

OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



Child Care and Development Fund (CCDF) Plan

for

State/Territory *West Virginia*

FFY 2025 – 2027

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, 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.

Table of Contents

Overview	4
1 CCDF Program Administration	6
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority	7
1.3 Consultation in the Development of the CCDF Plan	11
2 Child and Family Eligibility and Enrollment and Continuity of Care	14
2.1 Reducing Barriers to Family Enrollment and Redetermination	15
2.2 Eligible Children and Families.....	16
2.3 Prioritizing Services for Vulnerable Children and Families.....	27
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities.....	30
2.5 Promoting Continuity of Care.....	32
3 Child Care Affordability	37
3.1 Family Co-payments	37
3.2 Calculation of Co-Payment.....	39
3.3 Waiving Family Co-payment.....	41
4 Parental Choice, Equal Access, Payment Rates, and Payment Practices	41
4.1 Access to Full Range of Provider Options.....	42
4.2 Assess Market Rates and Analyze the Cost of Child Care	43
4.3 Adequate Payment Rates.....	50
4.4 Payment Practices to Providers.....	55
4.5 Supply Building	57
5 Health and Safety of Child Care Settings	61
5.1 Licensing Requirements	62
5.2 Ratios, Group Size, and Qualifications for CCDF Providers	64
5.3 Health and Safety Standards for CCDF Providers.....	70
5.4 Pre-Service or Orientation Training on Health and Safety Standards.....	115
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements.....	118
5.6 Ongoing Health and Safety Training.....	124
5.7 Comprehensive Background Checks	125
5.8 Exemptions for Relative Providers	137
6 Support for a Skilled, Qualified, and Compensated Child Care Workforce	137
6.1 Supporting the Child Care Workforce	138
6.2 Professional Development Framework.....	140
6.3 Ongoing Training and Professional Development.....	145
6.4 Early Learning and Developmental Guidelines	149
7 Quality Improvement Activities	150
7.1 Quality Activities Needs Assessment	151
7.2 Use of Quality Set-Aside Funds	152

8	Lead Agency Coordination and Partnerships to Support Service Delivery	154
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care	154
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds	158
8.3	Coordination with Child Care Resource and Referral Systems	160
8.4	Public-Private Partnerships	161
8.5	Disaster Preparedness and Response Plan	163
9	Family Outreach and Consumer Education	164
9.1	Parental Complaint Process	164
9.2	Consumer Education Website	167
9.3	Increasing Engagement and Access to Information	172
9.4	Providing Information on Developmental Screenings	177
10	Program Integrity and Accountability	178
10.1	Effective Internal Controls.....	178
10.2	Fraud Investigation, Payment Recovery, and Sanctions	183
	Appendix 1: Lead Agency Implementation Plan	190
	Appendix 1: Form	191

Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS 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.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: *West Virginia Department of Human Services*
 - ii. Street Address: *One Davis Square, Suite 100 East*
 - iii. City: *Charleston*
 - iv. State: *West Virginia*
 - v. ZIP Code: *25301*
 - vi. Web Address for Lead Agency:
<https://dhhr.wv.gov/humanservices/Pages/default.aspx>
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: *Cynthia*
 - ii. Lead Agency Official Last Name: *Persily*
 - iii. Title: *Cabinet Secretary*
 - iv. Phone Number: *(304) 558-0684*
 - v. Email Address: *DoHSecretary@wv.gov*

1.1.2 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. The OCC 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,

identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: *Lisa*
 - ii. CCDF Administrator Last Name: *Ertl*
 - iii. Title of the CCDF Administrator: *Director of the Division of Early Care and Education*
 - iv. Phone Number: *(304) 352-4540*
 - v. Email Address: *Lisa.M.Ertl@wv.gov*
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: *Deidre*
 - ii. CCDF Co-Administrator Last Name: *Craythorne*
 - iii. Title of the CCDF Co-Administrator: *Child Care Program Manager*
 - iv. Phone Number: *(304) 352-4537*
 - v. Email Address: *Deidre.W.Craythorne@wv.gov*
 - i. 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 the Lead Agency retains overall responsibility for the administration of the program. 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 Entity establishing CCDF program rules.

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.

Check one of the following:

- All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
- i. 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).
 - Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*
- ii. Sliding-fee scale is set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*
- iii. Payment rates and payment policies are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*
- iv. Licensing standards and processes are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*
- v. Standards and monitoring processes for license-exempt providers are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*
- vi. Quality improvement activities, including QIS, are set by the:
- State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set: *Click or tap here to enter text.*
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level: *Click or tap here to enter text.*

1.2.2 Entities implementing CCDF services.

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other. List and describe any other State or Territory agencies or partners that implement or perform CCDF services and identify their responsibilities. *There are no exempt providers in West Virginia.*

1.2.3 Written agreements and oversight

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

Yes. If yes, describe: 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 State maintains overall control of CCR&R activities through the "Statement of Work for Child Care Resource and Referral Agencies," which describes tasks to be performed by a CCR&R agency and the expectations that agencies must meet. The scope of work also

describes services to be provided, staff qualifications and job duties, and minimum staffing levels. An annual grant agreement is used to continue and/or modify requirements and services based upon submission of an approved work plan by the provider. The grant agreement outlines performance metrics, deadlines for quarterly report submission, and remedies if deficiencies are found,

No. If no, describe: *Click or tap here to enter text.*

b. Schedule for completing tasks.

Yes. If yes, describe: The State maintains overall control of CCR&R activities through the "Statement of Work for Child Care Resource and Referral Agencies," which describes tasks to be performed by a CCR&R agency and the expectations that agencies must meet. In addition, the state maintains a Child Care Resource and Referral Policy and Procedure manual that delineates the frequency and types of professional development agencies must offer. This document also outlines timeframes for subsidy application and invoice processing. The manual includes instructions for report due dates, content and time study completion.

No. If no, describe: *Click or tap here to enter text.*

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: All agencies sign a grant agreement which outlines allowable expenditures and are categorized to include required functions such as case management and professional development staffing, materials and equipment required, professional development costs, outreach and consumer education. Agencies are required to submit quarterly expenditure reports prior to receiving the following quarter's funding. Agencies are required to seek permission to move budget lines between categories.

No. If no, describe: *Click or tap here to enter text.*

d. Indicators or measures to assess the performance of those agencies.

Yes. If yes, describe: The DoHS has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, DoHS program and contract staff interview all CCR&R staff as well as some local DoHS 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 ensure corrective action was taken. The state has the option to issue a new competitive grant announcement if improvement does not occur. All six CCR&R agencies have been reviewed in this manner.

No. If no, describe: *Click or tap here to enter text.*

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. *Click or tap here to enter text.*

1.2.4 Information systems availability

Certification of shareable information systems.

Does the Lead Agency certify 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe: *Click or tap here to enter text.*

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information.

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe: *Click or tap here to enter text.*

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: The Division of Early Care and Education uses six local Child Care Resource and Referral agencies to share CCDF State Plan information with local governments and municipalities. Representatives of the local government are also invited to participate in the public hearing.

b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body:

The lead agency has official representation and a decision-making role in the State Advisory Council. The State Advisory Council membership is as follows:

- The Division of Early Care and Education (ECE)
- The Department of Education
- Local Education Agencies
- Institutions of Higher Education
- Local child care providers
- Local ECE services and program staff
- The Head Start State Association
- The Head Start Office of Collaboration
- Early Head Start Programming
- West Virginia Birth to Three
- West Virginia Department of Education Office of Special Programs
- In Home Family Education Community
- Early Childhood Advocate Community
- The Pediatric Medical Community
- The Family Child Care Community
- The Child Welfare Community
- The Governor's Office
- The Labor Community

The plan was presented to ECAC on _____ and they returned feedback on _____.

c. 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.

d. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: The Division of Early Care and Education shares the content of the plan with the child care workforce and programs through list serves and the Lead Agency's website, and collects comments and input through an email inbox dedicated to that purpose. Members of the list serv include the Statewide Afterschool Network, the West Virginia Association for Young Children, and other early childhood services.

1.3.2 Public hearing process

Lead Agencies must 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.

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.

- i. Date of the public hearing: *May 30, 2024*

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

- ii. Date of notice of public hearing: *May 3, 2024*

- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

Yes.

No. If no, describe: *Click or tap here to enter text.*

- i. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. The Lead Agency posted notice of the public hearing on the Lead Agency's website at <https://dhhr.wv.gov/bcf/ece/Pages/WV-CCDF-State-Plan-Review-.aspx>. Notices were also sent out through email to collaborative partners responsible for Temporary Assistance for Needy Families (TANF), Child Welfare, Child Care Resource and Referral (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 listserv.
- ii. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: The public hearing was held via Google Meet
- iii. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): The plan was posted to the Lead Agency's website and shared with the Child Care Resource and Referral agencies, who also posted to their websites.
- iv. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: Pending information on public hearing comments. The plan was posted to the Lead Agency's website and disseminated by email to community partners and ECAC members. All community and public input was considered when creating this plan.

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes.
<https://dhhr.wv.gov/bfa/ece/policies/Pages/default.aspx>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
- i. Working with advisory committees. Describe: *Plans for state plan amendments are discussed at quarterly Early Childhood Advisor Council meetings.*
 - ii. Working with child care resource and referral agencies. Describe: The Lead Agency has CCR&Rs disseminate state plan information with families and child care providers.
 - iii. Providing translation in other languages. Describe: *Click or tap here to enter text.*
 Sharing through social media (e.g., Facebook, Instagram, email). Describe: The link to the plan was posted on the West Virginia Department of Human Services agency's Facebook page.
 - iv. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: *Click or tap here to enter text.*
 - v. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: The Lead Agency works with the Statewide Afterschool Network to share information regarding the state plan with out of school time programs,
 - vi. Direct communication with the child care workforce. Describe: The Lead Agency maintains a list serv to communicate with child care providers on various topics, including changes to the state plan.
 - vii. Other. Describe: *Click or tap here to enter text.*

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent’s work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be 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, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment.

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: 13 days
 - ii. Leveraging eligibility from other public assistance programs. Describe: The Lead Agency is moving from the current data system, which houses only child care, to a shared data system that will contain all benefit programs managed by the state. This will enable those programs to share information across programs.
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe : The lead agency extends the certificate of all other children in the household to ensure each child receives 12 months of eligibility.
 - iv. Self-assessment screening tools for families. Describe: Families have access to online screenings to check eligibility for child care assistance.
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: *Click or tap here to enter text.*
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.

No. If no, describe why an online application is impracticable. *Click or tap here to enter text.*

c. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: *Click or tap here to enter text.*

No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. Advance notice to parents of pending redetermination.

ii. Advance notice to providers of pending redetermination.

iii. Pre-populated subsidy renewal form.

iv. Online documentation submission.

v. Cross-program redeterminations.

vi. Extended office hours (evenings and/or weekends).

vii. Consultation available via phone.

viii. Leveraging eligibility from other public assistance programs.

ix. Other. Describe: *Click or tap here to enter text.*

b. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: *Click or tap here to enter text.*

No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served.

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- Yes.
- No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children. *Click or tap here to enter text.*
- Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.*
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
- No.
- Yes.
- i. If yes, the upper age is (may not equal or exceed age 19): 18.
- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: *Click or tap here to enter text.* One who experiences significant developmental delays or who has a diagnosed physical or mental condition which has a high probability of resulting in a significant developmental delay. A significant delay is a 25% delay in one or more areas of development or a six (6) month delay in two (2) or more areas. Areas of development include cognitive, speech/language, physical/motor, vision, hearing, psycho social, and self-help skills. Developmental delay is determined by early intervention programs, special education programs, or other multi-disciplinary teams. Special Needs determination may also be made at the CCR&R level.
- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
- No.
- Yes. If yes, and the upper age is (may not equal or exceed age 19): 18
- d. How does the Lead Agency define the following eligibility terms?
- i. “residing with”: An individual who has established West Virginia as a permanent home, the place where s/he intends to return after any period of absence. Individuals are not eligible if they consider another state "home," maintain a principal residence or voter or car registration in another state with an intent to return.
- ii. “in loco parentis”: a Latin term meaning, “In place of the parent” and refers to an individual who assumes parental status and responsibilities for a minor, without formally adopting the minor.

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit

authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe: *Click or tap here to enter text.*

- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe: *Click or tap here to enter text.*

- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
 - i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.

- v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: *Click or tap here to enter text.*
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe: Applicants must work at least 20 hours per week.
 - Job training. Describe: *Click or tap here to enter text.*
 - Education. Describe: *Click or tap here to enter text.*
 - Combination of allowable activities. Describe: Clients may work less than 20 hours per week if they are participating in an additional activity, such as school or other training program,
 - Other. Describe: *Click or tap here to enter text.*
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- Yes.
 - No. If no, describe the additional work requirements: *Click or tap here to enter text.*
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: 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 Lead Agency’s protective services definition.
- No. If no, skip to question 2.2.3.
 - Yes. If yes, answer the questions below:
 - Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:
 - Children in foster care.

- Children in kinship care.
- Children who are in families under court supervision.
- Children who are in families receiving supports or otherwise engaged with a child welfare agency.
- Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.
- Children whose family members are deemed essential workers under a governor-declared state of emergency.
- Children experiencing homelessness.
- Children whose family has been affected by a natural disaster.
- Other. Describe: *Click or tap here to enter text.*

- g. 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?
- No.
 - Yes.
- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
- No.
 - Yes.
- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?
- No.
 - Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits.

How are income eligibility limits established?

- There is a statewide limit with no local variation.
- There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: *Click or tap here to enter text.*
- Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits: *Click or tap here to enter text.*
- Other. Describe: *Click or tap here to enter text.*

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.

- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	\$47,144	85%	\$3,339
2	\$61,649	85%	\$4,367
3	\$76,155	85%	\$5,394
4	\$90,661	85%	\$6,422
5	\$105,167	85%	\$7,555

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: *Click or tap here to enter text.*

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
2	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
3	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
4	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>
5	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>	<i>Click or tap here to enter text.</i>

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe: *Click or tap here to enter text.*

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

i. Gross wages or salary.

ii. Disability or unemployment compensation.

- iii. Workers' compensation.
 - iv. Spousal support, child support.
 - v. Survivor and retirement benefits.
 - vi. Rent for room within the family's residence.
 - vii. Pensions or annuities.
 - viii. Inheritance.
 - ix. Public assistance.
 - x. Other. Describe: *Click or tap here to enter text.*
- d. What is the effective date for these income eligibility limits? May 1, 2024
- e. 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, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
- LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: March 29, 2024
- Other. Describe: *Click or tap here to enter text.*
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://www.acf.hhs.gov/sites/default/files/documents/ocs/COMM_LIHEAP_IM%202024-02_Att4SMITable_0.pdf

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time: 5.3.2. Irregular Income. The CCR&R case manager shall convert irregular income, or income amounts that vary from pay day to pay day, to monthly amounts by: 5.3.2.1. 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 shorter than one year shall have that income averaged over a 12-month period. These individuals may include school employees, farmers, or other self-employed persons. 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 5.3.2.2. 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 case manager 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 case manager will take this into consideration to estimate the income the applicant/recipient can reasonably expect to receive in the future. OR 5.3.2.3. Totaling income that varies seasonally throughout a year, and then dividing by 12 to obtain an expected average monthly income. The case manager should take into consideration any change in the rate of payment that has taken place when calculating the average. OR 5.3.2.4. In situations where an applicant or member of the family has recently experienced a temporary disruption (less than 45 days) of income due to a strike, job loss, cut back in number of hours to be worked or other factors, the CCR&R case manager 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 is ended. Request earning statements that are most representative of the family's monthly income.

- ii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iii. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: *Click or tap here to enter text.*

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- 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, describe the policy or procedure: *Click or tap here to enter text.*

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe: *Click or tap here to enter text.*
- b. Eligibility redetermination? If checked, describe: *Click or tap here to enter text.*

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: Verified by photo ID at the time of application
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant’s relationship to the child. Describe how you verify: Self report at the time of application
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Birth certificate for each child in care at the time of application, immigration documents
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Work. Describe how you verify: Click or tap here to enter text. One month pay stub at the time of application and 12-month review.</p> <p>If the parent is self-employed, the parent must submit a copy of their current State of West Virginia Business Registration, copy of consultant contract for independent sales, and a copy of any other required license or certifications. A complete three-month ledger of Gross receipts minus allowable deductions. All self-employed individuals must provide a complete copy of their current tax return by April 30 of each year, including the IRS Form 1040, IRS Form 1040 Schedule C, (Profit or Loss from Business), IRS Form 1040 Schedule SE, (Self-Employment tax,) and any other tax forms as required per type of self-employment.</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Job training or educational program. Describe how you verify: Enrollment information and schedule at the time of application and 12-month review.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Family income. Describe how you verify: Click or tap here to enter text. Documentation of all income at the time of application and 12-month review.</p> <p>Household income must be verified by the client by submitting acceptable forms of verification.</p> <ul style="list-style-type: none"> - One month of pay check stubs, not more than 45 days old.

Required at Initial Determination	Required at Redetermination	Description
		<ul style="list-style-type: none"> - The New Employment Verification form (ECE-CC-1B). Used in the case of new employment situations in which the applicant has not yet received pay. (Clients using the ECE-CC-1B to verify employment and household income must submit one month's worth of check stubs to the agency within 45 days. - The Self-Employment Ledger form (ECE-CC-1C) - Business ledger books or other bookkeeping records or software - Statement of Social Security benefits, SSA; SSI, SSDI. - Documentation of dividends, interest on saving or bonds, income from estates or Trusts, rental income or royalties - statement of benefit from public assistance payments including TANF, Relative Caretaker pay, WV Employment Assistance Program, or WV WORKS Postemployment Supplements. - Statement of Veteran's benefits. - Verification of any other monies received on a regular basis from any source,
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Household composition. Describe how you verify: Self-report at the time of application and 12-month review.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant residence. Describe how you verify: Proof of address at the time of application and 12-month review.
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: <i>Click or tap here to enter text.</i>

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: The Department of Human Services is the lead agency for both TANF and CCDF.
- b. Provide the following definitions established by the TANF agency:

- i. “Appropriate child care”: Child care is available during work or activity placement hours. Regulated or certified child care is suitable for special needs children. The Family Support Specialist may determine, on a case-by-case basis that appropriate child care is a reasonable distance from the participant's home or worksite, the child care provider is equipped and/or trained to accommodate children with special needs or those who require special arrangements. The Family Support Specialist must review the determination monthly if the parent claims appropriate child care is not available. (WV Income Maintenance Manual, chapter 13, section 10(C).
- ii. “Reasonable distance”: Travel to access child care is not in excess of 60 minutes per day.
 - i. “Unsuitability of informal child care”: Determination is made on a case-by-case basis. The Family Support Specialist has discretion to determine unsuitability.
 - i. “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?
 - i. In writing
 - ii. Verbally
 - iii. Other. Describe: *Click or tap here to enter text.*

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- a. “Children with special needs.” One who experiences significant developmental delays or who has a diagnosed physical or mental condition which has a high probability of resulting in a significant developmental delay. Significant delay is a 25% delay in one or more areas of development or a six (6) month delay in two (2) or more areas. Areas of development include: cognitive, speech/language, physical/motor, vision, hearing, psycho social, and self-help skills. Developmental delay is determined by early intervention programs, special education programs, or other multi-disciplinary teams. Special Needs determination may also be made at the CCR&R level.
- b. “Families with very low incomes.” *Families with incomes at or below 40% of the Federal Poverty Level.*

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: <i>Click or tap here to enter text.</i>
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: <i>Click or tap here to enter text.</i>
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: <i>Click or tap here to enter text.</i>
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe: <i>Click or tap here to enter text.</i>

- b. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: *Click or tap here to enter text.*

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: All families who apply and are income and qualifying activity eligible are accepted. Case managers can accept verifications from agencies that provide services to families experiencing homelessness to verify need for care. If the family is not currently connected to an agency, the case manager assists the family in obtaining services.
- b. Describe the grace period for each population below and how it allows them 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.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: 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. West Virginia State Code: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.

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. 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. D. Reason for denying the request.

- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

Yes.

No. If no, describe: *Click or tap here to enter text.*

- a. 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: The licensing agency resides within the Lead Agency. The Division of Early Care and Education oversees both subsidy enrollment and licensing. Child Care Resource and Referral agencies assist families in connecting with medical homes to facilitate compliance with immunization requirements.

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.

- vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: The lead agency uses a Language Line to assist clients who speak other languages.
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. Other. Describe: The Lead Agency partners with Birth to Three, Behavioral Health agencies, the West Virginia Department of Education, and Family Support Centers to assist families with disabilities in accessing services.

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
- i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe: *Click or tap here to enter text.*

- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. 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 providers. Providers have the opportunity to receive technical assistance and training through the collaboration with these programs. In addition, child care resource and referral agencies are charged with providing training and technical assistance to the provider community on identifying and serving homeless children and their families. Behavioral consultants provide information, training and technical support in supporting the social-emotional health of children experiencing homelessness.
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. The Division of Early Care and Education has developed partnerships with Child Abuse Prevention programs, such as in-home family education, family support centers and starting points to develop a system of support for child care case managers. Case managers can receive technical assistance and training through the collaboration with these programs. The child care resource and referral (CCR&R) agencies have also implemented a variety of methods to be proactive to identify and serve homeless families including participating in community events. Additionally, connections have been established with local shelters, libraries, food/clothing pantry, schools, food banks, and housing authorities to assist families in securing needed resources.

2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. Case managers who authorize subsidy services may consider 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. Case managers can authorize an enhanced rate for children with documented special needs to increase access to care. Case managers can also provide referrals to other supportive services, such as Birth to Three.

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
 - Regardless of temporary changes in participation in work, training, or educational activities.
- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
- Yes.
- No. If no, describe: The lead agency is currently transitioning to a new data system. Neither the old nor the new system are programmed to assign separate eligibility periods to individual children. Eligibility periods are assigned to the family as a whole. The lead agency will work to complete the programming changes necessary to meet this requirement. During this period of transition, case managers will extend the assessment period by an additional twelve months if the family adds a child during the initial service period.
- b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
1. 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.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 3. Any student holiday or break for a parent participating in a training or educational program.
 4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
 5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
 6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
 7. Any changes in residency within the State or Territory.
- Yes.
- No. If no, describe: *Click or tap here to enter text.*
- c. Are the policies different for redetermination?
- No.
- Yes. If yes, provide the additional/varying policies for redetermination: *Click or tap here to enter text.*

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:
- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: 4.2. Activity: Job Search 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: 4.2.1. Job search time will be approved for job search activity 8 hours per day, 5 days per week, during the normal business hours for the selected job site. 4.2.2. Job Search will begin on the day immediately following: the last date of previous employment, or the last date of previous qualifying activity
 - ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: 4.2. Activity: Job Search 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: 4.2.1. Job search time will be approved for job search activity 8 hours per day, 5 days per week, during the normal business hours for the selected job site. 4.2.2. Job Search will begin on the day immediately following: the last date of previous employment, or the last date of previous qualifying activity
 - iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- Yes. The Lead Agency continues assistance.
 - No, the Lead Agency discontinues assistance.
 - i. If no, describe the Lead Agency’s policies for discontinuing assistance due to a parent’s non-temporary change: *Click or tap here to enter text.*
 - ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: *Click or tap here to enter text.*
 - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? *Click or tap here to enter text.*
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i. Not applicable.

- ii. 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.

