Quality Progress Report (QPR)

For

West Virginia

FFY 2023

QPR Status: Work in Progress as of 2023-12-19 13:54:53 GMT

The Quality Progress Report (QPR) collects information from states and territories (hereafter referred to as lead agencies) to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services.

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.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

QUALITY PROGRESS REPORT

The Quality Progress Report (QPR) collects information from lead agencies to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services. Lead agencies are also required to report on their Child Care and Development Fund (CCDF) quality improvement investments through the CCDF Plan, which collects information on the proposed quality activities for a three-year period; and through the ACF-696, which collects quarterly expenditure data on quality activities.

The annual data provided by the QPR will be used to describe how lead agencies are spending a significant investment per year to key stakeholders, including Congress, federal, state and territory administrators, providers, parents, and the public.

Specifically, this report will be used to:

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and activities funded by American Rescue Plan (ARP) Act
- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans; and
- Understand efforts in progress towards all child care settings meeting the developmental needs of children
- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

What Period Must Be Included: All sections of this report cover the federal fiscal year activities (October 1, 2022, through September 30, 2023), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

What Data Should Lead Agencies Use: Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

How is the QPR Organized?

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The first section of the QPR gathers basic data on the population of providers in the state or territory and goals for quality improvement and glossary of relevant terms. The rest of the report is organized according to the ten authorized uses of quality funds specified in the CCDBG Act of 2014:

1) Support the training and professional development of the child care workforce
2) Improve the development or implementation of early learning and development guidelines
3) Develop, implement, or enhance a quality rating improvement system for child care providers
4) Improve the supply and quality of child care for infants and toddlers
5) Establish or expand a lead agency wide system of child care resource and referral services
6) Support compliance with lead agency requirements for licensing, inspection, monitoring, training, and health and safety
7) Evaluate the quality of child care programs in the state or territory, including how programs positively impact children
8) Support providers in the voluntary pursuit of accreditation
9) Support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

The Office of Child Care (OCC) recognizes that quality funds may have been used to address the coronavirus 2019 (COVID-19) pandemic. These activities should be reflected in the relevant sections of the QPR.

Reporting Activities Related to ARP Act Child Care Stabilization Grants

The ARP Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Please refer to the information memorandum [ARP Act Child Care Stabilization Grants](#) (CCDF-ACF-IM-2021-02) for further guidance on the child care stabilization grants made available through the ARP Act.

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While the OCC has established a new data collection form, the ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data, as the primary data collection mechanism for reporting related to ARP stabilization grants, Section 13 of the QPR asks about activities related to stabilization grants made possible through ARP funding. The OCC will inform lead agencies if the data reported through the ACF-901 is complete enough to warrant skipping Section 13 of the QPR. The following information is requested in Section 13:

- If the lead agency ran more than one grant program;
- How stabilization grants were used to support workforce compensation; and
- Methods to eliminate fraud, waste, and abuse when providing stabilization grants

Section 13 should be used to report on ARP Stabilization Grants ONLY. Other child care sustainability or stabilization grant programs established or ongoing using other funding mechanisms (i.e., CCDF or other supplemental funding e.g., CARES, CRRSA, ARP Supplemental Discretionary Funds) should be reported in Section 11.

When is the QPR Due to ACF?

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2023.

Glossary of Terms

The following terms are used throughout the QPR. These definitions can also be found in section 98.2 in the CCDBG Act of 2014. For any term not defined, please use the lead agency definition of terms to complete the QPR.

Center-based child care provider means a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless in care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

Director means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care.

Family child care provider means one or more individuals who provide child care services for fewer than 24 hours per day per child in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "family child care homes."

In-home child care provider means an individual who provides child care services in the child's own home.

License-exempt means facilities that are not required to meet the definition of a facility required to meet the CCDF section 98.2 definition of "licensing or regulatory requirements." Associated terms include "legally exempt" and "legally operating without regulation."

Licensed means a facility required by the state to meet the CCDF section 98.2 definition of "licensing or regulatory requirements," which explains that the facility meets "requirements necessary for a provider to legally provide child care services in a state of locality, including registration requirements established under state, local or tribal law."

Programs refer generically to all activities under the CCDF, including child care services and other activities pursuant to §98.50 as well as quality activities pursuant to §98.43.

Provider means the entity providing child care services.

Staffed family child care (FCC) networks are programs with paid staff that offer a menu of ongoing services and resources to affiliated FCC educators. Network services may include individual supports (for example, visits to child care homes, coaching, consultation, warmlines, substitute pools, shared services, licensing TA, mental health services) and group supports (for example, training workshops, facilitated peer support groups).

Teacher means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care.

1) Overview

To gain an understanding of the availability of child care in the state or territory, please provide the following information on the total number of child care providers.

1.1 State or Territory Child Care Provider Population

1.1.1 Total Number of Licensed Providers:

Enter the total number of licensed child care providers that operated in the state or territory as of September 30, 2023. These counts should include all licensed child care providers, not just those serving children receiving CCDF subsidies.

[x] Licensed center-based programs **690**
   [ ] Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2022 ACF-800 data there were 390 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.

[x] Licensed family child care homes **744**
   [ ] Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2022 ACF-800 data there were 713 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.

2) Supporting the training and professional development of the child care workforce

Goal: *Ensure the lead agency's professional development systems or framework provides initial and ongoing professional development and education that result in a diverse and stable child care workforce with the competencies and skills to support all domains of child development.*

2.1 Lead Agency Progression of Professional Development

2.1.1 Professional Development Registry:

Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2022, to September 30, 2023?

