet on the topics is required.
- Describe if relatives are exempt from this requirement. Relatives are exempt from taking formal training and are exempt from completing the self-study packet on the topics but are not exempt from being mandated reporters.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) All child care provider types are required to provide for licensure or certificate of registration a disaster preparedness plan. This plan includes emergency contact information, what staff are responsible for what task during an emergency, where emergency pick-up sites will be if the program must move away from their facility, ensuring that children with special needs and infants and toddlers are part of the evacuation plan and steps to reunify the child with their parent or guardian. All providers are required to practice drills and document those drills.

List the citation for these requirements.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (7.1.a.5.C.5., 7.5., 14.8.a.6. 14.9., 19.6 through 19.6.g. address emergency preparedness and response planning.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> \*6.2.b., 6.4.b. through 6.4.b.4., and 21.1 through 22.5. address emergency preparedness and response planning.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (7.4. and 8.1.a. through 8.1.c. address emergency preparedness and response planning.)

**Informal and Relative Family Child Care Home –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (11.1. through 11.4.j. address emergency preparedness and response planning.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is no variation to the expectations of having a written disaster plan, posting the plan, practicing the plan and enforcing the plan during an emergency. Since West Virginia has a diverse terrain, each provider may have to address a specific type of disaster in more detail. For example, a provider’s program may be near a body of water that could flood while another may be near a chemical plant.

- Describe any variations based on the age of the children in care. There are no variations based on the age of children in care as all children, regardless of age or disability, are part of the practice drill and evacuation plans.
  - Describe if relatives are exempt from this requirement. Relatives are not exempt from this requirement.
8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Handling and storage of hazardous materials and disposal of bio-contaminants is defined as a basic health and safety standard. Between diaper changing and the proper cleaning and disposal of certain bodily fluids, West Virginia’s child care providers are required to maintain basic sanitation as it relates to these materials and contaminants. Providers are required to diaper properly, use approved handwashing techniques and maintain compliance with universal precautions.

List the citation for these requirements.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (20.3.b. through 20.4.c.4. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (18.3.C through 19.3.f. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (9.3.b. and 7.3. through 7.4.b. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (7.3 through 7.4.b. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (8.3.1. and 8.3.j. address handling and storage of hazardous materials and disposal of bio-contaminants.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations by category of care. All providers are to store hazardous materials and dispose of bio-contaminants in ways that meet standard practices and requirements.

- Describe any variations based on the age of the children in care. No variations by age. Materials that may be hazardous are at a minimum, to be out of reach for children and possible bio-contaminants are to be cleaned up and disposed of using industry standards.
  - Describe if relatives are exempt from this requirement. Relatives are not exempt.
9. Precautions in transporting children (if applicable)
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) All providers transporting children at a minimum must ensure the vehicle is compliant with Department of Motor Vehicle requirements, all equipment inside and outside of the vehicle is in working order, staff driving the vehicle have a current driver's license  
List the citation for these requirements.  
**Child Care Center -**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File%202018.pdf> (6.3.a.9., 7.4.f., 10.5.c.2. through 10.5.c.4.B. address transportation of children.)  
**Out-of-School Time Child Care Center –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (6.3.a.8., 9.1.b., 9.5. through 9.5.e., 14.5.B. and 16.1. through 16.8. address transportation of children.)  
**Family Child Care Facility -**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (6.4.d., and 9.1. through 9.2.c. address transportation of children.)  
**Family Child Care Home –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (13.1. through 13.2. address transportation of children.)  
**Informal and Relative Family Child Care Home -**  
[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) 12.1. through 12.2. address transportation of children.)
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). West Virginia prohibits the use of fifteen passenger vans. Any vehicle transporting 10 or more children must be a multi-function school activity bus.
  - Describe any variations based on the age of the children in care. No variations.
  - Describe if relatives are exempt from this requirement. Relatives are not exempt.
10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Providers are required to get and maintain a current first aid and CPR card. Individuals both directly (caregivers, for example) and indirectly caring for the children (cooks, for example) are required to have a first aid and CPR certification.

List the citation for these requirements.

**Child Care Center -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File%202018.pdf> (3.5.8.b., 7.6.b., 8.6.f.1., 8.7.d., 10.3.b., 14.10.c. address pediatric first aid and 8.6.f.1., 8.7.d., 10.3.b., 14.9.d., and 23.2.a.1. address CPR certification.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.35.b., 7.7.d.1., 7.8.b., 14.2., 14.5. address pediatric first aid and 7.7.d.1., 7.8.b., and 14.2. address CPR certification.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.35.b., 7.7.d.1., 7.8.b., 14.2., 14.5., 14.5.a., 16.6. and 16.8. address pediatric first aid and 7.7.d.1., 7.8.b., 14.2. address CPR certification.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (7.7.d.1., 7.8.b. and 14.2. address first aid; these providers are required as part of their initial application and renewal applications required to submit proof of first aid and CPR training)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Informal and Relative providers are not required to have formal first aid and CPR training but must have a first aid kit, a plan for emergencies and access to a telephone to call first responders during any type of emergency.
- Describe any variations based on the age of the children in care. The CPR training certification held is based upon the age(s) for which the providers care.
- Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement.

11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) All provider types are mandated reporters, and all are required to complete a comprehensive abuse and neglect training. In addition, certain items regarding the abuse and neglect toll free hotline, information on how to report suspected abuse and neglect are required to be posted. Licensed child care programs in West

Virginia are required to maintain administrative, staff and parent handbooks that address abuse and neglect. All child care providers are required to submit information, so the abuse and neglect registries can be researched. Any substantiated claim regarding abuse and/or neglect of a child or incapacitated adult cause the individual to be prohibited from working in child care.

List the citation for these requirements.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (3.4., 3.8., 3.58.g., 6.3.a.3.D., 6.3.a.5., 7.1.9.5.C.1., 7.2.c., 8.4.a.6., 8.4.d., 8.5.b., 8.5.d., 8.5.e.2., 8.5.e.4., 8.6.d.3., 8.6.f.2., 8.7.d., 11.6. through 11.6.c., 11.7 through 11.7.a., 11.8. through 11.8.a. and 23.2.a.3. address abuse and neglect.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.4., 3.6., 3.35.g., 6.3.a.4., 6.3.10.D., 7.4.b.4., 7.5.b., 7.5.d., 7.5.e.4., 7.7.d.2., 7.8.b. and 13.1. address abuse and neglect.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.2., 13.i.o., 14.2.f., 14.2., j., 15.1.j., 15.4.a.8., 16.5.a., 23.1.c. and 23.2.a. address abuse and neglect.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.3., 6.4.f., 12.1.a.3., and 19.1. address abuse and neglect.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.3., 6.4.f., 12.1.a.2. and 19.1. address abuse and neglect.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is no variation regarding the expectation of any provider type.
- Describe any variations based on the age of the children in care. There is no variation.
- Describe if relatives are exempt from this requirement. Informal and Relative providers are not exempt.

a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Most child care providers participate in the Child and Adult Care Food Program (CACFP) and therefore adhere to approved nutrition standards. Licensed programs that do not participate in CACFP are required to have their menus reviewed and

approved by a registered dietician. All providers are required to adhere to the United States Department of Agriculture’s Dietary Guidelines for Americans. The regulations address requirements for all meals and snacks.