Provide the Lead Agency’s policy defining the number of unexplained absences identified as excessive: When a child care case has not been utilized for a 3-month period and a parent does not affirm continued need for services after multiple attempts to contact them (i.e. phone or email), a written notice will be mailed to the parent notifying them that the case will be closed

- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency’s policy for a change in residency outside the State or Territory: Clients who move to another state are no longer eligible for assistance in West Virginia and are given referrals to CCDF agencies in their destination state.

- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency’s definition of fraud/intentional program violations that lead to discontinued assistance: 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. 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

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family’s eligibility, including only if the family’s income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent’s work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe: *Click or tap here to enter text.*

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency’s initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement 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; or,
- (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 family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes 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 must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: *Click or tap here to enter text.*
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: *Click or tap here to enter text.*
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*

- c. The Lead Agency sets the second tier of eligibility 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. If checked, provide the following information:
- i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: *Click or tap here to enter text.*
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family: *Click or tap here to enter text.*
 - iii. Describe how the second eligibility threshold 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: *Click or tap here to enter text.*
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: *Click or tap here to enter text.*
 - v. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: *Click or tap here to enter text.*
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: *Click or tap here to enter text.*

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of a family’s lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family’s co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of a family’s lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family’s gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? 7%
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?
 - Yes.
 - No. If no, describe how the sliding fee scale is set: *Click or tap here to enter text.*
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	B	C	D	E	F
Family Size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	\$522.01	\$30.00	6%	\$3,339	\$145	4%
2	\$681.01	\$40.00	6%	\$4,367	\$185	4%

	A	B	C	D	E	F
Family Size	Lowest income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
3	\$861.01	\$25	3%	\$5,394	\$120	2%
4	\$1,040.01	\$20	2%	\$6,422	\$96	1%
5	\$1,219.01	\$25	2%	\$7,555	\$110	1%

- c. What is the effective date of the sliding-fee scale(s)? October 1, 2024
- d. Provide the link(s) to the sliding-fee scale(s):
<https://dhr.wv.gov/bfa/ece/policies/Documents/Appendix%20A%202019%20Sliding%20Fee%20Scale%208%2026%2019.pdf>
- e. 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?
 - No.
 - Yes.

If yes:

 - i. 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 does not provide a barrier and promotes affordability and access for families: *Click or tap here to enter text.*
 - ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: *Click or tap here to enter text.*

3.2 Calculation of Co-Payment

Lead agencies must calculate a family’s contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family’s contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

- i. The fee is a dollar amount and (check all that apply):
- 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 a 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: *Click or tap here to enter text.*
 - Other. Describe: *Click or tap here to enter text.*
- ii. The fee is a percent of income and (check all that apply):
- 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 a 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: *Click or tap here to enter text.*
 - Other. Describe: *Click or tap here to enter text.*
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
- Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe: *Click or tap here to enter text.*
- ii. Quality of care (as defined by the Lead Agency). Describe: *Click or tap here to enter text.*
- iii. Other. Describe: *Click or tap here to enter text.*
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
- ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

- iii. Other. Describe: *Click or tap here to enter text.*

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

- No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)
- Yes. If yes, identify and describe which family contributions/co-payments waived.
 - i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
 - ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
 - iii. Families experiencing homelessness.
 - iv. Families with children with disabilities.
 - v. Families enrolled in Head Start or Early Head Start.
 - vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: Fees are waived for foster care and kinship care. Fees for families receiving protective services are waived by the request of the child protective service worker.
 - vii. Families meeting other criteria established by the Lead Agency. Describe the policy: Fees are waived for families at or below 40% of Federal Poverty Level.

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: Most child care providers in West Virginia do participate in the subsidy system. Out of 342 child care centers, only four do not accept subsidized children. For out of school time centers, two programs out of ninety-two programs do not participate. For the 909 family child care homes and facilities, nineteen do not participate in the subsidy program. Child care providers do not report issues enrolling or participating in the subsidy program. As evident from the high rate of participation in the subsidy system, there are minimal barriers to participation in the program. The most reported barrier among those that do not participate is that they are in high demand areas and can charge more for private pay children than the subsidy rate.
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.

- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: Parents are provided consumer education materials on choosing child care, referrals to child care resource and referral agencies, verbal communication at the time of the application. Community outreach, workshops, or other in-person activities are provided to parents. Information is also provided on the West Virginia Child Care Policy website. Parental Choice: In order to ensure that parents are given a variety of child care options, certificates may be used to purchase care in the following sites: Child's home, by an in-home care giver, whether a relative or non-relative In-home care is limited to situations in which the payment equals minimum wage and/or based on the medical need of the child. - Family child care homes registered for 4 - 6 children and informal care providers (relatives & non-relatives caring for 3 or fewer children who meet health and safety requirements;) - Licensed child care centers caring for 13 or more children; - Licensed Out of School Time Centers caring for school-age children; and - Family child care facilities caring for 7 - 12 children.
- e. Describe what information is included on the child care certificate: 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. The certificate is a one-page document that entitles a parent to purchase up to twelve months of child care services. The certificate is issued to a parent for the provider identified/selected by the parent and contains the terms of the agreement. Information conveyed by the certificate includes names and birth dates of children, days/hours of services, beginning and end date, payment rates and parent fees, if any. The certificate is issued upon approval of a new application or a review, or when a new provider is identified.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (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, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local

child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? Data was collected from 2/1/23 through 1/31/24
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? *Click or tap here to enter text.*

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. *Click or tap here to enter text.*

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to

date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). *Click or tap here to enter text.*

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- i. State Advisory Council or similar coordinating 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.
- ii. Local child care program administrators: West Virginia's child care program is State administered.
 - i. Local child care resource and referral agencies: Child Care Resource and Referral agencies share the market rate survey instrument with child care providers.
 - i. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: The Lead Agency communicates with child care provider associations through annual and local meetings.
- ii. Other. Describe: There are no other agencies involved in this process

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? April 26, 2024
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? Data was pulled from the licensing data base in March 2024

- i. Describe how it represented the child care market, including what types of providers were included in the survey: All child care providers are required to fill out the market rate survey document on a yearly basis or as they change their rates and data is entered into the data system by child care regulatory and licensing specialists and captures the time period of February 2023 through January 2024. 100% of child care providers complete the document. Data is collected through the child care regulatory database as part of annual licensing or registration reviews, dependent upon type of care and age of child. 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. This method ensures a 100% response rate, as new certificates of registration or license cannot be issued without completion of the market rate screen in the data system. Because the market rate information is based on the whole regulated child care population in the state and not a sample of the population, reliability and validity concerns do not exist, and the regulated child care market of the entire state is captured.
 - ii. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? The licensing and subsidy program reside within a single data system. In order to issue a license, market rate information must be entered first.
 - iii. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? As licenses cannot be issued without first entering or updating market rate survey information, 100% of providers must provide the necessary information if they wish to operate within the state.
 - iv. What is the percent of licensed or regulated child care centers responding to the survey? 100%
 - v. What is the percent of licensed or regulated family child care homes responding to the survey? 100%
 - vi. Describe if the survey conducted in any languages other than English: The survey is not conducted in other languages.
 - vii. Describe if data were analyzed in a manner to determine price of care per child: Data was analyzed to determine the 75th percentile of rates per age of child, (infants, toddlers, preschoolers, school age) and type of setting (family child care, family child care facility, and child care center.)
 - viii. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: The market rate survey did not use a sample.
- e. Price variations reflected.
- The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. Market rate information is collected on 100% of licensed and regulated child care providers in the state.
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). The market rate survey collects data by each type of child care provider, family child care homes, family child care facilities, and child care centers.
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): Rates are collected and sorted by type and age of child: Infant – 0 month to 24 months, Toddler – 25 months to 36 months, Preschooler – 37 months – 59 months, School age – 60
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: Not applicable

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child’s age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? Public Consulting Group (PCG) developed and administered an online survey to the West Virginia Child Care Resource & Referral (CCR&R) child care provider listserv. The survey was open for approximately four weeks, from February 14, 2024 to March 19, 2024. After cleaning the data submitted by providers, PCG aggregated and analyzed the data for trends in revenue and expenses for child care providers. A total of 110 Licensed Child Care Centers, 106 Licensed Family Child Care Facilities, 59 Registered Family Child Care Homes, and five Out of School Time Programs responded to the Narrow Cost Analysis survey. This represents 21 percent of the provider population. While a statistically significantly representative sample is not required for this analysis, this level of response rate represents a confidence level of 95 percent with a margin of error of +/-5.11 percent.

- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? Rates vary by age of child. Rates are higher in the eastern panhandle of the state, due to its proximity to Washington D.C.
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)?

The Lead Agency’s vendor, Public Consulting Group, used the following:

1. **Age Group Variance:** Analyzing how child care costs differ across various age groups, including infants, toddlers, and preschoolers, recognizing the unique care needs and associated expenses for each age cohort.
2. **Quality and Affordability:** Examining the influence of quality (*i.e.*, tier rating) on cost of care.
3. **Operational Expenses:** Investigating the various costs associated with operating a child care facility, including rent or mortgage payments, utilities, insurance, staffing, supplies, and equipment.
4. **Licensing and Compliance Costs:** Analyzing the financial implications of meeting licensing requirements, maintaining compliance with state regulations, and investing in professional development for staff members.
5. **Staffing Costs and Retention Strategies:** Examining the challenges related to recruiting and retaining qualified staff members and exploring strategies to offer competitive wages and benefits while maintaining affordability for families.
6. **Facility Maintenance and Upkeep:** Assessing the costs associated with maintaining a safe, clean, and stimulating environment for children, including repairs, renovations, and investments in age-appropriate equipment and resources.
7. **Financial Assistance Programs and Subsidies:** Exploring the impact of government subsidies, grants, and financial assistance programs on the financial sustainability of child care providers, as well as the accessibility of affordable child care for families.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). The Lead Agency has three tiers in its quality rating system: Tier I – basic licensing, Tier II – enhanced ratios, additional professional development, documentation of curriculum and appropriate child development supports, Tier III – national accreditation from an accrediting body. The narrow cost analysis found that “a comparative analysis of average costs per child across different quality tiers of Licensed Child Care Centers. Tier I programs, which represent a baseline or standard level of quality, have a substantial total enrollment of 3,917 children and an expense per child of \$6,304.49. In contrast, Tier II centers, possibly indicating a higher quality or more resource-intensive program, have a higher cost per child at \$6,821.13, despite a lower total enrollment of 2,406 children, suggesting that increased quality might correlate with higher per-child costs. Interestingly, Tier III programs, which represents the highest quality level, show a significantly lower expense per child (\$5,032.83) despite having the smallest enrollment (1,794), which could indicate more efficient operations or differing funding mechanisms that allow for lower costs while maintaining or enhancing quality. This table reflects the complex interplay between quality, cost, and scale in child care provision, highlighting how higher quality standards can impact financial expenditures in nuanced ways.”
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information?

The results of the narrow cost analysis provide evidence that current payment rates support the costs of meeting licensing requirements as well as support the cost of providing higher quality care.

Narrow Cost Analysis by Provider Type		
Provider Type	Narrow Cost Monthly Cost per Child	January 2024 ACF 801 Expenditure Report
Family Child Care Home	\$312	\$504
Family Child Care Facility	\$569	\$587
Child Care Center	\$512	\$620

Narrow Cost Analysis Child Care Centers by Tier Level	
Tier Level	Monthly Cost per Child
Tier I	\$525
Tier II	\$568
Tier III	\$419

4.2.3 Publicly available report on the cost and price of child care – **Pending Approval**

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report 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 or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: *Click or tap here to enter text.*
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): *Click or tap here to enter text.*
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: *Click or tap here to enter text.*
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: *Click or tap here to enter text.*

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to

demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

Yes.

i. If yes, check if the Lead Agency:

Sets the same payment rates for the entire State or Territory.

Sets different payment rates for different regions in the State or Territory.

No.

ii. If no, identify how many jurisdictions set their own payment rates: *Click or tap here to enter text.*

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). October 1, 2024

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? Daily rates are multiplied by 5

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement,

would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a(ii)), provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	\$39.00 per day	100%	\$195	75 th	\$31.25	\$36.00	\$39.00		
Family Child Care for Infants (6 months)	\$30.00 per day	100%	\$150	75 th	\$29.00	\$29.00	\$30.00		
Center Care for Toddlers (18 months)	\$39.00 per day	100%	\$195	75 th	\$31.25	\$36.00	\$39.00		
Family Child Care for Toddlers (18 months)	\$30.00 per day	100%	\$150	75 th	\$29.00	\$29.00	\$30.00		
Center Care for Preschoolers (4 years)	\$35.00 per day	100%	\$175	75 th	\$30	\$32	\$35.00		
Family Child Care for Preschoolers (4 years)	\$29.00 per day	100%	\$145	75 th	\$25.00	\$26.00	\$29.00		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)	\$32.00 per day	100%	\$160	75 th	\$27.00	\$30.00	\$32.00		
Family Child Care for School-Age (6 years)	\$26.00 per day	100%	\$130	75 th	\$25.00	\$25.00	\$26.00		

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe: *Click or tap here to enter text.*

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: Providers caring for children with special needs and children receiving protective services receive an additional \$3 per day/child. Providers who provide care during non-traditional hours and weekends receive an additional \$6 per day per child.

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. Differential rate for non-traditional hours. Describe: \$6 per day added to the base rate
 - ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe \$3 per day added to the base rate
 - iii. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: *Click or tap here to enter text.*
 - iv. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: *Click or tap here to enter text.*
 - v. Differential rate for higher quality, as defined by the Lead Agency. Describe: Providers who achieve tier II quality level receive \$3 additional per day per child. Accredited programs receive \$6 additional per day per child.
 - vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: *Click or tap here to enter text.*
 - vii. If applicable, describe any additional add-on rates that you have besides those identified above. *Click or tap here to enter text.*
- c. Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?
- Yes. If yes, describe: *Click or tap here to enter text.*
 - No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? The lead agency set base payment rates for all types of care at the 75th percentile of the 2024 market rate survey, based on data gathered in in both the market rate survey and the narrow cost analysis performed by Public Consulting Group.
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? The Lead Agency used data from the narrow cost analysis to determine that rates were adequate to cover the cost of licensing requirements as well as ensuring that they were adequate to support provider care at higher tier levels.

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? The lead agency base rates meet the 75th percentile benchmark. Per the narrow cost analysis, rates are adequate to ensure that they cover the cost of care. In addition, the state continues to pay by enrollment, to support the fixed costs of providing care. In addition, the lead agency provides a variety of rate enhancements to encourage and support care for non-traditional hours and days, as well as enhancements for caring for children with special needs. These enhancement rates exceed the 100th percentile.
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? The Lead Agency adds a supplement of \$6 per day per child for providers who have achieved accreditation. The Lead Agency adds a supplement of \$3 per day per child for providers who achieve quality Tier II.
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. Not applicable.

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child’s authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child’s authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child’s authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?
- Yes. If yes, describe: *Click or tap here to enter text.*
- No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency’s payment practice that ensures timely payment for that provider type: The current data system is not programmed for prospective payments. The lead agency is requesting a waiver to comply with this requirement.
- b. Does the Lead Agency pay based on authorized enrollment for all provider types?
- Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child’s attendance or the number of absences a child has.
- No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: *Click or tap here to enter text.*
- No, it is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: *Click or tap here to enter text.*

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?
- Yes.
- No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency’s rationale for not paying on a part-time or full-time basis: *Click or tap here to enter text.*
- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- Yes. If yes, identify the fees the Lead Agency pays for: *Click or tap here to enter text.*
- No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: The Lead Agency collected market rate survey data regarding registration fees in April 2024. The data collected show that most providers do not charge parents registration fees.

- a. Describe how 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: The Lead Agency and the provider enter into a written payment agreement which is updated every two years at the time of provider recertification. The Child Care Resource & Referral case manager will insure that the provider clearly understands all aspects of the Provider Services Agreement WV Child Care Subsidy Policy 14.4.5. (DAY-0546) generated in the Family and Children Tracking System (FACTS). The case manager will obtain the provider signature on such agreement. The Provider Services Agreement may be cancelled by either party, with or without cause, upon notice. The agreement simply verifies the responsibility of each party in the payment process. The Agency agrees to purchase and Provider agrees to furnish Child Care Services.
- a. Describe how 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: Both Parents and providers are given a 13-day notice of any change in family eligibility. In all cases, the Lead Agency will send notices to both parties no later than the day the lead agency becomes aware such a change will occur.
- a. Describe the Lead Agency’s timely appeal and resolution process for payment inaccuracies and disputes: 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 by Child Care Resource & Referral staff within twenty-four hours of receipt of such. The Board of Review schedules the hearing within 30 days.
- b. Other. Describe any other payment practices established by the Lead Agency: *Click or tap here to enter text.*

4.4.3 Payment practices and parent choice

How do the Lead Agency’s payment practices facilitate provider participation in all categories of care? There are very few providers who do not participate in the subsidy system. The Lead Agency has participation in the subsidy system by all types of providers.

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF’s core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

- Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Click or tap here to enter text.*
- Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: *Click or tap here to enter text.*
- No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: Plans for grants and contracts are currently under development.

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.
 - Children with disabilities. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*
 - Infants and toddlers. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*
 - Children in underserved geographic areas. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*
 - Children needing non-traditional hour care. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*
 - School-age children. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*
 - Children experiencing homelessness. Number of slots allocated through grants or contracts: *Click or tap here to enter text.*
 - Children in urban areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*
 - Children in rural areas. Percent of CCDF children served in an average month: *Click or tap here to enter text.*
 - Other populations. If checked, describe: *Click or tap here to enter text.*
- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? *Click or tap here to enter text.*

4.5.2 Care in the child’s home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: Payment to the provider must equal minimum wage.
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: The in-home provider must be at least 18 years of age.
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: *Click or tap here to enter text.*
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: The in-home provider must be related to the children in care and cannot be a resident sibling.
- v. Restricted to care for children with special needs or a medical condition. Describe: There must be a valid medical reason that the child cannot attend a program outside the home.
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: *Click or tap here to enter text.*
- vii. Other. Describe: *Click or tap here to enter text.*

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: Child care resource and referral agencies are charged with assessing the and quality and supply of infant and toddler child care in their catchment areas.
 - ii. Method of tracking progress: Child Care Resource and Referral agencies are required to submit their reports to the State yearly, this is the data source used to track progress.
 - iii. What is the plan to address the child care shortages using family child care homes? Child care resource and referral agencies are charged with assisting and recruiting family child care providers as part of their contract. They use a variety of methods, including social media campaigns, community events, and advertising. CCR&Rs support individuals in navigating the background check and regulatory requirements.

- iv. What is the plan to address the child care shortages using child care centers? Not applicable
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: Child care resource and referral agencies are charged with assessing the quality and supply of child care in their catchment areas.
 - ii. Method of tracking progress: Child Care Resource and Referral agencies are required to submit their reports to the State yearly, this is the data source used to track progress.
 - iii. What is the plan to address the child care shortages using family child care homes? Child care resource and referral agencies are charged with assisting and recruiting family child care providers as part of their contract. They use a variety of methods, including social media campaigns, community events, and advertising. CCR&Rs support individuals in navigating the background check and regulatory requirements.
 - iv. What is the plan to address the child care shortages using child care centers? Not applicable
- c. In care for special populations:
 - i. Data sources used to identify shortages: *Click or tap here to enter text.*
 - ii. Method of tracking progress: *Click or tap here to enter text.*
 - iii. What is the plan to address the child care shortages using family child care homes? *Click or tap here to enter text.*
 - iv. What is the plan to address the child care shortages using child care centers? *Click or tap here to enter text.*

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: Child care resource and referral agencies are charged with assessing the supply and quality of supply of child care in their catchment areas. They are required to submit a report to the Division of Early Care and Education documenting areas of need.
- b. Infants and toddlers. Describe: Each Child Care Resource and Referral agency employs two Infant Toddler Specialists and an Infant Toddler Coaching Specialists, for a total of 18 across the state. These staff help child care providers improve the quality of the care they provide through technical assistance, professional development, coaching and linkages with infant and toddler resources and equipment.

- c. Children with disabilities. Describe: Each Child Care Resource and Referral agency employs two behavior consultants to assist child care providers in supporting children with special needs. There are a total of 12 in across the state. These staff help child care providers improve the quality of care provided to children with disabilities through technical assistance, professional development, coaching and linkages to resources and equipment. In addition, the Lead Agency funds a network of six Nurse Health Consultants who can provide education, consultation, technical assistance and support for children with special health needs.
- d. Children who receive care during non-traditional hours. Describe: The Lead Agency provides a supplement of \$6 per child per day for providers who provide care during non-traditional hours.
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: Not Applicable

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. The Lead Agency is currently the recipient of a Preschool Development Grant Birth to Five planning grant. The Lead Agency has completed its needs assessment and is now working on its strategic plan to set goals for the next five years, which will include increasing access to high quality programs for all families.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: In West Virginia, center-based child care refers to child care centers and out of school time child care centers. Summer camp programs are child care centers and follow the same set of regulations as a center. A child care center is defined as a facility maintained by the state or any county or municipality thereof, or any agency or facility operated by an individual, firm, corporation, association, or organization, public or private, for the care of 13 or more children for child care services in any setting, if the facility is open for more than 30 days per year per child. <https://dhhr.wv.gov/bcf/ece/Documents/78CSR%201%20Centers.pdf> An out of school program is a program that offers activities to children before and after school, on school holidays, when school is closed because of an emergency, and on school calendar days set aside for teacher activities. <https://dhhr.wv.gov/bcf/ece/Documents/78CSR%2021%20OST.pdf> Under WV Code §49-2-121, the licensure, approval, certification, and registration of child care facilities is required to ensure protection and minimum standard of care. Regulations are enforced through a licensure process that includes application and inspection at the initial level, a yearly unannounced monitoring visit, complaint investigation, and license renewal application and inspection. A sunset provision of 5 years applies to child care center and out-of-school time regulations. <https://code.wvlegislature.gov/49-2-121/>

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: *Click or tap here to enter text.*

No.

- b. Identify the family child care providers subject to licensing: A family child care facility is any facility which is used to provide nonresidential child care services for compensation for seven to 12 children, including children who are living in the household, who are under six years of age. A facility may be in a provider’s residence or a separate building. WV Code §49-1-206: <https://code.wvlegislature.gov/49-1-206/> A family child care home is a facility which is used to provide nonresidential child care services for compensation in a provider’s residence. The provider may care for four to six children at one time, including children who are living in the household, who are under six years of age. WV Code §49-1-206: <https://code.wvlegislature.gov/49-1-206/>

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: *Click or tap here to enter text.*

No.

- c. Identify the in-home providers subject to licensing: In home providers are not regulated. However, if a child qualifies for in-home care, the provider must be a relative. Relative in-home care providers must meet CCDF regulations, including basic health and safety, preservice training and a clear background check before care can begin.

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: *Click or tap here to enter text.*

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. West Virginia does not have license-exempt child care providers. All provider types must be licensed/certified to care for children.
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. West Virginia does not have license-exempt child care providers. All provider types must be licensed/certified to care for children.
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. West Virginia does not have license-exempt child care providers. All provider types must be licensed/certified to care for children.
- b. License-exempt family child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. West Virginia does not have license-exempt child care providers. All provider types must be licensed/certified to care for children.
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. West Virginia does not have license-exempt child care providers. All provider types must be licensed/certified to care for children.
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. West Virginia does not have license-exempt child care providers. All provider types must be licensed/certified to care for children.
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. The Lead Agency does not allow in-home care by a non-relative. To be eligible as an in-home care provider, the person must be related to the child in care.
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. The Lead Agency does not allow in-home care by a non-relative. To be eligible as an in-home care provider, the person must be related to the child in care
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. The Lead Agency does not allow in-home care by a non-relative. To be eligible as an in-home care provider, the person must be related to the child in care

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: Age six (6) weeks to age one (1) year.
- b. Toddler. Describe: Age one (1) year to two (2) years.
- c. Preschool. Describe: Child between the ages of two (2) years through four (4) years.
- d. School-Age. Describe: A child between 5 and 13 years of age.

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: 4/1

Group size: Eight (8)

ii. Toddler.

Ratio: 4/1

Group size: Twelve (12)

iii. Preschool.

Ratio: 12/1

Group size: 2 years - group size of 16. 3 years - group size of 20. 4 years - group size of 24

iv. School-Age.

Ratio: 16/1

Group size: Thirty-two (32)

v. Mixed-Age Groups (if applicable).

Ratio: 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.

Group size: —The maximum group size for a mixed age group is determined by the age of the youngest child in the group. Mixed age groups typically occur when children are arriving, departing or for short periods for scheduled activities (i.e. meals) with adult/child ratios met based on the age of the youngest child in the mixed age group. School-age groups of children may be combined with children over the age of 24 months during short periods for special occasions such as field trips with adult/child ratios met based on the age of the youngest child in the mixed age group. Out-of-School Time Child Care Centers group size is determined by the activity and is limited to facilitate staff/child interaction and safe, constructive participation by children and is based on the youngest age child in the group.

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. Not applicable. There are no differences in ratios and group size requirements.

ii. Infant: Ratio: 4 children/2 staff for family child care facilities 6 children/1 staff for family child care home 3 children/1 staff for informal family child care home Group size: 4 children for family child care facilities 6 children/1 staff for family child care home 3 children/1 staff for informal family child care home

- iii. Toddler: Ratio: 4 children/2 staff for family child care facilities 2 children/1 staff for family child care homes Group size: 4 children for family child care facilities 2 children for family child care homes
 - iv. Preschool: Ratio: 12 children/2 staff for family child care facilities 6 children/1 staff for family child care homes Group size: 12 children for family child care facilities 6 children for family child care homes
 - v. School-Age: Ratio: 12 children/2 staff for family child care facilities 6 children/1 staff for family child care homes Group size: 12 children for family child care facilities 6 children for family child care homes
 - vi. Mixed-Age Groups: Ratio: Infants & Toddlers: 4 children/2 staff for family child care facilities Group size: 12 children for family child care facilities Ratio: Preschool & School Age: 6 children/1 staff for family child care facilities Group Size: 12 children for family child care facilities Ratio: 6 children/1 staff (all ages combined) for family child care homes Group size: 6 children for family child care homes
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)

Ratio: 4 children/2 staff for family child care facilities
6 children/1 staff for family child care home
3 children/1 staff for informal family child care home

Group size: 4 children for family child care facilities.
6 children/1 staff for family child care home
3 children/1 staff for informal family child care home
 - ii. Toddler (if applicable)

Ratio: 4 children/2 staff for family child care facilities
2 children/1 staff for family child care homes

Group size: 4 children for family child care facilities.
2 children for family child care homes
 - iii. Preschool (if applicable)

Ratio: 12 children/2 staff for family child care facilities
6 children/1 staff for family child care homes

Group size: 12 children for family child care facilities.
6 children for family child care homes
 - iv. School-Age (if applicable)

Ratio: 12 children/2 staff for family child care facilities
6 children/1 staff for family child care homes

Group size: 12 children for family child care facilities.
6 children for family child care homes

v. Mixed-Age Groups

Ratio: Infants & Toddlers: 4 children/2 staff for family child care facilities
Group size: 12 children for family child care facilities.

Ratio: Preschool & School Age: 6 children/1 staff for family child care facilities
Group Size: 12 children for family child care facilities.

Ratio: 6 children/1 staff (all ages combined) for family child care homes
Group size: 6 children for family child care homes.

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. *Click or tap here to enter text.*

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: 1:3

Group size: 1:3

ii. Toddler (if applicable)

Ratio: 1:3

Group size: 1:3

iii. Preschool (if applicable)

Ratio: 1:3

Group size: 1:3

iv. School-Age (if applicable)

Ratio: 1:3

Group size: 1:3

v. Mixed-Age Groups (if applicable)

Ratio: 1:3

Group size: 1:3

f. Are any of the responses above different for license-exempt in-home care?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. *Click or tap here to enter text.*

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Infant, Toddler, Preschool 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 (ACDA) or 28 college credits with at least 9 credit hours in early childhood development. **Infant/Toddler Qualification** Each qualified staff member caring for children 24 months of age and under must have a minimum of 40 hours of approved training related to the care of children 24 months of age and under. **Infant, Toddler, Preschool 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. **Infant/Toddler Qualification** Each qualified staff member caring for children 24 months of age and under must have a minimum of 40 hours of approved training related to the care of children 24 months of age and under. **Out-of-School Time Teacher (Group Leader)** Must be at least 18 years of age and have 1 year of supervised relevant work experience. **Out-of-School Time Assistant Teacher (Assistant Group Leader)** Must be at least 18 years of age and meet the requirements of a high school diploma or GED.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Child Care 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: ACDA 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 An associate's 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. **Out-of-School Time Child Care Center Director** Must be at least 21 years of age, have at least one year of leadership experience in a school age program or similar program, be responsible for the daily operation of the program and oversight of staff, have a written work plan for the routine on-site presence for each site under his or her responsibility and be responsible for on-site activity and staff scheduling, ensuring there is a site supervisor for each site.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Family Child Care Facility Infant, Toddler, Preschool, School Age, Lead Teacher** Must be at least 21 years of age, Have a high school diploma or equivalent Six months experience caring for children A certification in CPR/First Aid 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 ACDA credential or Completion of at least 3 college credit hours in child development or a related field at an accredited college or university. **Family Child Care Home** At least 18 years of age Be able to read and write **Informal/Relative Home** Be at least 18 years of age Be able to read and write or have another adult present in the home, during the hours of care, who is able to read and write

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: A relative in-home caregiver must be 18 years of age, able to read and write, complete a comprehensive background check, preservice training, and complete 2 hours of health and safety training and one hour of self-directed study annually.

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. West Virginia has no license-exempt providers.
- b. License-exempt home-based child care. West Virginia has no license-exempt providers.
- c. License-exempt in-home care (care in the child’s own home). West Virginia has no license-exempt providers.

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers’ standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1** 15.1.a. Upon admittance, a center shall have on file a record of a child's immunizations or a plan for completion signed by the child's licensed health care provider. For children experiencing homelessness and children in foster care, a grace period to complete the immunization will be based on the individual circumstances of the child. 15.2.b. A center shall provide parents with a West Virginia Health Check periodicity chart for child health exams and shall ensure that a child's health assessment is updated with new or current information at least every two years for the child under the age of six years. 15.4.g.1. A center shall report to the local health department the introduction of a diagnosed reportable disease as listed in Appendix 78-1-B of this rule, including, chickenpox, diphtheria, giardia lamblia, hepatitis A, mumps, meningitis, pertussis (whooping cough), rheumatic fever, rubella (German measles), rubeola (measles), salmonella, shigella, and tuberculosis. 15.4.g.2. A center shall inform the parent of each child immediately of the presence of the disease and the need to contact a licensed health care provider for further information. 17.1. Personal Hygiene. All individuals on the center premises or participating in center activities shall practice good personal hygiene 17.1.a. Hand Washing. 17.1.a.1. Staff members shall wash their hands before starting work; 17.1.a.2. Staff members and children shall wash their hands with soap and warm, running water for at least 20 seconds: 17.1.a.2.A. When hands are contaminated with body fluids; 17.1.a.2.B. Before preparing, handling, or serving food, or setting the table. 17.1.b. Universal Precautions. With the exception of breast milk, staff members shall adopt universal precautions when exposed to blood and body fluids that might contain blood. APPENDIX 78-1-B: REPORTABLE ILLNESSES

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facility 78CSR18** 6.4.e. A report of the child’s most recent medical checkup, which shall be supplied by the parents within 30 days of the child’s enrollment. The facility shall provide parents with a West Virginia Health Check periodicity chart for child health exams and shall ensure that a child’s health assessment is updated with new or current information at least every two years for the child under the age of six years. 6.4.f. A report of the child’s most recent immunization records which shall be supplied by the parents based on the following guidelines: 6.4.f.1. Immunization records shall be updated every two years and shall be completed based on the schedule recommended by the Department. 6.4.f.2. If immunizations are not current, the facility shall obtain a schedule for completion from the parent for the caregiver’s files. A grace period is permitted for children experiencing homelessness and children in foster care based on the individual circumstances of the child. 6.4.f.3. Exemption from immunization requirements shall be available for parents who provide a signed statement from a child’s health care provider indicating that immunization is contraindicated based on the child’s medical condition. 13.4. Staff shall provide parents with a national periodicity schedule for child health exams and a recommended immunization schedule. 20.4. The caregiver shall employ universal precautions for protection from disease and infection, as detailed in Appendix 78-19-B of this rule. 20.7. The operator shall isolate or exclude staff and children with a serious communicable disease per the facility’s policy on management of sick children. 20.8. The operator shall notify parents of any communicable disease outbreak in the facility. Appendix 78-19-B **Family Child Care Homes** 10.1.a.1. Observe the children daily upon their arrival and note signs of illness or injury 10.1.a.2. Promptly report accidents, suspected illnesses, or exposure of a child to a communicable disease to the child’s parents. 10.2.d. The caregiver shall employ universal precautions for protection from disease and infection, as detailed in Appendix 78-19-B of this rule. 10.1.c. Caregivers shall provide parents with the recommended guidelines for immunizations and the periodicity schedule for Health Check Exams recommended by the West Virginia Early and Periodic Screening, Diagnosis, and Treatment Program. 10.1.d. The caregiver shall maintain a record of each child’s health examinations and immunizations according to the following guidelines: 10.1.d.1. A general medical examination for all children shall be obtained by the parents within 30 days of admission to the home, provided the examination was completed no more than six months prior to the child’s admission to the home; 10.1.d.2. Children’s medical examination records shall be updated every two years until the child is six years of age; 10.1.d.3. Immunization records shall be completed and updated according to the schedule recommended by the department; 10.1.d.4. If immunizations are not current, the caregiver shall obtain a schedule for completion from the parent for the family child care home’s files, including children experiencing homelessness and children in foster care. The grace period will be based on the individual circumstances of the child. 10.1.d.5. A family child care home shall not require immunization records for children whose parents provide written documentation when immunizations are contraindicated due to a medical condition documented by a physician. 10.2.c. The caregiver and the children shall thoroughly wash their hands with soap and water for at least 20 seconds any time they are soiled,

including at the following times: 10.2.c.1. Before eating; 10.2.c.2. Before handling or preparing foods; 10.2.c.3. After contact with animals; 10.2.c.4. Before and after diaper changing, assisting a child with toilet use, or personal bathroom use; 10.2.c.5. When the caregiver or the children come into contact with blood or bodily fluids containing blood. **Informal/Relative Family Child Care Homes**

9.1 Health -- The caregiver shall obtain from the child's parent a record of each child's health examinations and immunizations and maintain the information in a file according to the following guidelines: 9.1.a. A general medical examination shall be obtained for all children within 30 days of admission to the home. The examination may be completed no more than six months prior to the child's admission to the home. 9.1.b. The caregiver shall provide parents with a WV Health Check periodicity chart for child health exams and shall obtain from the parent a new health assessment updated with new or current information at least every two years for any child under the age of six years. 9.1.d. If immunizations are not current, the caregiver shall obtain a schedule for completion from the parent for the informal or relative family child care home's files, unless the parent provides written documentation from a physician that immunizations are contraindicated due to the child's medical condition. A grace period is permitted for children experiencing homelessness and children in foster care based on the individual circumstances of the child. 9.2. Sanitation. 9.2.a. The informal or relative family child care home shall have sufficient safe water for drinking, hand washing, and other household needs. 9.2.b. The caregiver and the children shall thoroughly wash their hands with soap and water for at least 20 seconds any time they are soiled, including at the following times: 9.2.b.1. Before eating. 9.2.b.2. Before handling or preparing foods. 9.2.b.3. After contact with animals. 9.2.b.4. Before and after diaper changing, assisting a child with toilet use, or personal bathroom use. 9.2.b.5. When the caregiver or the children come into contact with blood or bodily fluids.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: West Virginia has no license exempt providers.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Child Care Center 78CSR21 6.6.a.1.** A program shall retain a child’s record for a minimum of three years following the child’s discharge. The record shall include, but not be limited to, immunization record, admission or beginning service date, contact information for the parent of the child, contact information of the responsible person if designated by the parent, emergency information, agreements or acknowledgements signed by the parent pertaining to the child’s participation, and special instructions related to the child’s health and development. A grace period is permitted for children experiencing homelessness and children in foster care based on the individual circumstances of the child. 8.3.g. Ensure equipment is regularly cleaned, disinfected as needed, and discarded when no longer useable.
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1 15.1.a.** Upon admittance, a center shall have on file a record of a child’s immunizations or a plan for completion signed by the child’s licensed health care provider. For children experiencing homelessness and children in foster care, a grace period to complete the immunization will be based on the individual circumstances of the child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 6.4.f. A report of the child’s most recent immunization records which shall be supplied by the parents based on the following guidelines: 6.4.f.1. Immunization records shall be updated every two years and shall be completed based on the schedule recommended by the Department. 6.4.f.2. If immunizations are not current, the facility shall obtain a schedule for completion from the parent for the caregiver’s files. A grace period is permitted for children experiencing homelessness and children in foster care based on the individual circumstances of the child. 6.4.f.3. Exemption from immunization requirements shall be available for parents who provide a signed statement from a child’s health care provider indicating that immunization is contraindicated based on the child’s medical condition. **Family Child Care Homes 78CSR19** 10.1.d. The caregiver shall maintain a record of each child’s health examinations and immunizations according to the following guidelines: 10.1.d.3. Immunization records shall be completed and updated according to the schedule recommended by the department; 10.1.d.4. If immunizations are not current, the caregiver shall obtain a schedule for completion from the parent for the family child care home’s files, including children experiencing homelessness and children in foster care. The grace period will be based on the individual circumstances of the child. 10.1.d.5. A family child care home shall not require immunization records for children whose parents provide written documentation when immunizations are contraindicated due to a medical condition documented by a physician. **Informal/Relative Family Child Care Homes 78CSR20** Health - The caregiver shall obtain from the child’s parent a record of each child’s health examinations and immunizations and maintain the information in a file according to the following guidelines: 9.1.d. If immunizations are not current, the caregiver shall obtain a schedule for completion from the parent for the informal or relative family child care home’s files, unless the parent provides written documentation from a physician that immunizations are contraindicated due to the child’s medical condition. A grace period is permitted for children experiencing homelessness and children in foster care based on the individual circumstances of the child.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: West Virginia has no license exempt providers.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time 78CSR 21 6.6.a.1**. A program shall retain a child’s record for a minimum of three years following the child’s discharge. The record shall include, but not be limited to, immunization record, admission or beginning service date, contact information for the parent of the child, contact information of the responsible person if designated by the parent, emergency information, agreements or acknowledgements signed by the parent pertaining to the child’s participation, and special instructions related to the child’s health and development. A grace period is permitted for children experiencing homelessness and children in foster care based on the individual circumstances of the child.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1 3.45**. Pre-service Training. -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, Food Allergies, Transportation, and Child Development must be completed to meet compliance). 8.6.b. A center shall require all staff to meet approved pre-service training requirements and pre-service education qualifications. 8.6.e. A center shall document that preservice training and orientation training was provided by having the staff member and center director sign a statement acknowledging receiving both preservice and orientation training and shall keep the statement in the staff member’s file. 8.6.d.5. Policies and procedures for safety, including prevention of injury both indoors and outdoors, fire safety, emergency response and, for programs serving infants, safe sleep practices. 13.4.e.2. The mattress shall be manufactured for sale in the United States as infant sleeping equipment and fit the crib snugly with no more than one-half inch between it and the crib side; 13.4.e.3. Crib is sturdy, non-collapsible. 13.4.e.6. Drop-side cribs and cribs manufactured prior to 6/28/2011 is prohibited unless has mfg. certificate of compliance. 13.4.i.5. Seasonally appropriate covers or clothing shall be used, sufficient to maintain adequate warmth. For children 12 months of age and younger a sleeper may be worn, or a thin blanket used for a covering. If a blanket is used, it shall be tucked around the mattress of the crib and only cover the child as high as his or her chest; 13.4.i.6. Pillows or soft, fluffy bedding shall not be used for the child 12 months of age and under.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 3.14. Pre-service Training – Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, Food Allergies, Transportation, and Child Development must be completed to meet compliance). 6.5.b. Documentation of the staff person’s qualifications and education or training attended in relation to early childhood development, past employment, and experience with children and a pre-service training certificate completed prior to hire. 7.2.a. Substitutes shall have approved training in pediatric cardio-pulmonary resuscitation, pre-service training, and receive an orientation from the operator. 10.5. The facility shall ask parents to provide children with clean, comfortable, non-flammable or flame retardant sleeping garments, a toothbrush, and a comb or brush. The facility shall label and store personal items separately for each child. (Overnight care) 11.2. Staff shall place an infant who is unable to turn over independently on his or her back to sleep unless medical documentation prohibits sleep in that position. 11.3. Staff shall use only a firm crib mattress covered by a sheet for sleep and keep soft objects and loose bedding out of an infant’s sleeping environment. 11.4. Staff shall clothe infants lightly for sleep and keep the sleeping area at a temperature that is comfortable for lightly clothed adults. 11.7. Effective December 28, 2012, the use of traditional drop side cribs, and any crib manufactured prior to June 28, 2011, is prohibited. Stackable cribs shall not be used. A family child care facility shall: 11.7.a. Only use cribs that comply with the Consumer Product Safety Commission crib standards, and were manufactured after June 28, 2011, and any portable pack and play yards manufactured after February 19, 2014; 11.7.b. Supply separate cribs or portable packs and play yards for infants. Portable packs and play yards shall not be used for infants able to climb; and 11.7.c. Have bars no farther than 2 3/8 inches apart. 14.1.a.7. Prior to caring for children, all current and potential staff are required to complete approved pre-service training. (Owner/Operator) 15.1.i. Completed approved pre-service training requirements or have a plan to do so within the first six months of employment. (Staff) 15.3.a.6. Complete approved pre-service training requirements or have a plan to do so within the first six months of employment. (Volunteers) **Family Child Care Homes 78CSR19** 3.12. Pre-service Training -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, Food Allergies, Transportation, and Child Development must be completed to meet compliance). 6.3.a.2. Documentation verifying completion of approved pre-service health and safety training. (Caregiver) 16.1.a.1. Only use cribs and portable pack and play yards that comply with the Consumer Product Safety Commission standards, Cribs manufactured after June 28, 2011, and any portable pack and play yards manufactured after February 19, 2014. 16.1.a.2. Supply separate cribs or portable

packs and play yards for infants. Family child care providers shall not use portable packs and play yards for infants able to climb 16.1.c. Shall not place soft pillows or stuffed animals in infant beds during sleep or nap times. 16.2.h. Place an infant who is unable to turn over independently on his or her back to sleep unless medical documentation prohibits sleep in that position. **Informal/Relative Family Child Care Homes 78CSR20** 6.3.a. An informal relative caregiver shall complete approved pre-service health and safety training prior to providing care. 6.3.f. A caregiver providing care for children under 13 months of age shall, within 60 days of accepting the child into care, complete either: 6.3.f.1. A Sudden Infant Death Syndrome self-study packet; or 6.3.f.2. Other approved Sudden Infant Death Syndrome training. 15.1.b. Shall not allow children under 13 months of age to sleep on any type of adult bed or sofa. 15.1.c. Shall not place soft pillows or stuffed animals in beds with children under 13 months of age during sleep or nap times. 15.2.b. Place an infant who is unable to turn over independently on his or her back to sleep unless medical documentation prohibits sleep in that position.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: West Virginia has no license exempt providers.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Child Care Centers78CSR21** Not applicable to out of school time programs.

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: ***Clic Child Care Centers 78CSR1*** 15.4.h.2. The center shall secure instructions from the child's parent for each medication to be administered. The center may not accept instructions that indicate to administer the medication on an as needed basis unless the order is accompanied by a medical treatment plan written by the child's licensed health care provider which describes the as needed condition. All medication instruction must be legibly written, signed by the parent, attached to the medication log, and shall include:
- 15.4.h.2.A. The child's first and last name;
 - 15.4.h.2.B. The name of the medication to be given;
 - 15.4.h.2.C. The reason the medication is being given; and
 - 15.4.h.2.D. Directions for the administration of the medication including the specific dosage, specific frequency or time to be given, route to be given, and the time of the last dosage administered by the parent.
- 15.4.h.4. A center shall store medication in its original packaging and shall place the medication in a locked cabinet or container that is inaccessible to children and can be opened only by key or combination. The container or cabinet shall be away from food and refrigerated or unrefrigerated according to instructions on the prescription, order, or label. Sunscreen, diaper ointment, and emergency medication are exempt from being stored in a locked cabinet or container but shall remain inaccessible to children.
- 15.4.h.4.A. Refrigerated medication shall be in a container which cannot leak.
 - 15.4.h.4.B. If the container used is plastic, it shall be a hard-molded plastic container. Plastic bags are prohibited for storage.
 - 15.4.h.4.C. Medication for staff shall be stored separately from children's medication.
- 15.4.h.5. A center shall ensure that medication is only administered by designated qualified staff members who have passed the approved training in medication administration.
- 15.4.h.5. A center shall ensure that medication is only administered by designated qualified staff members who have passed the approved training in medication administration.
- 15.4.h.6. A center shall ensure that prescription medication is only administered when the prescriptive medicine bottle or package has the original pharmacy label showing the prescription number, name of the medication, date the prescription was filled, the licensed health care provider's name, the child's first and last names, specific, legible directions for administration and storage, and the expiration date.
- 15.4.h.7. A center shall ensure that non-prescription medication is only administered when the following criteria are met:
- 15.4.h.7.A. The center administers oral non-prescription medication for no more than three consecutive days within a 30-day period without written instruction from a licensed health care provider;
 - 15.4.h.7.B. The center applies non-prescription topical products (ointments, creams, or lotions) for no more than five consecutive days within a 30-day period without written instruction from a licensed health care provider. Sunscreens, diaper ointments, or lip balms used for preventative purpose are excluded from this requirement;
 - 15.4.h.7.C. The original non-prescriptive medicine bottle or package has a label with the child's first and last names written by the parent, specific, legible directions for administration including the appropriate dosage based on weight or age, directions for storage, and verification that the medicine will not expire during the time to be used;
 - 15.4.h.7.D. Medication to reduce fever does not contain aspirin or any product containing aspirin listed as an ingredient such as sodium bicarbonate (Alka-Seltzer®) or bismuth subsalicylate (Pepto-Bismol®);
 - 15.4.h.7.E. Medication for

teething pain that contains benzocaine is not to be used without instruction from the child's health care provider; 15.4.h.7.F. Any topical containing diphenhydramine hydrochloride (Benadryl®) shall not be applied without written instruction from a licensed health care provider; 15.4.h.7.G. That the medication shall not be administered in a manner inconsistent with the manufacturer's recommendations without written instructions from the child's licensed health care provider; 15.4.h.7.H. The center shall ensure that a staff member assists as needed in the application of sunscreen or lip balm for a child up to school age. The sunscreen shall be applied in accordance with the product labeling guidelines; and 15.4.h.7.I. The center shall permit a school age child to apply his or her own sun screen or lip balm under the direct supervision of a staff member. 15.4.h.8. A center shall ensure that before administering medication when the directions are not legible, the parent checks with the child's licensed health care provider or, if applicable, the pharmacy that filled the prescription; 15.4.h.9. When a child no longer needs the medication or its expiration date passes, a center shall return the medication to the parent, and document the date of its return. A center shall not administer medication after its expiration date; 15.4.h.10. A center shall ensure that records of medication administration are individual and kept: 15.4.h.10.A. In a medication log that is cumulative; and 15.4.h.10.B. Completed in ink by the staff member who administers the medication, and includes the child's name, the name of the medication, the date and time of the administration, the dosage and route of the medication, the child's reaction, if any, and the name of the staff member who administered it. 15.4.h.11. A center shall ensure when a documentation error is made that a single line is drawn through the error with the staff person correcting the error initialing it. 15.4.h.12. A center shall ensure if and when a medication error is made, the staff member who makes the error: 15.4.h.12.A. Informs the center director and the parent of the child affected by the error; 15.4.h.12.B. Completes a serious occurrence report as required under this rule; and 15.4.h.12.C. Observes the child for any reaction to the error. If the child shows a reaction, contact 911, and in the case of an overdose, contacts the poison control center. If 911 service is not available to the area, then emergency services shall be contacted. 15.4.h.13. A center may permit a child to self-administer his or her own medication under the following circumstances: 15.4.h.13.A. With written permission from the child's parent and licensed health care provider and in accordance with procedures established in this rule, a child may self-administer asthma medication, emergency allergy medication, or other similar emergency medication; 15.4.h.13.B. With written permission from the child's parent and licensed health care provider, the center may establish procedures to permit the child, under supervision, to self-administer insulin or other injected medication that the child requires; and 15.4.h.13.C. When the child self-administers medication, qualified staff members shall keep a written record of the administration in the medication log. 15.4.h.14. A center shall have a procedure that requires medication logs be reviewed on a daily basis to ensure that medicine is being properly administered and documented. 15.4.h.15. A center shall post the "Seven Rights of Medication Administration" near to the storage of medication.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 6.4.i. Written consent and instructions signed by parents regarding medications or special dietary needs. 6.4.j. A statement of any special needs of the child including allergies, existing illness or injuries, previous illnesses or injuries, and any medication prescribed for long-term continuous use. 14.1.a.6. Complete medication administration training from an approved training source. Except for the first year of operation, training in medication administration is in addition to the required 15 clock hours of approved annual training. (Operator) 14.2.f. Are responsible for the recruitment and hiring of staff, enrollment, and admissions, informing parents of the policies of the family child care facility program, and the training of staff in areas such as emergency and evacuation procedures, programming for children, working with parents, discipline policies, health care, sanitation procedures, release of children, child abuse and neglect reporting, symptoms of illness and medication administration. (Operator) 15.1.k. Have successfully completed training in medication administration from an approved training source or have a plan to do so within the first six months of employment (Staff) 15.1.m. Have received, prior to caring for children, an orientation from the operator with regard to evacuation procedures, discipline, child abuse and neglect reporting, recognition of symptoms of childhood illness, medication administration, and the requirements of this rule. (Staff) 15.4.a.9. Have received, prior to caring for children, an orientation from the operator with regard to evacuation procedures, discipline, child abuse and neglect reporting, recognition of symptoms of childhood illness, medication administration and the requirements of this rule. (Substitutes) 20.12.a. Non-prescription medications, including medical cannabis, only with prior written permission from the parents, which includes a written schedule with information about dosage amount, method, and times, or upon directions from the child’s health care provider. 20.12.b. 20.12.b. Prescription medication only from the original container clearly labeled with the child’s name and dosage, the date, and name of the medication, following the health care provider’s directions. **Family Child Care Homes 78CSR19** 10.1.b. A caregiver shall obtain written permission from parents to administer non-prescription and prescription medication according to the following guidelines: 10.1.b.1. Non-prescription medication, including medical cannabis, shall be administered according to a written schedule, with information about dosages, how to administer the medication, and times provided by the parents; and 10.1.b.2. Prescription medication shall be stored in original containers clearly labeled with the child’s name and dosage, date, and name of medication. 10.1.b.3. The caregiver shall administer the medication according to the label. **Informal/Relative Family Child Care Homes 78CSR20** 6.3.a. An informal relative caregiver shall complete approved pre-service health and safety training prior to providing care.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21 6.3.a.5.** Health, including, at a minimum, any parental objection to treatment, exclusion, and re-admittance of the child with a communicable illness, and medication administration. 7.7.e. A program shall ensure that prior to any staff member administering medication; the staff member has received approved training in medication administration. 17.3. A center shall ensure that medication is only administered by designated qualified staff members with training in medication administration. 17.4. A center shall ensure that prescription medication is only administered when the prescriptive medicine bottle or package has the original pharmacy label showing the prescription number, name of the medication, date the prescription was filled, the licensed health care provider's name, the child's first and last names, specific, legible directions for administration and storage, and the expiration date. 17.5. A center shall ensure that non-prescription medication is only administered when the following criteria are met: 17.5.a. The center administers oral non-prescription medication for no more than three consecutive days within a 30-day period without written instruction from a licensed health care provider; 17.5.b. The center applies non-prescription topical products (ointments, creams, or lotions) for no more than five consecutive days within a 30-day period without written instruction from a licensed health care provider. Sunscreens or lip balms used for preventative purpose are excluded from this requirement; 17.5.c. The original non-prescription medicine bottle or package has a label with the child's first and last names written by the parent, specific, legible directions for administration including the appropriate dosage based on weight or age, directions for storage, and verification that the medicine will not expire during the time to be used. 17.5.d. Medication does not contain aspirin (acetylsalicylic acid) or any form of salicylate such as Alka-Seltzer® or Pepto-Bismol®; 17.5.e. Medication for cough, cold, or congestion does not contain codeine; 17.5.f. Any topical containing diphenhydramine hydrochloride (Benadryl®) shall not be applied without written instruction from a licensed health care provider; 17.5.g. That the medication shall not be administered in a manner inconsistent with the manufacturer's recommendations without written instructions from the child's licensed health care provider.
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1** 15.4.h.1. A center shall only administer medication with written permission from the child's parent, and with a prescription or a written order from a licensed health care provider except as provided for in paragraph 15.4.h.7. 15.4.h.2. The center shall secure instructions from the child's parent for each medication to be administered. The center may not accept instructions that indicate to administer the medication on an as needed basis unless the order is accompanied by a medical treatment plan written by the child's licensed health care provider which describes the as needed condition. All medication instruction must be legibly written, signed by the parent, attached to the medication log, and shall include: 15.4.h.2.A. The child's first and last name; 15.4.h.2.B. The name of the medication to be given; 15.4.h.2.C. The reason the medication is being given; and 15.4.h.2.D. Directions for the administration of the medication including the specific dosage, specific frequency or time to be given, route to be given, and the time of the last dosage administered by the parent. 15.4.h.8. A center shall ensure that before administering medication when the directions are not legible, the parent checks with the child's licensed health care provider or, if applicable, the pharmacy that filled the prescription. 15.4.h.9. When a child no longer needs the medication or its expiration date passes, a center shall return the medication to the parent, and document the date of its return. A center shall not administer medication after its expiration date. 15.4.h.12. A center shall ensure if and when a medication error is made, the staff member who makes the error: 15.4.h.12.A. Informs the center director and the parent of the child affected by the error. 15.4.h.13. A center may permit a child to self-administer his or her own medication under the following circumstances: 15.4.h.13.A. With written permission from the child's parent and licensed health care provider and in accordance with procedures established in this rule, a child may self-administer asthma medication, emergency allergy medication, or other similar emergency medication. 15.4.h.13.B. With written permission from the child's parent and licensed health care provider, the center may establish procedures to permit the child, under supervision, to self-administer insulin or other injected medication that the child requires..

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 6.4.i. Written consent and instructions signed by parents regarding medications or special dietary needs. 6.4.j. A statement of any special needs of the child including allergies, existing illness or injuries, previous illnesses or injuries, and any medication prescribed for long-term continuous use. 20.12.a. Non-prescription medications, including medical cannabis, only with prior written permission from the parents, which includes a written schedule with information about dosage amount, method, and times, or upon directions from the child’s health care provider. **Family Child Care Homes 78CSR19** 10.1.b. A caregiver shall obtain written permission from parents to administer non-prescription and prescription medication. 10.1.b.1. Non-prescription medication, including medical cannabis, shall be administered according to a written schedule, with information about dosages, how to administer the medication, and times provided by the parents. **Informal/Relative Family Child Care Homes 78CSR20** No applicable regulations.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21** 6.3.a.5. Health, including, at a minimum, any parental objection to treatment, exclusion, and re-admittance of the child with a communicable illness, and medication administration. 17.1. A center shall only administer medication with written permission from the child’s parent, and with a prescription or a written order from a licensed health care provider except as provided for in subsection 17.5. 17.2. The center shall secure instructions from the child’s parent for each medication to be administered. The center shall not accept instructions that indicate to administer the medication on an as needed basis unless the order is accompanied by a medical treatment plan written by the child’s licensed health care provider which describes the as needed condition. All medication instruction must be legibly written, signed by the parent, attached to the medication log, and shall include: 17.2.a. The child’s first and last name; 17.2.b. The name of the medication to be given; 17.2.c. The reason the medication is being given; and 17.2.d. Directions for the administration of the medication including the specific dosage, specific frequency, or time to be given, and the route to be given.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1 3.45. Pre-service Training.** -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, **Food Allergies**, Transportation, and Child Development must be completed to meet compliance). 16.2. Special Dietary Needs. When planning meals and snacks a center shall:
 - 16.2.a. Consider information provided by the parent or a licensed health care provider about a child’s special dietary needs, including special needs because of a medical condition, allergy, or religious prohibition;
 - 16.2.b. Obtain a written care plan from the parent stating any foods to be avoided, any foods to be substituted, and any need for special utensils; and
 - 16.2.c. Keep information about the child’s special dietary needs in a location that is accessible to staff who prepare and serve food, while protecting a child’s right to confidentiality.
 - 16.9.a.3. Providing to parents and staff a list of foods the center will not permit, including known food allergens to other children.
 - 16.9.c. Each child’s meal or snack is clearly labeled with the child’s first and last names and the date it was brought to the center.
 - 16.9.f. The center includes children with food allergies in the group during meal or snack time and closely supervises all children under school age during meal or snack time to prevent the cross contamination of food or accidental ingestion of a food allergen.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18 3.14.** Pre-service Training – Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, **Food Allergies**, Transportation, and Child Development must be completed to meet compliance). 6.4.j. A statement of any special needs of the child including allergies, existing illness or injuries, previous illnesses or injuries, and any medication prescribed for long-term continuous use. 21.3. The operator shall consider information provided by parents about children’s eating habits, food preferences, and special dietary needs when planning menus. **Family Child Care Homes 78CSR19 3.12.** Pre-service Training -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, **Food Allergies**, Transportation, and Child Development must be completed to meet compliance). **Family Child Care Informal/Relative Homes 78CSR20 3.11.** Pre-service Training -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service Training Modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDS), Infectious Diseases, Medication Administration, **Food Allergies**, Transportation, and Child Development must be completed to meet compliance).
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21 3.24.** Pre-service Training -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements Pre-Service Training Modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, Shaken Baby, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDS), Infectious Diseases, Medication Administration, **Food Allergies**, Transportation, and Child Development must be completed to meet compliance. 12.3.a.3. Providing to parents and staff a list of foods the center will not permit, including known food allergens to other children.
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: *Click Child Care Centers 78CSR1* 7.4.d. The names, addresses, and telephone numbers of the child's sources of primary medical care and emergency medical care. 7.4.e. The child's health insurance coverage and policy number; 7.4.f. A signed permission from the parent for emergency medical treatment and Transportation. 7.5. Information for emergency purposes. A center shall keep two copies of the information in subdivisions 7.4.a. through 7.4.h. of this rule, with the parent's original signature on one copy. Photocopies are compliant for any subsequent copies of this information. A center shall keep: 7.5.a. One copy in the center's files to be easily accessible at all times; and, 7.5.b. The other copy in the center's emergency file, described in this rule, where it is available to accompany the child when the child is off-site. 14.8. Special Activity. When a center participates in a special activity, the center shall provide staff who are trained and supervised to enforce safety regulations, provide necessary instructions, and identify and manage environmental and other hazards related to the special activity. Prior to the special activity, the center shall: 14.8.a. Have on file an activity plan that includes, but is not limited to: 14.8.a.6. Special safety practices and emergency procedures. 14.10.c. Identify the name or names of the assigned qualified staff member or members responsible for the field trip who shall take with him or her a copy of the written field trip plan, first aid supplies, and emergency information for each participating child. (Field Trips) 15.2.a.5. A medical plan of care, if the child has a chronic health condition that requires specific attention or has the potential to become a medical emergency. 19.5. Emergency File. A center shall develop and maintain an emergency file with information for each enrolled child that is accessible to all staff members, including at off-site activities. 19.6.h. In the case of a medical emergency, identification of the staff responsible for implementing the plan. The plan for a medical emergency shall include: 19.6.h.1. The procedures to be followed; 19.6.h.2. The location of a center's first aid kit and other emergency supplies; 19.6.h.3. The location of the child's emergency information; 19.6.h.4. The name, address, and telephone number of a health professional or facility available to provide medical consultation to the center; 19.6.h.5. The name, address, telephone number, and location of the emergency facility to be used when a center cannot reach the child's parent or licensed health care provider, or when transporting the ill or injured child to the preferred hospital could result in a serious delay in obtaining medical attention. 19.6.h.6. Identification of a means of transportation that is always available in case of an emergency, and telephone numbers for an ambulance or other transportation that might be required. 19.6.h.7. Other emergency telephone numbers as required in this rule. 19.9.a. For a medical emergency at a center, a center shall develop, implement, and maintain procedures for ensuring that staff members: 19.9.a.1. Attend to the injured child with first aid or follow appropriate emergency procedures if the child is experiencing an acute condition, including an asthma attack, seizure, or life threatening anaphylactic reaction; 19.9.a.2. Notify the parent or other individual designated by the parent to assume responsibility for the child and inform him or her of the child's illness or injury and the center's response; 19.9.a.3. Complete the required documentation. 19.9.b. For a medical emergency requiring treatment at a medical facility, a center shall provide staff to: 19.9.b.1. Accompany the ill or injured child to the medical facility;

19.9.b.2. Ensure that signed authorization for treatment accompanies the ill or injured child to a medical facility; 19.9.b.3. Notify the parent or other individual designated by the parent to assume responsibility for the child and inform him or her of the child's illness or injury and the center's response; 19.9.b.4. Inform the medical facility that the ill or injured child is being transported for treatment; and 19.9.b.5. Obtain substitute staff, if needed, to provide adequate supervision for the children who remain at the center.*r tap here to enter text.*

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 6.4.b. Emergency contact information which shall be updated when information changes and shall include: 6.4.b.1. Home and work addresses and telephone numbers of the parents; 6.4.b.2. The names, addresses, and telephone numbers of any persons authorized to pick up the child; 6.4.b.3. The name of the child's physician or other health care provider; and 6.4.b.4. The names of emergency contact persons. 6.4.c. Health insurance coverage and policy number for the child; 6.4.d Written authorization signed by the parents for emergency medical treatment transportation field trips and water activities. 9.1.f. Staff shall carry children's emergency consent forms in the vehicle in case of accident or illness. 13.1.h. Written permission for field trips outside the facility, emergency medical treatment, water activity, and provision of medications. (Policies) 20.14. If it is necessary to secure emergency treatment for a child, a staff person shall accompany and remain with the child during care or treatment until the parent arrives. **Family Child Care Informal/Relative 78CSR20** 11.2. Prior to each child's placement in the home, the provider shall obtain emergency contact information for each child, which includes emergency contacts, family information, and permission to seek medical treatment.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21 6.6.a.1.** A program shall retain a child's record for a minimum of three years following the child's discharge. The record shall include, but not be limited to, immunization record, admission or beginning service date, contact information for the parent of the child, contact information of the responsible person if designated by the parent, emergency information, agreements or acknowledgements signed by the parent pertaining to the child's participation, and special instructions related to the child's health and development. A grace period is permitted for children experiencing homelessness and children in foster care based on the individual circumstances of the child. 14.3. Emergency Policies, Procedures and Plan. A center shall develop, implement, and maintain policies and procedures for responding to an emergency. The plan shall include, but not be limited to: 14.3.a. For medical and non-medical emergencies.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: *Click o* **Child Care Centers 78CSR1** 13.6.e.2. The position of the outdoor equipment prevents hazards from conflicting Activities. 20.2.a. Ensure that the premises, furnishings, equipment, and supplies are in good repair and present no hazard to the health and safety of the children. 20.3. Potential Hazards of Premises, Furnishings, Equipment, and Supplies. 20.3.a. Firearm Prohibition. A center shall prohibit firearms unless carried by a regulatory or law enforcement professional in the line of duty; and shall prohibit projectile weapons, including pellet or BB guns, darts, cap pistols, bows and arrows, slingshots, and paint ball guns. 20.3.b. Hazardous Chemical and Toxic Items. A center shall ensure that: 20.3.b.1. Products containing potentially hazardous chemicals, including identified poisons, medications, certain cleaning supplies, and art supplies, not clearly labeled as “nontoxic,” are inaccessible to the children in a locked cabinet away from food, and when possible, stored in their original containers and never in containers originally designed for food; and 20.3.b.2. For each product containing potentially hazardous chemicals, a center has on file a material safety data sheet, available at the point of purchase or from the manufacturer. 20.4. Outdoor Safety. 20.4.a. Barriers and Exits. 20.4.a.1. A center shall ensure that the outdoor activity area for a child under school age: 20.4.a.1.A. Is enclosed on all sides by a natural barrier or secure fence that is at least four feet high with a bottom edge that is less than three-and-a-half inches from the ground. 20.4.a.1.B. If it has a fence, the fence has no openings greater than three-and-a-half inches; 20.4.a.1.C. If it has a natural barrier, the barrier has the strength and density to prevent humans and animals from entering or exiting the playground; 20.4.a.1.D. If it is attached to a building, the barrier or fence provides at least two exits from the play area, including one exit that is at a distance from the building; 20.4.a.1.E. When it has an exit that does not lead directly indoors, that it is protected by a gate equipped with a closure mechanism that is out of the reach of a small child and prevents the child from leaving the play area but can be easily opened by an adult. 20.4.a.2. A center may use an unenclosed outdoor activity area for school-aged children if it is determined to be hazard-free by the Secretary. 20.4.c. Hazards. A center shall ensure that: 20.4.c.1. The play area is well drained and free of debris; 20.4.c.2. The outdoor environment is clear of hazards and all potential hazards such as heat pumps, air conditioning units, wiring, meters, and telephone boxes, are inaccessible to the child. 20.4.c.4. When there is reason to believe that exposure to the soil in the outdoor activity area might harm the child, it has on file evidence that the soil does not contain hazardous levels of any toxic chemical or substances.*r tap here to enter text.*

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 18.1.a. The building and grounds used for a family child care facility shall be suitable for the purpose of child care, kept clean and in good repair, and shall present no hazard to the health and safety of children. 18.3. Hazards. Family child care facilities shall: 18.3.a. Keep children away from areas undergoing remodeling or construction; 18.3.b. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, medical cannabis, and alcoholic beverages or toxic materials out of the reach of children less than six years of age; 18.3.c. Store hazardous materials separately from food items; 18.3.d. Store guns, ammunition, hunting knives, bows and arrows, and other weapons in a locked cabinet or closet, and store keys out of the children's reach; 18.3.e. Keep strings and cords long enough to encircle a child's neck (six inches or more) out of the children's reach; 18.3.f. Not permit children less than age six in food preparation areas when ranges or cook-tops are in use; and 18.3.g. Keep hanging items including Venetian blind cords, appliance cords, and table cloths out of the reach of small children. 18.4. Electrical Safety. 18.4.a. Electrical cords shall be maintained in good condition. 18.4.b. Extension cords shall be heavy duty, UL approved, and not run under carpets or rugs or through common walkways unless stabilized to prevent tripping. 18.4.c. Protective covers shall be installed on all unused electrical outlets accessible to children who are under five years of age. 18.4.d. Small appliances shall be unplugged when not in use. **Family Child Care Homes 78CSR19** 7.3. Hazards. -- Family child care homes shall: 7.3.a. Keep children from areas undergoing remodeling or construction; 7.3.b. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, medical cannabis, and alcoholic beverages or toxic materials out of the reach of children under six years of age; 7.3.c. Store hazardous materials separately from food items; 7.3.d. Store guns, ammunition, hunting knives, bows and arrows, and other weapons in a locked cabinet or closet, and store keys out of children's reach; and 7.3.e. Keep strings and cords long enough to encircle a child's neck (six inches or more) out of the children's reach. 7.4. Emergency Exits. 7.4.a. Rooms used by children, except bathrooms, shall have at least two exits. 7.4.b. All levels of the home used by children shall have two unobstructed outside exits. The second exit from a room and from a level may be a window. 7.4.c. Windows used as exits shall be located no more than 44 inches from the floor. 7.4.d. A basement used by children shall have a door that exits directly to the outside. 7.4.e. In apartment buildings, where two exits are not available from the apartment, safe and continuous passageways, aisles, or corridors that provide two exits shall serve to meet the requirements of subdivision 7.4.b. 8.2. Heating and Cooling. 8.2.a. Heating devices that require ventilation shall be vented to the outside. 8.2.b. Unvented gas heaters may be used as a supplemental source of heat when both of the following requirements are met: 8.2.b.1. A properly functioning digital carbon monoxide detector has been installed in a central location in the home; and 8.2.b.2. The heater is equipped with an oxygen depletion sensor that automatically shuts the heater off if a hazardous level of carbon monoxide accumulates. 8.2.c. Non-flammable protective barriers, guards, or screens shall be installed around wood burning stoves, open fireplaces, and unvented heaters to protect children from burns and

flames and to prevent access. 8.2.d. Electric space heaters are allowed if they are UL approved, stable, and inaccessible to children. 8.2.e. Kerosene heating stoves shall not be used while children are in care. 8.2.f. Heating equipment and hot water tanks shall be kept clear of combustible materials. 8.2.g. Hot water tanks shall be equipped with a pressure relief valve and in an area inaccessible to children. 8.2.h. Family child care homes shall use air conditioning or fans that are either adequately shielded or out of children's reach when temperatures exceed 80 degrees Fahrenheit. 8.3. General Fire Safety. 8.3.a. One working smoke detector shall be installed on every level of the home. 8.3.b. Digital carbon monoxide detectors shall be installed in all residences that use gas appliances, fireplaces, pellet or wood-burning stoves, natural gas, oil, or propane heating systems. 8.3.c. Smoke detectors and carbon monoxide detectors shall have working batteries installed at all times. 8.3.d. Detectors shall be checked frequently, and batteries replaced semi-annually to insure proper functioning. 8.3.e. An ABC-rated multi-purpose fire extinguisher shall be available in the home at all times. 9.1. Tobacco Use. 9.1.a. A caregiver shall notify parents in advance if anyone in the home smokes or uses smokeless tobacco. 9.1.b. A caregiver shall provide a smoke-free environment while children are present. 9.1.c. Smoking is prohibited when the children are in vehicles with the caregiver. 9.1.d. All tobacco products, ashtrays, butts, ashes, spittoons, lighters, and matches shall be kept out of the children's reach. 9.3.b. Play areas shall be free from unsanitary or hazardous items, trash receptacles, burning facilities, abandoned cars, appliances, farm animals, animal waste, debris, combustible rubbish, unsafe toys, open sewage, chemicals, exposed roots, open or abandoned wells, tires, vehicular traffic, and any other hazardous items or conditions. 9.3.c.2. All outdoor activity areas shall be maintained in a clean and safe condition by removing debris, dilapidated structures, broken or worn play equipment, building supplies, glass, sharp rocks, toxic plants, and other injurious materials. **Family Child Care Informal/Relative Homes 78CSR20** 7.5.b. Keep pets such as birds, ferrets, reptiles, or wild animals in an area of the home or the premises that is not accessible to children and away from food preparation areas; and 7.5.c. Keep documentation available on site of rabies vaccinations for all cats and dogs kept on the premises. 7.3. Hazards. Informal or relative family child care homes shall: 7.3.a. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, alcoholic beverages, medical cannabis, and toxic materials out of the reach of children under six years of age; 7.3.b. Store hazardous materials separately from food items; and 7.3.c. Store guns, ammunition, hunting knives, bows and arrows, and other weapons in a locked cabinet or locked closet. 7.4. Heating. Unvented gas heaters may be used as a source of heat when both of the following requirements are met: 7.4.a. A properly functioning digital carbon monoxide detector has been installed in a central location in the home; and 7.4.b. The heater is equipped with an oxygen depletion sensor that automatically shuts the heater off if a hazardous level of carbon monoxide accumulates. 7.6. Play Areas. Indoor and outdoor play areas shall be free from vehicle traffic and unsanitary or hazardous items.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: . West Virginia has no license exempt providers.
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: . West Virginia has no license exempt providers.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21**
 - 8.3.a. Take all necessary precautions to provide an accident-free and smoke-free environment for the children, staff members and visitors to the center;
 - 8.3.b. Prohibit smoking and tobacco product use by anyone on the premises and everywhere in the presence of children;
 - 8.3.c. Prohibit smoking anytime in vehicles operated by the center, even in the absence of children;
 - 8.3.d. Require all tobacco products, lighters and matches be kept out of the children’s reach and sight;
 - 8.3.e. Ensure that the premises, furnishings, equipment, and supplies are in good repair and present no hazard to the health and safety of the children
 - 8.3.f. Ensure all equipment and materials are regularly inspected by staff for potential hazards.
 - 8.3.i. Ensure an unenclosed outdoor activity area is away from traffic areas and other hazards.
- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1** 13.6.e.8. The outdoor area is free of wading pools and other equipment that might hold water which pose a drowning hazard to the child or a breeding environment for mosquitoes.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 18.1.a. The building and grounds used for a family child care facility shall be suitable for the purpose of child care, kept clean and in good repair, and shall present no hazard to the health and safety of children. 19.3.a. All areas accessible to the outdoor play area determined to be unsafe, including, but not limited to, steep grades, cliffs, open pits, **swimming pools**, high voltage boosters, propane gas tanks, streets, roads, driveways, railroad tracks, or parking lots, shall be fenced off or have natural barriers at least three feet high to protect the children. **Family Child Care Homes 78CSR19** 6.5.c. When supervising outdoor play, a caregiver shall remain outdoors with the children at all times when: 6.5.c.1. There is a pool, pond, hot tub, pail, or other body of water. 9.3.b. Play areas shall be free from unsanitary or hazardous items, trash receptacles, burning facilities, abandoned cars, appliances, farm animals, animal waste, debris, combustible rubbish, unsafe toys, open sewage, chemicals, exposed roots, open or abandoned wells, tires, vehicular traffic, and any other hazardous items or conditions. **Family Child Care Informal/Relative Homes 78CSR20** 10.2. The informal or relative family child care home shall ensure that all pools and hot tubs are either emptied or inaccessible to children when not in use.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: *Click or tap here to enter text.*
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *Click or tap here to enter text.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Click or tap here to enter text.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Click or tap here to enter text.*
- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: *Click or tap here to enter text.*
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: *Click or tap here to enter text.*
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: *Click or tap here to enter text.*
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: *Click or tap here to enter text.*

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: *Click or tap here to enter text.*
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: *Click or tap here to enter text.*
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: *Click or tap here to enter text.*

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1 3.45. Pre-service Training.** -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, **Shaken Baby**, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, Food Allergies, Transportation, and Child Development must be completed to meet compliance).
 - 8.6.i. A center that operates or plans to operate programs for children 24 months of age and under shall meet the requirements of this subdivision for staff training:
 - 8.6.i.1. 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.
 - 8.6.i.2. 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. Until all staff members meet the requirements of this section, the center shall ensure:
 - 8.6.i.2.A. That one qualified staff member who has completed the minimum approved training, is present in the infant/toddler program for at least half of the operating hours daily;
 - 8.6.i.2.B. That each staff member has a written plan for the completion of training that is agreed upon during orientation; and
 - 8.6.i.2.C. That the center develops a mentoring plan which provides for weekly mentoring by a qualified and trained staff person for each staff member that has not completed approved training.
 - 11.4.a. Subjecting a child to physical punishment of any kind, including, but not limited to, shaking, striking, spanking, swatting, thumping, pinching, popping, shoving, spitting, biting, hair pulling, yanking, slamming, excessive exercise, or any cruel treatment that may cause pain. t.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 3.14. Pre-service Training – Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, **Shaken Baby**, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, Food Allergies, Transportation, and Child Development must be completed to meet compliance). 8.2.a.1. Punishing a child physically including spanking, hitting, kicking, biting, shaking, swatting, thumping, pinching, popping, shoving, spitting, or other cruel treatment. **Family Child Care Homes 78CSR19** 3.12. Pre-service Training -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service training modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, **Shaken Baby**, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDs), Infectious Diseases, Medication Administration, Food Allergies, Transportation, and Child Development must be completed to meet compliance). 15.2.a.1. Punishing a child physically including spanking, hitting, kicking, biting, shaking, swatting, thumping, pinching, popping, shoving, spitting, or other cruel treatment. **Family Child Care Informal/Relative Homes 78CSR20** 3.11. Pre-service Training -- Training completed by all child care staff and applicable volunteers as required by the S1086 Child Care and Development Block Grant (CCDBG) Act of 2014, Section I. Health and Safety Requirements (Pre-Service Training Modules 1-10 Safe Spaces, Emergency Preparedness, Hazardous Materials, **Shaken Baby**, Safe Sleep/Sudden Unexpected Infant Death Syndrome (SUIDS), Infectious Diseases, Medication Administration, Food Allergies, Transportation, and Child Development must be completed to meet compliance). 15.2.a.1. Punishing a child physically including spanking, hitting, kicking, biting, shaking, swatting, thumping, pinching, popping, shoving, spitting, or other cruel treatment.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21 11.2.a.** Punishing a child physically including spanking, hitting, kicking, biting, shaking, popping, swatting, thumping, pinching, shoving, spitting, forced exercise, or other cruel treatment.
- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: *Click o* i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1 Ages 6 weeks-13 years of age 8.4.a.6.** The ability to work with children without mistreatment or abuse. (Staff Character and Background-Use of staff members and volunteers) 8.6.f. A center shall ensure that all staff members receive approved training in: 8.6.f.2. Abuse Recognition and Prevention. Within three months of employment or use, staff members shall have training in child abuse recognition and prevention. 8.7.e 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. 23.2.a.3. Training in child abuse recognition and prevention (School age summer camp staff). 23.2.a.5. Training in guidance and discipline, behavior management, and conflict resolution related to the age of children in care. (School age summer camp children) *r tap here to enter text.*

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18 Ages 6 weeks - 13 years of age** 14.1.a.5. Complete training in child abuse recognition and prevention from an approved training source. 15.1.j. Have successfully completed training in child abuse recognition and prevention from an approved training source or have a plan to do so within the first ~~six~~ three months of employment (Staff) A Letter of Agreement will be required to be signed by Family Child Care Facility providers agreeing to comply with the requirement that child abuse and neglect recognition training be completed within 3 months of employment, prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulations will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR18. **Family Child Care Homes 78CSR19 Ages 6 weeks – 13 years of age** A Letter of Agreement will be required to be signed by Family Child Care Home providers agreeing to comply with the requirement that child abuse and neglect recognition training be completed within 3 months of employment, prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulation will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR19. 6.3.g. Complete training in child abuse recognition and prevention from an approved training source within the first three months of operation. **Family Child Care Informal/Relative Homes 78CSR20 Ages 6 weeks – 13 years of age** A Letter of Agreement will be required to be signed by Family Child Care Informal/Relative providers agreeing to comply with the requirement that child abuse and neglect recognition training be completed within 3 months of employment, prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulations will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR20. 6.3.g. Complete training in child abuse recognition and prevention from an approved training source within the first three months of operation.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21**
7.7.d. A program shall ensure that all staff members have approved training in:
7.7.d.2. Abuse Recognition and Prevention. Within three months of employment or use, staff members shall have training in child abuse recognition and prevention. 7.8.b. All staff shall renew child abuse and neglect recognition every three years.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1** i. All CCDF-eligible licensed center care. Provide the standard: 20.3.b. Hazardous Chemical and Toxic Items. A center shall ensure that: 20.3.b.1. Products containing potentially hazardous chemicals, including identified poisons, medications, certain cleaning supplies, and art supplies, not clearly labeled as “nontoxic,” are inaccessible to the children in a locked cabinet away from food, and when possible, stored in their original containers and never in containers originally designed for food; and 20.3.b.2. For each product containing potentially hazardous chemicals, a center has on file a material safety data sheet, available at the point of purchase or from the manufacturer. 20.4.c.4. When there is reason to believe that exposure to the soil in the outdoor activity area might harm the child, it has on file evidence that the soil does not contain hazardous levels of any toxic chemical or substances.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 18.3.b. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, medical cannabis, and alcoholic beverages or toxic materials out of the reach of children less than six years of age. 18.3.c. Store hazardous materials separately from food items. **Family Child Care Homes 78CSR19** 7.3.b. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, medical cannabis, and alcoholic beverages or toxic materials out of the reach of children under six years of age. 7.3.c. Store hazardous materials separately from food items. **Family Child Care Informal/Relative Homes 78CSR20** 7.3.a. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, alcoholic beverages, medical cannabis, and toxic materials out of the reach of children under six years of age. 7.3.b. Store hazardous materials separately from food items. iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21 8.3.i.** Store products containing potentially hazardous chemicals, including identified poisons, certain cleaning supplies, and art supplies not clearly labeled as “nontoxic,” away from activity space and food, and when possible, stored in their original containers and never in containers originally designed for food. If Pre-K children are present in the program, these products must be stored in a manner to be inaccessible to children. 8.3.j. Have on file a material safety data sheet for each product containing potentially hazardous chemicals that includes disposal of bio-contaminants.
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: 78CSR1 does not include a standard specific to the disposal of biocontaminants. **Plan of Correction:** Develop a Letter of Agreement to be signed by Child Care Center providers agreeing to comply with the disposal of biocontaminants prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulation will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR1: 20.3.b.2. For each product containing potentially hazardous chemicals, a center has on file a material safety data sheet, available at the point of purchase or from the manufacturer, that includes disposal of bio contaminants.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 78CSR18 does not include a standard specific to the disposal of biocontaminants. **Plan of Correction:** Develop a Letter of Agreement to be signed by Family Child Care Facility providers agreeing to comply with the disposal of biocontaminants prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulation will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR18: 18.3.h. Have on file a material safety data sheet for the disposal of bio contaminants. **Family Child Care Homes 78CSR19** 78CSR19 does not include a standard specific to the disposal of biocontaminants. Plan of Correction: Develop a Letter of Agreement to be signed by Family Child Care Home providers agreeing to comply with the disposal of biocontaminants prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulation will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR19: 7.3.f. Have on file a material safety data sheet for the disposal of bio contaminants. **Family Child Care Informal/Relative Homes 78CSR20** 78CSR20 does not include a standard specific to the disposal of biocontaminants. Plan of Correction: Develop a Letter of Agreement to be signed by Family Child Care Informal/Relative Home providers agreeing to comply with the disposal of biocontaminants prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulation will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR20: 7.3.d. Have on file a material safety data sheet for the disposal of bio contaminants.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: 8.3.j. Have on file a material safety data sheet for each product containing potentially hazardous chemicals that includes disposal of bio-contaminants.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1 10.5.c.** Special circumstances with staff-to-child ratio are: 10.5.c.2. During transportation: 10.5.c.2.A. At all times when transporting a child, a center shall ensure that no child is unattended in a vehicle; 10.5.c.2.B. During Pick-up and Drop-off service: 10.5.c.2.B.1. A second staff person or volunteer shall accompany the driver during routine transportation for the purpose of pick-up and drop-off service when the vehicle will transport more than two children and at least one of those children is under the age of two years; 10.5.c.2.B.2. A second staff person or volunteer shall accompany the driver during routine transportation for the purpose of pick-up and drop-off service when the vehicle will transport more than four children of any age. 10.5.c.2.B.3. There shall be a staff or designated responsible person present outside the vehicle to supervise when children are loading or unloading from a vehicle. 19.3. Transportation Log. 19.3.a. A center shall provide a passenger log to be kept by the driver of the vehicle, the designated staff member, or the volunteer riding in the vehicle that shall include the first and last names of each child boarding the vehicle. There shall be a notation on the log each time a child boards the vehicle or departs the vehicle. 19.3.b. Immediately upon unloading the last child from a vehicle, or before parking the vehicle, the driver or the designated staff member shall physically search the vehicle to ensure that all children have been unloaded. The transportation log shall then be reviewed either by the driver or the designated staff member to check that the information is correct. 19.3.c. The driver or the designated staff member shall deliver the transportation log to the person responsible for maintaining attendance records. 19.8.b. When it provides transportation according to a regular schedule, a center shall conduct a vehicle evacuation drill at least two times a year. 19.8.c. A center shall maintain a written record of the dates and times when vehicle evacuation drills are conducted. 19.8.d. A center shall ensure that a staff member is responsible for determining that all of the children have been evacuated safely during an emergency evacuation or practice. Transportation. When providing transportation, a center shall ensure that: 22.1. The vehicle used is currently licensed, inspected, insured, and is equipped with signs and warning lights or alternative warning devices as required by W. Va. Code §17C-12-7a; 22.2. Any vehicle used for transportation that has a capacity that exceeds 10 passengers shall be a school bus or multifunction school activity bus equipped with passenger safety restraints appropriate to the children being transported. Provided no school bus shall be operated that has aftermarket installed seat belts without certification from the installer that the school bus seat was seat belt ready prior to the installation and that the bus continues to meet federal safety standards for school buses after the installation; 22.3. The driver holds a current driver's license for the type of vehicle being driven; 22.4. The driver or a qualified staff member ensures that each child is in an approved child safety restraint system appropriate to the age and size of the child; 22.5. The vehicle is equipped with emergency supplies, including a first-aid kit, fire extinguisher, and, if only one adult is in the vehicle, a mobile telephone or two-way radio; 22.6. When the center owns the vehicle, identifying information is placed on the outside of the vehicle, which can be read by a pedestrian or other passing vehicle, that includes the name, address, and

telephone number of the center; and 22.7. When the center owns the vehicle, a weekly safety check is conducted and recorded. The safety check shall include vehicle tire pressure, headlights, windshield wipers, emergency flashers, brake lights, turn signals, first aid kit, gas gauge, oil, and other fluids.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 9.1. When transportation is provided by the facility, staff shall observe the following precautions: 9.1.a. Transport vehicles shall be in safe running condition and have current insurance, an inspection sticker, and a license, according to state law; 9.1.b. Drivers shall be at least 18 years of age and appropriately licensed; 9.1.c. The driver and vehicle shall comply with all applicable motor vehicle laws; 9.1.d. Staff shall not leave any child unattended in a vehicle; 9.1.e. Each child shall be secured in an approved child safety seat or secured with seat belts at a ratio of one child per seat belt as required by W. Va. Code §17C-15-56; and 9.1.f. Staff shall carry children’s emergency consent forms in the vehicle in case of accident or illness. **Family Child Care Homes 78CSR19** 12.1.c. Emergency information for each child includes emergency contacts, family information, permission to seek medical treatment, and **permission to transport** the child. 13.1. When transporting children, the caregiver shall: 13.1.a. Notify parents in advance when activities are planned that require transportation; 13.1.b. Make sure the children’s emergency consent forms are carried in the vehicle in case of accident or illness; 13.1.c. Accompany children on activities that require transportation; 13.1.d. Ensure the driver transporting the children has a valid driver’s license; and 13.1.e. Ensure the vehicle used to transport the children is maintained in safe running condition, with insurance and a current inspection sticker. 13.2. A family child care home shall ensure that each child is secured in an approved child safety seat or seat belt at a ratio of one child per seat belt as required by W. Va. Code §17C-15-56. **Family Child Care Informal/Relative Homes 78CSR20** 12.1. When transporting children, the caregiver shall: 12.1.a. Accompany children on activities that require transportation; 12.1.b. Ensure the driver transporting the children has a valid drivers license; and 12.1.c. Ensure the vehicle used to transport the children is maintained in safe running condition, with insurance and a current inspection sticker. 12.2. An informal or relative family child care home shall ensure that children are secured in an approved child safety seat or in individual seat belts, as required by W. Va. Code §17C-15-46.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21**
- 7.9.g. Driver. A driver shall:
- 7.9.g.1. Be at least 21 years of age;
 - 7.9.g.2. Have a valid driver’s license that authorizes the driver to operate the vehicle being driven;
 - 7.9.g.3. Upon hire, have evidence of a safe driving record for the five-year period prior to hiring and have no record of DUI related convictions for a five-year period;
 - 7.9.g.4. Not be impaired to drive at the time of transporting children including, but not limited to, impairment caused by medications; and
 - 7.9.g.5. Maintain a safe driving record while employed.
- 9.1.b. Staff can account for children at all times through a means to track children as they participate in the program, take independent restroom breaks, as activities change, **as transportation occurs** and takes action when a child is missing on or off the premises.
- 9.5. During transportation, the center shall:
- 9.5.a. Maintain the staff-to-child ratio;
 - 9.5.b. Have a staff member or volunteer accompany the driver when more than six children are being transported and at least one of those children is kindergarten or younger;
 - 9.5.c. Ensure that no child is left unattended on a vehicle;
 - 9.5.d. Have a staff or designated responsible person present outside the vehicle to supervise when children are loading or unloading from a vehicle; and
 - 9.5.e. Immediately upon unloading the last child from a vehicle, or before parking the vehicle, the driver or the designated staff member shall physically search the vehicle to ensure that all children have been unloaded.
- 14.3.c. For evacuation from a vehicle used to transport children. (Emergency Policies, Procedures and Plan)
- 16.1. The vehicle used is currently licensed, inspected, insured, and is equipped with signs and warning lights or alternative warning devices as required by W. Va. Code §17C-12-7a;
- 16.2. Any vehicle used for transportation that has a capacity that exceeds 10 passengers meets the National Highway Traffic Safety Administration (NHTSA) standards for a school bus. Any vehicle used for transportation that has a capacity that exceeds 10 passengers shall follow the recommendation of the NHTSA for preventing rollover;
- 16.3. The driver holds a current driver’s license for the type of vehicle being driven;
- 16.4. The driver does not use a cell phone or engage in conversation while driving;
- 16.5. The driver or a qualified staff member ensures that each child is in an approved child safety restraint system that meets the federal recommendations of the National Highway Traffic Safety Administration (NHTSA), either a child safety seat or booster seat, and is secured with a seat belt at a ratio of one child per seat belt; provided, a county owned public school bus is exempt from this requirement if not required by state or federal law to use a child safety restraint system;
- 16.6. The vehicle is equipped with emergency supplies, including a first-aid kit, fire extinguisher, and, if only one adult is in the vehicle, a mobile telephone or two-way radio to be used for emergencies;
- 16.7. When the center owns the vehicle, identifying information is placed on the outside of the vehicle, which can be read by a pedestrian or other passing vehicle, that includes the name, address, and telephone number of the center; and
- 16.8. When the center owns the vehicle, a weekly safety check is conducted and recorded. The safety check shall include vehicle tire pressure, headlights, windshield wipers, emergency flashers, brake lights, turn signals, first aid kit, gas gauge, oil, and other fluids.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1** 8.6.f. A center shall ensure that all staff members receive approved training in: 8.6.f.1. Pediatric Cardiopulmonary Resuscitation (CPR) and First Aid. Within three months of employment or use staff members shall have current pediatric CPR certification and current first aid training. Except in the first year of employment or use, training in pediatric CPR and First Aid is in addition to the requirement for annual professional development.
 - i. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 7.2.a. The facility may use a substitute to allow for staff persons to take vacation or short-term medical leave or to take care of routine appointments. However, use of a substitute shall be limited to no more than 20 days, at eight hours per day, per year, and the facility shall notify parents in advance when use of a substitute is necessary for non-emergency situations. Substitutes shall have approved training in pediatric cardio-pulmonary resuscitation, pre-service training, and receive an orientation from the operator. 14.1.a.4. Be certified in an approved pediatric Cardiopulmonary Resuscitation (CPR) or first aid training that includes rescue breathing and first aid for choking. (Operator) 15.1.i. Have successfully completed an approved pediatric Cardiopulmonary Resuscitation (CPR) training or other certified first aid including rescue breathing and first aid for choking, or have a plan to do so within the first six months of employment. (Staff) 15.4.a.7. Have successfully completed an approved pediatric Cardiopulmonary Resuscitation (CPR) and certified first aid training including rescue breathing and first aid for choking, or have a plan to do so within the first six months of employment. (Substitutes) **Family Child Care Homes 78CSR19** 6.3.a. Within three months of initial registration, a caregiver shall obtain: 6.3.a.1. Approved training in pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid. **Family Child Care Informal/Relative Homes 78CSR20** 6.3.c. Informal and relative caregivers shall obtain approved training in pediatric cardiopulmonary resuscitation (CPR) and first aid within three months of initial registration.
 - ii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 Not applicable.
 - iii. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
 - iv. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
 - v. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vi. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21** 7.7.d. A program shall ensure that all staff members have approved training in: 7.7.d.1. Cardiopulmonary Resuscitation (CPR) and first aid within three months of employment or use provided a staff member who has received the training is present with children on or off site during the center’s operation. The CPR certification and first aid shall be appropriate to the age of the children in care.
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1** 8.6.f. A center shall ensure that all staff members receive approved training in: 8.6.f.1. Pediatric Cardiopulmonary Resuscitation (CPR) and First Aid. Within three months of employment or use staff members shall have current pediatric CPR certification and current first aid training. Except in the first year of employment or use, training in pediatric CPR and First Aid is in addition to the requirement for annual professional development.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 7.2.a. The facility may use a substitute to allow for staff persons to take vacation or short-term medical leave or to take care of routine appointments. However, use of a substitute shall be limited to no more than 20 days, at eight hours per day, per year, and the facility shall notify parents in advance when use of a substitute is necessary for non-emergency situations. Substitutes shall have approved training in pediatric cardio-pulmonary resuscitation, pre-service training, and receive an orientation from the operator. 14.1.a.4. Be certified in an approved pediatric Cardiopulmonary Resuscitation (CPR) or first aid training that includes rescue breathing and first aid for choking. (Operator) 15.1.i. Have successfully completed an approved pediatric Cardiopulmonary Resuscitation (CPR) training or other certified first aid including rescue breathing and first aid for choking, or have a plan to do so within the first six months of employment. (Staff) 15.4.a.7. Have successfully completed an approved pediatric Cardiopulmonary Resuscitation (CPR) and certified first aid training including rescue breathing and first aid for choking, or have a plan to do so within the first six months of employment. (Substitutes) **Family Child Care Homes 78CSR19** 6.3.a. Within three months of initial registration, a caregiver shall obtain: 6.3.a.1. Approved training in pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid. **Family Child Care Informal/Relative Homes 78CSR20** 6.3.c. Informal and relative caregivers shall obtain approved training in pediatric cardiopulmonary resuscitation (CPR) and first aid within three months of initial registration.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: 7.7.d. A program shall ensure that all staff members have approved training in: 7.7.d.1. Cardiopulmonary Resuscitation (CPR) and first aid within three months of employment or use provided a staff member who has received the training is present with children on or off site during the center’s operation. The CPR certification and first aid shall be appropriate to the age of the children in care.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center 78CSR1 8.6.f.2. Abuse Recognition and Prevention.** Within three months of employment or use, staff members shall have training in child abuse recognition and prevention. 8.7.e 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 pediatric CPR certification current. 23.2.a.3. Training in child abuse recognition and prevention. (Summer Camp staff)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 14.1.a.5. Complete training in child abuse recognition and prevention from an approved training source. Except for the first year of operation, training in child abuse recognition and prevention is in addition to the required 15 clock hours of approved annual training. (Operator) 15.1.j. Have successfully completed training in child abuse recognition and prevention from an approved training source or have a plan to do so within the first six months of employment. (Staff) **Family Child Care Homes 78CSR19** 78CSR19 does not have a requirement for training in recognition of child abuse and neglect for caregivers. **Plan of Correction:** Develop a Letter of Agreement to be signed by Family Child Care Home providers agreeing to comply with the requirement that child abuse and neglect recognition training be completed within 3 months of employment, prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulations will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR19. 6.3.g. Complete training in child abuse recognition and prevention from an approved training source within the first three months of operation. **Family Child Care Informal/Relative Homes 78CSR20** 78CSR20 does not have a requirement for training in recognition of child abuse and neglect for caregivers. **Plan of Action:** Develop a Letter of Agreement to be signed by Family Child Care Informal/Relative providers agreeing to comply with the requirement that child abuse and neglect recognition training be completed within 3 months of employment, prior to inclusion in the 2028 regulations at the July 31, 2023 sunset. The Letter of Agreement will be included in the initial and renewal application packets until legislative approval is granted in 2028. The following regulations will be proposed and presented at the 2028 Legislative Session to be approved into 78CSR20. 6.3.g. Complete training in child abuse recognition and prevention from an approved training source within the first three months of operation.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21**
7.7.d.2. Abuse Recognition and Prevention. Within three months of employment or use, staff members shall have training in child abuse recognition and prevention. 7.8.b. All staff shall renew child abuse and neglect recognition every three years.
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers 78CSR1** 6.3.a.5. Reporting of abuse. (Administrative Manual) 8.6.d.3. Policies and procedures for confidentiality and information disclosure, behavior management, and reporting child abuse and neglect. (Staff Requirements) 11.6. Abuse and Neglect. A center shall develop, implement, and maintain policies and procedures for the reporting of child abuse and neglect that include: 11.6.a. The definition of child abuse and neglect; 11.6.b. The requirement to report immediately any suspected incident of child abuse and neglect to the director or designated person-in-charge, and to Child Protective Services; or when the staff member believes that the director or designated person-in-charge would not or has failed to report the suspected incident to the Child Abuse Hotline, 1-800-352-6513; and 11.6.c. A statement posted at the center in clear public view stating that the center reports suspected child abuse and neglect to Child Protective Services. 11.7. Informing Staff about Behavior Management and Report Procedures. The center shall inform staff about behavior management procedures and child abuse and neglect reporting by: 11.7.a. Providing each staff member a copy of its policies on behavior management and the reporting of child abuse and neglect and providing revised policies when changes occur; 11.7.b. Obtaining a signed and dated acknowledgement that the staff member has read and understands the policies or revised policies; and 11.7.c. Placing the signed acknowledgement statement in the staff member's file.

- i. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care Facilities 78CSR18** 13.1.o. Mandatory reporting of child abuse or neglect. (Operating Policies) 14.2.f. Are responsible for the recruitment and hiring of staff, enrollment, and admissions, informing parents of the policies of the family child care facility program, and the training of staff in areas such as emergency and evacuation procedures, programming for children, working with parents, discipline policies, health care, sanitation procedures, release of children, **child abuse and neglect reporting**, symptoms of illness and medication administration. (Operators) 14.2.j. Shall inform staff of the requirement to report child abuse and neglect per W. Va. Code §49-2-801 *et seq.* 15.1.m. Have received, prior to caring for children, an orientation from the operator with regard to evacuation procedures, discipline, **child abuse and neglect reporting**, recognition of symptoms of childhood illness, medication administration, and the requirements of this rule. (Staff) 15.4.a.9. Have received, prior to caring for children, an orientation from the operator with regard to evacuation procedures, discipline, **child abuse and neglect reporting**, recognition of symptoms of childhood illness, medication administration and the requirements of this rule. (Substitutes) 23.1.c. In accordance with W. Va. Code §49-2-801 *et seq.*, the operator shall immediately report suspected child abuse or neglect to the statewide child abuse and neglect intake hotline or to Department child protective services staff in the county office where the facility is located. **Family Child Care Homes 78CSR19** 19.1. A family child care home shall immediately report suspected child abuse or neglect to the department in accordance with W. Va. Code §49-2-801 *et seq.* **Family Child Care Informal/Relative Homes 78CSR20** 16.1. An informal or relative family child care home shall immediately report suspected child abuse or neglect to the department in accordance with W. Va. Code §49-2-101 *et seq.*, and W. Va. Code §49-2-202 *et seq.*
- ii. All CCDF-eligible licensed in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.
 - Not applicable.
- iii. All CCDF-eligible license-exempt center care. Provide the standard: West Virginia has no license exempt providers.
- iv. All CCDF-eligible license-exempt family child care homes. Provide the standard: West Virginia has no license exempt providers.
- v. All CCDF-eligible license-exempt in-home care. Provide the standard: There are no published regulations for Relative In-home care. Requirements are explained and agreed to on the following forms ECE-CC- 6E and ECE-CC-12.

- vi. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out of School Time Centers 78CSR21**
7.7.b. Prior to or during the first week of employment and prior to having sole responsibility for a group of children, a program shall provide orientation to the staff member that includes a review of: 7.7.b.6. Reporting child abuse and neglect.
13.1.a. Immediately report suspected child abuse or neglect to the Department in accordance with W. Va. Code §49-2-801 *et seq.*
- c. Confirm if child care providers must comply with the Lead Agency’s procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):
 - Yes, confirmed.
 - No. If no, describe: *Click or tap here to enter text.*

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

- Yes.
- No. If no, skip to Section 5.4

If yes, describe the standard(s).

Nutrition. Describe: Regulations for all provider types require that meal and nutrition programs be consistent with the USDA Child and Adult Care Food Program (CACFP) patterns. Regulations include special dietary needs be considered and nutrition and feeding requirements for children 12 months of age and under. Frequency of meals, posting of menus, and food safety are also addressed in regulations.

Access to physical activity. Describe: Regulations require programs to promote children’s active play every day by providing the opportunity to engage in moderate to vigorous activities. Provider type dependent, regulations require written plans specified by age group and duration on a per day basis. Activity includes indoor and outdoor play using small and large muscles. Outdoor play is required when temperatures exceed 40 degrees unless weather advisories are indicated.

Caring for children with special needs. Describe: Regulations support caring for children with special needs. All provider types must obtain information and special instructions from a child’s parent, licensed health provider, or qualified experts for adherence to the care, activities, and restrictions recommended. Communication requirements include informing staff on procedures and instructions for caring for children with special needs. Evacuation plans address providing for children with special needs during an emergency, shelter-in-place, or relocation incident.

Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe:

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the

setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers’ training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
g. Emergency preparedness and response planning and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: Pediatric first aid and pediatric CPR (age appropriate) and child abuse and neglect recognition and reporting are both required for all provider types. Both courses are offered individually and are required to be taken as individual courses not in conjunction with pre-service training. Both Pediatric Pre-Service, pediatric first aid and pediatric CPR and child abuse and neglect recognition and reporting are required to be completed for all child care provider types within 3 months of employment. All pre-service modules that do not currently address the pre-service standard in the orientation training are being revised in 2025.

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe: *Click or tap here to enter text.*

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe: *Click or tap here to enter text.*

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

Other. If other, describe: *Click or tap here to enter text.*

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. The Child Care Center Licensing Unit uses a differential monitoring checklist to ensure compliance with the health and safety requirements. The checklist form lists each of the 11 health and safety topics, Criminal Background Checks 98.43, Group Size Limits & Child:Staff Ratios, Ongoing Training/Professional Development, Fire Standards 98.42(b)(2)(i), and the associated regulations for each topic. The form includes a column for Compliant (C), Noncompliant (NC), Not Applicable (NA), and Description of NC. Licensing specialists note the checklist as the inspection is being conducted and import the checklist into the FACTS/PATH provider file cabinet upon completion of the record. If noncompliance is cited, a corrective action plan is created and sent to the provider with a Notification of Provider Regulatory Status letter.

No. If no, describe: *Click or tap here to enter text.*

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. The Division of Early Care and Education, Child Care Center Licensing Unit is responsible for completing the inspections for child care centers and out of school centers.
- b. Licensed CCDF family child care providers
 - i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
 - ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe: *Click or tap here to enter text.*
 - Other. If other, describe: *Click or tap here to enter text.*
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. The Family Child Care Unit uses a differential monitoring checklist for each provider type (Facilities, Homes, and Informal/Relative Homes) to ensure compliance with the health and safety requirements. The checklist form lists each of the 11 health and safety topics, Criminal Background Checks 98.43, Group Size Limits & Child:Staff Ratios, Ongoing Training/Professional Development, Fire Standards 98.42(b)(2)(i), and the associated regulations for each topic. The form includes a column for Compliant (C), Noncompliant (NC), Not Applicable (NA), and Description of NC. Regulatory specialists note the checklist as the inspection is being conducted and import the checklist into the FACTS/PATH provider file cabinet upon completion of the record. If noncompliance is cited, a corrective action plan is created and sent to the provider with a Notification of Provider Regulatory Status letter.
 - No. If no, describe: *Click or tap here to enter text.*
 - iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. The Division of Early Care and Education, Family Child Care Unit is responsible for completing the inspections for Family Child Care Facilities, Family Child Care Homes, and Family Child Care Informal/Relative Homes.
- c. Licensed in-home CCDF child care providers
 - i. Does your Lead Agency license CCDF in-home child care (care in the child’s own home) providers?
 - No.

- Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
 - Annually.
 - More than once a year. If more than once a year, describe: *Click or tap here to enter text.*
 - Other. If other, describe: In-home caregivers are restricted to relatives of the child and are therefore exempt from inspections.
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*
 - No.
- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. Not applicable

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - Annually.
 - More than once a year. If more than once a year, describe: *Click or tap here to enter text.*
 - Other. If other, describe: West Virginia has no license exempt providers.
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. N/A

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe: *Click or tap here to enter text.*

Other. If other, describe: West Virginia has no license exempt providers.

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. *Click or tap here to enter text.*

No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. N/A

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. West Virginia has no license exempt providers.

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: West Virginia has no license exempt providers.

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the 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. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

a. Does the Lead Agency post:

- i. Pre-licensing inspection reports for licensed programs.
- ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
- iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. Note: This option is only allowable if the Lead Agency does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
<https://dhhr.wv.gov/bfa/ece/Provider%20Information/Pages/default.aspx> Child Care Centers: <https://dhhr.wv.gov/bfa/ece/Pages/Child-Care-Centers-.aspx> Child Care Facilities (Family Child Care Facilities): <https://dhhr.wv.gov/bfa/ece/Pages/Child-Care-Facilities-.aspx> Family Child Care Homes: <https://dhhr.wv.gov/bfa/ece/Pages/Family-Child-Care-Homes.aspx> Informal/Relative Family Child Care: <https://dhhr.wv.gov/bfa/ece/Pages/Informal-Relative-Family-Child-Care.aspx> Out of School Time Centers: <https://dhhr.wv.gov/bfa/ece/Pages/Out-of-School-Time-Child-Care.aspx>

b. Check if the monitoring and inspection reports and any related plain language summaries include:

- i. Date of inspection.
- ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: Provider noncompliance information can be accessed after clicking on Find a Child Care Provider, followed by a selection function that includes provider name, provider type, county location, and zip code. There is an option to choose View All Providers where the selection of choice can be made. When the name of a provider is selected, noncompliance Corrective Action Plans (CAP) can be viewed. CAP information includes start and end dates, regulation(s) cited, outcome code (Achieved, Not Achieved, Pending), and the date each issued noncompliance was completed. Fatalities and serious injuries occurring related to health and safety violations are included on a CAP. Any fatalities and serious injuries taking place at a provider of child care will also be reported on the monthly West Virginia Child Care Serious Occurrence, Death and Substantiated Abuse and Neglect in Child Care Report. This report can be accessed from the Reports & Data tab on the Early Care and Education website and viewed by year using the link FY 2020-2023, where data is available for a three-year timeframe, 2023-2024, 2022-2023, and 2022-2021.

- iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: Child Care Policy 8.9.1. designates that all provider types correct non-compliances within 30 days. If n on-critical items are cited, longer periods may be granted based on circumstance, if stronger action is not considered necessary.
- iv. A minimum of 3 years of results, where available. The current Locator posts monitoring results for a two-year timeframe. The new data system being implemented, Peoples Access to Help (PATH) with a go-live date of May 2024, is expected to post monitoring results for a three-year period.
- v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://dhhr.wv.gov/bfa/ece/pages/providersearch.aspx>
 - ii. Identify the Lead Agency’s established timeline for posting monitoring reports and describe how it is timely: The Child Care Licensing Unit, regulating Centers and Out of School Time programs must issue a written report of the inspection to the director within ten (10) working days of the on-site inspection (Child Care Policy 9.8.3.) The Family Child Care Unit, regulating Facilities, Homes, and Informal/Relative Homes must issue a written report of the inspection to the operator/caregiver within five (5) business days of the on-site inspection (Child Care Policy 2.6.3). Monitoring reports are pulled from the FACTS/PATH data system and posted to the Locator every 24 hours.
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. Licensing inspectors (Regulation Unit Specialists), at a minimum must have a bachelor's degree and defined years of 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 plan 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 discuss cases and participate in training related to the position. DoHS specifies a bachelor's degree as criteria for an HHR (Health & Human Resource) Specialist. All regulation specialists are trained on Health and Safety topics upon hire when WV Code and regulation study begins. In addition, the family child care unit continues discussions during unit meetings on the emergency plan requirements and how it applies to individual providers caring for children in their homes and simultaneously maintaining residence. The Regulation Unit Program Managers are in the process of developing a training program for inspecting providers for health and safety compliance in the 11 topic areas set forth in 98.41(a)(1). The trainings will be based on the differential monitoring checklists that were developed for each provider type incorporating child care regulations 78CSR1, 78CSR18, 78CSR19, 78CSR20, and 78CSR 21 to assist regulatory specialists in monitoring the health and safety topics.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors 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. West Virginia is comprised of 55 counties. The child care licensing unit caseloads consist of child care center and out of school time providers. The family child care unit caseloads consist of facilities, homes, and informal/relative home providers. When fully staffed, caseloads average 50-55 per specialist in each unit. Factors including staff location, travel time, number of providers per county, and provider size are the primary determinants for assigning caseload numbers. The process of assigning caseloads is similar in both regulatory units. The Program Manager will divide the state into two teams (north/south) and assign specialists to each team based on office location. Then, the Program Manager will assign each team a total number of counties based on the number of providers located in each county. The teams then meet to determine which staff will regulate each of the counties while maintaining an equal balance between providers and staff travel. Staff turnover, leave of absence, and/or unforeseen situations result in adjustments to team and individual caseload assignments to ensure effective inspections on a timely basis.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead

Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: Maintaining certification in Pediatric Cardiopulmonary Resuscitation (CPR) and First Aid is required for all child care center provider directors, operators, and staff (78CSR1.8.6.f.1.). Staff who are in positions not qualified (not counted in child:staff ratio), must renew child abuse and neglect recognition training every three years (78CSR1.8.7.e.). Licensed out of school time centers: All staff shall renew child abuse and neglect recognition every three years and keep first aid and CPR certification current. (78CSR21.7.8.b.).
- b. License-exempt child care centers: West Virginia has no license exempt providers.
- c. Licensed family child care homes: Caregivers must maintain certification in pediatric CPR/First Aid (78CSR21.6.3.a.1.) Licensed family child care facilities: Have successfully completed an approved pediatric Cardiopulmonary Resuscitation (CPR) training (78CSR19.15.1.i.). Certification must be maintained.
- d. License-exempt family child care homes: West Virginia has no license exempt providers.
- e. Regulated or registered in-home child care: Not applicable
- f. Non-regulated or registered in-home child care: In home relative caregivers must complete two hours of health and safety training and one hour of self-directed study annually.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive 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, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. *Click or tap here to enter text.*
- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. West Virginia has no license exempt providers.
- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. *Click or tap here to enter text.*

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints. *Click or tap here to enter text.*
- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. West Virginia has no license exempt providers.
- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?
- Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints. *Click or tap here to enter text.*

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks. *Click or tap here to enter text.*

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. West Virginia has no license exempt providers.

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check. *Click or tap here to enter text.*

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks. *Click or tap here to enter text.*

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. West Virginia has no license exempt providers.
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check. *Click or tap here to enter text.*

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. *Click or tap here to enter text.*
- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. . West Virginia has no license exempt providers.
- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. *Click or tap here to enter text.*

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. *Click or tap here to enter text.*
- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. . West Virginia has no license exempt providers.
- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.
- Yes.
- No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. *Click or tap here to enter text.*

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. *Click or tap here to enter text.*
- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. . West Virginia has no license exempt providers.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. *Click or tap here to enter text.*

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. *Click or tap here to enter text.*

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. . West Virginia has no license exempt providers.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. *Click or tap here to enter text.*

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.

- Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- Yes.
- No. If no, describe the disqualifying criteria: *Click or tap here to enter text.*
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- Yes.
- No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers: *Click or tap here to enter text.*
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe: Child care centers and out of school time directors are required to disqualify any staff member or potential staff member if a record is identified on the child abuse and neglect registry. Family child care facility, homes, and informal/relative home providers/staff receiving a finding are notified by the program manager, supervisor, or assigned regulatory specialist that a record was identified. In the event any provider type owner/operator/director or staff member can clear the record by receiving a disposition from the court-of-law in the applicable county. After another background check conducted by Social Services verifies the record is clear, the individual may then be hired.
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- Does not use them to disqualify employment.
- Uses them to disqualify employment. If checked, describe:
- Child care centers and out of school time directors are required to disqualify any staff member or potential staff member if a record is identified on and interstate child abuse

and neglect registry. Family child care facilities, homes, and informal/relative home providers/staff receiving a finding are notified by the program manager, supervisor, or assigned regulatory specialist that a record was identified on a registry located in another state. If the out-of-state registry has protocols for a disposition process, verification by the applicable court-of-law would have to be submitted to the program manager, supervisor, or assigned regulatory specialist and another registry check conducted and verified as clear before the individual could then be hired..

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification: *Click or tap here to enter text.*

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No.

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No.

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No.

iv. Get completed in a timely manner.

Yes.

No.

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No.

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No.

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe. *Click or tap here to enter text.*

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe. *Click or tap here to enter text.*

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe. *Click or tap here to enter text.*

- d. In-state child abuse and neglect registry.

Yes.

No. If no, describe. *Click or tap here to enter text.*

- e. Name-based national Sex Offender Registry (NCIC NSOR).
 - Yes.
 - No. If no, describe. *Click or tap here to enter text.*
- f. Interstate criminal background check, as applicable.
 - Yes.
 - No. If no, describe. *Click or tap here to enter text.*
- g. Interstate Sex Offender Registry check, as applicable.
 - Yes.
 - No. If no, describe. *Click or tap here to enter text.*
- h. Interstate child abuse and neglect registry check, as applicable.
 - Yes.
 - No. If no, describe. *Click or tap here to enter text.*
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire’s full comprehensive background check?
 - Yes.
 - No. If no, describe. Provisional hires are not permitted. All directors/operators/staff/caregivers must have a full comprehensive background check with eligibility to hire results prior to working with children.

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request.

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?
 - Yes.
 - No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. *Click or tap here to enter text.*
- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?
 - Yes.
 - No. If no, describe the current policy: *Click or tap here to enter text.*

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?
 - Yes.
 - No.
- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. Individuals making inquiry for obtaining a background check from the state of West Virginia is referred to the Consumer Education Website for the Background Check Guide. The guide contains information for each background check required, and includes all provider types, direct links, forms, and resources.
- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?
 - Yes. If yes, describe the current policy. *Click or tap here to enter text.*
 - No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:
<https://dhhr.wv.gov/bfa/ece/Provider%20Information/Pages/Provider-Background-Check-Information-.aspx>
Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.
- b. Interstate criminal background check:
 - i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees

- ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe: *Click or tap here to enter text.*
- c. Interstate sex offender registry (SOR) check:
- i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe: *Click or tap here to enter text.*
- d. Interstate child abuse and neglect (CAN) registry check:
- i. Agency name
 - ii. Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. Address
 - iv. Phone number
 - v. Email
 - vi. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe: *Click or tap here to enter text.*

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented. Fees are established and determined by WV CARES for criminal fingerprint

background checks. According to the provisions of the West Virginia Clearance for Access: Registry and Employment Screening Act (WV CARES), W. Va. Code §16-49-1 *et seq.*, 69CSR10, WV CARES is the vendor of use for criminal fingerprint background checks.

5.7.17 Renewal of the comprehensive background check Renewal of comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component? *Click or tap here to enter text.*

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? *Click or tap here to enter text.*

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
- i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe: Child care providers are to receive a wage increase by the provider employer upon completion of ACDS. To aid in retention, child care providers receive a bonus payment upon completion of one of the voluntary WV Child Care Credentials: the General Credential and Specialty Credentials in Infant and Toddler, Pre-School, Director and Family Child Care. The credentials include a general and specializations in Infant Toddler, Pre-School, Director and Family Child Care. **Pathway to Earnings Scholarship - which provides scholarship assistance to providers seeking higher education opportunities Pathway to Earnings Bonus program - which rewards child care providers who attain higher levels of education and training.**

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. West Virginia developed and implemented a formal system of child care credentials. Through a voluntary application process, applicants submit formal documentation via a professional portfolio. Upon approval of the portfolio and approval of the applicant’s credential status, a bonus of \$500.00 is available through submission of verification to your local Child Care Resource and Referral agency. In addition, child care providers were able to receive a \$1000 one-time bonus through the Preschool Development Grant Birth through 5. That grant ends June 30, 2024. Should states such as West Virginia with Planning Grants be permitted to renew, it is anticipated that financial bonuses would be available again to improve the compensation of the child care workforce.
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. West Virginia has no ongoing efforts and plans to expand access to these benefits.
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. West Virginia provides opportunities for childcare providers to engage in targeted professional development to support provider mental health and well-being through specific module-based trainings in WVIT-R and individual training sessions at the annual Great Beginnings Infant Toddler Conference and Celebrating Connections Early Childhood Conference.
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers’ recruitment and retention of the child care workforce. Child care providers receive a wage increase, with the amount determined by the provider employer, upon completion of ACDS. West Virginia developed and implemented a formal system of child care credentials. Through a voluntary application process, applicants submit formal documentation via a professional portfolio. Upon approval of the portfolio and approval of the applicant’s credential status, a bonus is available through submission of verification to your local Child Care Resource and Referral agency. **Pathway to Earnings Scholarship - which provides scholarship assistance to providers seeking higher education opportunities Pathway to Earnings Bonus program - which rewards child care providers who attain higher levels of education and training. The Pathway to Earnings Bonus program - which provides financial incentives for achieving higher education degrees as well as for completion of higher levels of training.**
<https://wvstars.org/earnings/>

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers’ business management and administrative practices. The 6 Quality Improvement Specialist at the CCR&R agencies is obtaining certification in the Program Assessment Scale (PAS) which focuses on the quality of administrative, management, and leadership practices of early childhood programs. A PAS summit is offered for child care center program administrators to assist them in utilizing the scale to enhance program management and business practices.

- b. Check the topics addressed in the Lead Agency’s strategies for strengthening child care providers’ administrative business practices. Check all that apply:
- i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.
 - v. Risk management.
 - vi. Community relationships.
 - vii. Marketing and public relations.
 - viii. Parent-provider communications.
 - ix. Use of technology in business administration.
 - x. Compliance with employment and labor laws.
 - xi. Other. Describe any other efforts to strengthen providers’ administrative business: *Click or tap here to enter text.*

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **According to the 2018-2022 Census, only 2.5 of West Virginia's population for persons ages 5+ years speaks a language other than English at home, encompassing a wide range of languages from Hindi to Chinese. Child Care Resource and Referral (CCR&R) agencies use a language translation phone service to ensure that these populations are adequately served. The CCR&R agency is able to contact the translation service via phone to schedule a specific time, convenient to the child care client, to fulfill the need for translation. Because of the lack of demand, West Virginia has not conducted any statewide activities aimed at families with limited English proficiency**
- b. Providers and staff who have disabilities: **The Lead Agency partners with Birth to Three, Behavioral Health agencies, the West Virginia Department of Education, and Family Resource Centers to assist families with disabilities in accessing services**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework

must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: *Click or tap here to enter text.*

No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: *Click or tap here to enter text.*

No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). 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. Professional development for early care and education staff is considered a primary mechanism for building quality care and education. The Lead Agency's current focus in relation to training and technical assistance is to examine and redesign professional development opportunities to utilize evidence-based practice as much as possible that promotes transfer of learning to early care and education settings. Core Knowledge/Core Competency: Training specialists develop and implement provider training sessions that support the core knowledge and core competency areas of the professional development system. Content is to be determined through discussion with the WV ECTCR Training Advisory Council and the ECAC Professional Development Committee. Efforts to provide follow-up assistance in implementation through phone consultation or on-site visits also occur.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. The career pathway is built within our WV STARS Training and Registry System (STARS) which is housed within the West Virginia Early Childhood Training Connections and Resources. The link is provided here: <https://wvstars.org/wp-content/uploads/2022/08/Career-Pathway-Way-Levels.pdf> WV State Training and Registry System (STARS) West Virginia's Early Childhood Professional Development System includes core training competencies, a voluntary personal/training registry for all early childhood provider types, a training/trainer approval process, a career pathway with eight levels, and a certificate for 120 hours of approved training. Trainings provided by the CCR&R early childhood specialist is required to meet one of the STARS core competencies. Trainers must participate in the career pathway and meet the training approval requirements of the system. Childcare providers are also required to register on the career pathway.
- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. This is met through the WV Early Childhood Advisory Council (ECAC). The members of the ECAC are also members of the WV Early Childhood Training Connections and Resources Advisory Council who oversee all of the projects of WV Early Childhood Training Connections: The Lead Agency participates in a collaborative effort with the Office of Maternal, Child and Family Health, WV Birth to Three, and the Head Start Collaboration Office to support the WV Early Childhood Training Connections and Resources (WVECTCR) project. This initiative uses IDEA Part B and Part C funding, Head Start Collaboration and CCDF funds to support projects that benefit all children. Training Connections is administered by River Valley Child Development Services, a non-governmental agency that is heavily involved with early childhood services.
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. West Virginia has articulation agreements with community and technical colleges and the Apprenticeship for Child Development Specialist (ACDS). There are articulation agreements with West Virginia University at Parkersburg (WVUP) and Pierpont Community and Technical College that will award 3 credit hours in lieu of a required Infant Toddler Development course, by completion of the West Virginia Infant Toddler Professional Development Program for Caregivers (WVIT). Financing for professional development is funded primarily through CCDF, with some contributions from the Office of Maternal and Child Health and Head Start. WV STARS scholarship program, Pathway to Earnings The Pathway to Earnings program - which provides financial incentives for achieving higher education degrees as well as for completion of higher levels of training. <https://wvstars.org/earnings/> Child care providers who maintain their higher quality status receive a yearly bonus for doing so.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. The Apprenticeship for Child Development Specialist is a joint program between the Department of Labor and the Lead Agency. Apprenticeship for Child Development Specialist: One of the first training initiatives to receive funding in West Virginia was the Apprenticeship for Child Development Specialist (ACDS) Program, a two-year early childhood training program comprised of classroom hours and on-the-job training that was developed by River Valley Child Development Services in collaboration with the U. S. Department of Labor. The Lead Agency is providing funds to River Valley Child Development Services to coordinate and implement the initiative. CCDF monies support costs for classes and instructors, mentors for family child care providers, center and facility directors, the Apprenticeship Program Coordinator and a governing board that consists of representatives from local apprenticeship councils across the state. The ACDS program offers providers from a variety of early childhood programs a professional development opportunity that embodies many of the principles of effective professional development. A website is available with more information at <http://www.wvacds.org> Expected Results: To offer providers with a professional development opportunity that goes beyond short term sessions and provides more in depth and comprehensive knowledge combined with the opportunity to apply and reflect on the knowledge. To provide accessible opportunities for enhanced learning
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. Financing for professional development is funded primarily through CCDF, with some contributions from the Office of Maternal and Child Health and Head Start. WV STARS scholarship program, Pathway to Earnings The Pathway to Earnings program - which provides financial incentives for achieving higher education degrees as well as for completion of higher levels of training. <https://wvstars.org/earnings/> Child care providers who maintain their higher quality status receive a yearly bonus for doing so. Financial incentives are also offered to all child care provider types who complete one of the WV Child Care Credentials. The West Virginia Apprenticeship for Child Development Specialist (ACDS) registered apprenticeship program is a partnership between the United States Department of Labor, River Valley Child Development Services (RVCDs) and early childcare programs throughout the state. The WV DoHS/BFS/Early Care and Education Division is the main source of funding for the program.

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe: *Click or tap here to enter text.*
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: *Click or tap here to enter text.*

iii. Other. Describe: *Click or tap here to enter text.*

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? 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. Professional development for early care and education staff is considered a primary mechanism for building quality care and education. The Lead Agency's current focus in relation to training and technical assistance is to examine and redesign professional development opportunities to utilize current and evidence-based practice as much as possible that promotes transfer of learning to early care and education settings. Core Knowledge/Core Competency: Training specialists develop and implement provider training sessions that support the core knowledge and core competency areas of the professional development system. Content is to be determined through discussion with the WV ECTCR Training Advisory Council and the ECAC Professional Development Committee. Efforts to provide follow-up assistance in implementation through phone consultation or on-site visits also occur.
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? The career pathway is built within our WV STARS Training and Registry System (STARS) which is housed within the West Virginia Early Childhood Training Connections and Resources. The link is provided here: <https://wvstars.org/wp-content/uploads/2022/08/Career-Pathway-Way-Levels.pdf> WV State Training and Registry System (STARS) West Virginia's Early Childhood Professional Development System includes core training competencies, a voluntary personal/training registry for all early childhood provider types, a training/trainer approval process, a career pathway with eight levels, and a certificate for 120 hours of approved training. Trainings provided by the CCR&R early childhood specialist is required to meet one of the STARS core competencies. Trainers must participate on the career pathway and meet the training approval requirements of the system. Childcare providers are also required to register on the career pathway. West Virginia currently does not have a wage ladder developed.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? Child care providers were able to receive a \$1000 one-time bonus through the Preschool Development Grant Birth through 5. That grant ends June 30, 2024. Should states such as West Virginia with Planning Grants be permitted to renew, it is anticipated that financial bonuses would be available again to improve the compensation of the child care workforce.
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? Financing for professional development is funded primarily through CCDF, with some contributions from the Office of Maternal and Child Health and Head Start. WV STARS scholarship program, Pathway to Earnings The Pathway to Earnings program - which provides financial incentives for achieving higher education degrees as well as for completion of higher levels of training.
<https://wvstars.org/earnings/>
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? West Virginia currently does not have a system in place to collect this data.
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? Child care providers were able to receive a \$1000 one-time bonus through the Preschool Development Grant Birth through 5. That grant ends June 30, 2024. Should states such as West Virginia with Planning Grants be permitted to renew, it is anticipated that financial bonuses would be available again to improve the compensation of the child care workforce.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Prior to starting the program, the lead agency 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. 78-1-8 Centers: A center shall require all staff to meet approved pre-service training requirements and pre-service education qualifications other than those noted in subdivision (8.6.b.) including information for age group staff will work with (8.7.a.2) and Pediatric CPR/First Aid certification within 3 months (8.6.f.1.). Within the first year of employment 15 hours of training must be completed to which a director must have 6 of those hours in management trainings (8.7.a.1.), and qualified staff (those counted in ratio) must have 6 of those 15 training hours related to the age group they work with (8.7.a.2.). 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 pediatric CPR certification current. (8.7.e.). Ongoing training includes hours to keep WV STARS credential current (8.7.c.). 78-CSR-21Out-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 or providing quality programs to school age children, or both: All staff shall renew child abuse and neglect recognition every three years and keep first aid and CPR certification current**
- b. License-exempt child care centers: There are no license exempt child care centers in West Virginia

- c. Licensed family child care homes: **Family Child Care Facilities owner - 15 hours annually Family child care facility staff 12 hours annually 78CSR-18 Facilities: Initially facility operator and staff are required to complete pre-service training (14.1.a.7.) and operators are required to have CPR/First aid certification before caring for children (14.1.a.4.).** Have successfully completed an approved pediatric Cardiopulmonary Resuscitation (CPR) training or other certified first aid including rescue breathing and first aid for choking, or have a plan to do so within the first six months of employment **(15.1.i.). Ongoing training: operators and staff must complete 15 clock hours of training annually (14.1.a.8) in core knowledge/core competency areas (14.1.b.) and operators must select training addressing all core knowledge areas (14.1.c.). CPR/First aid certification must be renewed upon expiration (15.1.i.). Family child care home provider: 8 hours annually** encompassing a minimum of two Core Knowledge/Core Competency areas; **Ongoing training requires providers to obtain 4 additional hours of training in core knowledge/competency within 12 months (6.3.b.).** Within three months of initial registration, a caregiver shall obtain: 6.3.a.1. Approved training in pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid; and 6.3.a.2. Documentation verifying completion of approved pre-service health and safety training; Caregivers completing approved training resulting in certification in basic first aid and rescue breathing shall renew the certification thirty days prior to the date the certification in such training expires. **Informal and Relative Family Child Care Home Provider -** An informal relative caregiver shall complete approved pre-service health and safety training prior to providing care; A relative caregiver shall complete an initial two hours of approved health or safety training within 30 days of application; **Thereafter, both informal and relative providers shall annually complete at least one hour of self-directed study related to child development** Informal and relative caregivers shall obtain approved training in pediatric cardiopulmonary resuscitation (CPR) and first aid within three months of initial registration **(6.3.c.).** A caregiver providing care for children under 13 months of age shall, within 60 days of accepting the child into care, complete either: 6.3.f.1. A Sudden Infant Death Syndrome self-study packet; or 6.3.f.2. Other approved Sudden Infant Death Syndrome training.
- d. License-exempt family child care homes: There are no license exempt homes in West Virginia.
- e. Regulated or registered in-home child care: In-home providers are not regulated
- f. Non-regulated or registered in-home child care: Not subject to licensing

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency’s training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). There are no tribes in West Virginia

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency;

children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? 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. Each CCR&R agency employs a behavior consultant to assist child care providers in working with children with special needs experiencing behavioral challenges or in need of social-emotional supports. The behavior consultant provides on-site consultation, observation, technical assistance and training to caregivers upon request. The objectives are to support inclusion of children in child care settings, to reduce the number of disruptions in care, and to enhance the skills of caregivers. Examples of training include: Developing problem solving skills in children Trauma informed care Addressing challenging behaviors Promoting prosocial behaviors Anti-bias education Fostering hope in children. The Lead Agency funds twelve Infant Toddler Specialists, two per Child Care Resource and Referral (CCR&R) region, and one Infant Toddler Coaching Specialist who are available to provide training, coaching and consultation on infant and toddler issues and provide specific infant toddler supports. The Statement of Work for each CCR&R requires that all Infant Toddler Specialists attend the Program for Infant Toddler Care institute. The Infant Toddler Specialist offers The West Virginia Infant Toddler Professional Development Program (WVIT) for providers specifically working in infant and toddler classrooms. Providers who have completed state specific courses in areas targeting Infant and Toddler care can apply for a state Infant Toddler Credential certifying that they have completed additional training in working with children ages 0-36 months.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (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.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: 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. Help Me Grow is a FREE referral service that connects families with critical developmental resources for their children birth through five years. The goal of Help Me Grow is to successfully identify children at-risk and link them to the help they need. Help Me Grow offers parents and medical providers: Referral line - Get expert advice and a referral to community resources to help support early childhood development; and Ages and Stages Screening Questionnaire - 3 (ASQ-3)™ - A developmental screening tool that's endorsed by West Virginia Chapter of the American Academy of Pediatrics and available upon request. Help Me Grow is part of a national program that connects families to resources in West Virginia. The program is funded by the Office of Maternal, Child and Family Health, West Virginia Home Visitation Program. Professional Development staff who provide onsite technical assistance to child care providers are required to make Birth to Three referrals when necessary. Child Care Resource and Referral agencies are co-located with Birth to Three Regional Administrative Units to facilitate easier access

for parents to Birth to Three services. Case managers are required to provide referrals to other needed services during the parent interview process. In addition, the consumer education website contains links to Birth to Three and Help Me Grow. 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. The program is funded by the Office of Maternal, Child and Family Health, West Virginia Home Visitation Program. Child Care Resource and Referral case manager and professional development staff advise parents and provider show Help Me Grow and Birth to Three services can be accessed.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe: *Click or tap here to enter text.*
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains: *Click or tap here to enter text.*
 - vii. If any components above are not checked, describe: *Click or tap here to enter text.*

- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? West Virginia pre-K standards (2019); West Virginia Early Learning Standards Framework for Infants and Toddlers (2018);
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
<https://wvde.us/wp-content/uploads/2019/05/PKStandardsBookletUPDATE-Final-May-2019.pdf>
http://www.wvearlychildhood.org/resources/wv_early_learning_standards_framework_infant_toddler.pdf

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. 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. These guidelines are used to set learning objectives for professional development.
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe: *Click or tap here to enter text.*

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide

a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: The Lead Agency has implemented an evaluation project to assess the base line of quality of child care in the state. The Early Care and Education Evaluation Project uses Early Childhood Environmental Rating Scale-3 (ECERS-3), Infant Toddler Environmental Rating Scale-3 (ITERS-3) and the Family Child Care Rating Scale-3 (FCCERS-3) and School Age Care Environment Rating Scale (SACERS) to assess the quality of child care centers and family home providers throughout the state. Quality activities are also evaluated through multiple methods: CCR&R agencies conduct annual regional needs assessment to child care providers to determine training needs. Quarterly reporting from CCR&R agencies on professional development participation and offerings, as well as resources provided and referrals to other services. Evaluation activities that show proof of learning from professional development activities. Proof of learning success/failure data is housed in the state training and registry system and reviewed by Lead Agency staff quarterly. Direct observation and assessment of professional development delivery by Lead Agency staff twice per year, or more frequently in case of new professional development hires. An annual statewide analysis report on all CCR&R activities by an outside contractor.
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: Based on Lead Agency observation of professional development activities, if needed, feedback on areas for improvement is provided to CCR&R professional development staff to ensure consistent service delivery across the state. Quarterly meetings with professional development staff are held to identify areas of need and develop plans to address quality improvement needs. Based on the ERS evaluation project, the ECERS-3 and ITERS-3 assessments both show that the Activity Subscale rated the lowest. Typically, this includes fine motor, art, music and movement, blocks, dramatic play, nature/science, math/number, appropriate use of technology, promoting acceptance of diversity, and gross motor. The FCCERS-3 assessment showed low scores in the Activity Subscale and Space and Furnishings. The SACCERS assessment showed the Personal Care Routines were lacking. The CCR&R professional development staff will work with programs who received their individual results of the ERS assessments and will provide targeted training, coaching and technical assistance to the areas indicated in the findings

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. The Lead agency's Quality Progress Report is available to the public on the WV DoHS website. The expenditures report is not available to the public.
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. CCR&R Services: The state has developed Child Care Resource and Referral (CCR&R) agencies to provide resource and referral services to deliver a number of quality initiatives, including professional development training and technical assistance. Supports include: Infant Toddler Specialists, Early Childhood Specialists, Behavioral Consultants, Quality Improvement Specialists, A Traveling Resource and Information Library System Van (TRAILS), equipped with early childhood resources, an Infant and Toddler Coaching Specialist and an Early Childhood Coaching Specialist
 - ii. Developing, maintaining, or implementing early learning and developmental guidelines.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. *Click or tap here to enter text.*
 - iii. Developing, implementing, or enhancing a quality improvement system.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. West Virginia Quality Rating and Improvement System (QRIS) is currently in development.
 - iv. Improving the supply and quality of child care services for infants and toddlers.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. The Infant and Toddler Statewide Network is comprised of the Infant and Toddler State Lead, twelve infant and toddler specialists and 6 Infant and toddler coaches to provide input on

program standards for the provision of high quality care for infants and toddlers. Infant and toddler specialists offer WVIT 1 and WVIT 2 for specialized training for providers caring for children 0-36 months of age. WV offers a Breastfeeding Friendly Child Care Designation for all provider types. Technical assistance for these initiatives is available from the Infant and Toddler specialist, the Nurse Health Educators and the Nurse Health Consultants

v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. WV will continue to offer support to the 6 CCR&R agencies that provide training, technical assistance, coaching and education and resources to parents and child care providers.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. The Lead Agency has implemented an evaluation project to assess the base line of quality of child care in the state. The Early Care and Education Evaluation Project uses Early Childhood Environmental Rating Scale-3 (ECERS-3), Infant Toddler Environmental Rating Scale-3 (ITERS-3) and the Family Child Care Rating Scale-3 (FCCERS-3) and School Age Care Environment Rating Scale (SACERS) to assess the quality of child care centers and family home providers throughout the state.

viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. WV offers grants/mentoring to help support centers and family child care providers to achieve accreditation. This program is called Quality Support Services. Grants to assist in the cost of applying for and completing accreditation applications are available through West Virginia Early Childhood Training Connections and Resources. Mentoring is available through the six CCR&R agencies Quality Improvement Specialists.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. West Virginia Quality Rating and Improvement System (QRIS) is currently in development. Current Tiered Reimbursement Program standards will be reviewed and revised in 2025-2026.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. *Click or tap here to enter text.*

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: *Click or tap here to enter text.*

The lead agency has official representation and a decision-making role in the State Advisory Council. The State Advisory Council membership is as follows:

- The Division of Early Care and Education (ECE)
- The Department of Education
- Local Education Agencies
- Institutions of Higher Education
- Local child care providers
- Local ECE services and program staff
- The Head Start State Association
- The Head Start Office of Collaboration
- Early Head Start Programming
- West Virginia Birth to Three
- West Virginia Department of Education Office of Special Programs
- In Home Family Education Community
- Early Childhood Advocate Community
- The Pediatric Medical Community
- The Family Child Care Community
- The Child Welfare Community
- The Governor's Office
- The Labor Community

The Council meets quarterly to collaborate on early childhood initiatives in the state. The Division Director, Lisa Ertl, provided an informational spot light on the Child Care Development Block Grant (CCDBG) re-authorization. Early Childhood Education and Care (ECAC) members. Goals for coordination include:

- Goal 1: The Council will provide strong leadership for the development of a high quality system of early childhood development through collaborative planning, action, and evaluation.
- Goal 2: A full array of high-quality early childhood services will be available to families throughout the state. Under this goal are two objectives
 - Improve access to services that young children and their families need to thrive; and
 - Increase and enhance continuous quality improvement efforts throughout the ECD system.
- Goal 3: West Virginia's early learning standards will be used throughout the ECD system.
- Goal 4: The ECE workforce will have the knowledge and skills needed to meet the needs of young children and their families, as well as opportunities to advance their careers.
- Goal 5: Families will have knowledge of and access to the resources they need to be involved in decisions about the services, programs, and policies that affect them. This goal has two objectives:
 - Increase parent knowledge of and access to the full range of services and support they need for their families; and
 - Strengthen the roles of parents in decisions about services for their children and about policies and programs that affect their families.

- Goal 6: ECE system planning, development, and evaluation will be based on sound data and research and will enhance the availability and use of timely and credible data and research to improve the state's early childhood development system and increase the use of common data across systems in the planning and evaluation of the early childhood development system.
- Goal 7: The public and policymakers will be knowledgeable and supportive of effective ECE programs and policies.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: *Click or tap here to enter text.*
 - Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- a. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: 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.
- b. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: The Head Start State Collaboration Office is housed with the Division of Early Care and Education.
- c. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: The lead Agency coordinates with the public health agency through ECAC and through licensing and regulatory efforts.
- d. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: The Lead Agency partners with workforce development to promote the Apprenticeship for Child Development Specialist to increase workforce knowledge and skills. It also partners to ensure adequate child care is available to all industries in the state.
- e. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: The Lead Agency partners with the Department of Education to ensure universal access to public Pre K in school, Head Start and community settings is available to all four year olds. The Department of Education is a partner on ECAC.
- f. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: The Lead Agency is responsible for child care licensing.
- g. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: The Lead Agency partners with CACFP to connect providers to additional financial supports for their programs and to support healthy meals for children.

- a. 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 and results of the coordination: The Division of Early Care and Education in conjunction with the West Virginia Department of Education Office of Federal Programs reviewed and discussed the State Plan expectations for planning and implementation. The McKinney-Vento liaison also presents data and program information to ECAC on a regular basis.
 - b. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: The Lead Agency is also the agency responsible for Temporary Assistance for Needy Families (TANF) administration.
 - c. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: The Lead Agency houses both Medicaid and the Children’s Health Insurance Program.
 - d. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: 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.
- a. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: The Child Care Resource and Referral (CCR&R) system in West Virginia 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. CCR&Rs are funded through a grant from the lead agency. The lead agency provides the scope of work to the CCR&Rs.
 - a. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: 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 West Virginia assistance to the Statewide Afterschool Network. Goals for this year include bringing afterschool programs into tiered reimbursement.
 - a. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: 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.
 - b. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
 - i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: *Click or tap here to enter text.*

- ii. State/Territory institutions for higher education, including community colleges. Describe: The lead agency works with higher education and community colleges to facilitate articulation of professional development provided by other entities, as well as collaboration on curriculum offerings for the early education workforce.
- iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: *Click or tap here to enter text.*
- iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: *Click or tap here to enter text.*
- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: *Click or tap here to enter text.*
- vi. State/Territory agency responsible for child welfare. Describe: The Lead Agency partners with child welfare to ensure child care access for foster and kinship relative placements, as well as supporting families and children receiving child protective services.
- vii. Child care provider groups or associations. Describe: The Lead Agency supports and partners with the West Virginia Association of Young Children to provide and annual conference.
- viii. Parent groups or organizations. Describe: *Click or tap here to enter text.*
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe: The Lead Agency partners with the Statewide After School Network to provide learning opportunities and to develop quality standards for programs.
- x. Other. Describe: *Click or tap here to enter text.*

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe: *Click or tap here to enter text.*

ii. If yes, what does the Lead Agency use combined funds to support, 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? Funds are combined to provide subsidy services to children.

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: The lead agency uses general revenue funds.

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds: *Click or tap here to enter text.*

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe: *Click or tap here to enter text.*

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, 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).

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 Part B, 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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

- No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.
- No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).
- Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: [Click or tap here to enter text.](#)

Child Care Resource and Referral (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 state allowing for better control of funds.

The lead agency retains overall responsibility for administering all Child Care and Development Fund (CCDF) 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 Human Services does, however, enter into grant agreements with other private agencies to implement many of its services, programs and activities. 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 child care 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 of Human Services' finance unit pulls the expenditures to complete the federal reporting forms.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.3.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: None at this time.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? *Click or tap here to enter text.*
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.

Procedures for accommodations of children with chronic medical conditions.

- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe: *Click or tap here to enter text.*
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: *Click or tap here to enter text.*

8 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

8.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

8.1.1 Parental complaint process

- a. 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: Abuse and Neglect Hotline. Complainants can call the West Virginia Department of Human Services abuse and neglect hotline at 1-800-352-6513 to submit a complaint regarding any child care provider. A general intake worker will receive the complaint then email the Bureau for Family Assistance (BFA), Division of Early Care and Education (ECE) Program Manager with details. The Program Manager then forwards the information to the applicable regulatory specialist for investigation. Consumer Education Website. A complaint can be made via the ECE website link at <https://dhhr.wv.gov/bfa/ece/Pages/default.aspx>. A prompt will appear in lower left corner that links directly to the ECE Complaints mailbox. Email. Child Care Resource and Referral (CCR&R) staff submit a complaint via email to the Child Care Program Manager applicable to the provider type. An email can be submitted directly to the ECE Complaints email box at <https://groups.google.com/a/wv.gov/g/ececomplaints>. An email can be submitted directly to the ECE Providers email box at <https://groups.google.com/a/wv.gov/g/eceproviders>. Telephone. A complainant can contact the BFA, Division of ECE Regulation Unit Specialist, Supervisor, or Program Manager. Written Information. A ECE also takes complaints in written form via United States Postal Service (USPS) at the mailing address for the local Child Care Resource and Referral Agency or the West Virginia Department of Human Services, Bureau for Family Assistance, Division of Early Care and Education. The addresses are available on the ECE website <https://dhhr.wv.gov/bfa/ece/Pages/default.aspx>.
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: WV DoHS currently contracts with 911 Interpreters to provide a wide array of services to families that speak languages other than English. Should a family have a complaint about a child care provider and present that complaint to their local child care resource and referral agency (CCR&R), the CCR&R will use the [USDA I Speak Statements](#) chart to better understand the language being spoken. Once the language has been determined, they will access 911 Interpreter services (whether that be via telephone, video, on-site or written translation dependent on the need of the client), to aid the client in filing a complaint. The child care resource and referral agency will then forward the complaint to WV DoHS child care regulatory management and refer the client to WV DoHS child care regulatory management regarding next steps in the complaint process. WV DoHS staff also use 911 Interpreters services and will use the service when working with the client regarding a child care provider complaint. Child care resource and referral agencies and WV DoHS can also work with families that speak a language other than English through the states system of colleges. West Virginia colleges and universities often have low-cost or free of charge services for this clientele to assist them in navigating various services such as child care. In West Virginia, 2.47% of the households report speaking a language other than English. With Spanish being the second most common language spoken, WV DoHS is exploring ways to best update their consumer education website to include the ability to change the language on each web page as well as having both English and Spanish documents available on the website. The website is being updated to include resources for individuals speaking languages other than English.

- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: Complaints regarding West Virginia’s licensed and regulated child care programs coming from individuals with disabilities can be filed in many ways. All offices – WV DoHS and child care resource and referral agencies, for example – are required to be ADA accessible. If a client has a hearing issue or a speech disability, 911 can be accessed to call or text (when an individual has been identified to receive the text) to file the complaint. Documents and forms can be enlarged to 18 font for ease of reading for clients who request it. Forms can be translated into other languages by 911 Interpreters for documents in braille or another language. WV DoHS staff and child care resource and referral staff can take client information and submit on their behalf an email in writing or through the current child care complaint email address available on the ECE consumer education website. The child care consumer education website is under review to ensure the content is accessible to people with disabilities such as color contrast in text, video captions where applicable, text size and zoom capability for example. In addition, the website is being updated to include resources for clients with disabilities. These resources will not only aid clients with disabilities in child care complaints but to navigate the child care system.
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
- Yes. If yes, describe: . Once a complaint is received, it is assessed and determined as one of the following: A potential non-compliance with a rule or Non-compliance within another agency. If the complaint is within another agency, the complaint is referred to that agency. When the assessment is completed and a determination of non-compliance with a rule is identified, Child Care Policy requires the investigation to begin within five working days after being received. The investigation must be completed within 30 days of the onset of the investigation. Imminent danger complaints require an investigation to be initiated within 24 hours. The nature of the complaint will determine the response time to the complaint and what investigation methods will be used. Child Care Policy:
https://dhhr.wv.gov/bfa/ece/Documents/CHILD%20CARE%20POLICY_Final_04262022.pdf
- No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? The recording substantiated complaints is a Program Manager function for the Child Care Licensing Unit and the Family Child Care Unit. Monthly reports are submitted by each program manager and compiled into the aggregate report posted on the Consumer Education website.
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: The Consumer Education Website includes the aggregate data report posted monthly for a three (3) year timeframe. Specific categories include serious injuries, deaths, substantiated child abuse, and the total number of children in care. Direct link:
https://dhhr.wv.gov/bcf/Childcare/Documents/_V_Serious%20Injury%20Abuse%20Neglect%20and%20Death.pdf

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

8.1.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency’s consumer education website homepage:
<https://dhhr.wv.gov/bfa/ece/Pages/default.aspx>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe: *Click or tap here to enter text.*
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe: *Click or tap here to enter text.*

8.1.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: Child Care Policy
https://dhhr.wv.gov/bfa/ece/Documents/CHILD%20CARE%20POLICY_Final_04262022.pdf
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: Child Care Policy
https://dhhr.wv.gov/bfa/ece/Documents/CHILD%20CARE%20POLICY_Final_04262022.pdf

- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: Child Care Policy
https://dhhr.wv.gov/bfa/ece/Documents/CHILD%20CARE%20POLICY_Final_04262022.pdf
 - iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: Child Care Policy
https://dhhr.wv.gov/bfa/ece/Documents/CHILD%20CARE%20POLICY_Final_04262022.pdf
 - Searchable list of providers
- b. The consumer education website must include a list of all licensed providers searchable by ZIP code.
- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 - Yes.
 - No. If no, describe: *Click or tap here to enter text.*
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://dhhr.wv.gov/bfa/ece/pages/providersearch.aspx>
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:
 - License-exempt center-based CCDF providers.
 - License-exempt family child care CCDF providers.
 - License-exempt non-CCDF providers.
 - Relative CCDF child care providers.
 - Other (e.g., summer camps, public pre-Kindergarten). Describe: *Click or tap here to enter text.*
- c. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Willingness to accept CCDF certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. All licensed providers. Describe: *Click or tap here to enter text.*
- ii. License-exempt CCDF center-based providers. Describe: *Click or tap here to enter text.*
- iii. License-exempt CCDF family child care providers. Describe: *Click or tap here to enter text.*
- iv. License-exempt, non-CCDF providers. Describe: *Click or tap here to enter text.*
- v. Relative CCDF providers. Describe: : Agency (name of provider), City, Postal (zip Code), County, Phone, and Contact Name.
- vi. Other. Describe: *Click or tap here to enter text.*

- Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

e. What specific quality information does the Lead Agency provide on the website?

- i. Quality improvement system.
- ii. National accreditation.
- iii. Enhanced licensing system.
- iv. Meeting Head Start/Early Head Start Program Performance Standards.

- v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe: *Click or tap here to enter text.*
- f. For what types of child care providers is quality information available?
- i. Licensed CCDF providers. Describe the quality information: *Click or tap here to enter text.*
 - ii. Licensed non-CCDF providers. Describe the quality information: *Click or tap here to enter text.*
 - iii. License-exempt center-based CCDF providers. Describe the quality information: *Click or tap here to enter text.*
 - iv. License-exempt FCC CCDF providers. Describe the quality information: *Click or tap here to enter text.*
 - v. License-exempt non-CCDF providers. Describe the quality information: *Click or tap here to enter text.*
 - vi. Relative child care providers. Describe the quality information: *Click or tap here to enter text.*
 - vii. Other. Describe: *Click or tap here to enter text.* 5Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- g. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
- i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.

- v. If any of the above elements are not included, describe: *Click or tap here to enter text.*
- h. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: All provider types are required to report any serious injuries or deaths that occur while caring for children. Child Care Centers 78CSR1: 19.12.b. Report the occurrence verbally or via email within 24 hours or by the next work day to the Secretary, and before the end of the day, ensure that the staff member in charge prepares and signs a serious occurrence report; and Family Child Care Facilities 78CSR18 23.1.b. The operator shall report the following situations: 23.1.b.1. Any accident, injury, or illness occurring while a child is in care that results in emergency treatment, hospitalization, or death Family Child Care Homes 78CSR19 19.2. A family child care home shall immediately report to the department any accidents or illnesses resulting in emergency treatment, hospitalization, or the death of a child and follow up with a written report within 72 hours on a form designated by the department. Family Child Care Informal/Relative Homes 78CSR20 16.2. An informal or relative family child care home shall immediately report to the department any accidents or illnesses resulting in emergency treatment, hospitalization, or the death of a child and follow up with a written report form prescribed by the department within 72 hours. Out of School Time Centers 78CSR21 13.1.b. Report within 24 hours to the Secretary any serious occurrence and shall immediately inform the parent or parent’s authorized designee when a child is involved in a serious occurrence.
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: The Lead Agency does not have a specific definition for ‘substantiated child abuse.’
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: Child Care Centers 78CSR1: 3.58. Serious Injury. – An injury sustained while the child is in care that requires medical care beyond immediate first aid. Family Child Care Facilities 78CSR18: 3.20. Serious Injury. -- An injury sustained while in care to the extent that the child requires medical care beyond immediate first aid. Family Child Care Homes 78CSR19: 3.17. Serious Injury. -- An injury sustained while the child is in care that requires medical care beyond immediate first aid. Family Child Care Informal/Relative Homes 78CSR20: 3.17. Serious Injury -- An injury sustained while in care that requires medical care beyond immediate first aid. Out of School Time Centers 78CSR21: 3.35. Serious Injury. -- An injury sustained while in care that requires medical care beyond immediate first aid.
- i. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:

https://dhr.wv.gov/bcf/Childcare/Documents/_V_Serious%20Injury%20Abuse%20Neglect%20and%20Death.pdf

- Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

j. Does the consumer education website include contact information on referrals to local CCR&R organizations?

Yes.

No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

k. Provide the direct URL/website link to this information:

<https://dhhr.wv.gov/bfa/ece/Pages/about.aspx>

- Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

l. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

m. Provide the direct URL/website link to this information:

<https://dhhr.wv.gov/bfa/ece/policies/Pages/default.aspx>

- Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

n. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

o. Provide the direct URL/website link to the sliding fee scale.

<https://dhhr.wv.gov/bfa/ece/policies/Pages/default.aspx>

8.2 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

- Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. *Click or tap here to enter text.*

- Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe: *Click or tap here to enter text.*

- Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access

7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: *Click or tap here to enter text.*

8.2.1 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. 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: West Virginia Page 57 of 321 - 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 Healthy Kids (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. Spectrum of Opportunities maintains its own website to provide information to parents, providers, and the general public.

8.2.2 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe: *Click or tap here to enter text.*

8.2.3 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: Two Behavioral Consultants (BC) are on staff at each of West Virginia's six Child Care Resource and Referral Agencies (CCR&R). CCR&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 The 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.

8.2.4 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public: All child care providers who participate in the subsidy system sign a provider services agreement. A condition of which requires providers to provide two weeks' notice of an intent to terminate services. Early detection and appropriate referral are critical for preventing expulsion and obtaining needed supports for children at risk. Child care providers in West Virginia are encouraged to make a referral to the Child Care Resource and Referral Behavior Consultant at the first indication a child is at risk of being excluded or expelled due to behavioral concerns. 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. 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. Child care providers in West Virginia are required to make a referral to the West Virginia Birth to Three program at the first indication that a child is at risk of being excluded or expelled due to developmental concerns. Online Professional Development and Technical Assistance - West Virginia early childhood providers, regardless of setting, are encouraged to access 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.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: Current West Virginia licensing and regulations provide general guidelines regarding prohibitive behavior management methods as well as acceptable behavior guidance techniques. The 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” are not included in childcare provider policies, parent handbooks, or discipline plans in early childhood programs. West Virginia is compliant with the Americans with Disabilities ACT (ADA) with regard to suspension and expulsions. The lead agency strives 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 by providing provider access to the Traveling Resource And Information Library System (TRAILS). Providers are encouraged and required to implement accommodations and educational support warranted under the act(s).

8.3 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated 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 IDEA Part B, Section 619 and Part C; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

8.3.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
- Yes.
- No. If no, describe: *Click or tap here to enter text.*
- b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe: *Click or tap here to enter text.*

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: 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. Help Me Grow is a FREE referral service that connects families with critical developmental resources for their children birth through five years. The goal of Help Me Grow is to successfully identify children at-risk and link them to the help they need. Help Me Grow offers parents and medical providers: - Referral line - Get expert advice and a referral to community resources to help support early childhood development; and - Ages and Stages Screening Questionnaire - 3 (ASQ-3)™ A developmental screening tool that's endorsed by West Virginia Chapter of the American Academy of Pediatrics and available upon request. Help Me Grow is part of a national program that connects families to resources in West Virginia. The program is funded by the Office of Maternal, Child and Family Health, West Virginia Home Visitation Program.

No. If no, describe: *Click or tap here to enter text.*

d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

Yes.

No. If no, describe: *Click or tap here to enter text.*

9 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

9.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

- Organizational structure to support integrity and internal controls

Describe how the Lead Agency’s organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: *Click or tap here to enter text.*

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

- Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: The WV DoHS has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, the DoHS program and contract staff interview all CCR&R staff as well as some local DoHS 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 ensure 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.
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: The lead agency monitors reasonable and allowable costs through a three-tiered system. Grantee budgets are developed in conjunction with direction from lead agency program staff and grantees. These budgets are reviewed and approved at a Bureau level, before being forwarded for review at the State level. Once awarded, expenditures are reviewed monthly.
- c. **Processes and procedures to prepare and submit required state and federal fiscal reporting.** Describe: *Click or tap here to enter text.*
- d. Other. Describe: *Click or tap here to enter text.*

- Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- e. How the Lead Agency defines effective fiscal management practices. Describe: The Child Care Resource & Referral (CCR&R) supervisors are charged with monitoring and reviewing the payment process to expedite accurate and timely payments to providers. The Child Care Provider can submit the payment request and attendance verifications to the CCR&R, either in person or by mail. Upon receipt the payment request documents are reviewed by the CCR&R staff for accuracy of basic information, such as missing signatures, complete documentation of time and attendance, and inappropriate correction attempts (whiteout or correction tape). After submission the payment request is secondly reviewed for accuracy by the CCR&R case manager, based upon the case information in the Family and Childrens Tracking System (FACTS). The case manager then enters the payment data into the FACTS system for each child. The CCR&R supervisor then reviews each payment request then approves the request for payment. The full process has three basic steps at the CCR&R level prior to being forwarded to the payment level. The WV DoHS has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, the DoHS program and contract staff interview all CCR&R staff as well as some local DoHS 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 ensure 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. The lead agency monitors reasonable and allowable costs through a three-tiered system. Grantee budgets are developed in conjunction with direction from lead agency program staff and grantees. These budgets are reviewed and approved at a Bureau level, before being forwarded for review at the State level. Once awarded, expenditures are reviewed monthly. In addition, the lead agency expends and accounts for Federal awards in accordance with State laws and procedures for expending and accounting for the State's funds. All financial management systems, including records documenting compliance with Federal statutes, regulations, and the terms and conditions of the Federal award, must be sufficient to permit the preparation of reports required by the terms and conditions and tracking expenditures to establish that funds have been used in accordance with Federal statutes, regulations, and the terms and conditions of the Federal award. The state's financial management system provides for the following: Identification of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the Assistance Listings title and number, Federal award identification number, year the Federal award was issued, and name of the Federal agency or pass-through entity. Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements in §§ 200.328 and 200.329. Records that sufficiently identify the amount, source, and expenditure of Federal funds for Federal awards. These records must contain information necessary to identify Federal awards, authorizations, financial obligations, unobligated balances, as well as assets, expenditures, income, and interest. All records must be supported by source documentation. Effective control over and accountability for all funds, property, and assets. The State safeguards assets and ensures they are used solely for authorized purposes. Comparison of expenditures with budget amounts for each Federal award. Written procedures to implement the requirements of 2 CFR 200.305 as related to Federal

payments for States. Written procedures for determining the allowability of costs in accordance with 2 CFR 200 subpart E and the terms and conditions of the Federal award.

- f. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: The Lead Agency tracks fiscal management practices through an annual Single Agency Audit. The audit reviews all programs and identifies areas of risk and concern.
- g. How the results inform implementation. Describe: Audit results inform corrective actions and policy development.
- h. Other. Describe: *Click or tap here to enter text.*

- Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- i. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: The Lead Agency contracts with an outside auditor to review programs annually.
- j. The frequency of each risk assessment. Describe: Annually
- k. How the Lead Agency uses risk assessment results to inform program improvement. Describe: The outside auditor prepares a report that identifies areas of risk and areas for improvement.
- l. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: The audit is performed annually, and the current year's results are compared to the previous year to ensure improvement.
- m. Other. Describe: *Click or tap here to enter text.*

- Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- n. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: CCR&R staff receive regular training regarding Child Care Policy and Audit processes and procedures. This process allows for continued monitoring of field staff and providing updated information on systematic or procedural changes in the payment process
 - ii. Describe how staff training is evaluated for effectiveness: The Lead Agency performs quality assurance audits of each CCR&R to ensure that workers understand policies and procedures and apply them properly in practice.

- i. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: CCR&R staff receive regular training regarding Child Care Policy and Audit processes and procedures. This process allows for continued monitoring of field staff and providing updated information on systematic or procedural changes in the payment process
- o. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and program integrity: CCR&R agencies provide training to child care providers on subsidy system rules and requirements. They also monitor compliance through client and provider subsidy compliance checks.
 - ii. Describe how provider training is evaluated for effectiveness: Effectiveness of training is monitored through compliance checks of provider invoices.
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: The agency does not use error rate results for this purpose.
 - Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- p. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: The lead agency shares error rate review information with CCR&R agencies and members of local and state government.
- q. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: The lead agency shares quality assurance audit results with CCR&R agencies to ensure compliance with policies and procedures and to identify training needs.
- r. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: *Click or tap here to enter text.*
 - Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- s. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. *Click or tap here to enter text.*

- t. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? As with any state, the State of West Virginia has weaknesses in internal controls. Those weaknesses are identified within the WV Single Audit. The WV Single Audit for the Year Ended June 30, 2023 is here at <https://finance.wv.gov/FARS/single%20audit/Documents/SingleAud23.pdf>. For the findings related to CCDF, see 2023-042, 2023-043, 2023-044, and 2023-045. This information is used to create corrective action plans to address the findings and strengthen practices.

9.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

- Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. 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)).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
- b. Run system reports that flag errors (include types).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
- c. Review enrollment documents and attendance or billing records.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Invoices are reviewed prior to entry into the data system to prevent program violations.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: Invoices are reviewed prior to entry into the data system to prevent program violations
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The lead agency performs quality assurance checks at each CCR&R to identify areas of needed policy clarification and/or training and to ensure policies and procedures are being followed and implemented
- d. Conduct supervisory staff reviews or quality assurance reviews.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - i. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: Supervisors are required to review the eligibility determinations of all new workers, and are required to review a sample of experienced workers' eligibility determinations on a monthly basis.
- e. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The provider billing record and attendance sheets are compared to client case documents and are reviewed by the individual case manager and CCR&R site supervisors prior to entry for payment to ensure the billing is appropriate. The result of this activity is to prevent an improper payment.
 - i. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: The provider billing record and attendance sheets are compared to client case documents and are reviewed by the individual case manager and CCR&R site supervisors prior to entry for payment to ensure the billing is appropriate. The result of this activity is to prevent an improper payment.
 - i. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The provider billing record and attendance sheets are compared to client case documents and are reviewed by the individual case manager and CCR&R site supervisors prior to entry for payment to ensure the billing is appropriate. The result of this activity is to prevent an improper payment.
- f. Train staff on policy and/or audits.

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: CCR&R staff receive regular training regarding Child Care Policy and Audit processes and procedures. This process allows for continued monitoring of field staff and providing updated information on systematic or procedural changes in the payment process.
- i. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: CCR&R staff receive regular training regarding Child Care Policy and Audit processes and procedures. This process allows for continued monitoring of field staff and providing updated information on systematic or procedural changes in the payment process.
- i. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: CCR&R staff receive regular training regarding Child Care Policy and Audit processes and procedures. This process allows for continued monitoring of field staff and providing updated information on systematic or procedural changes in the payment process.
- g. Other. Describe the activity(ies): *Click or tap here to enter text.*
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: *Click or tap here to enter text.*

9.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): *Click or tap here to enter text.*
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: Lead agency will seek to enter into a repayment agreement with the client allowing for regular payments to be made until the total is recovered. The amount is only recovered if due to intentional fraud.
 - ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - i. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: Lead agency will seek to enter into a repayment agreement with the client allowing for regular payments to be made until the total is recovered
 - ii. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - iii. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - iv. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - v. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - vi. Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?
- No.
 - Yes.
- If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.
- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- viii. Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
 - viii. Other. Describe the activities and the results of these activities: *Click or tap here to enter text.*
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: 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 Human Services. Every child care client and provider have the right to request a hearing concerning action 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.

- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: 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 Human Services. Every child care client and provider have the right to request a hearing concerning action 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.
- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis: *Click or tap here to enter text.*

Appendix 1: Lead Agency Implementation Plan

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		