[x] Yes. If yes, describe: **West Virginia's Workforce Registry, WV STARS (Statewide Training and Registry System) tracks demographic and professional development data for the early childhood workforce.**

[ ] No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe:

2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?
[x] Yes. If yes, describe: **Qualified Staff (a staff member working as a director, assistant director, lead teacher, assistant teacher, or teaching assistant with at least a high school diploma/GED) working in a licensed child care center are required to possess an active Career Pathway Credential.**

[ ] No. If no, describe:

2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2023 **35593**

2.1.4 Spending - Professional Development Registry:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

> [x] CCDF quality funds
> [ ] Non-CCDF funds
> [ ] CARES funds
> [ ] CRRSA Funds
> [ ] ARP Supplemental Discretionary
> [ ] ARP Stabilization 10% set-aside
> [ ] Unable to report. Indicate reason:

[ ] No

2.2   Workforce Development

2.2.1   Professional Development and Career Pathways Support:

How did the lead agency help teachers/providers progress in their education, professional development, and/or career pathway between October 1, 2022 and September 30, 2023 (check all that apply)? If selected, how many staff received each type of support?

[x] Scholarships (for formal education institutions) **53**
[x] Financial bonus/wage supplements tied to education levels **401**
[ ] Career advisors, mentors, coaches, or consultants
[ ] Reimbursement for training
[ ] Loans
[ ] Substitutes, leave (paid or unpaid) for professional development
[ ] Other. Describe:
[ ] N/A. Describe:

2.2.2   Spending - Professional Development and Career Pathways Support:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

> [x] CCDF quality funds
> [ ] Non-CCDF funds
> [ ] CARES funds
> [ ] CRRSA Funds
> [ ] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

[ ] No

2.3   Child Care Provider Qualifications

2.3.1   Number of Licensed Child Care Programs Qualifications:

Total number of staff in licensed child care programs with the following qualification levels as of September 30, 2023:

[x] Child Development Associate (CDA) **44**

[x] Associate's degree in an early childhood education field (e.g. psychology, human development, education) **164**

[x] Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **146**

[x] State child care credential **36**

[ ] State infant/toddler credential

[ ] Unable to report this data. Indicate reason:

2.3.2   Number of Licensed CCDF Child Care Programs Qualifications:

Total number of staff in licensed CCDF child care programs with the following qualification levels as of September 30, 2023:

[x] Child Development Associate (CDA) **44**

[x] Associate's degree in an early childhood education field (e.g. psychology, human development, education) **164**

[x] Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **146**

[x] State child care credential **36**

[ ] State infant/toddler credential

[ ] Unable to report this data. Indicate reason:

2.4   Technical Assistance for Professional Development

2.4.1   Technical Assistance Topics:

Technical assistance on the following topics is available to providers as part of the lead agency's professional development system (can be part of QRIS or other system that provides professional development to child care providers):

[x] Business Practices

[x] Mental health for children

[x] Diversity, equity, and inclusion

[x] Emergency Preparedness Planning

[x] Other. Describe other technical assistance available to providers as part of the professional development system: **Child care providers in West Virginia also received technical assistance on lesson planning, room arrangement, staff-child interaction, and early childhood environmental rating scales.**

2.4.2 Spending - Technical Assistance for Professional Development:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds

[ ] Non-CCDF funds

[ ] CARES funds

[ ] CRRSA Funds

[ ] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

[ ] No

2.5 Spending – Training and Professional Development

2.5.1 Spending – Training and Professional Development:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the <u>training and professional development</u> of the child care workforce during October 1, 2022 to September 30, 2023? $

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

2.6 Progress Update

2.6.1 Progress Update – Training and Professional Development:

Supporting the training and professional development of the child care workforce

Measurable indicators of progress the state/territory reported in section 6.3.2 of the FFY 2022-2024 CCDF Plan.

The Lead Agency uses quarterly reporting from the CCR&R agencies and the State Training and Registry System (STARS) to measure access to professional development opportunities and topics and attendance. Reports are reviewed and feedback provided to these contractors.

The state also uses pre- and post-testing in STARS to assess proof of learning for all professional development. Trainings in which the majority of participants are failing to pass are reevaluated and reconfigured to ensure that learning objectives are met.

The Lead Agency also has implemented an evaluation project to assess the base line of quality of child care in the state. The pandemic has impacted the progress of the project, however the Lead Agency expects to resume this shortly.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: **All agencies contracted by the Lead Agency, six Child Care Resource and Referral Agencies and West Virginia Early Childhood Training Connections and Resources, submit quarterly reports which are reviewed and assessed for progress and plans of improvement. During the period under review, CCR&R agencies offered 1174 training opportunities which provided training hours to 14,317 registry participants. In addition, professional development staff at the CCR&R agencies completed 3,369 technical assistance visits to providers and provided 1,739 phone consultations.**

Training and technical assistance needs continued to evolve in FY2023. For example, there were changes to the way in which training and technical assistance were provided. Similar to what was observed at the end of FY2022, specialists made increasingly more

in-person visits and fewer phone consultations to providers as the year went along.

Requested topics for training and technical assistance shifted as well compared to previous years. As the population of kids in care becomes more diverse, providers have requested more technical assistance around spaces meant to encourage acceptance of diversity. And, as providers prepare for changes to policies for enhanced tier rates, they sought more site visits aimed at tiered reimbursement.