List the citation for these requirements.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (4.4.b.7., 7.1.a.5.C.4., and 16.1 through 16.9.g. address nutrition)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (12.1. through 12.3.g. address nutrition.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.4., 11.10. and 21.1. through 21.8. address nutrition.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (9.3. addresses nutrition.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (.6. and 10.3. through 10.3.c. address nutrition.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is no variation regarding the expectation of any provider type.
- Describe any variations based on the age of the children in care. Licensed programs are required to follow specific rules related to the feeding and nutrition requirements of infants and toddlers.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

2. Access to physical activity

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Physical activity is required to be built in throughout the day with time being spent outdoors engaging in both group and individual play. Licensed programs document formal times for physical activity on the daily schedule. Weather permitting, all children play outdoors as well as indoors. Child care centers are to minimize screen time throughout the week but adhere to a schedule that addresses moderate and vigorous activity.

List the citation for these requirements.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (3.37., 14.7.f., 14.7.g. and 23.8.K. address physical activity.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (8.2.c., 9.2.b. through 9.2.c. and 10.4.b. address physical activity.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (11.12.K. addresses physical activity.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (6.5.c., 9.3.a., 9.3.c., 14.1.b.4., 14.2.b.3., address physical activity.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (13.1.d. addresses physical activity.)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Rules for licensed programs regarding physical activity are much more defined with specific requirements. Programs holding a certificate of registration require physical activity. All programs require outdoor play, weather permitting.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). No variations in the expectation of physical activity, regardless of provider type.
- Describe if relatives are exempt from this requirement. Relatives are not exempt.

3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
List the citation for these requirements.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). [REDACTED]
- Describe if relatives are exempt from this requirement. [REDACTED]

4. Any other areas determined necessary to promote child development or to protect children’s health and safety (98.44(b)(1)(iii)). Describe: [REDACTED]

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.) [REDACTED]
- List the citation for these requirements. [REDACTED]
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). [REDACTED]
- Describe if relatives are exempt from this requirement. [REDACTED]

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting



and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

### Pre-Service or Orientation Training Requirements

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
  1. Licensed child care centers: 2 hours for the pre-service training
  2. Licensed FCC homes: 2 hours for the pre-service training
  3. In-home care: 2 hours for the pre-service training
  4. Variations for exempt provider settings: n/a
  
- b) Provide the length of time that providers must complete trainings subsequent to being hired (must be 3 months or fewer) Licensed programs are required to have employees complete the training upon hire. Individuals seeking either a license or a certificate of registration to operate a center or family child care home are required to complete the pre-service training prior to being issued a license. The pre-service training is required for all provider types prior to caring for children unsupervised.
  
- c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).
  1. Prevention and control of infectious diseases (including immunizations)
    - Provide the citation for this training requirement.
 

**Child Care Center -**  
[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**  
<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes

No

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

10. Pediatric first aid and CPR certification

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.e. addresses preservice training.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.24. addresses preservice training.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.11. and 6.5.b. address preservice training.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.12. and 6.3.a.2. address preservice training.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (3.11. and 6.3.a. address preservice training.)

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

13. Describe other requirements

- Provide the citation for other training requirements. None
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

**Ongoing Training Requirements**

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:

Child Care Centers –

Prior to starting the program, shall ensure that each qualified staff member caring for the child has received a minimum of 40 hours of approved training related to the care of children 24 months of age and under, and shall submit documented evidence of the training to the Secretary.

For an existing program which has been approved to expand the program or experiences staff turnover, shall ensure that within six months of beginning to care for children twenty-four months of age and under, each qualified staff member shall have a minimum of 40 hours of approved training related to the care of children 24 months of age and under



All qualified staff shall complete 15 hours of approved training within the first year of employment according to the following:

- A director shall have six hours in management training within the required 15 hours; and
- Qualified staff members shall have six hours of training related to the age group of children for which they care, within the required 15 hours.
- All qualified staff shall apply for credentialing on the WV STARS Career Pathway.
- All qualified staff shall complete the approved training which is necessary to keep the credential current.

Out-of-School-Time Child Care Centers –

Programs shall have a professional development plan for each staff member employed more than 120 calendar days that includes a minimum of 12 clock hours of professional development annually for Directors and Site Supervisors and 8 clock hours of professional development annually for other staff positions. The professional development needs to be related to school age children and/or providing quality programs to school age children.

All staff in positions that are not qualified staff positions shall have training within the first three months of employment related to their responsibilities, renew child abuse and neglect recognition every three years and keep first aid and CPR certification current.

b) Licensed FCC homes:

Family Child Care Facilities – 15 hours annually

c) In-home care:

Family Child Care Homes – 8 hours annually

Informal and Relative Family Child Care Homes – 2 hours annually

d) Variations for exempt provider settings: n/a

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.d.1. and 17.1-17.2.d. address prevention and control of infectious disease. 78 CSR 1 control of infectious diseases.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (4.4.b.6. and 21 7.7.b.8. address prevention and control of infectious disease.)

**Family Child Care Facility**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (14.2.f. and 20.1. through 20.14. address prevention and control of infectious diseases.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (10.1. through 10.2.f.6. addresses prevention and control of infectious diseases.)

**Informal and Relative Family Child Care Home –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) 9.1. through 9.1.c. address the prevention and control of infectious diseases.)

- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe When the preservice training has been completed, providers are able to choose specific topics of training relevant to the age of the children for which they care and relevant to the needs for specific training topics within their setting. All trainings offered through the child care resource and referral agency target within the training specific topics. For example, should a caregiver be caring for infants and toddlers, the caregiver might participate in the WVIT training. Within that training, participants will learn about the prevention and control of infectious diseases throughout the training and it will be specific to the age group focused on in the training.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.6.d.5., 10.5.c.1. through 10.5.c.1.B. and 13.4 through 13.4.i.8. address SIDS and safe sleep.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (11.1.b., 11.2. and 15.1.n.-15.4.a.9. address SIDS and safe sleep.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (16.1. through 16.1.c. and 16.2.b. address SIDS and safe sleep.)

**Informal and Relative Family Child Care Home –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20)

[File\\_2018.pdf](#) (15.1. through 15.1.c. and 15.2.b. address SIDS and safe sleep.)

- How often does the state/territory require that this training topic be completed?  
 Annually.  
X Other. Describe This topic is offered to providers through their child care resource and referral agency and any provider can participate in these sessions as it is applicable to the ages for which they care. For example, a caregiver that works with school age children only would learn from the training, but it would not inform their practice in working with school age children.

3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (15.4.h. through 15.4.h.15 addresses medication administration.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (17.1. through 17.5.g. addresses medication administration.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (6.4.i., 14.2.f.2, 15.1.j., 15.4.a.8., 20.12.a. through 20.12.b. addresses medication administration.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (10.1.b. through 10.1.b.3. address medication administration.)

- How often does the state/territory require that this training topic be completed?  
 Annually.  
X Other. Describe Any child care center or out-of-school time program that administers medication must complete the formal Medication Administration offered through the child care resource and referral agencies by the nurse health consultants. All providers that administer medication are required to have written, parental consent in order to administer medication.

4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (16.9.f. addresses emergencies to food and allergic reactions)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (6.3.a.7. addresses emergencies to food and allergic reactions.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (6.4.j. addresses emergencies to food and allergic reactions.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (10.1.d.1. addresses emergencies to food and allergic reactions.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (9.1.a. addresses emergencies to food and allergic reactions.)

- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe Prevention and response to emergencies to food and allergic reactions is reviewed in the pre-service training and interwoven in most training topics offered through the local child care resource and referral agencies. Providers can choose the training that most matches the ages of the children for which they care and the information within that training regarding food and allergic reactions will be appropriate to that age group.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (8.4.a.5., 13.1.d., 13.6.e.2., 14.8., 14.9.e.3., 20.3. through 20.4.b.2. address building and physical premises safety.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (6.3.a.7. addresses emergencies to food and allergic reactions.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (15.1.f. and 18.3.-19.3.f. address building and physical premises safety.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (7.3. through 7.5.c., 14.3.b. address building and physical premises safety.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (7.1. through 8.2. address building and physical premises safety.)

- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe Child care providers, in conjunction with their child care resource and referral agencies, participate in training relevant to their provider type, the age of the children for which they care and the topics, including building and physical premises safety.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>

**Informal and Relative Family Child Care Home –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)

- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe This topic, along with other training topics offered through the child care resource and referral agency is embedded within other trainings offered. The child care resource and referral agencies, with the nurse health consultants, offer specific trainings on these topics.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement.

**Child Care Center -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File%202018.pdf> (7.1.a.5.C.5., 7.5., 14.8.a.6. 14.9., 19.6 through 19.6.g. address emergency preparedness and response planning.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> \*6.2.b., 6.4.b. through 6.4.b.4., and 21.1 through 22.5. address emergency preparedness and response planning.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (7.4. and 8.1.a. through 8.1.c. address emergency preparedness and response planning.)

**Informal and Relative Family Child Care Home –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File%202018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File%202018.pdf) (11.1. through 11.4.j. address emergency preparedness and response planning.)

- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe Providers are offered training on the topic of emergency preparedness and response planning by their child care resource and referral agencies. This topic, like most others, is embedded into the training through the resource and referral agencies and has been tailored for the ages cared for by the caregiver.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

Provide the citation for this training requirement.

**Child Care Center -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File%202018.pdf> (20.3.b. through 20.4.c.4. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (18.3.C through 19.3.f. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (9.3.b. and 7.3. through 7.4.b. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>

[20File.pdf](#) (7.3 through 7.4.b. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (8.3.1. and 8.3.j. address handling and storage of hazardous materials and disposal of bio-contaminants.)

- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe This topic is embedded in most trainings providers take through their local child care resource and referral agencies.

9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf) (6.3.a.9., 7.4.f., 10.5.c.2. through 10.5.c.4.B. address transportation of children.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (6.3.a.8., 9.1.b., 9.5. through 9.5.e., 14.5.B. and 16.1. through 16.8. address transportation of children.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (6.4.d., and 9.1. through 9.2.c. address transportation of children.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (13.1. through 13.2. address transportation of children.)

**Informal and Relative Family Child Care Home -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf) (12.1. through 12.2. address transportation of children.)

- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe Not all child care providers in West Virginia transport children. For those that do, transporting children safely is a basic safety topic which is addressed in other trainings. For example, child care providers transporting 10 or more children are required to use a multifunction school

activity bus. Providers meeting this criterion are able to register for this topic embedded within a larger topic (i.e. caring

10. Pediatric first aid and CPR certification

Provide the citation for this training requirement.

**Child Care Center -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File%202018.pdf> (3.5.8.b., 7.6.b., 8.6.f.1., 8.7.d., 10.3.b., 14.10.c. address pediatric first aid and 8.6.f.1., 8.7.d., 10.3.b., 14.9.d., and 23.2.a.1. address CPR certification.)

**Out-of-School Time Child Care Center –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (3.35.b., 7.7.d.1., 7.8.b., 14.2., 14.5. address pediatric first aid and 7.7.d.1., 7.8.b., and 14.2. address CPR certification.)

**Family Child Care Facility -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (3.35.b., 7.7.d.1., 7.8.b., 14.2., 14.5., 14.5.a., 16.6. and 16.8. address pediatric first aid and 7.7.d.1., 7.8.b., 14.2. address CPR certification.)

**Family Child Care Home –**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> (7.7.d.1., 7.8.b. and 14.2. address first aid; these providers are required as part of their initial application and renewal applications required to submit proof of first aid and CPR training)

- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe Within 90 days of hire, licensed program caregivers and family child care home providers are to successfully complete first and CPR. The caregiver then is required to maintain that certification. Certification generally lasts 2 years.

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. [redacted]
- How often does the state/territory require that this training topic be completed?

Annually.

X Other. Describe Within 90 days of hire, licensed program caregivers and family child care home providers are to complete a child abuse and neglect training. Support staff such as cooks and drivers are to take the training annually. Caregivers are to take the training upon hire. However, just as



within other topics offered for training, the recognition and reporting of abuse and neglect is embedded in those topics.

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. [REDACTED]
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe Providers are required to have a certain number of hours of training annually. All training provided through the child care resource and referral agency embeds child development within all of their trainings.

13. Describe other requirements. [REDACTED]

- Provide the citation for other training requirements. [REDACTED]
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe [REDACTED]

### 5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

#### 5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. From specific state code, to rules and ongoing monitoring, policies and procedures are in effect to help ensure that West Virginia’s child care providers comply with health and safety requirements. Providers are required to comply with other health and safety requirements from other agencies such as the health department and fire marshal’s office. In addition, ongoing, comprehensive training with a foundation of health and safety expectations is embedded in all professional development offered throughout West Virginia.