The WV STARS and CCR&R data systems are used to document professional development activities. The STARS database is used to track providers who are receiving continuing education credit for their participation in a professional development activity. However, there are other instances in which child care providers receive support and education in the form of site visits or phone consultation, which are not eligible for STARS credit. This latter category of services is tracked separately by specialists in the database.

3) Improving early learning and development guidelines

Goal: To ensure the lead agency has research-based early learning and development guidelines appropriate for children birth to age 12, including children with special needs and dual language learners that are used to inform practice and professional development.

3.1 Early Learning and Development Guidelines

3.1.1 Spending - Early Learning and Development Guidelines:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to improve early learning and development guidelines during October 1, 2022 to September 30, 2023?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? $

    [ ] Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported:

[x] No

3.2 Progress Update

3.2.1 Progress Update - Early Learning and Development Guidelines:

Improving upon the development or implementation of early learning and development guidelines.

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Measurable indicators of progress the state/territory reported in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
Quality funds support the professional development offerings linked to WV ELSF. Progress is measured through proof of learning tests required to obtain proof of training in the STARs system. As this is a newly developed requirement, the Lead Agency does not currently have data to provide in this area.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan:
Quality funds support the professional development offerings linked to WV ELSF. Progress is measured through proof of learning tests required to obtain proof of training in the STARs system. No changes were made to the WV ELSF during this reporting period.

4) Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator

Goal: To ensure the lead agency implements a quality rating and improvement system, or other quality rating system, to promote high-quality early care and education programs.

4.1 Quality rating and improvement system status

4.1.1 QRIS or other system of quality improvement status:

Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2022 to September 30, 2023?

[ ] The lead agency QRIS is operating state- or territory-wide.
- General description of QRIS:
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality]
  - Tier/Level 1:
    - [ ] High Quality
  - Tier/Level 2:
    - [ ] High Quality
  - Tier/Level 3:
    - [ ] High Quality
  - Tier/Level 4:
    - [ ] High Quality
  - Tier/Level 5:
    - [ ] High Quality
  - Tier/Level 6:
    - [ ] High Quality
  - Tier/Level 7:
    - [ ] High Quality
  - Tier/Level 8:
    - [ ] High Quality
  - Tier/Level 9:
    - [ ] High Quality
  - Tier/Level 10:
    - [ ] High Quality

- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

[ ] The lead agency QRIS is <u>operating a pilot</u> (e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.

- General description of pilot QRIS (e.g., in a few localities, or only a few levels):
- Which localities if not state/territory-wide?
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality
  - Tier/Level 1:
    [ ] High Quality
  - Tier/Level 2:
    [ ] High Quality
  - Tier/Level 3:
    [ ] High Quality
  - Tier/Level 4:
    [ ] High Quality
  - Tier/Level 5:
    [ ] High Quality
  - Tier/Level 6:
    [ ] High Quality
  - Tier/Level 7:
    [ ] High Quality
  - Tier/Level 8:
    [ ] High Quality
  - Tier/Level 9:
    [ ] High Quality
  - Tier/Level 10:
    [ ] High Quality

- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:

- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

[x] The lead agency is operating another system of quality improvement.

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- General description of other system: **General description of other system: The West Virginia Child Care Tiered Reimbursement System is a quality initiative that offers higher subsidy payments to child care programs that demonstrate higher quality standards of care are being met. West Virginia now has three (3) Quality Tier levels available for childcare programs. Programs that are licensed as a child care center or facility and registered family child care homes are a Tier I quality status and receive the base reimbursement rates when they enroll children in the child care subsidy program. Programs that wish to apply for Tier II quality status must show documentation how they are meeting a specific set of higher quality standards outlined in the Tier II application. Tier II programs are evaluated on an annual basis. Programs that are accredited by an approved accrediting agency are a Tier III quality status. Tier II quality standards are based on the West Virginia Core Knowledge and Competency Areas of Administration and Management, Health, Safety and Nutrition, Child Growth and Development, Environment and Curriculum, Child Observation and Assessment, Family and Community Relationships, and Professionalism and Leadership. Tier III quality is determined by accreditation validation through the National Association for the Education of Young Children or the Council on Accreditation for child care centers and the National Association for Family Child Care for family child care facilities and homes. Programs approved for higher tier levels receive higher subsidy reimbursement rates.**

- Describe assessment scores, accreditation, or other metrics associated with this system: **The State's highest Tier III child care centers are accredited by the National Association for Young Children (NAEYC) and Family child care providers are accredited by the National Association for Family Child Care (NAFCC).**
- Describe how "high quality" is defined in this system? **West Virginia defines high quality care based on a program Quality Tier Level. Programs that are a Tier II Quality Status have demonstrated through an application and accompanying documentation that they have implemented a state specific set of quality standards above licensing regulations. These quality standards are based on the West Virginia Core Knowledge and Competencies for Early Childhood Professionals. Programs that are a Tier III Quality Status are accredited by an approved accrediting agency.**
- Total number of licensed child care centers meeting high quality definition: **78**
- Total number of licensed family child care homes meeting high quality definition: **30**

- Total number of CCDF providers meeting high quality definition: **108**
- Total number of children served by providers meeting high quality definition: **Not Tracked**

[ ] The lead agency does not have a QRIS or other system of quality improvement.

- Do you have a definition of high quality care?