#### 5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—

of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory’s requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards. Center-based providers have always had to have a pre-licensure inspection as part of the licensing process. Not only does the provider have to have a pre-licensure inspection from the Early Care and Education regulation unit staff, the center-based providers are to have inspections from both the Fire Marshal and the Health Department.
2. Describe your state/territory’s requirements for annual, unannounced inspections of licensed CCDF child care center providers. All center-based providers are to be inspected at least annually with an unannounced visit. That visit may or may not be in conjunction with a complaint investigation, but all center-based providers are visited at least annually.
3. Identify the frequency of unannounced inspections:
  - X Once a year
  - More than once a year. Describe
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. At least annually, regulation unit specialists monitor child care centers. The monitoring visits are a complete walkthrough of the licensed program to include a review of fire marshal reports, menus and health inspection reports. A corrective action plan may be generated if noncompliance’s were identified. Other annual monitoring inspections may be the result of either a need for a license renewal or a complaint investigation.

List the citation(s) for your state/territory’s policies regarding inspections for licensed CCDF center providers

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards. At least annually, regulation unit specialists monitor family child care homes, including relative and informal family child care homes participating in the subsidy system. The monitoring visits are a complete walkthrough of the certified program to include a review of fire marshal reports, menus and health inspection reports. A corrective action plan may be generated if noncompliance's were identified. Other annual monitoring inspections may be the result of either a need for a certificate of registration renewal or a complaint investigation.
  
  3. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. <https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf> Section 10.9 through 10.9.8.
  4. Identify the frequency of unannounced inspections:
    - Once a year
    - More than once a year. Describe
  5. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. At least annually, regulation unit specialists monitor family child care homes, including relative and informal family child care homes participating in the subsidy system. The monitoring visits are a complete walkthrough of the certified program to include a review of fire marshal reports, menus and health inspection reports. A corrective action plan may be generated if noncompliance's were identified. Other annual monitoring inspections may be the result of either a need for a certificate of registration renewal or a complaint investigation.
  6. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers <https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>
- c) Licensed in-home CCDF child care
- N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to
  - 1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards. Informal and Relative Family Child Care Homes voluntarily participating in the child care subsidy system are required to have a pre-licensure inspection. Just as with all of the other provider types, these providers are required to complete a registration form as part of the pre-licensure inspection.
  - 2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers. All Informal and Relative providers participating in subsidy are inspected at least annually with an

unannounced visit. That visit may or may not be in conjunction with a complaint investigation, but all center-based providers are visited at least annually

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year. Describe [redacted]

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards. At least annually, regulation unit specialists monitor child care centers. The monitoring visits are a complete walkthrough of the licensed program to include a review of fire marshal reports, menus and health inspection reports. A corrective action plan may be generated if noncompliance's were identified. Other annual monitoring inspections may be the result of either a need for a license renewal or a complaint investigation

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>

6.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.  
[redacted]

5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. West Virginia has no license-exempt center based CCDF providers.

Provide the citation(s) for this policy or procedure. n/a

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. West Virginia has no license-exempt family child care CCDF providers.

Provide the citation(s) for this policy or procedure. n/a

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt

from monitoring, and if differential monitoring is used. West Virginia has no license-exempt in-home CCDF providers.

Provide the citation(s) for this policy or procedure. n/a

5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. West Virginia has no license-exempt center-based CCDF providers.

Provide the citation(s) for this policy or procedure. n/a

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. West Virginia has no license-exempt family child care CCDF providers.

Provide the citation(s) for this policy or procedure. n/a

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. West Virginia has no license-exempt in-home CCDF providers. These providers pursue and hold a certificate of registration voluntarily, so they can participate in the subsidy program.

d) Provide the citation(s) for this policy or procedure. n/a

5.3.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)). Licensing inspectors (Regulation Unit Specialists), at a minimum must have a bachelor's degree

and experience. All regulation unit staff are required upon hire to complete the National Association of Regulatory Agencies (NARA) Module training for licensing inspectors. In addition, a formula has been developed with onsite review of policies and procedures along with shadowing seasoned staff. During at least the first 90 days of employment, a regulation unit specialist is not assigned a caseload. A caseload is assigned gradually and formal meetings between the specialist and their supervisor are held to staff cases and participate in training related to the position.

- b) Provide the citation(s) for this policy or procedure.  
<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf> (Section 1)

5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. The ratio of Regulation Unit Licensing and Regulatory Specialists is based in part on geographical regions and the number of active providers in those regions. In addition, policies and procedures are in place to help determine an equitable caseload. The division of the caseloads for both the Licensing and Regulatory specialists allow ample time for announced, unannounced, monitoring and technical assistance visits.
- b) Provide the policy citation and state/territory ratio of licensing inspectors.  
<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf> The average caseload of each specialist is 66. West Virginia currently has 28 family child care regulatory specialists and 11 child care licensing specialists.

5.3.7 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.
- Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be

exempt) and how the State ensures the health and safety of children in relative care.

X No, relatives are not exempt from inspection requirements. Any relative provider wishing to participate in the subsidy program must meet inspection requirements and adhere to the child care rules.

## 5.4 Criminal Background Checks

5.4.1 In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one-year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);

6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

**Milestone Prerequisites for Time-Limited Waivers**

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
  - state criminal registry or repository using fingerprints;
  - state sex offender registry or repository check;
  - state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

<b>Background Check Components</b>	<b>If milestone is met, time-limited waiver allowed for:</b>
1) In-state criminal w/fingerprints	Conducting background checks on backlog of current (existing) staff only
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures AND/OR
6) Inter-state state criminal registry	Conducting background checks on all new (prospective) child care staff
7) Inter-state state sex offender registry	AND/OR



8) Inter-state child abuse and neglect registry	Conducting background checks on backlog of current (existing) staff
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States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to *renew* these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides. All child care providers in West Virginia are required to have a comprehensive background check completed which includes a state check, an FBI check, a check of both the West Virginia State and Department of Justice Sex Offender Registries and a check of the child abuse and neglect registries and databases in West Virginia.
  - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). All child care rules were revised and went into effect in 2018 to include the requirements of the criminal, sex offender and protective services checks. Licensed child care providers cannot allow individuals to work alone with children until a clear determination is made. Pending that determination, providers may allow an individual to work under supervision which in West Virginia is 20 days while a prescreening occurs. After the prescreening has been completed, prints are completed, and a final determination is made. Family child care homes and Informal Relative

Providers may not work with children until a final determination is made since these providers are initially alone with children.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). n/a
- iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?
  - Yes.
  - No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement.  Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
- iv. List the citation:
  - <https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>
- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides. West Virginia DHHR partnered with the West Virginia Clearance for Access: Registry & Employment Screening (WV CARES) to complete background checks. Currently, WV CARES has the capacity to check the state and national sex offender registries as part of the background check process. As part of their determination process, WV CARES determines the final disposition of the results of the search for the sex offender registries.
  - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). All child care regulations have been revised and are in effect as of March 1, 2018 to comprise the requirement of a comprehensive background check to include criminal, sex offender and aps/cps checks.
  - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). The application of

a comprehensive background check via WV CARES is applicable to all provider types. Each set of rules includes the requirement of a comprehensive background check through WV CARES.

- iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?

X Yes

- No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. [redacted] Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: [redacted]

- iv. List the citation:

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>

v.

- c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides. All providers complete a release for designated WV DHHR staff to check the abuse and neglect database. WV CARES is working with WV DHHR and the WV State Policy to interface with the WV Abuse and Neglect Registry.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). All rules, regardless of provider type, require a comprehensive background check to include a check of a history of substantiated abuse and neglect.

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). n/a

- iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?

X Yes

- No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of

this requirement. [redacted] Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: [redacted]

iv. List the citation:

<https://dhhr.wv.gov/bcf/Childcare/Documents/Child%20Care%20Subsidy%20Policy%20September%202016.pdf>

d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification. All providers, regardless of provider type, are required to have an FBI fingerprint check using NGI. At this time, WV CARES processes and makes determinations on all criminal background checks for child care providers in West Virginia.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). All rules, regardless of provider type, require a comprehensive background check to include a FBI fingerprint check using NGI.

ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). n/a

iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

Yes

No Check here to indicate request for time-limited waiver for this requirement X and enter the expected date of full implementation of this requirement. \_\_\_\_\_ Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- iv. List the citation:  
<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>
  
- e) Describe the status of the requirements, policies and procedures for the search of the NCIC’s National Sex Offender Registry.
  - X Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect and has conducted the search of the NCIC’s NSOR check on all new and existing child care staff.
    - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). All licensed programs in West Virginia are required to designate program staff responsible for checking both the West Virginia and Department of Justice Sex Offender registries and document the determination, date the check was conducted and initial the document. The document is then placed in the caregivers personnel file. Programs that hold a certificate of registration have both the West Virginia and Department of Justice Sex Offender registry checked by child care regulatory staff. That staff person will document in the hard copy file that the sex offender registries have been checked, the determination of the check and the date the check was conducted. In addition, the results of the checks for both licensed and registered employees and applicable household members is input in the Family and Child Tracking System (FACTS)
    - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). All provider types are required to complete a comprehensive background check which includes a check of the sex offender registries.
    - iii. List the citation:  
<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>
  - In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement.  Describe the status of implementation of requirements,

policies and procedures for the NCIC’s National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

- f) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.
  - Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.
    - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
    - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). All child care providers in West Virginia are required to have a comprehensive background check.
    - iii. List the citation:  
<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf>
    - iv.
- X In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. September 30, 2020. Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers;

and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: 1) All rules were revised and went into effect March 1, 2018 to include interstate criminal background checks. WVCARES does not do determinations for individuals living in other states so these providers need to schedule an appointment for live scan checks at a MorphoTrust site in West Virginia or send hard cards to MorphoTrust. The individual having these prints completed will designate to whom the results are to be sent. 2) WV DHHR continues to meet with WV CARES and MorphoTrust to fully examine the issues associated with the process and determine solutions. MorphoTrust is increasing the number of locations nationwide but at this time there will not be a location in every state. The WV DHHR and WV CARES consumer websites are being updated to better guide both in state and out of state providers through the process. Also, child care regulation staff are meeting with providers in group and one-on-one sessions to explain the new requirements and to assist them in meeting them. Since the rule requiring these criminal background checks was implemented March 1, 2018, child care policy is being revised to reflect the change. 3) A significant challenge are the locations of the MorphoTrust sites. Currently, not all states have MorphoTrust locations that conduct digital fingerprinting. Therefore, access to having live scans is a challenge. In addition, it is a challenge to work with West Virginia providers on accessing background checks from other states since each state uses a different process. 4) To address these challenges, the consumer website will have links to the background check information for each state on the consumer website and to continue working with WV CARES and the WV State Police to allow WV CARES to access the database as appropriate.

- g) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.
- Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect and has conducted the inter-state state sex offender registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [REDACTED]
- ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o). [REDACTED]
- iii. List the citation: [REDACTED]

X In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. September 30, 2020 Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: 1) All child care rules, regardless of provider type, require a State, Department of Justice sex offender registry check and a check of any state registries the individual may have lived in during the preceding 5 years. The child care rules were revised and went into effect March 1, 2018 to include this requirement. 2) Regional meetings are being held with providers to explain and guide them through the new requirements and the consumer website is being revised to include detailed guidance. Since the rules went into effect, child care policy is being revised to reflect the change. 3) Challenges include access to other state sex offender registries. 4) To address these challenges, the consumer website will have links to the sex offender information for each state on the consumer website and to continue working with WV CARES and the WV State Police to allow WV CARES to access the database as appropriate. West Virginia is asking for a waiver to continue working through solutions regarding the interstate check issue.

- h) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.
  - Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect,



and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [REDACTED]
  - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). [REDACTED]
  - iii. List the citation: [REDACTED]
- X In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. September 30, 2020 Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: 1) Licensed providers complete a release form giving designated WV DHHR staff permission to release information regarding the results found of the State abuse and neglect database. Those results are then placed in the individuals personnel file. Programs holding a certificate of registration complete the same release and the family child care regulatory staff complete the search. The child care rules were revised and went into effect March 1, 2018 to include a check of the databases where the individual may have resided during the past 5 years. 2) WV DHHR continues to work with both WV CARES and Family and Child Tracking System (FACTS) staff regarding this requirement. WV DHHR will make available on its consumer website links to other states abuse and neglect registry processes. Since the rules were revised and became effective March 1, 2018. 3) Challenges regarding the implementation of a check of the abuse and neglect registries include a check of the abuse and neglect registries for individuals who have lived out of state within the past 5 years. 4) Strategies to mitigate this challenge include designating space on the consumer website with links to the process of acquiring background checks nationwide.

5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal

Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

- 5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?
- No.
- Yes. Describe: Owners, operators, directors and staff taking the initial steps to open a licensed program, as part of the initial licensing process, must complete comprehensive background checks prior to opening. Owners of programs (and their applicable household members) wishing to hold a certificate of registration must also complete comprehensive background checks prior to opening. Once the background checks have been completed and the licensed and certified programs have been approved to operate, future employees must have a comprehensive background check and the individual may not be left alone with children at any time while to program is in operation until all background check results have been received.
- 5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.
- 5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). Child care policy lays out the timeframe allowable for the completion and determinations of background checks. WV CARES, the primary entity responsible for making determination regarding criminal background checks are aware of the timeframe and are well within the timeframe (usually no more than 21 days at most, even when having to research information on criminal results that have no disposition). The sex offender and abuse and neglect checks are also well within the 45-day timeframe.
- 5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony

consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

*Note:* The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime if the data do not include personally identifiable information (98.43(e)(2)(iii)).

5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

No.

Yes. Describe: West Virginia CARES has a comprehensive list of prohibited crimes including those laid out in 42 U. S. C. §1320a-7(a). Examples of those crimes include exclusions of some individuals who may have committed a medical crime or a fraudulent crime against the State. West Virginia Code sets forth the general structure and expectations of WV CARES scope of work.

<http://www.wvlegislature.gov/WVCODE/ChapterEntire.cfm?chap=16&art=49>

5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2–4)). West Virginia CARES allows for variance requests by any individual who wishes to appeal the results of a background check. However, WV CARES cannot override a decision made by another registry that may have made a negative determination. In those instances, the individual would have to contact and work with those registries that made the negative determination. Individuals that may be disqualified due to a felony drug offense would be ineligible for employment. However, there is nothing that disallows the individual to request a variance for the conviction.

5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)). The cost of the criminal

background check through WV CARES is \$54.50 – a \$20 application fee payable to WV CARES and \$34.50 live scan fingerprint check payable to MorphoTrust. The check of the sex offender registries and the abuse and neglect registries remains free at this time.

5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from *all* background check requirements.
- Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. \_\_\_\_\_

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states, and territories have for investing their CCDF quality funds (658G(b)(1)).

### 6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development  
Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies,

breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory’s framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe: All early childhood professional development that is offered through our child care resource and referral system is registered with the state defined standards and competencies.
- Career pathways. Describe: The career pathway is built within our WV State Training and Registry System (STARS). The link is provided here: [http://wvstars.org/wp-content/forms/Career\\_Pathway\\_Levels.pdf](http://wvstars.org/wp-content/forms/Career_Pathway_Levels.pdf).
- Advisory structure. Describe: This is met through the WV Early Childhood Advisory Council.
- Articulation. Describe: WV has articulation agreements with community and technical colleges and the Apprenticeship for Child Development Specialists (ACDS).
- Workforce information. Describe: The Apprenticeship for Child Development Specialist is a joint program between the Department of Labor and the Lead Agency.
- Financing. Describe: Financing for professional development is funded primarily through CCDF, with some contributions from the Office of Maternal and Child Health and the West Virginia Department of Education.

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:
  - Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory’s framework. Describe:
- Other. Describe:

6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. All stakeholders are represented on the Early Childhood Advisory Council, from Head Start to School Age Care. Within the Early Childhood Advisory Council, there is a professional development subcommittee that is comprised of a variety of members of the early care and education community.

6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

- X Financial assistance to attain credentials and post-secondary degrees. Describe: The Lead Agency funds a WV STARS Pathway Advancement Scholarship for members of the early childhood workforce who wish to attend college.

<http://www.wvstars.org/scholarship/>

- Financial incentives linked to educational attainment and retention. Describe: \_\_\_\_\_

- Financial incentives and compensation improvements. Describe: \_\_\_\_\_

- X Registered apprenticeship programs. Describe: The Lead Agency Funds the Apprenticeship for Child Development Specialist. The West Virginia registered Apprenticeship for Child Development Specialist (ACDS) program is based on a professional partnership between early care and education providers and their employers.

It is a teaching program where apprentices "learn by doing". A blending of classroom work and on-the-job training provides professional growth for providers. It also enhances the quality of care that their employers offer to the community.

The registered Apprenticeship for Child Development Specialist program promotes:

- Highly skilled, confident early childhood employees
- Quality early childhood environments
- Informed, supportive early childhood professionals

- X Outreach to high school (including career and technical) students. Describe: Through the ECAC a Higher Education committee was established to liaise with high schools, community colleges and higher education to set common coursework to assist the early childhood workforce in achieving the skills and knowledge base needed to go directly into the workforce.

- Policies for paid sick leave. Describe: \_\_\_\_\_

- Policies for paid annual leave. Describe: \_\_\_\_\_

- Policies for health care benefits. Describe: \_\_\_\_\_

- Policies for retirement benefits. Describe: \_\_\_\_\_

- Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe: \_\_\_\_\_

- Other. Describe: \_\_\_\_\_

## 6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)). All professional development offered through the Child Care Resource and Referral Agencies are required to be linked to the WV Core Knowledge/Core Competencies, and the WV Early Learning Standards Framework.
- 6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). There are no tribes within West Virginia
- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)). According to the 2010 Census, only 1.1% of West Virginia's population speaks a language other than English at home, encompassing a wide range of languages from African to Hindi to Chinese. CCR&R agencies use a language phone service to ensure that these populations are adequately served. Because of the lack of demand, West Virginia has not conducted any statewide activities aimed at providers with limited English proficiency. West Virginia reaches out to child care providers with disabilities through a variety of resources, including Family Resource Centers.
- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages. West Virginia uses a language line that has the ability to interpret all non-English languages. The three primary languages spoken in West Virginia are Spanish .99%, German .17% and Chinese .15%.
- 6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children);

English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii–iv)). \_\_\_\_\_

6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).

a) Describe the state/territory’s training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2). Division of Early Care and Education has developed partnerships with Child Abuse Prevention programs, such as in-home family education, family resource centers and starting points to develop a system of support for child care providers. Providers have the opportunity to receive technical assistance and training through the collaboration with these programs.

b) Describe the state/territory’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2). The Division of Early Care and Education has developed partnerships with Child Abuse Prevention programs, such as in-home family education, family resource centers and starting points to develop a system of support for child care case managers. Case managers have the opportunity to receive technical assistance and training through the collaboration with these programs.

6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies
- The type of check-ins, including the frequency. Describe: \_\_\_\_\_
- Other. Describe:

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory’s strategies to strengthen provider’s business practices, which can include training and/or TA efforts.

a) Identify the strategies that the state/territory is developing and implementing for training and TA. Child Care Resource and Referral Agencies professional



development teams have always provided training and technical assistance on business practices, WV has strengthened this area by working with the Small Business Development Center of WV. Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other. Describe:

### 6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.
- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry. West Virginia has both Preschool and Birth to Three ELDGs.
- c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other. Describe: \_\_\_\_\_

- d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC. The executive members of the ECAC consist of the CCDF Administrator, the Head Start State Collaboration Director, and the Director of the Office Early and Elementary Learning in the Department of Education. These are the same members involved in reviewing and approving the ELDGs.
- e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. Standards are reviewed at least every five years, most recently in 2016.
- f) Provide the Web link to the state/territory's early learning and developmental guidelines.