    [ ] Yes, define:

    - Total number of licensed child care centers meeting high quality definition:
    - Total number of licensed family child care homes meeting high quality definition:
    - Total number of CCDF providers meeting high quality definition:
    - Total number of children served by providers meeting high quality definition:

    [ ] No

4.1.2 Spending - Quality rating and improvement system status:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[ ] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

4.2 Quality Rating and Improvement Systems participation

4.2.1 QRIS or other system of quality improvement participation:

What types of providers participated in the QRIS or other system of quality improvement during October 1, 2022 to September 30, 2023 (check all that apply)?

[x] Licensed child care centers

[x] Licensed family child care homes

[ ] License-exempt providers

[ ] Programs serving children who receive CCDF subsidy

[ ] 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:

4.3   Quality Rating and Improvement Systems Benefits

4.3.1   Quality Rating and Improvement Systems Benefits:

What types of financial incentives or technical assistance are available for providers related to QRIS or other system of quality improvement? Check as many as apply.

[x] One-time grants, awards or bonuses
- o   Licensed child care centers **78**
- o   Licensed family child care homes **30**

[ ] On-going or periodic quality stipends
- o   Licensed child care centers
- o   Licensed family child care homes

[x] Higher CCDF subsidy rates (including tiered rating)
- o   Licensed child care centers **78**
- o   Licensed family child care homes **30**

[x] Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)

[ ] Other. Describe

4.3.2   Spending - Quality Rating and Improvement Systems Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

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[x] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[x] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

4.4 Spending – Quality Rating and Improvement Systems

4.4.1 Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) related to **QRIS or other quality rating systems** during October 1, 2022 to September 30, 2023? $**2876000**

[ ] Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

4.5 Progress Update

4.5.1 Progress Update – Quality Rating and Improvement Systems:

Developing, implementing, or enhancing a quality rating and improvement system (QRIS) or other transparent system of quality indicators.

Measurable indicators of progress the state/territory reported in section 7.3.6 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **West Virginia QRIS is Currently in development.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan: **West Virginia QRIS is Currently in development. Each Child Care Resource and Referral agency employs a Quality Improvement Specialist to assist providers in navigating the tiered**

reimbursement and accreditation processes as well as to monitor those who have achieved higher levels of quality. Child care provider progress in maintaining current quality levels or those achieving higher quality levels are tracked through quarterly reporting.

Quality Improvement Specialists provided 387 site visits and 759 phone consultations during FY2023. Compared to FY2022, there were 495 fewer phone consultations, but site visits increased more than threefold from 112 visits the previous fiscal year

5) Improving the supply and quality of child care programs and services for infants and toddlers

Goal: Ensure adequate and stable supply of high quality child care with a qualified, skilled workforce to promote the healthy development of infants and toddlers. Please report on all activities funded by quality dollars and infant toddler set-aside.

5.1 Infant/Toddler Specialists

5.1.1 Infant/Toddler Specialists:

Did providers have access to infant/toddler specialists during October 1, 2022 to September 30, 2023?

[x] Yes
- Number of specialists available to all providers **12**
- Number of specialists available to providers serving children who receive CCDF **12**
- Number of specialists available specifically trained to support family child care providers **0**
- Number of providers served **1780**
- Total number of children reached **Not Tracked**

[ ] No, there are no infant/toddler specialists in the state/territory.
[ ] N/A. Describe:

5.1.2 Infant/Toddler Specialists Supports Provided:

If yes, what supports do the infant/toddler specialists provide?

[x] Relationship-caregiving practices (or quality caregiving/developmentally appropriate practices)
[x] On-site and virtual coaching
[x] Health and safety practices
[x] Individualized professional development consultation (e.g., opportunities for or awareness on career growth opportunities, degreed/credential programs)
[x] Group professional development
[x] Family engagement and partnerships
[ ] Part C early intervention services
[x] Mental health of babies, toddlers, and families
[x] Mental health of providers
[ ] Behavioral Health

[ ] Other. Describe

5.1.3 Spending – Infant/Toddler Specialists:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

    [x] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ]ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[ ] No

5.2 Staffed Family Child Care Networks

5.2.1 Number and Description of Staffed Family Child Care Networks:

How many staffed family child care networks operated during October 1, 2022 to September 30, 2023?

[ ] Number of staffed family child care networks:
    o   Describe what the network/hub provides to participating family child care providers:

[x] No staffed family child care networks operate in state/territory

5.2.2 Spending - Staffed Family Child Care Networks:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?
    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds

[ ] CRRSA Funds

[ ] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

[x] No

5.3 Spending - Programs and services for infants and toddlers

5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to improve the supply and quality of child care programs and services for infants and toddlers during October 1, 2022 to September 30, 2023? $

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

5.4 Progress Update

5.4.1 Progress Update - Programs and services for infants and toddlers:

Improving the supply and quality of child care programs and services for infants and toddlers.

Measurable indicators of progress the state/territory reported in section 7.4.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan:
Infant Toddler Specialists provide on-site and remote technical assistance and professional development opportunities to caregivers of infants and toddlers, including those employed by family child care homes, centers, and facilities. Infant Toddler Specialists provided STARS-credited technical assistance 246 times, 159 site visits, and 44 phone consultations in FY2023. The number of site visits completed by Infant Toddler Specialists increased 164 percent since the previous year.

6) **Establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services**

Goal: Lead agency provides: services to involve families in the development of their children, information on a full range of child care options, and assistance to families in selecting child care that is appropriate for the family's needs and is high quality as determined by the lead agency.

6.1 Spending – Child Care Resource and Referral Services

6.1.1 Spending – Child Care Resource and Referral Services:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2022, to September 30, 2023?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[ ] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **establish, expand, modify, or maintain a statewide CCR&R** during October 1, 2022 to September 30, 2023? $

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent

[ ] No

6.2 Progress Update

6.2.1 Progress Update – Child Care Resource and Referral Services:

Establishing, expanding, modifying or maintaining a statewide system of child care resource and referral services.

Measurable indicators of progress the state/territory reported in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **State/Territory Measures relevant to these activities come through the CCR&R quarterly reports.**

Performance Measures:

Outcome 1: To improve the ability of consumers to make informed decisions about the quality of child care programs.

>   Number of consumers requesting information about child care
>   Number of consumers requesting child care provider History of Noncompliance Report
>   Number and location of community presentations regarding the importance of choosing high quality child care environments

Outcome 2: To improve the ability of child care providers to provide supportive, inclusive, child specific, developmentally appropriate environments.

>   Number of child care providers and center staff who received training on inclusion and/or positive guidance techniques

>   Number of requests for behavioral consultation by provider type and Tier Level
>   Number of requests fulfilled by behavior consultants and method of fulfillment (i.e. Onsite consultation, phone consultation, referral within R&R system for assistance, or referral to community program for assistance)
>   Number of site visits made by behavior consultant by provider type and county.
>   Number of completed Behavior Consultant Observation Tools (BCOTs) documented at each site served
>   Number of monthly BCOTs submitted for data entry
>   Number of BCOTS completed, by region
>   Number of conferences between the behavior consultant and parents, teachers,

providers and directors

    Number of phone consultations by behavior consultant by type of care

    Number of training sessions offered by behavior consultant

    Number of site specific training sessions offered

Outcome 3: To improve access to, and affordability of, high quality child care for low income families, enabling parents to work or attend school.

    Number of low income families receiving subsidized child care during the month.

    Number of applications for subsidized child care during the month.

    Number of applications approved.

    Number of applications processed within two weeks of date of application.

    Number of cases closed for services

Outcome 4: To increase the supply and improve the quality of child care services

    Number of active providers by county

    Number of subsidized providers by county

    Number of new providers attending payment training

    Number of training sessions offered by county

    Number of providers attending health and safety training

    Number of providers attending other types of training by type

    Number of providers accessing TRAILS by type of provider and class of visit

    Number of providers receiving grant funds to purchase health and safety equipment or curricula through the family child care grant program

Outcome 5: To improve linkages and collaboration between community stakeholders and improve their awareness of and participation in child care initiatives.

    Number of referrals to other agencies, including Child Protective Services (CPS), Mental Health Facilities, Pre-schools, WV Child Advocate, Local Education Agencies and WV Birth to Three.

    Number of families receiving supportive services.

Outcome 6: To provide timely and accurate services to child care providers and families.

Number of payments not processed within two weeks without a valid reason.
Number of providers retrained on payment process.
Number of client case records reviewed by supervisor.

Outcome 7:   To develop and implement professional development opportunities and technical assistance that utilize effective practices to support transfer of learning to the child care setting.

Number of on-site technical assistance/follow-up visits related to a session by type of provider and Core Knowledge/ Core Competency area
Number of providers receiving training on the Early Learning Standards Frameworks by type of provider delivery method (group training or technical assistance)

Outcome 8: To support and increase the number of high quality infant and toddler programs in achieving a standard of excellence in care as defined by best practice and the WV Tiered Reimbursement Standards.

Number of child care administrators completing WVIT I Administrators Modules by county.
Number of participants completing WVIT I Caregiver Modules, including 2 TACIT visits by county and type of provider
Percentage of participants scoring 85% or higher on four reviews

Number of child care administrators completing WVIT II Administrators Modules by county
Number of participants completing WVIT II Caregiver Modules, including Practicum, by county
Number of technical assistance visits completed, receiving resources
Number of technical assistance visits completed, no resources offered
Number of technical assistance visits with EHS collaborative sites, List by site name and

county

      Number of trainings done with or for EHS collaborative sites

      Number of series or module trainings in development stage, list title or topic

      Number of other series or module trainings offered targeted for caregivers of children less than 36 months

      Number of non-module trainings for children less than 36 months

Outcome 9: To provide services to early childhood education programs to promote continuous quality improvement and to enroll in the West Virginia Tier Reimbursement System.

      Number of programs requesting information about Tiered Reimbursement

      Number of programs receiving information about Tiered Reimbursement without request

      Number of site visits made to discuss quality improvement by county and provider type

      Number of hours spent researching current trends in Quality Rating and Improvement Systems

      Number of providers by type and county receiving on-going consultation to increase their tier level

      Number of training sessions offered on topics related to Tiered Reimbursement

      Number of site specific trainings on Tiered Reimbursement by provider type and county

      Number of providers by type and county that have applied for a higher tier level rating

      Number of providers by type and county that have achieved a higher tier rating

Outcome 10: To provide information to the community on the West Virginia Tiered Reimbursement

System

      Number and location of community presentations given regarding the Tiered Reimbursement System

29

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan: Since 1992, the Lead Agency has managed a statewide system of Child Care Resource and Referral agencies that provide resource information, eligibility determination for parents, and professional development, coaching and technical assistance for child care providers. The agencies also educate consumers on selecting appropriate child care and refer parents to providers in their area. These services were contracted out to six (6) agencies across the state. All six agencies were supported 100% by CCDF Funding. Consumer education and professional development services are available to child care providers and public regardless of income. Child Care Resource and Referral agencies served 15,2736 families and 25,115 children for the FFY 2023. This is an increase over last year of 1,302 families and 1,736 children. In addition, 1,274 child care providers received CCDF funding, including 980 family child care providers, 305 child care centers and 89 out of school time centers. This is 87 additional providers more than last year. West Virginia does not set numeric targets for Currencies as they are expected to serve all providers, eligible clients, and community members with their services.

7) Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards

Goal: To ensure child care providers maintain compliance with lead agency licensing, inspection, monitoring, and health and safety standards and training.

7.1 Complaints about providers

7.1.1 Number of Complaints about providers:

How many complaints were received regarding providers during October 1, 2022 to September 30, 2023? **240**

7.1.2 Spending - Complaints about providers:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity (including maintaining a hotline)?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

7.2 Licensing Staff

7.2.1 Number of Licensing Staff:

How many licensing staff positions were there in the state or territory during October 1, 2022, to September 30, 2023? Number of staff **47**

7.2.2 Spending – Licensing Staff:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set aside
    [ ] Unable to report. Indicate reason:

[x] No

7.3 Health and Safety Standards Coaching and Technical Assistance

7.3.1 Coaching or technical assistance on health and safety standards as a result of inspection:

How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards as a result of an inspection or violation during October 1, 2022, to September 30, 2023? **2095**

7.3.2 Spending - Coaching or technical assistance on health and safety standards as a result of inspection:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

7.4 Spending - Compliance with health, safety, and licensing standards

7.4.1 Spending - Compliance with health, safety, and licensing standards:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards</u> during October 1, 2022 to September 30, 2023? $**0**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

7.5 Progress Update

7.5.1 Progress Update - Compliance with health, safety, and licensing standards:

Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards.

Measurable indicators of progress the state/territory reported in section 7.6.3 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
Effectiveness of this funding is measured through licensing compliance. The Lead Agency does not currenlty have data analysis regarding the extent to which providers are in 100% compliance with regulatory requirements.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan:
The effectiveness of this funding is measured through licensing compliance. The Lead Agency does not currently have data analysis regarding the extent to which providers are in 100% compliance with regulatory requirements.

8) Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children

Goal: Lead agency investment in effective quality improvement strategies using reliable data from evaluation and assessment

8.1 Evaluation and assessment of center-based programs

8.1.1 Evaluation and assessment of center-based programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in center-based programs during October 1, 2022 to September 30, 2023?

[ ] QRIS
[ ] CLASS
[x] ERS
[x] FCCERS
[ ] ITERS
[ ] State evaluation tool. Describe
[ ] Core Knowledge and Competency Framework
[x] Other. Describe **The Lead Agency used the Early Childhood Environmental Rating Scale - 3 (ECERS-3), the Infant Toddler Environmental Rating Scale ⬜ 3(ITERS-3), and the School Age Environmental Rating Scale ⬜ Updated (SACERS-U) to measure program quality.**

[ ] Do not evaluate and assess quality and effective practice

8.1.2 Spending - Evaluation and assessment of center-based programs:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

8.2 Evaluation and assessment of family child care programs

8.2.1 Evaluation and assessment of family child care programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in family child care programs during October 1, 2022 to September 30, 2023?

[ ] QRIS
[ ] CLASS
[ ] ERS
[x] FCCERS
[ ] ITERS
[ ] State evaluation tool. Describe
[ ] Core Knowledge and Competency Framework
[x] Other. Describe **The Lead Agency used the Family Child Care Environmental Rating Scale ⬚ 3 (FCCERS-3) to measure program quality.**

[ ] Do not evaluate and assess quality and effective practice

8.2.2 Spending - Evaluation and assessment of family child care programs:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

8.3 Spending - Evaluation and assessment of child care programs

8.3.1 Spending - Evaluation and assessment of child care programs:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>evaluating and assessing the quality of child care programs, practice, or child development</u> during October 1, 2022 to September 30, 2023? $**0**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

8.4 Progress Update

8.4.1 Progress Update - Evaluation and assessment of child care programs:

Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children.

Measurable indicators of progress the state/territory reported in section 7.7.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
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. The evaluation project which was paused by the pandemic was to obtain a baseline measure of the impacts of these projects in child care settings and on children. This project is expected to resume as the pandemic subsides.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan:
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. The evaluation project which was paused by the pandemic was to obtain a baseline measure of the impacts of these projects in child care settings and on children. 1505 total assessments have been completed in the state since the implementation of this project, 44 ECERS-3 assessments were completed from October 1, 2022 ⬚ September 30, 2023. 115 ITERS-3 assessments were completed from October 1, 2022 ⬚ September 30, 2023. 146 SACERS-U assessments were

completed from October 1, 2022 ▯ September 30, 2023. 200 FCCERS-3 assessments were completed from October 1, 2022 ▯ September 30, 2023. The baseline for ECERS-3 and ITERS-3 have been completed, with exception to new centers. Phase Two of the project (focusing on credentialed employees/centers, Tier II and Tier III centers, and employees who have received scholarship or earnings moneys) began October 1, 2023.

9) Supporting child care providers in the voluntary pursuit of accreditation

Goal: Support child care programs and FCCs in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of quality

9.1 Accreditation Support

9.1.1 Accreditation Support:

How many providers did the lead agency support in their pursuit of accreditation (e.g., financial incentives, technical assistance with the accreditation process, coaching/ mentoring by accredited programs) during October 1, 2022 to September 30, 2023?

[x] Yes, providers were supported in their pursuit of accreditation
  a. Licensed center-based programs **2**
  b. License-exempt center-based programs **0**
  c. Licensed family child care homes **1**
  d. License-exempt family child care homes (care in providers' home) **0**
  e. Programs serving children who receive CCDF subsidy **3**

[ ] No lead agency support given to providers in their pursuit of accreditation.
[ ] N/A. Describe:

9.1.2 Spending – Accreditation Support:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[x] CCDF quality funds
[ ] Non-CCDF funds
[ ] CARES funds
[ ] CRRSA Funds
[ ] ARP Supplemental Discretionary
[ ] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on **accreditation** during October 1, 2022 to September 30, 2023? $**1500**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent
[ ] No

9.2   Progress Update

9.2.1   Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

Measurable indicators of progress the state/territory reported in section 7.8.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **State/Territory Data is collected through quarterly reports as to program use. The report measures the number of providers who are able to acheive a higher level of quality during the grant year. The pandemic has impacted meaningful measures of movement for providers.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan:
West Virginia continues to see few providers chose to use the state provided financial assistance to achieve accreditation. Child Care providers have reported that the accreditation process continues to be cumbersome and cost prohibitive. However, we have seen an increase in the number of providers seeking approval for the second level of quality, called Tier II. There are no application costs associated with seeking Tier II approval and as such, no financial assistance is needed to complete the process. In the next fiscal year, West Virginia has increased the amount of accreditation support to cover ¾ of the accreditation application and study materials cost, to see if that encourages more providers to seek accreditation.

10) Supporting providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

Goal: Assist programs to meet high-quality comprehensive program standards relating to health, mental health, nutrition, physical activity, and physical development

10.1 High-Quality Program Standards

10.1.1 High-Quality Program Standards:

How did the state or territory help providers develop or adopt high quality program standards during October 1, 2022, to September 30, 2023?

[x] QRIS, check which indicators the lead agency has established:
 [x] Health, nutrition, and safety of child care settings
 [x] Physical activity and physical development in child care settings
 [ ] Mental health of children
 [x] Learning environment and curriculum
 [x] Ratios and group size
 [ ] Staff/provider qualifications and professional development
 [x] Teacher/provider-child relationships
 [ ] Teacher/provider instructional practices
 [ ] Family partnerships and family strengthening
 [ ] Other. Describe:
[x] Early Learning Guidelines
[ ] State Framework. Describe
[x] Core Knowledge and Competencies
[ ] Other. Describe
[ ] N/A – did not help provider develop or adopt high quality program standards

10.1.2 Spending - High-Quality Program Standards:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

 [ ] CCDF quality funds
 [ ] Non-CCDF funds

[ ] CARES funds

[ ] CRRSA Funds

[ ] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to <u>support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development</u> during October 1, 2022 to September 30, 2023? $

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

[x] No

10.2 Progress Update

10.2.1 Progress Update - High-Quality Program Standards:

Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development.

Measurable indicators of progress the state/territory reported in section 7.9.2 of the FFY 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
The Lead Agency has implemented an evaluation project to assess the base line of quality of child care in the state. The pandemic has impacted the progress of the project, however the Lead Agency expects to resume this shortly.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan:
The State has no progress to report at this time. Indicators were not revised during the reporting period.

11) Other activities to improve the quality of child care services

Goal: To improve the quality of child care programs and services related to outcomes measuring improved provider preparedness, child safety, child well-being, or kindergarten-entry

11.1 Sustainability funding to child care providers

11.1.1 Sustainability funding to child care providers:

Did the state or territory continue to provide stabilization grants to child care providers using funds other than the American Rescue Plan (ARP) Act Stabilization funds during October 1, 2022 to September 30, 2023?

[ ] Yes. If yes, describe and check which types of providers were eligible and number served.
    [ ] Licensed center-based programs
    [ ] License-exempt center-based programs
    [ ] Licensed family child care homes
    [ ] License-exempt family child care homes (care in providers' home)
    [ ] In-home (care in the child's own home)
    [ ] Other (explain)
[x] No.
[ ] N/A.   Describe:

11.1.2 Spending – Sustainability funding to child care providers:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [x] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[ ] No

11.2 Data Systems Investment

11.2.1 Data Systems Investment:

Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2022 to September 30, 2023?

[ ] Yes. Describe:
[x] No

11.2.2 Spending - Data Systems Investment:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

  [ ] CCDF quality funds
  [ ] Non-CCDF funds
  [ ] CARES funds
  [ ] CRRSA Funds
  [ ] ARP Supplemental Discretionary
  [ ] ARP Stabilization 10% set-aside
  [ ] Unable to report. Indicate reason:

[x] No

11.3 Supply and Demand Analysis

11.3.1 Supply and Demand Analysis:

Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2022 to September 30, 2023?

[ ] Yes. Describe findings:
[x] No

11.3.2 Spending - Supply and Demand Analysis:

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Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds
    [ ] Non-CCDF funds
    [ ] CARES funds
    [ ] CRRSA Funds
    [ ] ARP Supplemental Discretionary
    [ ] ARP Stabilization 10% set-aside
    [ ] Unable to report. Indicate reason:

[x] No

11.4 Supply and Demand Initiatives

11.4.1 Supply and Demand Initiatives:

Did the state/territory implement initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2022 to September 30, 2023? Check all that apply.

[ ] Child care deserts
[x] Infants/toddlers
[x] Children with disabilities
[ ] English language learners
[x] Children who need child care during non-traditional hours
[ ] Other. Describe:

11.4.2 Spending - Supply and Demand Initiatives:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[ ] Yes, if so which funding source(s) were used?

    [ ] CCDF quality funds

[ ] Non-CCDF funds

[ ] CARES funds

[ ] CRRSA Funds

[ ] ARP Supplemental Discretionary

[ ] ARP Stabilization 10% set-aside

[ ] Unable to report. Indicate reason:

[x] No

11.5 Provider Compensation and Benefits

11.5.1 Spending - Provider Compensation and Benefits:

What compensation and benefits improvements did teachers/providers receive between October 1, 2022 and September 30, 2023 (check all that apply)? If indicated, how many providers received each type of support?

[x] Financial bonuses (not tied to education levels)

[ ] Salary enhancements/wage supplements

[ ] Health insurance coverage

[ ] Dental insurance coverage

[ ] Retirement benefits

[ ] Loan Forgiveness programs

[ ] Mental Health/Wellness programs

[ ] Start up funds

[ ] Other. Describe:

[x] N/A. Describe:

11.5.2 Spending - Provider Compensation and Benefits:

Were funds from <u>any sources</u> (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

[ ] CCDF quality funds

[ ] Non-CCDF funds

[ ] CARES funds

[ ] CRRSA Funds

[ ] ARP Supplemental Discretionary

[x] ARP Stabilization 10% set-aside
[ ] Unable to report. Indicate reason:

[ ] No

11.6 Spending – Other Activities to Improve the Quality of Child Care Services

11.6.1 Spending – Other Activities to Improve the Quality of Child Care Services:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on <u>other activities to improve the quality of child care services</u> during October 1, 2022 to September 30, 2023? $**4287500**

[ ] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

11.7 Progress Update

11.7.1 Progress Update – Other Activities to Improve the Quality of Child Care Services:

Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

Measurable indicators of progress the state/territory reported in section 7.10.1 of the 2022-2024 CCDF Plan:
Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
The Lead Agency 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. In non-pandemic times, the vans are expected to be in the field visiting providers at least three times per week. However, this program has not operated during the pandemic for health and safety reasons.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **The Lead Agency 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. Overall, there was a 135 percent increase in site visits by TRAILS Van Specialists between FY2022 and FY2023. TRAILS Van Specialists performed over 1,600 site visits.

12) Annual Report

Lead agencies must submit an annual report, as required at 45 CFR § 98.53(f) (4), describing any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on an annual review and assessment of serious child injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible.

12.1 Annual Report and Changes

12.1.1 Annual Report:

Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. **Child care licensing staff and family child care regulatory staff follow up on all reported serious occurrences in child care centers, homes, and facilities by reviewing reports, directly contacting the owner/director by telephone or email, and/or making an unannounced visit. Staff review the specifics on each serious occurrence to determine if the result is from possible noncompliance of state licensing regulations. During the 2023 legislative session regulations were updated to provide a definition for serious injury for all provider types. The definition of a serious injury is any injury resulting in treatment that goes beyond first aid. WV defines a serious occurrence as: an event that either harms or could potentially harm a child or compromises the operation of the center, which includes a child who dies while in care, a child who is injured while in care to the extent that the child requires medical care beyond immediate first aid, a diagnosed reportable communicable disease that is introduced in the center, a medication error that occurs, a legal action involving or affecting the operation of the center, a serious violation of a licensing requirement, such as use of physical punishment or failure to supervise, or report given to Child Protective Services of suspected abuse or neglect of a child at the center. WV DHHR BFA Division of Early Care and Education conducts on-going review of reported serious injuries and fatalities in all child care settings. Instances of reported serious injury, substantiated abuse and/or neglect and fatalities result in on-site, unannounced visits and complaint investigations. Appropriate negative action is taken when warranted. WV began formally tracking serious occurrences effective October 1, 2018. Data review will determine if enforcement mechanisms or other ways health and**

safety regulations can be increased, such as training, to improve consumer education information.

12.1.2 Annual Report Changes:

Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. During the 2023 legislative session regulations were updated to provide a definition for serious injury for all provider types. The definition of a serious injury is any injury resulting in treatment that goes beyond first aid. The rationale for establishing a separate definition for serious injury is to refine the aggregate reporting of serious injuries, fatalities, and substantiated abuse and/or neglect associated with children in care to improve consumer education information.

13) American Rescue Plan (ARP) Act Child Care Stabilization Grants

Goal: To ensure the lead agency implements an equitable stabilization grant program. The American Rescue Plan (ARP) Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend most stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Section 13 should be used to report on ARP Stabilization Grants ONLY.

13.1 Multiple Grant Programs

13.1.1 ARP Act Stabilization multiple grant programs:

Did you run more than one grant program? If so, list the number of separate grant programs and describe their uses.

[ ] Yes. Describe:
[x] No

13.2 ARP Act Stabilization Grants workforce compensation

13.2.1 ARP Act Stabilization Grant strategies for workforce compensation:

Which of the following methods were used to support workforce compensation (e.g., bonuses, stipends, increased base wages, or employee benefits) with stabilization grants? (check all that apply)

[ ] Targeted grants to support workforce compensation (no other allowable uses)
[ ] Providing bonus funds to providers that increased child care staff compensation through stabilization grants
[ ] Requiring a specific percentage or amount of stabilization grant funding go toward child care staff compensation increases. Percent or amount for staff compensation:
[x] Other (Describe): **Not Applicable.**