[http://www.wvearlychildhood.org/resources/WV\\_Early\\_Learning\\_Standards\\_Framework\\_3\\_to\\_5.pdf](http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Framework_3_to_5.pdf)

[http://www.wvearlychildhood.org/resources/WV\\_Early\\_Learning\\_Standards\\_Framework\\_Infant\\_Toddler.pdf](http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Framework_Infant_Toddler.pdf)

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used. All training and technical assistance offered through the Child Care Resource and Referral Agencies are required to be linked to the WV Early Learning Standards Framework Infants and Toddlers or Three to Five as appropriate.

- 6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). West Virginia is currently developing an evaluation framework to measure progress in improving the

quality of child care programs and services. We expect to have this evaluation framework in place by October 2018.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory’s needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). West Virginia is currently developing an evaluation framework to measure progress in improving the quality of child care programs and services. We expect to have this evaluation framework in place by October 2018.
- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. The assessment has not yet been implemented, although we look forward to the results.

## 7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.
- Supporting the training and professional development of the child care workforce  
If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.
- CCDF funds  
 Other funds
- Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
- CCDF funds  
 Other funds

- Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
  - CCDF funds
  - Other funds
- Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If

checked, respond to 7.11 and indicate which funds will be used for this activity.

Check all that apply.

- CCDF funds
- Other funds

### 7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe: Professional development on these topics is provided by behavior consultant staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.

Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe: \_\_\_\_\_

- Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: \_\_\_\_\_
  - Using data to guide program evaluation to ensure continuous improvement. Describe: \_\_\_\_\_
  - Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: \_\_\_\_\_
  - Caring for and supporting the development of children with disabilities and developmental delays. Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.
  - Supporting the positive development of school-age children. Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.
  - Other. Describe: \_\_\_\_\_
- b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.
- Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
  - Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
  - Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
  - Other. Describe:

7.3.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. All child care resource and referral agencies and WV Early Childhood Training Connections and Resources submit quarterly reports which are reviewed and assessed for progress and plans of improvement.

#### 7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

7.4.1 Does your state/territory have a quality rating and improvement system?

- Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. [REDACTED]
- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [REDACTED]
- If Yes, describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [REDACTED]
- No, but the state/territory is in the QRIS development phase.

No, the state/territory has no plans for QRIS development.

#### 7.4.2 QRIS participation.

- a) Are providers required to participate in the QRIS?
  - Participation is voluntary.
  - Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). \_\_\_\_\_
  - Participation is required for all providers.
- b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.
  - Licensed child care centers
  - Licensed family child care homes
  - License-exempt providers
  - Early Head Start programs
  - Head Start programs
  - State prekindergarten or preschool programs
  - Local district-supported prekindergarten programs
  - Programs serving infants and toddlers
  - Programs serving school-age children
  - Faith-based settings
  - Tribally operated programs
  - Other. Describe: \_\_\_\_\_

#### 7.4.3 Support and assess the quality of child care providers.



The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No.
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).
  - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - Other. Describe: \_\_\_\_\_
  - None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No.
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.
  - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - Embeds licensing into the QRIS.
  - State/territory license is a "rated" license.
  - Other. Describe: \_\_\_\_\_
  - Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

- No.

- Yes. If yes, check all that apply.
  - One-time grants, awards, or bonuses
  - Ongoing or periodic quality stipends
  - Higher subsidy payments
  - Training or technical assistance related to QRIS
  - Coaching/mentoring
  - Scholarships, bonuses, or increased compensation for degrees/certificates
  - Materials and supplies
  - Priority access for other grants or programs
  - Tax credits (providers or parents)
  - Payment of fees (e.g., licensing, accreditation)
  - Other:
  - None

7.4.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

**7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: \_\_\_\_\_
- Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: \_\_\_\_\_

- Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Infant/Toddler Specialist Networks offers two competency-based module series trainings, an annual conference for administrators and caregivers of infant/toddler programs, topic specific summits and technical assistance as needed by individual programs. In addition, the curriculum for the Apprenticeship for Child Development Specialist program was revised to provide more in-depth infant/toddler content
- Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe: WV has an Infant Toddler Specialist Network to provide coaching and technical assistance. Specialists are certified trainers in the Program for Infant/Toddler Care (PITC) and have attended other trainings including the Pikler Intensive Institute, CLASS for Toddlers, ITERS-R, Infant Massage and Creative Curriculum for Infants, Toddlers and Twos.
- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: This coordination occurs as the State Infant Toddler Coordinator is a member of the Interagency Coordinating Council and well as the IT Mental Health Association. Collaboration also exists within the Early Childhood Advisory Council.
- Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: \_\_\_\_\_
- Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: The Infant Toddler Specialist Network frequently shares concerns with child care licensing and participate on regulatory workgroups as requested.
- Developing infant and toddler components within the early learning and developmental guidelines. Describe: Early learning and developmental guidelines for birth to three are developed and in place.
- Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: \_\_\_\_\_
- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe: \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

7.5.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. State/Territory Measures relevant to these activities come through the CCR&R quarterly reports.

**7.6 Child Care Resource and Referral**

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. State/Territory Measures relevant to these activities come through the CCR&R quarterly reports.

**7.7 Facilitating Compliance With State Standards**

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers’ compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: Staffing for Licensing and regulatory specialists to inspect and monitor for licensing standards.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No.
- Yes. If yes, which types of providers can access this financial assistance?
- Licensed CCDF providers
- Licensed non-CCDF providers
- License-exempt CCDF providers
- Other. Describe: \_\_\_\_\_

7.7.3 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Effectiveness of this funding is measured through licensing compliance.

**7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

- 7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children. The Lead Agency uses several tools to evaluate positive impact for children. These tools include data from the WV State Training and Registry System, CCR&R and WVECTCR quarterly reports, technical assistance provided by the professional development teams at the CCR&Rs, tiered reimbursement reviews and informal use of the Environment Rating Scales.
- 7.8.2 Describe the measurable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The Lead Agency uses several tools to evaluate positive impact for children. These tools include data from the WV State Training and Registry System, CCR&R and WVECTCR quarterly reports, technical assistance provided by the professional development teams at the CCR&Rs, tiered reimbursement reviews and informal use of the Environment Rating Scales.

## 7.9 Accreditation Support

- 7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?
- Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. WV offers grants/mentoring to help support centers and family child care providers to achieve accreditation. This program is called Quality Support Services.
- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: \_\_\_\_\_
- No, but the state/territory is in the accreditation development phase.
- No, the state/territory has no plans for accreditation development.
- 7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. State/Territory Data is collected through quarterly reports as to program use.

## 7.10 Program Standards

- 7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

- Health. Describe the supports: The Lead Agency under its contract with WV Early Childhood Training Connections and Resources employs six regional Child Care Nurse Health Consultants and two Health Educators. The Nurse Health Consultants offer our medication administration trainings and provide best practice on health and safety issues for children in group care.
- Mental health. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.
- Nutrition. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.
- Physical activity. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.
- Physical development. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.

7.10.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. State/Territory Data is collected and reviewed through quarterly reports.

### **7.11 Other Quality Improvement Activities**

7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. WV provides the Traveling Resource and Information Library System (TRAILS) statewide. This program operates a mobile lending library where child care providers can borrow games, toys, equipment and books to use in their program. The vans are staffed with an early childhood specialist and associate for additional support. State/Territory Data is collected and reviewed through quarterly reports.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

Issue policy manual

Issue policy change notices

Staff training. Describe: The lead agency provides opportunity for all CCR&R staff to attend organized, statewide conferences for child care subsidy training and updates.

Ongoing monitoring and assessment of policy implementation. Describe: The WV DHHR has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, the DHHR program and contract staff interview all CCR&R staff as well as some local DHHR staff, providers and recipients, and review case records, personnel and financial files. Program staff monitor work flow and environmnet. If dificiencies exist, the state requests corrective action and then monitors to insure corrective action was taken.. The state has the option to issue a new competitive grant announcement if improvement does not occur. All six agencies have been reviewed in this manner. In addition, technical assistance staff review a sample of eligibility determinations on a quarterly basis and provide feedback to staff in the CCR&R agencies.

Other. Describe:  

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

Verifying and processing billing records to ensure timely payments to providers.

Describe: \_\_\_\_\_

Fiscal oversight of grants and contracts. Describe: \_\_\_\_\_

Tracking systems to ensure reasonable and allowable costs. Describe: \_\_\_\_\_

Other. Describe: \_\_\_\_\_

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

Conduct a risk assessment of policies and procedures. Describe: [REDACTED]

X Establish checks and balances to ensure program integrity. Describe: Quarterly program and financial reports are required that cover expenditures, numbers of families, children and providers served for subsidy, resource and referral and other quality initiatives, payments processed, and training and technical assistance provided.

Use supervisory reviews to ensure accuracy in eligibility determination. Describe: [REDACTED]

Other. Describe: [REDACTED]

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

X Run system reports that flag errors (include types). Describe: [REDACTED]

X Review enrollment documents and attendance or billing records.

X Conduct supervisory staff reviews or quality assurance reviews.

X Audit provider records.

X Train staff on policy and/or audits.

Other. Describe: [REDACTED]

7. Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Run system reports that flag errors (include types). Describe: \_\_\_\_\_

X Review enrollment documents and attendance or billing records.

X Conduct supervisory staff reviews or quality assurance reviews.

X Audit provider records.

X Train staff on policy and/or audits.



Other. Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

d) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: The minimum dollar amount is \$1.00

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Recover through repayment plans.

Reduce payments in subsequent months.

Recover through state/territory tax intercepts.

Recover through other means.

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Other. Describe:

8. Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations\_\_\_\_\_.

9. Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: Minimum dollar amount  
\$1.00\_\_\_\_\_

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Recover through repayment plans.

Reduce payments in subsequent months.

Recover through state/territory tax intercepts.

Recover through other means.

Establish a unit to investigate and collect improper payments. Describe: \_\_\_\_\_

Other. Describe:

10. Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

- X Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: Minimum dollar amount \$1.00
- Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
  - X Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
- Other. Describe: [REDACTED]

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

X Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. This process applies to both clients and providers: Supervisors are responsible for negotiating repayment schedules with providers and/or clients and completing a Repayment Agreement to include the amount to be recovered, the period of recovery the monthly recovery amount, and the procedure for repayment. If intentional misrepresentation may have occurred and the provider /client remains active, it is recommended that the CCR&R worker try to collect the payment in full. If this is not feasible, it is suggested that the R&R worker request that the client or provider be asked to repay the amount in monthly installment payments of approximately 10% of the amount due. Payment schedules should be sufficient to recover the amount due within a reasonable time period but should not pose an undue hardship on a client. The amount of payment should not exceed living costs. Payments must be made by money order. If a payment is more than forty-five (45) days late, the entire unpaid balance becomes due and must be paid in full. Failure to repay the requested amount shall result in case closure for clients or denial of participation in the certificate system for child care providers. Client services will not be reinstated until full payment is received. The West Virginia Public Welfare Law and subsequent administrative actions have guaranteed and applicant for or recipient of Social Services the right to a hearing concerning and action taken by the Department of Health and Human Resources. Every child care client and provider has the right to request a hearing concerning actions taken by the Department or CCR&R workers. The State Board of Review is designated by State Law as the body through which a client or provider may present his/her case to a higher authority. The State Hearing Officer is an impartial official who has not been directly involved in any determination of the action in question.

- Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. This process applies to both clients and providers: Supervisors are responsible for negotiating repayment schedules with providers and/or clients and completing a Repayment Agreement to include the amount to be recovered, the period of recovery the monthly recovery amount, and the procedure for repayment. If intentional misrepresentation may have occurred and the provider /client remains active, it is recommended that the CCR&R worker try to collect the payment in full. If this is not feasible, it is suggested that the R&R worker request that the client or provider be asked to repay the amount in monthly installment payments of approximately 10% of the amount due. Payment schedules should be sufficient to recover the amount due within a reasonable time period but should not pose an undue hardship on a client. The amount of payment should not exceed living costs. Payments must be made by money order. If a payment is more than forty-five (45) days late, the entire unpaid balance becomes due and must be paid in full. Failure to repay the requested amount shall result in case closure for clients or denial of participation in the certificate system for child care providers. Client services will not be reinstated until full payment is received. The West Virginia Public Welfare Law and subsequent administrative actions have guaranteed and applicant for or recipient of Social Services the right to a hearing concerning and action taken by the Department of Health and Human Resources. Every child care client and provider has the right to request a hearing concerning actions taken by the Department or CCR&R workers. The State Board of Review is designated by State Law as the body through which a client or provider may present his/her case to a higher authority. The State Hearing Officer is an impartial official who has not been directly involved in any determination of the action in question.
- Prosecute criminally.
- Other. Describe: