

DRAFT FY 2022-2024 CCDF PREPRINT for FIRST PUBLIC COMMENT PERIOD  
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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

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Child Care and Development Fund (CCDF) Plan  
For

West Virginia

FFY 2022 – 24

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## **Introduction and How to Approach Plan Development**

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

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

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

### *Citations*

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions.

### *CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

(See <http://www.section508.gov/> for more information.)

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

## **1. Define Leadership and Coordination with Relevant Systems and Funding Sources**

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### **1.1. CCDF Leadership**

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

Lead Agency or Joint Interagency Office Information:

- a. Name of Lead Agency: West Virginia Department of Health and Human Resources  
Street Address: One Davis Square, Suite 100 East  
City: Charleston  
State: WV  
ZIP Code: 25301  
Web Address for Lead Agency: <http://www.dhhr.wv.gov/>
- b. Lead Agency or Joint Interagency Official Contact Information:  
Lead Agency Official First Name: Bill J.  
Lead Agency Official Last Name: Crouch  
Title: Cabinet Secretary  
Phone Number: (304) 558-0684  
Email Address: [dhhrsecretary@wv.gov](mailto:dhhrsecretary@wv.gov)

#### **1.1.2. Who is the CCDF Administrator?**

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

- a. CCDF Administrator Contact Information:  
CCDF Administrator First Name: Lisa

CCDF Administrator Last Name: Ertl

Title of the CCDF Administrator: Director of the Division of Early Care and Education

Phone Number: (304) 352-4540

Email Address: [Lisa.M.Ertl@wv.gov](mailto:Lisa.M.Ertl@wv.gov)

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

CCDF Co-Administrator First Name: Deidre

CCDF Co-Administrator Last Name: Craythorne

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

Phone Number: (304) 352-4537

Email Address: [Deidre.L.Craythorne@wv.gov](mailto:Deidre.L.Craythorne@wv.gov)

**Description of the Role of the Co-Administrator:** The CCDF co-administrator oversees and directs the administration of CCDF requirements in regards to subsidy and quality initiatives.

**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 (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

- a. ☒ All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. ☐ 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:
    - A. ☒ State or territory
    - B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.  
[Click or tap here to enter text](#)
    - C. ☐ Other. Describe: [Click or tap here to enter text](#)
  - ii. Sliding-fee scale is set by the:
    - A. ☒ State or territory
    - B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.  
[Click or tap here to enter text](#)

- C. ☐ Other. Describe: [Click or tap here to enter text](#)
- iii. Payment rates and payment policies are set by the:
- A. ☒ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text](#)
- C. ☐ Other. Describe: [Click or tap here to enter text](#)
- iv. Licensing standards and processes are set by the:
- A. ☒ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text](#)
- C. ☐ Other. Describe: [Click or tap here to enter text](#)
- v. Standards and monitoring processes for license-exempt providers are set by the:
- A. ☐ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text](#)
- C. ☒ Other. Describe: The lead agency does not permit License Exempt Programs.
- vi. Quality improvement activities, including QRIS are set by the:
- A. ☒ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. [Click or tap here to enter text](#)
- C. ☐ Other. Describe: [Click or tap here to enter text](#)
- vii. Other. List and describe any other program rules and policies (e.g., quality rating and improvement systems [QRIS], payment practices) that are set at a level other than the state or territory level: [Click or tap here to enter text](#)

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

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

CCDF Activity	CCDF Lead Agency	TANF agency	Other state or territory agency	Local government agencies		Community-based organizations
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>



Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" 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"/>		<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input 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"/>		<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>

- b. Other. List and describe any other partners that implement or perform CCDF services and identify their responsibilities. [Click or tap here to enter text](#)

1.2.3. Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2. In the description include:

- Written agreements. 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 (98.11(a)(3)).
  - Tasks to be performed
  - Schedule for completing tasks
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements
  - Monitoring and auditing procedures
  - Indicators or measures to assess performance of those agencies (98.16(b))
- Any other processes to oversee and monitor other agencies. [Click or tap here to enter text](#)

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, including:

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

- Funds withheld due to unsatisfactory program performance or failure to comply with the terms and conditions of the Grant Agreement between the Department or its other operating units may be restored upon satisfactory completion of the condition that caused the withholding.
- Monitoring: If, as a result of its monitoring efforts, the Department uncovers deficiencies in the Grantee's administration of the grant or related project/program, the Department shall notify the Grantee in writing of said deficiencies. The Grantee shall agree to take immediate and timely corrective action as determined by the Department in an attempt to rectify any identified and reported deficiencies and to resolve the matter.
- Department Right of Approval: The Department shall have the right in its sole discretion to refuse to permit any employee of the Grantee, or employee of an approved agent designee, or subcontractor of the Grantee, to be located at a Department work location, or to provide services to the Department or its clientele pursuant to the Grant Agreement.

In addition, The Department has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, DHHR program and contract staff interview all CCR&R staff as well as some local DHHR staff, providers and recipients, and review case records, personnel, and financial files. Program staff monitor work flow and environment. If deficiencies exist, the state requests corrective action and then monitors to 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.

1.2.4. Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

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

1.2.5. Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

All workers who handle personally identifiable information are required to read and sign the Lead Agency's confidentiality policy and are required to complete annual Health Insurance Portability and Accountability Act Security training. All records and information are properly maintained regarding physical, network, and process security protocols.

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

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

- 1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at: <https://www.census.gov/newsroom/cspan/govts/20120301cspangovtsdef3.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) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- 3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

#### **1.3.1. Describe the Lead Agency's consultation efforts in the development of the CCDF Plan.**

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local governments.

The Division of Early Care and Education provided six meetings in the six CCR&R regions across the state. Participants were able to give input to the state plan via Survey Monkey and information was distributed via various collaborative partners' listservs. While representatives of local government were invited to participate in these meetings, none attended, and no input was received.

The Division of Early Care and Education is also involved in a community-based grass roots effort to explore early care and education issues, in which items such as payment structure, rates, and initiatives to reduce childhood obesity are discussed. This group is called the Earlier the Better, and is spearheaded by Keys 4 Healthy Kids.

- 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
- 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

These members receive an advance copy of the state plan so that they can provide feedback and are invited to the virtual public hearing meetings. These members are also partners in the Earlier the Better group.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

There are no Indian Tribes and/or Tribal organizations in the state.

d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

Not Applicable

1.3.2. Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a. Date of the public hearing. May 25, 26, 27, 2021

b. Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

c. Date of notice of public hearing (date for the notice of public hearing identified in (a). Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement). May 3, 2021.

d. How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The Lead Agency posted notice of the public hearing on the Lead Agency's website. Notices were also sent out through email to collaborative partners responsible for TANF, Child Welfare, CCR&R agencies, and the Early Childhood Advisory Committee. The State Plan and notice of the hearing were also delivered to child care providers and families through listservs.

e. Hearing site or method, including how geographic regions of the state or territory were addressed.

The state held six virtual Zoom meetings, at various days and times, in the six CCR&R regions in the state. Participants could attend any session that suited their schedule. Comments were also accepted through Survey Monkey.

f. 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 disseminated by email to community partners and ECAC members.

g. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

Answer pending.

1.3.3. Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found at:

<https://www.acf.hhs.gov/occ/resource/pi-2009-01.>)

a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<https://dhhr.wv.gov/bcf/Childcare/Pages/West-Virginia-State-Plan.aspx>

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

☒ Working with advisory committees. Describe:

Results from the plan amendments will be shared at the Early Childhood Advisory Council by email prior to quarterly meetings.

- ☒ Working with child care resource and referral agencies. Describe:

The CCR&R websites will have a link available to the WV DHHR Child Care website.

- ☐ Providing translation in other languages. Describe: [Click or tap here to enter text](#)

- ☒ Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:

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

- ☒ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe:

The lead agency communicates with child care providers through dedicated list serves and by email.

- ☐ Other. Describe: [Click or tap here to enter text](#)

#### **1.4. Coordination with Partners to Expand Accessibility and Continuity of Care**

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

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

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

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families.
- smoothing transitions for children between programs or as they age into school.
- enhancing and aligning the quality of services for infants and toddlers through school-age children.
- linking comprehensive services to children in child care or school-age settings.
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

- i. Appropriate representatives of the general-purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

The Division of Early Care and Education provided the opportunity for input online to all State Agencies and community members, as well as six virtual public hearings across the state. Participants were able to give input to the state plan via SurveyMonkey. Goals for coordination include receptiveness to local needs.

ii. [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 goals and process:](#)

The Division Director, Lisa Ertl, provided an informational spot light on the CCDF State Plan. ECAC members were also invited to the six virtual public hearings. 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.

☒ [Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.](#)

iii. [Indian tribe\(s\) and/or tribal organization\(s\), at the option of individual tribes. Describe the coordination goals and process, including which tribe\(s\) was consulted: \[Click or tap here to enter text\]\(#\)](#)



☒ N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals and process:

The Division of Early Care and Education participates in a state level early childhood advisory council. The WV Department of Education, Office of Special Programs, WV Department of Health and Human Resources Office of Maternal, Child and Family Health, WV Birth to Three sits at the Advisory Council table and is part of all collaborative efforts. 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.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals and process:

The Head Start State Collaboration Director is housed within the Division of Early Care and Education and reports directly to the CCDF Co-administrator.



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.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process:

The Lead Agency is also the agency responsible for public health and the agency responsible for immunizations. No additional coordination is required as the Lead Agency houses both initiatives.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals and process:

The Lead agency coordinates with Work Force West Virginia and co-locates some child care resource and referral offices to better assist job seeking parents.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals and process:

The WV Department of Education is a member of the WV Early Childhood Advisory Council. Coordination occurs within the Early Childhood Advisory Council membership. 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.

ix. [State/territory agency responsible for child care licensing. Describe the coordination goals and process:](#)

The Lead Agency is also the agency responsible for child care licensing. No additional coordination is required as the Lead Agency houses both initiatives.

x. [State/territory agency responsible for the Child and Adult Care Food Program \(CACFP\) and other relevant nutrition programs. Describe the coordination goals and process:](#)

The Division of Early Care and Education provided the opportunity for input online to all State Agencies and community members, as well as six virtual public hearing opportunities. Participants were able to give input to the state plan via Survey Monkey.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process:

The Division of Early Care and Education in conjunction with the WV Department of Education Office of Federal Programs reviewed and discussed the State Plan expectations for planning and implementation.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals and process:

The Lead Agency is also the agency responsible for TANF administration. No additional coordination is required as the Lead Agency houses both initiatives.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process:

The Lead Agency houses both Medicaid and the Children's Health Insurance Program

xiv. State/territory agency responsible for mental health. Describe the coordination goals and process:

The Lead Agency houses both the Bureau for Behavioral Health and the Division of Early Care and Education. Both Bureaus work collaboratively to promote the wellbeing of children in West Virginia.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process:

The CCR&R system in WV is the structure in place for families to come and apply for child care assistance as well as child care providers to receive professional development. CCR&Rs are funded through a grant from the lead agency. The lead agency provides the scope of work to the CCR&Rs as well as technical assistance and support in the implementation of initiatives.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process:

The Statewide Afterschool Network works closely with the Lead Agency to align strategic goals for West Virginia's children. Lead Agency staff provides input and technical assistance to the Statewide Afterschool Network. A member of the Division of Early Care and Education is a member of the Statewide Afterschool Network and the lead agency provides funding to support the work of the network.

xvii. Agency responsible for emergency management and response. Describe the coordination goals and process:

The Lead Agency works with the West Virginia Department of Homeland Security and Emergency Management in coordinating disaster preparedness plans for child care and continuity of operations plans for the Lead Agency and its grantees.

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

☒ i. State/territory/local agencies with Early Head Start – Child Care Partnership grants.  
Describe:

The Lead Agency is currently working with the EHS/CC partnerships to provide technical assistance and financial supports. The Head Start State Collaboration Director is housed in the Division of Early Care and Education, which assists in the collaboration efforts.

☒ ii. State/territory institutions for higher education, including community colleges.  
Describe:

There is higher education representation on the WV Early Childhood Advisory Council as well as a higher education subcommittee. 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.

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

☒ iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

The Lead Agency collaborates with the Maternal and Childhood Home Visitation programs in offering early childhood programs to families. Both the Division of Early Care and Education and the Home Visitation lead are housed within the same agency.

☒ v. Agency responsible for Early and Periodic Screening, Diagnostic and Treatment. Describe:

The Lead Agency and the Bureau responsible for EPSDT are housed within the same agency. Child Care Resource and Referral agencies also collaborate with EPSDT on CCDF related communication and initiatives.

☒ vi. State/territory agency responsible for child welfare. Describe

The Lead Agency and the Bureau responsible for Child Welfare are housed within the same agency.

☐ vii. State/territory liaison for military child care programs. Describe

☐ viii. Provider groups or associations. Describe

Provider associations were invited to participate in the six virtual public hearings. The provider association members are also members of ECAC and the grassroots the Earlier the Better group.

☐ ix. Parent groups or organizations. Describe

☐ x. Other. Describe

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

*Optional Use of Combined Funds:* States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for 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, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: <https://www.acf.hhs.gov/sites/default/files/occ/acfimohs1503.pdf>).

1.5.1. Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

- ☒ No (If no, skip to question 1.5.2)  
☐ Yes. If yes, describe at a minimum:

a. How you define “combine”? [Click or tap here to enter text](#)

b. Which funds you will combine? [Click or tap here to enter text](#)

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? [Click or tap here to enter text](#)

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? [Click or tap here to enter text](#)

e. How are the funds tracked and method of oversight [Click or tap here to enter text](#)

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

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

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

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

☐ a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

☒ b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds: **General Revenue**

ii. If known, identify the estimated amount of public funds that the Lead Agency will receive: **\$6,386,183**

☐ c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

☐ A Donated directly to the state?

☐ B Donated to a separate entity(ies) designated to receive private donated funds?

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

iii. If known, identify the estimated amount of private donated funds that the Lead Agency will receive: **Click or tap here to enter text**

☐ d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): **Click or tap here to enter text**

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services: **Click or tap here to enter text**

ii. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the matching funds requirement: **Click or tap here to enter text**

iii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents: **Click or tap here to enter text**

☐ e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,



- i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6). [Click or tap here to enter text](#)
- ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents: [Click or tap here to enter text](#)
- iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent): [Click or tap here to enter text](#)
- iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care: [Click or tap here to enter text](#)
- v. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the MOE Fund requirement: [Click or tap here to enter text](#)

#### **1.6. Public-Private Partnerships**

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

1.6.1. Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)).

West Virginia has grant agreements with three agencies across the state to support and implement the requirements of the CCDF block grant. These grants support six child care resource and referral agencies across the state and West Virginia Early Childhood Training Connections and Resources, which houses the state training and registry system, the apprenticeship for child development specialist program, and several other programs funded through the Office of Maternal, Child, and Family Health and the Head Start State Collaboration Office. The goals of these partnerships are to implement the subsidy and professional development provisions under the CCDF block grant. The child care resource and referral agencies are the service delivery system for subsidy eligibility and provides professional development and technical assistance to child care providers.

#### **1.7. 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 state/territory, by a statewide public or private non-profit, community-based or regionally based, lead



child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under 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 state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

*Note:* Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use section 7.5.2 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1. Does the Lead Agency fund local or regional CCR&R organizations?

☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

☒ Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

Child Care Resource & Referral 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 several 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 monies, including the development of state Child Care policy and procedures

promulgation of regulatory requirements for providers, oversight of all funds by grantees, and assuring that grantees operate according to CCDF rules. The lead agency also provides direction for all activities that improve the quality of care. Policy is developed on a state level and is the same statewide with no local variations with regard to priorities for children, eligibility criteria, sliding fee scales, payment rates or procedures.

Regulatory requirements must be promulgated through the state Legislature, so regulations apply statewide. The Department of Health and Human Resources does, however, enter into grant agreements with other private agencies to implement many of its services, programs, and activities. 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's finance unit pulls the expenditures to complete the federal reporting forms.

#### **1.8. Disaster Preparedness and Response Plan**

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1. Identify when the Statewide Child Care Disaster Plan was last updated. Please consider any changes that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

a. When was the most recent update to the Statewide Disaster Plan?

The Statewide Child Care Disaster Plan was developed in 2015 in conjunction with the West Virginia Department of Homeland Security and Emergency Management, as well as with input from Early Childhood Advisory Committee. The Lead Agency has Continuity of Operations Plans (COOP).

Child Care Resource and Referral agencies are required to have individualized Continuity of Operations Plans and are to update those plans on file with the Lead Agency when they are updated.

b. Did you collaborate with the any of the required entities in updating the plan? If yes, identify those entities: [Click or tap here to enter text](#)

The Statewide Child Care Disaster Plan was developed in conjunction with the CCR&R agencies, the West Virginia Department of Homeland Security and Emergency Management agency and was reviewed by ECAC. The Lead Agency houses the other required entities.

c. Describe the elements of the plan that were updated: [Click or tap here to enter text](#)

All entities reviewed the entire plan.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

☒ a. The plan was developed in collaboration with the state human services agency, the state emergency management agency, the state licensing agency, the state health department or public health department, local and state child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

☒ b. The plan includes guidelines for the continuation of child care subsidies.

☒ c. The plan includes guidelines for the continuation of child care services.

☒ d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

☐ e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

☒ i. Procedures for evacuation

☒ ii. Procedures for relocation

☒ iii. Procedures for shelter-in-place

☒ iv. Procedures for communication and reunification with families

☒ v. Procedures for continuity of operations

☒ vi. Procedures for accommodations of infants and toddlers

☒ vii. Procedures for accommodations of children with disabilities

☒ viii. Procedures for accommodations of children with chronic medical conditions

☒ f. The plan contains procedures for staff and volunteer emergency preparedness training.

☐ g. The plan contains procedures for staff and volunteer practice drills.

1.8.3. Provide the link to the website where the statewide child care disaster plan is available:  
[https://dhhr.wv.gov/bcf/Childcare/Documents/WV%20Statewide%20Child%20Care%20Disaster%20Plan%20\(003\).pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/WV%20Statewide%20Child%20Care%20Disaster%20Plan%20(003).pdf)

## **2.0. Promote Family Engagement Through Outreach and Consumer Education**

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

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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

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

2.1.1. Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- ☐ Application in other languages (application document, brochures, provider notices)
- ☐ Informational materials in non-English languages
- ☐ Website in non-English languages
- ☐ Lead Agency accepts applications at local community-based locations
- ☐ Bilingual caseworkers or translators available
- ☐ Bilingual outreach workers
- ☐ Partnerships with community-based organizations
- ☒ Other. Describe:

According to the 2010 Census, only 1.1% of West Virginia's population speaks a language other than English at home, encompassing a wide range of languages from Hindi to Chinese. CCR&R agencies use a language phone service to ensure that these populations are adequately served. Because of

the lack of demand, West Virginia has not conducted any statewide activities aimed at families with limited English proficiency.

2.1.2. Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- ☐ Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- ☒ Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- ☐ Case workers with specialized training/experience in working with individuals with disabilities
- ☒ Ensuring accessibility of environments and activities for all children
- ☒ Partnerships with state and local programs and associations focused on disability-related topics and issues
- ☒ 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 West Virginia Page 36 of 292
- ☒ Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- ☐ Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- ☒ Other. Describe:

The Lead Agency partners with Birth to Three, Behavioral Health agencies, the WV Department of Education, and Family Resource Centers to assist families with disabilities in accessing services. The Division of Early Care and Education is also a member of the Interagency Coordinating Council to obtain direct input from families and stakeholders who require specialized services or are experiencing a disability.

## 2.2. Parental Complaint Process

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

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

Complainants are received by the Lead Agency in several ways:

1. General Intake at WV DHHR - Complainants can call the WV DHHR abuse and neglect hotline at 1-800-352-6513 and speak to a general intake worker who will take the complaint. Then, the intake worker emails the WV DHHR BCF ECE Child Care Program Manager "Child Care Center Violation Report" email with details regarding the complaint. The Program Manager then forwards the complaint for investigation. The WV DHHR link, <https://dhhr.wv.gov/bcf/Services/Pages/Centralized-Intake-for-Abuse-and-Neglect.aspx> has direction as to what information the intake worker will need for the complaint.

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

2.2.2. For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers:

Once a complaint is received, it is assessed to determine whether the complaint is a potential non-compliance with a rule. If it is found that the complaint is not but may be a noncompliance within another agency, the complaint is referred to that agency. In some instances, the complainant determines that a procedure is a rule noncompliance, but it is not. In those cases, the program manager and/or regulation unit specialists provides technical assistance and education to the complainant. Should the complaint be a potential abuse or neglect issue, the program manager and/or the regulation unit specialist makes a referral via the abuse and neglect hotline and informs the complainant that they too should refer the concern to the abuse and neglect hotline. When it has been determined that a potential noncompliance has occurred, the investigation into the complaint must begin within five working days after being received, with a conclusion date for thirty days after the onset of the investigation. However, there are situations that require an investigation to be initiated within 24 hours. The nature of the complaint will determine the response time to the complaint and what methods of investigation will be used. Should it be determined that a complaint is a noncompliance with a rule, the investigating regulation unit specialist recommends a Corrective Action Plan be developed and submitted to the provider. When a complaint is substantiated, the provider is given a designated time to make corrections. Depending on the complaint, the provider is generally given one to three months to make the corrections. During that time, on site monitoring occurs. At a minimum, the monitoring is increased to one time per month but depending upon the issue, increased monitoring could occur weekly or two times per month until the issue is resolved. Increased monitoring may include technical assistance to resources that could aid the provider into achieving and maintaining compliance.

All licensed and registered providers, regardless of their CCDF status are required to maintain compliance with established rules and are therefore subject to corrective action and increased monitoring.

2.2.3. Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

All licensed and registered providers, regardless of their CCDF status are required to maintain compliance with established rules and are therefore subject to investigations, corrective action as applicable and increased monitoring due to the substantiation of noncompliance. Policies, processes, rules, and timelines for non-CCDF providers are no different than those for CCDF providers. The same process as outlined in 2.2.2. is followed for non-CCDF providers.



2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

When a parent requests a history of substantiated complaints, a report may be generated from the FACTS called a “History of Non-Compliance Report.” The report indicates any substantiated non-compliance, any corrective action, and dates of completion. This information is readily accessible to local DHHR child care staff, resource and referral staff and State licensing staff. When a request for the information is made, the worker is to provide a copy of the applicable pages(s). However, workers are not to provide any additional information of discussion regarding the complaints.

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

2.2.5. Provide the citation to the Lead Agency’s policy and process related to parental complaints:  
<https://dhhr.wv.gov/bcf/Pages/default.aspx>

### 2.3. Consumer Education Website

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

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1. Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites are searchable, simple to navigate, written in plain language, and easy to understand.):

The Lead Agency’s website is written in plain language and connects the public to all the services and programs offered by the Lead Agency. Side menus and search functions assist in website navigation. The website is ADA compliant, and allows the consumer to search by provider name, county, city, and zip code.

2.3.2. Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

According to the 2010 Census, only 1.1% of West Virginia's population speaks a language other than English at home, encompassing a wide range of languages from Hindi to Chinese. CCR&R agencies

use a language phone service to ensure that these populations are adequately served. Because of the lack of demand, West Virginia has not set up its website to accommodate other languages.

2.3.3. Describe how the website ensures the widest possible access to services for persons with disabilities:

The Lead Agency website is designed to be accessible to screen readers and uses high contrast colors to assist users in identifying buttons and links.

2.3.4. Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

- a. Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:

<https://dhhr.wv.gov/bcf/Childcare/Pages/Child-Care-Provider-Regulatory-Requirements.aspx>

- b. Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

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

- c. Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.2 and 5.5.4:

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

2.3.5. How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education includes a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

- a. Provide the website link to the list of child care providers searchable by ZIP code:

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

- b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers (please check all that apply)?

- ☐ i. License-exempt center-based CCDF providers



- ☐ ii. License-exempt family child care (FCC) CCDF providers
- ☐ iii. License-exempt non-CCDF providers
- ☒ iv. Relative CCDF child care providers
- ☐ v. Other. Describe: [Click or tap here to enter text](#)

c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. 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 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"/>
Years in operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Other information included for:

- ☒ i. Licensed providers.

Information also available in the search includes provider location, license type, license expiration date, and name of licensing specialist assigned. It also includes links to the local child care resource and referral agency.

- ☐ ii. License-exempt, non-CCDF providers.

There are no exempt providers in WV

- ☐ iii. License-exempt CCDF center-based providers.

There are no exempt providers in WV

- ☐ iv. License-exempt CCDF family child care.

There are no exempt providers in WV

- ☐ v. Relative CCDF providers

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

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

- ☐ i. Quality rating and improvement system
- ☒ ii. National accreditation
- ☐ iii. Enhanced licensing system
- ☐ iv. Meeting Head Start/Early Head Start Program Performance Standards
- ☐ v. Meeting Prekindergarten quality requirements
- ☐ vi. School-age standards, where applicable
- ☐ vii. Other. Describe: [Click or tap here to enter text](#)

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

- ☒ i. Licensed CCDF providers. Describe the quality information:  
The Lead Agency provider information on whether or not the program is accredited or meets Tier II standards.
- ☐ 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](#)
- ☐ vii. Relative child care providers. Describe the quality information: [Click or tap here to enter text](#)
- ☐ viii. Other. Describe: [Click or tap here to enter text](#)

2.3.7. Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. 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 state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one or both):

- ☐ i. Full monitoring reports that include areas of compliance and non-compliance.
- ☒ ii. Full monitoring 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).

b. Check to certify that the monitoring and inspection reports and/or their plain language summaries include:

- ☒ Date of inspection
- ☐ 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: [Click or tap here to enter text](#)
- ☐ Corrective action plans taken by the state and/or child care provider. Describe: [Click or tap here to enter text](#)
- ☐ A minimum of 3 years of results

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken. [Click or tap here to enter text](#)

i. Provide a website link to where the reports are posted.

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

ii. Describe how reports are posted in a timely manner and how the Lead Agency defines timely. The Child Care Locator is updated monthly, with the information populating from the previous month.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

The lead agency defines plain language as communications that eschew jargon and technical language in favor of easily understandable words. Parents can provide feedback to the agency online, by phone, through CCR&R agencies and local DHHR offices.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The consumer website has a Child Care Locator for consumers that desire to search and research child care programs. The Locator makes available general information such as the name of the program, the address, capacity, phone number, ages accepted and so on. Once

an individual has chosen a provider, the name of the provider can be clicked on which then takes the consumer to a page that lists noncompliance for the program. The list of noncompliance notes whether the provider has corrected the noncompliance or if the correction is pending correction. On this page, a consumer can request a written history of noncompliance for the program or contact the assigned regulation unit specialist for further information.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

The information on the Child Care Locator is pulled from the state Family and Child Tracking System (FACTS). Should an error be noted, Early Care and Information staff contact designated FACTS staff about the inaccuracy, so a correction can be made.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

Any time a provider is monitored, and a corrective action plan is generated, the provider has 30 days to challenge the corrective action plan via a prehearing conference or a formal hearing. The process for appealing the findings on the Child Care Locator are the same.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

The Child Care Locator noncompliance information is not currently posted past 3 years. However, anyone can request a History of noncompliance with allows for a report to be generated for any timeframe.

2.3.8. Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.53(a)(5)). The serious incident aggregate data should 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 providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include total number of children in care by provider type and licensing status, so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. 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 (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Child care providers are to report to the Division of Early Care and Education staff within 24 hours any serious occurrences or deaths. In addition, as mandated reporters to report to the appropriate abuse and neglect agency.

ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement.

Physical injury, mental or emotional injury, sexual abuse, sexual exploitation, the sale or the attempted sale or negligent treatment or maltreatment of a child by a parent, guardian or custodian responsible for the child's welfare, under circumstances which harm or threaten the health and welfare of the child.

iii. The definition of “serious injury” used by the Lead Agency for this requirement.

West Virginia does not have a formal definition of a serious injury but instead has a definition and tracks serious occurrences. A serious occurrence is defined as an event that either harms or could potentially harm a child or compromise the operation of the program. It may include a child who dies while in care, a child injured while in care to the extent that the child requires medical beyond immediate first aid, a diagnosed reportable communicable disease that is introduced in the program, a medication error that occurs, a legal action involving or affecting the operation of the program, a serious violation of a licensing requirement, such as use of physical punishment or failure to supervise or a report given to Child Protective Services of suspected abuse or neglect of a child at the program.

b. 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/licensing status
- ☒ ii. the total number of deaths of children in care by provider category/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/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

[https://dhhr.wv.gov/bcf/Childcare/Documents/WV%20Serious%20Injury%2c%20AbuseNeglect%20and%20Death\\_FFY171718\\_As%20of%20022818.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/WV%20Serious%20Injury%2c%20AbuseNeglect%20and%20Death_FFY171718_As%20of%20022818.pdf)

2.3.9. The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The Lead Agency provides a link to local child care resource and referral agencies and describes the services offered.

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

2.3.10. The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

<https://dhhr.wv.gov/bcf/Pages/Contact.aspx>

2.3.11. Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

<https://dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>

#### **2.4. Additional Consumer and Provider Education**

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

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

Child Care Resource & Referral Services: The state has developed an infrastructure of Child Care Resource and Referral (CCR&R) agencies to provide resource and referral services, manage the child care certificate system (including eligibility determination and payment to providers) and deliver a number of quality initiatives. The current six CCR&R agencies were selected through competitive grant announcements. As the vast majority of service delivery and quality initiatives are contracted through the CCR&R, the state has a number of methods for maintaining overall control of CCR&R activities. Parents, providers, and the public are informed of the availability of child care services through family support staff at local DHHR offices, child care staff at CCR&R agencies, providers who accept subsidy payments, the state's website, and other consumer education efforts. CCR&R agencies have placed posters in DHHR offices' waiting areas to notify parents of eligibility for services and have used various advertising campaigns including billboards, radio, and newspaper articles to spread the word. The CCR&R agencies have also set up application sites at college campuses and local businesses and have attended community fairs and even parent teacher organization meetings to provide information on child care services. Each CCR&R has a website that is connected to the state Child Care website that includes information on how to apply for child care and the options of types of child care. The CCR&R agencies also use their TRAILS vans to advertise the program. The vans set up at fairs, festivals, and conferences across the state to offer information about available services.

2.4.2. How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify

by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

**a. Temporary Assistance for Needy Families program:**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, well as through free internet cafes available at CCR&R agencies.

**b. Head Start and Early Head Start programs:**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, as well as through free internet cafes available at CCR&R agencies.

**c. Low Income Home Energy Assistance Program (LIHEAP):**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, as well as through free internet cafes available at CCR&R agencies.

**d. Supplemental Nutrition Assistance Program (SNAP):**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, as well as through free internet cafes available at CCR&R agencies.

**e. Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC):**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, as well as through free internet cafes available at CCR&R agencies.

**f. Child and Adult Care Food Program (CACFP):**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, as well as through free internet cafes available at CCR&R agencies.

**g. Medicaid and Children's Health Insurance Program (CHIP):**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, as well as through free internet cafes available at CCR&R agencies.

**h. Programs carried out under IDEA Part B, Section 619 and Part C:**

Information is available through CCR&R agencies and the WV DHHR website. Information is conveyed verbally, through program specific handouts and pamphlets, as well as through free internet cafes available at CCR&R agencies.

2.4.3. 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, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided



- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information

**Description:**

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

- Nurse health educators are nurse health consultants are available through the State's six (6) Resource and Referral agencies to provide training and information to child care providers on nutrition, physical activity, child health and well-being.
- KEYS 4 Healthy Kids (KEYS) is a partnership of community stakeholders whose goal 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. To keep the cost of food low, many child care centers and families are resorting to buying little fresh produce. Many factors impact the child care center's ability to increase the amount of fresh produce on their menu including cost, availability, and time spent to travel to place that sells local produce.
- Nutrition and Physical Activity Self-Assessment for Child Care Centers (NAP SACC) is a tool to improve nutrition and physical activity standards in child care settings. This tool to assess childcare centers for is used by The KEY 2 a Healthy Start. KEYS 4 Healthy Kids has partnered with childcare centers that completed NAP SACC before participating in workshops and implementing policy and environment changes. The workshop topics include an overview of nutrition and physical activity policies, menu planning with registered dietitians, physical activity improvement opportunities, incorporating families into nutrition and physical activity goals, worksite wellness, and goal setting to measure progress.
- Natural Learning Environment are a new type of playground. They are spaces that provide enriching outdoor learning opportunities that contribute to healthy development. Gardening is one of several but perhaps the most important element of a natural learning environment.



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

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

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

Two Behavioral Consultants (BC) are on staff at each of West Virginia's six Child Care Resource and Referral Agencies (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.

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

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

#### **General**

With reauthorization of the Child Care and Development Block Grant Act (CCDBG) of 2014, the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (ED) issued a joint policy statement with regard to reducing or eliminating expulsion and exclusion from early childhood settings.

[https://www.acf.hhs.gov/sites/default/files/ece/expulsion\\_suspension\\_final.pdf](https://www.acf.hhs.gov/sites/default/files/ece/expulsion_suspension_final.pdf)

Multiple studies have confirmed expulsions from public pre-k and other early care and education settings occur at a rate higher than K through 12 combined. While data on prekindergarten expulsions suggest a rate of 4 to 6 times that of K-12 combined, expulsion data on children in non-prekindergarten settings is significantly higher.

Child care professionals know the importance of high-quality early childhood experiences and their corresponding impacts on overall development and learning. Expulsions remove children from these enriched experiences at a critical time and can lead to long term educational and social difficulties. In addition, it is children most in need of these experiences who are more often expelled. Expulsions also put significant stress on parents and families, which in turn can lead to more negative impacts on the child.

West Virginia is focused on developing and implementing policy to address early childhood expulsions by fiscal year 2017-18. In the interim, early care and education providers, regardless of setting, have an opportunity to prepare for the policy implementation.

#### **Expulsion Prevention**

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

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

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

#### **Provider Policies and Parent Handbooks**

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

<http://www.dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>

The responsibility to understand and implement those requirements rests with the provider. In keeping with recommendations stated in reauthorization of CCDBG and corresponding statements from

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

### **Civil and Education Rights for Individuals with Disability**

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

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

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

### **Early Detection and Referral**

Early detection and appropriate referral are critical for preventing expulsion and obtaining needed supports for children at risk. Early care and education providers should make referral at the first indication a child is at risk of being excluded or expelled due to developmental concerns. To ensure the appropriate referral(s) is made, providers must become familiar with the qualifying criteria and services available within each system. Multiple service options, including those defined in ADA and IDEA are available based on child’s age, developmental delay, disability, and associated behavior.

### **Birth to Three**

WV Birth to Three (Part C) is a statewide system of services and supports for children under age three who have a delay in their development or may be at risk of having a delay. To be West Virginia Page 61 of 292 eligible for WV Birth to Three services, an infant or toddler under the age of three can either have a delay in one or more areas of their development or be at risk of possibly having delays in the future. For further information regarding Part C referrals:

<http://www.wvdhhr.org/birth23/referral.asp>

### **Special Education**

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

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

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

### **Behavioral Consultation and Related Supports**

A Behavioral Consultant (BC) is on staff at each of West Virginia's six Child Care Resource and Referral Agencies (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 at risk for expulsion. BCs offer onsite professional development and technical assistance based upon general and specific needs of children.

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

### **Developmental Screening**

Early, regular, and reliable screening can help identify problems or potential problems that may threaten a child's development and lead to additional delays and deficits. West Virginia currently requires developmental screening in centers participating in state-funded prekindergarten programs but not in other early childhood settings. In order to strengthen capacity for systems-wide early childhood screenings, providers are encouraged to explore current community screening options. Policy suggestions have been made that all children receive periodic screening and that screening services be available at early childhood programs/settings (see initial reference link).

It is recommended providers begin to build capacity, via training and technical assistance West Virginia Page 62 of 292 (face to face and web-based), to provide in-house, onsite screenings. Currently, the Ages and Stages Screening Questionnaires are being promoted by several states (WV) as well as HHS and ED. For some additional screening information, including a list (compendium) of assessment tools:

[https://www.acf.hhs.gov/sites/default/files/ecd/screening\\_compendium\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf)

[https://www.acf.hhs.gov/sites/default/files/ecd/ece\\_providers\\_guide\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ecd/ece_providers_guide_march2014.pdf)

<http://www.dhhr.wv.gov/helpmegrow/Pages/Developmentalscreenings.aspx>

<http://www.dhhr.wv.gov/healthcheck/Pages/default.aspx>

<http://agesandstages.com/>

Online Professional Development and Technical Assistance West Virginia early childhood providers, regardless of setting, are encouraged to begin planning now for expulsion prevention. Specific training on social and emotional development, as well as behavioral intervention strategies and supports critical to expulsion prevention are available. Multiple prevention initiatives and service models are currently accessible online for training and technical assistance. While the following list is not exhaustive, no intervention, regarding behavior or otherwise, will be accepted if it is not considered Developmentally Appropriate Practice (DAP).

<http://www.naeyc.org/DAP>

<http://www.casel.org/preschool-and-elementary-edition-casel-guide>

[http://csefel.vanderbilt.edu/resources/training\\_modules.html](http://csefel.vanderbilt.edu/resources/training_modules.html)

[http://challengingbehavior.fmhi.usf.edu/do/pyramid\\_model.htm](http://challengingbehavior.fmhi.usf.edu/do/pyramid_model.htm)

<http://iris.peabody.vanderbilt.edu/module/env/done/>

<https://consciousdiscipline.com/>

State Professional Development and Technical Assistance. Additional opportunities for training and technical assistance specific to the contents of this document are available in West Virginia. For more information and access to state and regional professional development:

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

## **2.5. Procedures for Providing Information on Developmental Screenings**

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the state can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

### **2.5.1. Certify by describing:**

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The Lead Agency partners with Help Me Grow to get information regarding developmental screenings to parents and providers. Both case managers and professional development staff received training from Help Me Grow to assist information dissemination efforts

- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Professional Development staff who provide onsite technical assistance to child care providers are required to make Birth to Three referrals when necessary. CCR&R agencies are co-located with Birth to Three Regional Administrative Units to facilitate easier access for parents to Birth to Three services.

c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

During intake case managers ensure that parents are aware of Help Me Grow services. They have pamphlets available and refer parents to the Help Me Grow website.

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

CCR&R case manager and professional development staff advise parents and provider show Help Me Grow and Birth to Three services can be accessed.

e. How child care providers receive this information through training and professional development.

CCR&R professional development staff advise providers how Help Me Grow and Birth to Three services can be accessed.

f. Provide the citation for this policy and procedure related to providing information on developmental screenings.

Child Care Resource and Referral Policy and Procedure Manual The CCR&R agency shall work collaboratively with health organizations and other early childhood entities to promote access to developmental and health screening and immunizations for children and continue to provide training on vision screening to caregivers and offer vision screening as appropriate. The agency is not responsible, however for health fairs or creation of resources where none exist.

## **2.6. Consumer Statement for Parents Receiving CCDF Funds**

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

### **2.6.1. Certify by describing:**

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

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

b. To demonstrate continued compliance with the consumer statement requirements, certify by checking below the specific information provided to families either in hard copy or electronically.

☒ Health and safety requirements met by the provider



- ☒ Licensing or regulatory requirements met by the provider
- ☒ Date the provider was last inspected
- ☒ Any history of violations of these requirements
- ☒ Any voluntary quality standards met by the provider
- ☐ How CCDF subsidies are designed to promote equal access
- ☒ How to submit a complaint through the hotline
- ☒ 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

c. Provide a link to a sample consumer statement or a description if a link is not available.

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

### **3.0. Provide Stable Child Care Financial Assistance to Families**

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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

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

#### **3.1. Eligible Children and Families**

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

##### **3.1.1 Eligibility criteria: Age of children served**

- a. The CCDF program serves children from 0 through 12 years (under age 13). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and(c).



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

☐ No

☒ Yes, and the upper age is **18** (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity: [Click or tap here to enter text.](#)

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

☐ No

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

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

- i. "residing with": to live with permanently or for an extended period.
- ii. "in loco parentis": to live with permanently or for an extended period.

### 3.1.2. Eligibility criteria: Reason for care

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

- i. "Working" (including activities and any hour requirements):

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

- ii. "Job training" (including activities and any hour requirements):

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

- iii. "Education" (including activities and any hour requirements):

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

- iv. Attending (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Parents must be working at least 20 hours or enrolled full time in a job training or educational activity, or a mix of both part-time work and part-time job training/education activities. Travel time is not considered when determining eligibility.

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)? Describe the policy or procedure, including the additional work requirements.:

Parents must be working at least 20 hours or enrolled full time in a job training or educational activity, or a mix of both part-time work and part-time job training/education activities. Job search is available to parents who experience a non- temporary loss or cessation of eligible activity at 90 days per every 6-month period.

c. Does the Lead Agency provide child care to children in protective services?

☐ No

☒ Yes. If yes: Provide the Lead Agency's definition of "protective services":

Children residing with parents that are unable to provide adequate care or supervision and whose parents support and assistance with child care responsibilities to prevent or alleviate child abuse or neglect.

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

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

☐ No

☒ Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

☐ No

☒ Yes

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

☒ No

☐ Yes

### 3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

The total amount of money, prior to deductions, received or earned monthly by the members of the family.

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$3218	\$2736	\$1561	48.5%
2	\$4209	\$3577	\$2114	50.2%
3	\$5199	\$4419	\$2666	51.3%
4	\$6189	\$5261	\$3219	52%
5	\$7178	\$6103	\$3771	52.5%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)).

Income eligibility limits are statewide.

d. SMI source and year. Federal Register 5/29/20

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

[https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm\\_liheap\\_im2002smiattachment\\_fy2021.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm_liheap_im2002smiattachment_fy2021.pdf)

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

The chart was completed using the canvass of the entire state.

f. What is the effective date for these eligibility limits reported in 3.1.3 b?

10/1/2019

g. Provide the citation or link, if available, for the income eligibility limits.

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/Appendix%20A%202019%20Sliding%20Fee%20Scale%208%2026%2019.pdf>

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

a. Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Parent(s) can select a check box on the application, or the parent(s) may respond to the inquiry by the worker at the time of the face-to-face intake interview.

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

☒ No

☐ Yes. If yes, describe the policy or procedure and provide citation: [Click or tap here to enter text](#)

3.1.5. Describe any additional eligibility conditions or rules, which are applied by the Lead Agency during:

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

a. eligibility determination. [Click or tap here to enter text](#)

b. eligibility redetermination (98.20(b)). [Click or tap here to enter text](#)

3.1.6. Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

☐ a. Coordinating with Head Start, Prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules

- ☐ b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- ☐ c. Establishing minimum eligibility periods longer than 12 months
- ☐ d. Using cross-enrollment or referrals to other public benefits
- ☐ e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- ☐ f. Providing more intensive case management for families with children with multiple risk factors
- ☐ g. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- ☒ h. Other. Describe:  
Case managers who authorize subsidy services may take into account the child's development and any special needs when authorizing care. In addition, additional time may be authorized for children attending pre-k programs, and Head Start or Early Head Start programs.

#### 3.1.7. Fluctuation in earnings.

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

- ☒ a. Average the family's earnings over a period of time (e.g. 12 months). Describe: [Click or tap here to enter text](#)

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 ended.

☐ b. Request earning statements that are most representative of the family's monthly income. Describe: [Click or tap here to enter text](#)

☐ c. Deduct temporary or irregular increases in wages from the family's standard income level. Describe: [Click or tap here to enter text](#)

☐ d. Other. Describe: [Click or tap here to enter text](#)

3.1.8. Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

☒ a. Applicant identity. Describe:  
Verified by Photo ID at the time of application.

☒ b. Applicant's relationship to the child. Describe:  
Self-Report at the time of application and 12-month review.

☒ c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe:  
Birth certificate for each child in care, at the time of application.

☒ d. Work. Describe:  
Pay stub at the time of application and 12-month review.

☒ e. Job training or educational program. Describe:  
Enrollment information and schedule at the time of application and 12-month review.

☒ f. Family income. Describe:  
Documentation of all income at the time of application and 12-month review.

☒ g. Household composition. Describe:

Self-report at the time of application and 12-month review.

☒ h. Applicant residence. Describe:

Proof of address at the time of application and 12-month review.

☐ i. Other. Describe: [Click or tap here to enter text](#)

3.1.9. Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

☒ a. Time limit for making eligibility determinations. Describe length of time:

CCR&R Agencies have 13 days to take action on an application from the date of initial contact.

☒ b. Track and monitor the eligibility determination process

☐ c. Other. Describe: [Click or tap here to enter text](#)

☐ d. None

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions:

WV Department of Health and Human Resources

b. Provide the following definitions established by the TANF agency:

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.

ii. "Reasonable distance":

Travel to access child care is not in excess of 60 minutes per day.

iii. "Unsuitability of informal child care":



Determination is made on a case-by-case basis. The Family Support Specialist has discretion to determine unsuitability. (see all other items).

iv. “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](#)

d. Provide the citation for the TANF policy or procedure:

WV Works policy 13.9 and 15.7

### 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period. To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

- a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay	What is the monthly co-payment for a family of this size based on the	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the	What percentage of income is this co-payment in (d)?

	(greater than \$0)	income level in (a)?			income level in (d)?	
1	\$520	\$35	7%	\$1561	\$125	8%
2	\$705	\$50	7%	\$2114	\$170	8%
3	\$889	\$30	3%	\$2666	\$110	4%
4	\$1073	\$25	2%	\$3218	\$85	3%
5	\$1257	\$30	2%	\$3771	\$100	3%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. ☒ N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above. [Click or tap here to enter text](#)

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). [Click or tap here to enter text](#)

c. What is the effective date of the sliding-fee scale(s)? [Click or tap here to enter text](#)  
10/1/2019

d. Provide the link to the sliding-fee scale: [Click or tap here to enter text](#)

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/Appendix%20A%202019%20Sliding%20Fee%20Scale%208%2026%2019.pdf>

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

☐ a. The fee is a dollar amount and (check all that apply):

☐ i ☒ The fee is per child, with the same fee for each child.

☐ ii The fee is per child and is discounted for two or more children.

☐ iii ☒ The fee is per child up to a maximum per family.

☐ iv ☒ No additional fee is charged after a certain number of children.

☐ v The fee is per family.

☐ vi The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text](#)

☐ vii Other. Describe: [Click or tap here to enter text](#)

☐ b. The fee is a percent of income and (check all that apply):

☐ i ☒ The fee is per child, with the same percentage applied for each child.

☐ ii The fee is per child, and a discounted percentage is applied for two or more children.

- ☐ iii ☒ The fee is per child up to a maximum per family.
- ☐ iv ☒ No additional percentage is charged after a certain number of children.
- ☐ v The fee is per family.
- ☐ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text](#)
- ☐ vii. Other. Describe: [Click or tap here to enter text](#)

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

- ☒ No
- ☐ Yes. If yes, check and describe those additional factors below.

- ☐ a. Number of hours the child is in care. Describe: [Click or tap here to enter text](#)
- ☐ b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: [Click or tap here to enter text](#)
- ☐ c. Other. Describe: [Click or tap here to enter text](#)

3.2.4. The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- ☐ No, the Lead Agency does not waive family contributions/co-payments.
- ☒ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
  - ☒ a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

Families with an income level below 40% of the 2019 Federal Poverty Level are not required to have a copay.

- ☒ b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

WV Child Care Policy: Supportive Services for Child Protective Services: 4.6.6 For families whose income falls within the income eligibility guidelines, the applicable fee shall be charged unless waived in the Safety or Treatment Plan. The plan shall state the reason for including the 4 waivers. 4.6.7 For families whose income exceeds the eligibility guidelines, income and fees may be waved ONLY if child care is a component of the Safety Plan designed to prevent a child's removal from the biological/adoptive parent's home (i.e., caretaker relative's home), this waiver is not applicable.

- ☒ c. Families meeting other criteria established by the Lead Agency. Describe the policy.

WV Child Care Policy: 6.4.1 Who Pays Fees? "... State foster children in approved foster homes are also exempt.

3.2.5 Lead Agencies that establish initial family income eligibility below 85 percent of SMI are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that 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: 85 percent of SMI for a family of the same size.

- (i) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
  - (A) Takes into account the typical household budget of a low-income family.
  - (B) Provides justification that the second eligibility threshold is:
    - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
    - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the 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-pay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

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

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

A. Describe the policies and procedures. [Click or tap here to enter text.](#)

B. Provide the citation for this policy or procedure. [Click or tap here to enter text.](#)

☒ 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.

A. Provide the second tier of eligibility for a family of three:

The exit level for a family of 3 is set at \$3,288, which is 63.3% of SMI.

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

Entry is set at 150% of 2019 Federal Poverty Level and exit is set at 185% of 2019 Federal Poverty Level.

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

Families are not required to report increases in income above the exit level, but below 85% of SMI during their eligibility period.

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

Families are not required to report increased work hours, pay raise or other income during the certificate period

4. Provide the citation for this policy or procedure:

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

b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

☐ No

☒ Yes

i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out:

Copays are adjusted every 10 percentiles of the Federal Poverty Level, with families below 40% of 2019 FPL paying no fee. Fees are only adjusted at time of review unless the parent experiences a circumstance that allows for reduction.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)

☒ No

☐ Yes. Describe: [Click or tap here to enter text.](#)

### 3.3. Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes, and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to

eligibility determination. Other ways to give priority may include the establishment of a waiting list or the ranking of eligible families in priority order to be served.

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

3.3.1. Describe how the Lead Agency defines:

a. “Children with special needs”:

Children presenting a significant delay of at least 25% in one or more areas of development, or a six (6) month delay in two or more areas as determined by an early intervention program, special education program or other multi-disciplinary team shall be eligible for the Special Needs status. All families who apply and are income and qualifying activity eligible are accepted.

b. “Families with very low incomes”:

Families earning less than 40% of the 2019 FP. All families who apply and are income and qualifying activity eligible are accepted.

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4.

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

Population Prioritized	Prioritize for enrollment	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis)	Payer higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. If applicable, identify and describe any other ways the identified populations are prioritized or targeted.

All families who apply and are income and qualifying activity eligible are accepted. The Lead Agency does pay higher rates for children with special needs or those in child protective services.

3.3.3. List and define any other priority groups established by the Lead Agency.

All families who apply and are income and qualifying activity eligible are accepted.

3.3.4. Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3

All families who apply and are income and qualifying activity eligible are accepted.

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

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

All families who apply and are income and qualifying activity eligible are accepted.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) 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:

All families who apply and are income and qualifying activity eligible are accepted.

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

3.3.6. 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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period



shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

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

a. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. **Children experiencing homelessness (as defined by the CCDF Final Rule).**

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.

ii. **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.

**Provide the citation for this policy and procedure.**

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

b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

The licensing agency resides within the Lead Agency.

c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

☒ No

☐ Yes. Describe: [Click or tap here to enter text](#)

### 3.4. Continuity for Working Families

#### 3.4.1. Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of SMI.
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

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
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 any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
5. a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1)
6. any changes in residency within the state, territory, or tribal service area

a. Describe and provide the citation for the Lead Agency's policies and procedures related to providing a 12-month eligibility period at initial eligibility determination and redetermination.

The lead agency has established a minimum 12-month eligibility and redetermination period. The lead agency does not terminate assistance prior to the 12-month period if the family experiences a temporary job loss or a temporary change in a qualifying activity.

- c. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency’s definition of “temporary change”.

Minimum Required Element	Citation
<input type="checkbox"/> i 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. Describe or define your Lead Agency’s policy: <u><a href="#">Click or tap here to enter text</a></u>	<a href="#">Click or tap here to enter text</a> 4.8. Interim Care. For periods in which the client is unable to participate in their qualifying activity for any of the reasons listed
<input type="checkbox"/> ii Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency’s policy: <u><a href="#">Click</a></u>	<a href="#">Click or tap here to enter text</a> 4.8. Interim Care. For periods in which the client is unable to participate in their qualifying activity for any of the reasons listed
<input type="checkbox"/> iii Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency’s policy: <u><a href="#">Click or tap here to enter text</a></u>	4.8. Interim Care. For periods in which the client is unable to participate in their qualifying activity for any of the reasons listed in 4.10.1, interim child care may be approved and paid under the guidelines in this section
	<a href="#">Click or tap here to enter text</a>

<input type="checkbox"/> iv Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: <a href="#">Click or tap here to enter text</a>	5.3.3. Changes in Income during Certificate Period. Clients whose income changes during a certificate period shall remain eligible for services until the next status review
<input type="checkbox"/> v Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.	<a href="#">Click or tap here to enter</a> 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

Describe or define your Lead Agency's policy: <a href="#">Click or tap here to enter text</a>	
<input type="checkbox"/> vi A child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: <a href="#">Click or tap here to enter text</a>	<a href="#">Click or tap here to enter text</a> 6.1.3.2. Aging Out of Care When a child turns age 13, the worker should send appropriate 13-day notices to both the parent and the provider noting the date child(ren) become ineligible.
<input type="checkbox"/> vii Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: <a href="#">Click or tap here to enter text</a>	<a href="#">Click or tap here to enter text</a> Not applicable

d. Provide any other elements included in the state's definition of "temporary change" and provide the citation.

3.4.2. Continuing assistance of "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period. Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

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

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

☐ No

☒ Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

West Virginia Child Care Policy: 4.2 Child care may be provided for up to three months for current recipients or new applicants who have lost employment or who have completed school and are looking for work. In order to be eligible for child care services, the family must verify the identity of the head of household, meet WV residency requirements, income requirements, and activity requirements. A child must meet age and WV residency requirements, need child care for a portion of the day, and reside with the head of household applying for services.

- b. Does the Lead Agency discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

☐ No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.

☒ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

- i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

West Virginia Child Care Policy: 4.2 Child care may be provided for up to three months for current recipients or new applicants who have lost employment or who have completed school and are looking for work. In order to be eligible for child care services, the family must verify the identity of the head of household, meet WV residency requirements, income requirements, and activity requirements. A child must meet age and WV residency requirements, need child care for a portion of the day, and reside with the head of household applying for services.

- ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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.

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

90 calendar days.

iv. Provide the citation for this policy or procedure.

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

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

☐ 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.

Define the number of unexplained absences identified as excessive: [Click or tap here to enter text](#)

Eligibility for services will be discontinued in instances of substantiated fraud or for failure to pay the required copayment to the child care provider.

Provide the citation for this policy or procedure: [Click or tap here to enter text](#)

☒ iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

In order to be eligible for child care services, the family must verify the identity of the head of household, meet WV residency requirements, income requirements, and activity requirements. A child must meet age and WV residency requirements, need child care for a portion of the day, and reside with the head of household applying for services.

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

West Virginia Child Care Policy : (8.3.1) **Misrepresentation** occurs when a specific child care policy section is violated as a result of the information not having been reported by the client or reported falsely. If the CCR&R Agency becomes aware that the client/provider is

attempting to or has received services/payments to which they are not entitled, the CCR&R worker must take corrective action to prevent further payments from occurring. Improper payments made as a result of misrepresentation shall be referred to Investigations and Fraud Management (IFM) when the amount exceeds \$1,000.00. If the amount does not exceed \$1000.00, the CCR&R shall initiate repayment procedures. A willfully false statement is one that is deliberately given, with the intent that it be accepted as true, with the knowledge that it is false. It is an essential element in a misrepresentation charge that the client/provider knew his statement was false. Examples of a willfully false statement include the following:

1. The client states that he does not receive child support when he really does.
2. The child care provider bills for days when the child was not in her care.
3. The client states that she is employed when she is not.

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

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

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

#### 3.4.3. Change reporting during the 12-month eligibility period.

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

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- ☐ No  
☒ Yes



b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

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

☒ Additional changes that may impact a family's eligibility during the 12-month period. Describe:

The Lead Agency requires the parent to report any change of situation within 13 days of the change.

☒ Changes that impact the Lead Agency's ability to contact the family. Describe:

The Lead Agency requires the parent to report any change of situation within 13 days of the change, i.e. change of physical or mailing address.

☒ Changes that impact the Lead Agency's ability to pay child care providers. Describe:

The Lead Agency requires the parent to report any change of situation within 13 days of the change, i.e. change of physical or mailing address.

c. Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

☒ Phone

☒ Email

☐ Online forms

☒ Extended submission hours

☒ Postal Mail

☒ FAX

☒ In-person submission

☐ Other. Describe:

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

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular

fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.

N/A

- ii. Provide the citation for this policy or procedure.

N/A

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and 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, states and territories 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).

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.

- ☐ 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. Other:

The Lead Agency notifies the parent, via US Mail, 30 days prior to the redetermination of eligibility deadline. The necessary forms are included in this notification. Parents are notified of the deadline date and consequences if the necessary information is not submitted. The Lead agency accepts documentation for redetermination via US Mail; Email; Fax; or in-person, or a combination of those method.

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must

provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories 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. Maximize Parental Choice and Implement Supply Building Mechanisms**

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

4.1.1. Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

After the family has been determined eligible for child care services, a Child Care Certificate is issued from the FACTS to the parent. This certificate serves as proof that the Department of Health and Human Resources will be responsible for payment and contains pertinent information about the family and the amount of the fee to be paid by the parent. The parent shall use the certificate to purchase care from a child care provider of choice.

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

- ☐ a. Certificate provides information about the choice of providers
- ☐ b. Certificate provides information about the quality of providers
- ☐ c. Certificate is not linked to a specific provider, so parents can choose any provider
- ☒ d. Consumer education materials are provided on choosing child care
- ☒ e. Referrals provided to child care resource and referral agencies
- ☒ f. Co-located resource and referral staff in eligibility offices
- ☒ g. Verbal communication at the time of the application
- ☐ h. Community outreach, workshops, or other in-person activities

☒ i. Other. Describe:

Information on the WV DHHR Website

4.1.3. A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

[Click or tap here to enter text](#)

b. Report data on the extent to which eligible child care providers participate in the CCDF system: [Click or tap here to enter text](#)

c. Identify any barriers to provider participation, including barriers related to payment rates and practices, based on provider feedback and reports to the Lead Agency: [Click or tap here to enter text](#)

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

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

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

☐ No

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

☒ a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

Minimum Wage Requirement. In-home care is limited to situations where payment will equal or exceed minimum wage. In general, a provider must care for multiple children order to meet this requirement. To determine if payment will equal minimum wage, calculate the number of hours the provider will care for the children and multiply by the current minimum wage.

☒ b. Restricted based on the provider meeting a minimum age requirement. Describe:

In-Home child care providers must be at least 18 years of age.

☐ c. Restricted based on the hours of care (i.e., certain number of hours, nontraditional work hours). Describe: [Click or tap here to enter text](#)

☐ d. 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 (98.2)). Describe: [Click or tap here to enter text](#)

☐ e. Restricted to care for children with special needs or a medical condition. Describe: [Click or tap here to enter text](#)

☒ f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

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

☐ g. Other. Describe: [Click or tap here to enter text](#)

4.1.6. Child care services available through grants or contracts.

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

☒ No. If not, skip to 4.1.7

☐ Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

☐ Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: [Click or tap here to enter text](#)

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers): [Click or tap here to enter text](#)

iii. How rates for contracted slots are set through grants and contracts. [Click or tap here to enter text](#)

iv. If contracts are offered statewide and/or locally. [Click or tap here to enter text](#)

b. Will the Lead Agency use grants or contracts for child care services to increase the supply or quality of specific types of care?

☒ No

☐ Yes. If yes, how does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

Child Care Programs that Serve	Increase the	Increase the
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
ii. Infants and toddlers	<input type="checkbox"/>	<input type="checkbox"/>

iii. School-age children	<input type="checkbox"/>	<input type="checkbox"/>
iv. Children needing non-traditional hour care	<input type="checkbox"/>	<input type="checkbox"/>
v. Children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>
vi. Children with diverse linguistic or cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
vii. Children in underserved areas	<input type="checkbox"/>	<input type="checkbox"/>
viii. Children in urban areas	<input type="checkbox"/>	<input type="checkbox"/>
ix. Children in rural areas	<input type="checkbox"/>	<input type="checkbox"/>
x. Other populations, please specify <i>Click or tap here to enter text</i>	<input type="checkbox"/>	<input type="checkbox"/>

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

a. In licensed child care centers.

Child care resource and referral agencies are charged with assessing the supply and quality of supply of child care in their catchment areas. In addition, West Virginia University is currently assessing child care deserts in the state. WVU has provided a preliminary assessment to the State. CCR&R agencies are required to submit their reports to the State yearly.

b. In licensed child care homes.

Child care resource and referral agencies are charged with assessing the supply and quality of supply of child care in their catchment areas. In addition, West Virginia University is currently assessing child care deserts in the state. WVU has provided a preliminary assessment to the State. CCR&R agencies are required to submit their reports to the State yearly.

c. Other. *Click or tap here to enter text*

4.1.8. Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Describe what method(s) is used to increase supply and to improve quality for the following.

a. Children in underserved areas. Check and describe all that apply.

- i. ☐ Grants and contracts (as discussed in 4.1.6). Describe: *Click or tap here to enter text.*
- ii. ☐ Family Child Care Networks. Describe: *Click or tap here to enter text.*
- iii. ☐ Start-up funding. Describe: *Click or tap here to enter text.*
- iv. ☒ Technical assistance support. Describe: *Click or tap here to enter text.*

Child Care Resource and Referral agencies are charged with needs assessment of supply and barriers to providing care and provision of support to ameliorate barriers for new and existing child care providers. CCR&R teams provide coaching and support to new providers entering the system.

- v. ☒ Recruitment of providers. Describe: [Click or tap here to enter text.](#)

Child Care Resource and Referral agencies are charged with needs assessment of supply and barriers to providing care and provision of support to ameliorate barriers for new and existing child care providers. CCR&R teams provide coaching and support to new providers entering the system.

- vi. ☒ Tiered payment rates (as discussed in 4.3.3.). Describe: [Click or tap here to enter text.](#)

The Lead Agency provides higher rates for non-traditional hours, children with documented special needs, children in need of child protective services, and also bases rates on age of the child and setting.

- vii. ☐ Support for improving business practices, such as management training, paid sick leave and shared services. Describe: [Click or tap here to enter text.](#)
- viii. ☒ Accreditation supports. Describe: [Click or tap here to enter text.](#)

The Lead Agency provides financial accreditation support through a grantee agency that helps offset the costs of accreditation. There are also six regional Quality Improvement Specialists who assist providers in navigating accreditation requirements.

- ix. ☒ Child care health consultation. Describe: [Click or tap here to enter text.](#)

The Lead Agency funds six regional Nurse Health Consultants and two Health Consultants to provide technical assistance and Medication Administration training to child care providers. These staff also consult with child care providers should they have any children experiencing special health needs. In addition, the Nurse Health Consultants are trained on providing professional development and support to providers caring for children experiencing Neonatal Abstinence Syndrome or other maternal substance related issues.

- x. ☒ Mental health consultation. Describe: [Click or tap here to enter text.](#)

The Lead Agency funds twelve Behavior Consultants, two per CCR&R region, who are available to provide consultation on both provider and child mental health issues.

- xi. ☐ Other. Describe: [Click or tap here to enter text.](#)



b. Infants and toddlers. Check and describe all that apply.

i. ☐ Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)

ii. ☐ Family Child Care Networks. Describe: [Click or tap here to enter text.](#)

iii. ☐ Start-up funding. Describe: [Click or tap here to enter text.](#)

iv. ☒ Technical assistance support. Describe: [Click or tap here to enter text.](#)

The Lead Agency funds twelve Infant Toddler Specialists, two per CCR&R region, who are available to provide 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.

v. ☒ Recruitment of providers. Describe: [Click or tap here to enter text.](#)

Child Care Resource and Referral agencies are charged with needs assessment of supply and barriers to providing care and provision of support to ameliorate barriers for new and existing child care providers. CCR&R teams provide coaching and support to new providers entering the system.

vi. ☒ Tiered payment rates (as discussed in 4.3.3.). Describe: [Click or tap here to enter text.](#)

The Lead Agency provides higher rates for non-traditional hours, children with documented special needs, children in need of child protective services, and also bases rates on age of the child and setting.

vii. ☐ Support for improving business practices, such as management training, paid sick leave and shared services. Describe: [Click or tap here to enter text.](#)

viii. ☒ Accreditation supports. Describe: [Click or tap here to enter text.](#)

ix. ☒ Child care health consultation. Describe: [Click or tap here to enter text.](#)

The Lead Agency funds six regional Nurse Health Consultants and two Health Consultants to provide technical assistance and Medication Administration training to child care providers. These staff also consult with child care providers should they have any children experiencing special health needs. In addition, the Nurse Health Consultants are trained on providing professional development and support to providers caring for children experiencing Neonatal Abstinence Syndrome or other maternal substance related issues.

x. ☒ Mental health consultation. Describe: [Click or tap here to enter text.](#)

The Lead Agency funds twelve Behavior Consultants, two per CCR&R region, who are available to provide consultation on both provider and child mental health issues. The Statement of Work for each CCR&R requires that at least one Behavioral Consultant on staff has also attended the Program for Infant Toddler Care institute.

- xi. ☐ Other. Describe: [Click or tap here to enter text.](#)

c. Children with disabilities. Check and describe all that apply.

- i. ☐ Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
- ii. ☐ Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
- iii. ☐ Start-up funding. Describe: [Click or tap here to enter text.](#)
- iv. ☒ Technical assistance support. Describe: [Click or tap here to enter text.](#)

Child Care Resource and Referral agencies are charged with needs assessment of supply and barriers to providing care and provision of support to ameliorate barriers for new and existing child care providers. CCR&R teams provide coaching and support to new providers entering the system.

- v. ☒ Recruitment of providers. Describe: [Click or tap here to enter text.](#)

Child Care Resource and Referral agencies are charged with needs assessment of supply and barriers to providing care and provision of support to ameliorate barriers for new and existing child care providers. CCR&R teams provide coaching and support to new providers entering the system.

- vi. ☒ Tiered payment rates (as discussed in 4.3.3.). Describe: [Click or tap here to enter text.](#)

The Lead Agency pays higher rates for children experiencing special needs.

- vii. ☐ Support for improving business practices, such as management training, paid sick leave and shared services. Describe: [Click or tap here to enter text.](#)
- viii. ☐ Accreditation supports. Describe: [Click or tap here to enter text.](#)
- ix. ☒ Child care health consultation. Describe: [Click or tap here to enter text.](#)

The Lead Agency funds six regional Nurse Health Consultants and two Health Consultants to provide technical assistance and Medication Administration training to child care providers. These staff also consult with child care providers should they have any children experiencing special health needs. In addition, the Nurse Health Consultants are trained on providing professional development and support to providers caring for children experiencing Neonatal Abstinence Syndrome or other maternal substance related issues.

- x. ☒ Mental health consultation. Describe: [Click or tap here to enter text.](#)

The Lead Agency funds twelve Behavior Consultants, two per CCR&R region, who are available to provide consultation on both provider and child mental health issues. The Statement of Work for each CCR&R requires that at least one Behavioral Consultant on staff has also attended the Program for Infant Toddler Care institute.

- xi. ☐ Other. Describe: [Click or tap here to enter text.](#)

d. Children who receive care during non-traditional hours. Check and describe all that apply.

- i. ☐ Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
- ii. ☒ Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
- iii. ☐ Start-up funding. Describe: [Click or tap here to enter text.](#)
- iv. ☐ Technical assistance support. Describe: [Click or tap here to enter text.](#)
- v. ☐ Recruitment of providers. Describe: [Click or tap here to enter text.](#)
- vi. ☒ Tiered payment rates (as discussed in 4.3.3.). Describe: [Click or tap here to enter text.](#)

The Lead Agency pays an enhanced rate for care provided during non-traditional hours.

- vii. ☐ Support for improving business practices, such as management training, paid sick leave and shared services. Describe: [Click or tap here to enter text.](#)
- viii. ☐ Accreditation supports. Describe: [Click or tap here to enter text.](#)
- ix. ☐ Child care health consultation. Describe: [Click or tap here to enter text.](#)
- x. ☐ Mental health consultation. Describe: [Click or tap here to enter text.](#)
- xi. ☐ Other. Describe: [Click or tap here to enter text.](#)

e. Other. Check and describe all that apply.

- i. ☐ Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
- ii. ☒ Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
- iii. ☐ Start-up funding. Describe: [Click or tap here to enter text.](#)
- iv. ☐ Technical assistance support. Describe: [Click or tap here to enter text.](#)
- v. ☐ Recruitment of providers. Describe: [Click or tap here to enter text.](#)
- vi. ☐ Tiered payment rates (as discussed in 4.3.3.). Describe: [Click or tap here to enter text.](#)

- vii. ☐ Support for improving business practices, such as management training, paid sick leave and shared services. Describe: [Click or tap here to enter text.](#)
- viii. ☐ Accreditation supports. Describe: [Click or tap here to enter text.](#)
- ix. ☐ Child care health consultation. Describe: [Click or tap here to enter text.](#)
- x. ☐ Mental health consultation. Describe: [Click or tap here to enter text.](#)
- xi. ☐ Other. Describe: [Click or tap here to enter text.](#)

4.1.9. 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 (658 E(c)(2)(M); 98.16 (x); 98.46(b)).

a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency defines the entire State as an area with significant concentrations of poverty and unemployment.

b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs.

All families who apply and are eligible receive services.

#### 4.2. Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an ACF pre-approved alternative methodology, such as a cost survey (658E(c)(4)(B)). A cost survey calculates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services.

In either case, Lead Agencies must analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

If submitting only an alternative methodology, the Lead Agency must provide a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal. A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS and/or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

Note: If a waiver has been requested for either the MRS and/or ACF pre-approved methodology and/or a narrow cost analysis, a Lead Agency should respond by checking the “N/A” check box provided in these questions until the activities are complete.

4.2.1. Completion of the MRS, ACF pre-approved alternative methodology.

a. Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

☒ Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

☒ i. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)? [Click or tap here to enter text](#)

March 2019 – July 2020.

☐ ii. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology: [Click or tap here to enter text](#)

☐ iii. Both an MRS and an alternative methodology. When was your data gathered (provide a date range; for instance, September – December, 2019)? Describe how the Lead Agency used both methodologies as part of the rate setting process: [Click or tap here to enter text](#)

☐ No, a waiver is being requested in Appendix A. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.

☐ i. MRS. If checked, describe the status of the Lead Agency’s implementation of the MRS. [Click or tap here to enter text](#)

☐ ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency’s implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology: [Click or tap here to enter text](#)

☐ iii. Both an MRS and an alternative methodology. If checked, describe how the Lead Agency plans to use both methodologies as part of the rate setting process. Describe the status of the Lead Agency’s implementation of the MRS and the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology: [Click or tap here to enter text](#)

4.2.2. Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses. Describe how the Lead Agency consulted with the:

a. 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.

b. Local child care program administrators:

West Virginia's child care program is State administered.

c. Local child care resource and referral agencies:

Child Care Resource and Referral agencies share the market rate survey instrument with child care providers.

d. Organizations representing caregivers, teachers, and directors:

The Lead Agency also communicates with child care provider associations through annual and local meetings.

e. Other. Describe:

There are no other agencies involved in this process.

f. N/A. Check here if a waiver has been requested. ☐

4.2.3. An MRS or an ACF pre-approved alternative methodology must be statistically valid and reliable. To be considered statistically valid and reliable, either method, must:

- o represent the child care market
- o provide complete and current data
- o use rigorous data collection procedures
- o reflect geographic variations
- o analyze data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how the benchmarks are met in either the MRS and/or ACF pre-approved alternative methodology. [Click or tap here to enter text](#)

All child care providers are required to fill out the market rate survey document on a yearly basis and data is entered into the data system by child care regulatory and licensing specialists. 100% of child care providers complete the document. The Lead Agency surveyed 100% of its child care providers. Data is collected through the child care regulatory database as part of annual licensing or registration reviews, dependent upon type of care. Child Care providers can also call in to report rate changes between review periods, to ensure that the most current information is always in the system. 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.

b. Given the impact of COVID-19 on the child care market, do you think that the prices you gathered adequately reflect the child care market as you submit this plan? [Click or tap here to enter text](#)

Data collection regarding market rates charged is an ongoing job duty of child care regulatory and licensing specialists. Child care providers are also encouraged to call and update their market rate in the data system should they decide to raise their rates in between normal reporting cycles.

c. N/A. Check here if a waiver has been requested. ☐

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

a. Geographic area (e.g., statewide or local markets). Describe: [Click or tap here to enter text](#)

As 100% of child care providers complete the document statewide, all geographic areas are represented.

b. Type of provider. Describe: [Click or tap here to enter text](#)

100% of providers participating in the priced, regulated market complete the market rate survey document.

c. Age of child. Describe: [Click or tap here to enter text](#)

Rates are collected by age, infant, toddler, preschool, and school age.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level. [Click or tap here to enter text](#)

e. N/A. Check here if a waiver has been requested. ☐

4.2.5. Has the Narrow Cost Analysis or Estimated Cost of Care been completed for the FY 2022 – 2024 CCDF Plan?

☒ No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis. [Click or tap here to enter text](#).

Due to the impacts of Covid-19, the state will be requesting a waiver for the Estimated Cost of Care Requirement. The stated receive input on rate setting from child care provider associations and the Earlier the Better Group. Rates were increased to either the 75<sup>th</sup> percentile



of the market rate or increased by \$4 per day per age of child, per provider type, whichever was higher. The Lead Agency did not feel that providers would be able to accurately report on the impact of the pandemic on child care costs in order to appropriately complete the Cost of Quality estimation tool. The Lead Agency will be conducting focus groups and a survey with child care providers in June and July. However, this information will not be available in time for the required due date of the plan on July 1, 2021. The Lead Agency does expect this information to be published and available prior to the plan year beginning October 1, 2021 and will submit the appropriate amendment.

☐ Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

- a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)). [Click or tap here to enter text.](#)
- b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)). [Click or tap here to enter text.](#)
- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)). [Click or tap here to enter text.](#)
- d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis. [Click or tap here to enter text.](#)

4.2.6. After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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 (98.45(f)(1)) by responding to the questions below.

- a. 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](#)

May 3, 2021

- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. [Click or tap here to enter text](#)

The Lead Agency made the initial results of the market rate survey available May 3, 2021 by email and website posting. Results of the market rate survey were also made available at the six virtual public hearings.

- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report. [Click or tap here to enter text](#)

No views and comments are available at this time.

- d. ☐ N/A. Check here if a waiver has been requested and the report is not available.

#### 4.3. Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or advance ACF approval of alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1. Provide the base payment rates and percentiles (based on the most recent MRS regardless of waiver request status) for the following categories below. Percentiles are not required if the Lead Agency conducted an ACF pre-approval alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an ACF pre-approved alternative methodology. For states that only conduct an alternative methodology, report the base payment rates and what method was used to set those rates (e.g., average cost of care).

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an advance ACF pre-approved alternative methodology, then reporting of percentiles is not required.

- a. Fill in the table below based on the most populous area of the State (area serving highest number of children accessing CCDF)

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Infant (6 months) Center care	\$36	Daily	80 <sup>th</sup>		<a href="https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/Payment%20Rates%20March%202021%20(002).pdf">https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/Payment%20Rates%20March%202021%20(002).pdf</a>
Toddler (18 months) Center care	\$34	Daily	80 <sup>th</sup>		

Preschooler (4 years) Center care	\$32	Daily	75 <sup>th</sup>		
School-age child (6 years) Center care	\$30	Daily	80 <sup>th</sup>		
Infant (6 months) Family Child Care	\$29	Daily	85 <sup>th</sup>		
Toddler (18 months) Family Child Care	\$26	Daily	90 <sup>th</sup>		
Preschooler (4 years) Family Child Care	\$26	Daily	90 <sup>th</sup>		

School-age child (6 years) Family Child Care	\$25	Daily	90 <sup>th</sup>		
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b. Describe how part-time and full-time care were defined and calculated.

West Virginia has three levels, however, all levels are converted to a full day prior to payment. Part Day 0 - 2 hours = 1/3-day, Part Day 2 hour - 4 hours = 2/3-day, Full Day -4 hours or more.

c. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). [Click or tap here to enter text.](#)

March 1, 2021

d. Identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

The data was collected statewide.

e. Provide the citation or link, if available, to the payment rates.

[https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/Payment%20Rates%20March%202021%20\(002\).pdf](https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/Payment%20Rates%20March%202021%20(002).pdf)

f. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2. Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

☐ a. Geographic area. Describe: [Click or tap here to enter text.](#)

☒ b. Type of provider. Describe: [Click or tap here to enter text.](#)

Payment rates are differentiated by type of child care, child care center, out of school time center, family child care facility, family child care home, and infant/relative family child care home.

☒ c. Age of child. Describe: [Click or tap here to enter text.](#)

Payment rates are differentiated by age of child, infant, toddler, preschool, and school age, by type of care.

☒ d. Quality level. Describe: [Click or tap here to enter text.](#) Tier I level providers receive base rates, tier II level providers receive base rates plus an additional \$3 per day/child, and tier III level providers receive base rates plus an additional \$6 per day/child.

☐ e. Other. Describe: [Click or tap here to enter text.](#)

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

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

☐ a. Tiered or differential rates are not implemented. [Click or tap here to enter text](#)

☐ b. Differential rate for non-traditional hours. Describe: [Click or tap here to enter text](#)

☒ c. Differential rate for children with special needs, as defined by the state/territory.

Describe: [Click or tap here to enter text](#)

Providers caring for children with special needs receive an additional \$3 per day/child.

☐ d. 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](#)

☐ e. 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](#)

☒ f. Differential rate for higher quality, as defined by the state/territory. Describe:

\$3 per day, per child for Tier II programs, \$6 per day, per child for Tier III/Accredited programs.

☒ g. Other differential rates or tiered rates. Describe: [Click or tap here to enter text](#)

Providers caring for children whose need for care is "child protective services" receive an additional \$2 per child/day.

4.3.4. Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF. How have the base payment rates been established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis. Note: Per the preamble (81 FR 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

In 2021, all provider payment rates were set at or above the 75th percentile for all types of care, child care centers, family child care facilities, and family child care homes.

b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, particularly increased costs and provider fees because of COVID-19. [Click or tap here to enter text.](#)

While the impact of increased costs due to Covid-19 have not been fully explored, the Earlier the Better group requested that child care provider reimbursement base rates be increased by \$4 per day. As a result of this request, the Lead Agency raised rates by either \$4 per day, or to the 75<sup>th</sup> percentile of the 2020 market rate survey, whichever was greater.

c. N/A. Check here if a waiver has been requested. ☐

4.3.5. Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The maximum monthly copayment per family is limited to 8 % of the family's monthly gross income.

4.3.6. Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting. [Click or tap here to enter text.](#)

While the impact of increased costs due to Covid-19 have not been fully explored, the Earlier the Better group requested that child care provider reimbursement base rates be increased by \$4 per day. As a result of this request, the Lead Agency raised rates by either \$4 per day, or to the 75<sup>th</sup> percentile of the 2020 market rate survey, whichever was greater.

#### 4.4. Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its

particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19. In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1. Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ Paying prospectively prior to the delivery of services. Describe the policy or procedure.

[Click or tap here to enter text](#)

☒ Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.

The CCR& R agencies process monthly payment invoices within five days of receipt. The State Auditor's office issues payments to providers, either through direct depositor by paper check per the provider's choice based on invoices entered by the CCR&R.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

☐ i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. [Click or tap here to enter text](#)

☒ ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

Children who attend at least 13 days per month are reimbursed at the full monthly rate. The full monthly rate is the daily rate multiplied by twenty. Children who attend more than twenty days are paid at the daily rate.

☒ iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

Children who attend at least 13 days per month are reimbursed at the full monthly rate. The full monthly rate is the daily rate multiplied by twenty.



☐iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. [Click or tap here to enter text](#)

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Payment is based on days of attendance rather than a percentage of time. A full day is attendance of at least four hours. Attendance of less than four hours is billed in 1/3, attendance from 1 minute up to 1 hour 59 minutes. Or 2/3 increments, which is 2 hours up to 3 hours 59 minutes.

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

The lead agency will assist parents with reasonable registration fees for child care centers. At this time, per the market rate survey, it is not common practice in the state for family child care providers to charge registration fees.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

The Lead Agency and the provider enter into a written payment agreement which is updated every two years at the time of provider recertification.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe

Parents and providers alike are given a 13-day notice of any change in eligibility.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Providers are able to request a conference with CCR&R staff at any time. If they are unsatisfied with the resolution, the provider can request a fair hearing with the Board of Review. Requests for fair hearings are processed within twenty-four hours. The Board of Review schedules the hearing within 30 days.

g. Other. Describe: [Click or tap here to enter text](#)

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

☒ No, the practices do not vary across areas.

☐ Yes, the practices vary across areas. Describe: [Click or tap here to enter text](#)

4.4.3. Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

In 2021, all provider payment rates were set at the 75th percentile or above for all types of care, child care centers, family child care facilities, and family child care homes.

#### 4.5. Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1. How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

☒ a. Limit the maximum co-payment per family. Describe:

The maximum monthly copayment per family is limited to 8 % of the family's monthly gross income.

☒ b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

The maximum monthly copayment per family is limited to 8 % of the family's monthly gross income, and this amount is divided per child, up to three children.

☒ c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5.

Describe: [Click or tap here to enter text](#)

Families enter the subsidy system at 150% of 2019 Federal Poverty Level and are not terminated from assistance until they exceed 185% of 2019 Federal Poverty Level.

☐ d. Other. Describe: [Click or tap here to enter text](#)

4.5.2. To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

☒ No

☐ Yes. If yes:

- 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 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](#)
- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees. [Click or tap here to enter text](#)

## **5.0 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings**

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers of child care in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). 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. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

### **5.1. Licensing Requirements**

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

because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1. To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

☒ a. Center-based child care.

i. Identify the providers subject to licensing:

In West Virginia, center-based child care refers to both child care centers and out-of-school-time child care centers.

ii. Describe the licensing requirements:

Child care centers - facilities 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. (78CSR 1- Child Care Center Licensing Regulations)

Out-of-school time child care center - facilities that offer activities to school-age children before or after school, or both, on school holidays, when school is closed because of an emergency, and on school calendar days set aside for teacher activities. Breaks between school sessions that exceed 15 days are not considered a school holiday. (78 CSR 21 Out-of-School Time Child Care Center Licensing Regulations)

iii. Provide the citation:

78CSR 1- Child Care Center Licensing Regulations

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

78 CSR 21 Out-of-School Time Child Care Center Licensing Regulations

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

☒ b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

In West Virginia, there are four types of family child care providers - family child care facilities, family child care homes, informal family child care, and relative family child care.

ii. Describe the licensing requirements:

Family child care facilities - serve groups of seven to twelve children for four or more hours per day. The provider may care for no more than four (4) children under the age of 24 months nor more than twelve (12) children in total, including children residing in the home. Care may be in the operator's home or in a facility that is not inhabited by the provider. (78 CSR 18 Family Child Care Facility Licensing Requirements)

Family child care homes - provide nonresidential child care for compensation in the provider's home. A registered family child care home provider may care for four to six children, including children who are living in the household. No more than two (2) of the total number of children may be under twenty-four (24) months of age. (78 CSR 19 Family Child Care Homes Licensing Requirements)

Informal Family Child Care Home - An informal family child care home provides care for three (3) or fewer children. At least one (1) child is not related to the caregiver and the provider must be requesting reimbursement for at least one (1) child through the childcare certificate system. Informal child care providers must receive approval in order to accept child care certificate funds. (78 CSR 20 Informal and Relative Family Child care Home Registration Requirements)

iii. Provide the citation:

78 CSR 18 Family Child Care Facility Regulations

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

78 CSR 19 Family Child Care Home Regulations

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

78 CSR 20 Informal and Relative Family Child Care Home Regulations

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

☒ c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

Informal Family Child Care Home - An informal family child care home provides care for three (3) or fewer children. At least one (1) child is not related to the caregiver and the provider must be requesting reimbursement for at least one (1) child through the childcare certificate system. Informal child care providers must receive approval in order to accept child care certificate funds.

Relative Family Child Care Home - provides care only to children related to the caregiver. The caregiver must be a grandparent, great grandparent, aunt, uncle, great-aunt, great-uncle, or adult sibling and must be seeking reimbursement through the child care certificate system. This type of care must receive approval to accept child care funding.

ii. Describe the licensing requirements: [Click or tap here to enter text](#)

iii. Provide the citation:

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

5.1.2. Identify the providers who are exempt from licensing requirements. Describe 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. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

☐a. License-exempt center-based child care. Describe and provide the citation:

There are no exempt child care providers in West Virginia.

- i. Identify the center-based child care providers who are exempt from licensing requirements.

There are no exempt child care providers in West Virginia.

- ii. Of the programs listed above, identify which are CCDF-eligible providers.

There are no exempt child care providers in West Virginia.

- iii. 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.:

There are no exempt child care providers in West Virginia.

- iv. Describe how the exemptions do not endanger the health, safety, and development of children. There are no exempt child care providers in West Virginia.

☐b. Family child care. Describe and provide the citation: There are no exempt child care providers in West Virginia.

- i. Identify the family child care providers who are exempt from licensing requirements. There are no exempt child care providers in West Virginia.

- ii. Of the programs listed above, identify which are CCDF-eligible providers. There are no exempt child care providers in West Virginia.

- iii. 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. There are no exempt child care providers in West Virginia.

- iv. Describe how the exemptions do not endanger the health, safety, and development of children. There are no exempt child care providers in West Virginia.

☐c. In-home care (care in the child's own home). Describe and provide the citation (if applicable): There are no exempt child care providers in West Virginia.

- i. Identify the in-home care (care in the child's own home) providers who are exempt from licensing requirements. There are no exempt child care providers in West Virginia.

- ii. Of the programs listed above, identify which are CCDF-eligible providers. There are no exempt child care providers in West Virginia.

- iii. 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. There are no exempt child care providers in West Virginia.

- iv. Describe how the exemptions do not endanger the health, safety, and development of children. There are no exempt child care providers in West Virginia.

## 5.2. Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### 5.2.1. Describe how the state/territory defines the following age classifications.

- 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, eligible to attend school or enrolled in K-12? These programs include summer recreation camps, day camps and out-of-schooltime programs.

### 5.2.2. To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

#### a. Licensed CCDF center-based care:

##### i. Infant

- A. Ratio: 4/1
- B. Group size: Eight (8)

##### ii. Toddler

- A. Ratio: 4/1
- B. Group size: Twelve (12)

##### iii. Preschool

- A. Ratio: 12/1
- B. Group size:
  - 2 years - group size of 16.
  - 3 years - group size of 20.
  - 4 years - group size of 24.

##### iv. School-Age

- A. Ratio: 16/1
- B. Group size: Thirty-two (32)

##### v. Mixed-Age Groups (if applicable)

- A. Ratio: See Below
- B. Group size: See Below



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. During brief times, not to exceed thirty (30) minutes, when children are normally arriving and departing, and for short periods of scheduled activities such as eating, the center may combine groups of children, including groups of children 24 months and under with groups of older children. During short periods for special occasions such as field trips, the center may combine school-age groups of children with children over the age of 24 months. Ratio of the youngest child in the mixed group must be met at all times.

- vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.  
West Virginia has no exempt providers.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

12 children/2 staff for family child care facilities  
6 children/1 staff for family child care home

B. Group size:

12 children for family child care facilities  
6 children for family child care homes  
3 children for informal family child care

ii. Infant (if applicable)

A. Ratio:

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

B. Group size:

4 children for family child care facilities  
2 children for family child care homes

iii. Toddler (if applicable)

A. Ratio:

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

B. Group size:

4 children for family child care facilities  
2 children for family child care homes

iv. Preschool (if applicable)

A. Ratio:

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

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

v. School-Age (if applicable)

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

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

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers. There are no exempt child care providers in West Virginia.

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

i. Mixed-Age Groups (if applicable)

A. Ratio: 6/1 for family child care homes (family child care home providers are permitted to care for no more than 2 children under 24 months). 3/1 for informal and relative family childcare homes.

B. Group size:  
6 for a family child care home and 3 for an informal or relative home

ii. Infant (if applicable)

A. Ratio:  
6/1 for family child care homes (family child care home providers are permitted to care for no more than 2 children under 24 months). 3/1 for informal and relative family childcare homes.

B. Group size:  
6 for a family child care home and 3 for an informal or relative home

iii. Toddler (if applicable)

A. Ratio:  
6/1 for family child care homes (family child care home providers are permitted to care for no more than 2 children under 24 months). 3/1 for informal and relative family childcare homes.

B. Group size:  
6 for a family child care home and 3 for an informal or relative home

iv. Preschool (if applicable)

A. Ratio: 6/1 for family child care homes (family child care home providers are permitted to care for no more than 2 children under 24 months). 3/1 for informal and relative family childcare homes.

B. Group size: 6 for a family child care home and 3 for an informal or relative home

v. **School-Age (if applicable)**

**A. Ratio:** 6/1 for family child care homes (family child care home providers are permitted to care for no more than 2 children under 24 months). 3/1 for informal and relative family childcare homes.

**B. Group size:** 6 for a family child care home and 3 for an informal or relative home

vi. **Describe the ratio and group size requirements for license-exempt in-home care.**  
There are no exempt child care providers in West Virginia.

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

a. **Center-Based Care**

i. **Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:**

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

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

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

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

Preschool Lead Teacher - must be at least 21 years of age, have a high school diploma or equivalent and have a minimum of 1 year of relevant work experience and one of the following: A CDA credential and 200 hours of relevant work experience or a total of 2 years relevant work experience or a registered ACDA or 28 college credits with at least 9 credit hours in early childhood development.

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

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:**

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 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.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers: West Virginia has no exempt providers

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

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

b. Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Infant Lead Teacher - must be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15 clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA or ACDA credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university. Infant Assistant Teacher - must be at least 18 years old and be able to read and write.

Toddler Lead Teacher - must be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15 clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA or ACDA credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university. Toddler Assistant Teacher - must be at least 18 years old and be able to read and write.

Preschool Lead Teacher - must be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15 clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA

or ACDA credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university. Preschool Assistant Teacher - must be at least 18 years old and be able to read and write.

School-age Lead Teacher – must be at least 21 years of age, have a high school diploma or equivalent and 6 months experience caring for children with a certification in CPR/First Aid and completion of one of the following: 15 clock hours of child development training or arrangement to complete those hours within the first 6 months of operation or have a CDA or ACDA credential or completion of at least 3 college credit hours in child development or a related field at an accredited college or university. School-age Assistant Teacher - must be at least 18 years old and be able to read and write.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes: West Virginia has no exempt providers.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

**Family Child Care Homes: CSR-19**

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

**Family Child Care Informal and Relative: CSR-20**

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

c. In-Home Care (care in the child's own home)

i. Describe the qualifications for in-home care providers (care in the child's own home) including any variations based on the ages of children in care:

West Virginia requires related children to be included in the ratio and group size for all provider types. Family Child Care Homes - no more than 2 children under 24 months of age and no additional school age children are permitted to be cared for in a family child care home if the number of children exceeds the maximum capacity of 6.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers: West Virginia has no exempt providers

**5.3. Health and Safety Standards and Training for CCDF Providers**

Lead Agencies must have ongoing training requirements for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are also required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for

our Children Basics for best practices and the recommended time needed to address these training requirements.

States and territories must have health and safety standards for programs (e.g., child care centers, family child care homes, etc.) 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 (98.41(a)). 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 providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.2 – 5.3.13.

5.3.1. Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

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. Out-of-School-Time Child Care Centers - Programs shall have a professional development plan for each staff member employed more than 120 calendar days that includes a minimum of 12 clock hours of professional development annually for Directors and Site Supervisors and 8 clock hours of professional development annually for other staff positions. The professional development needs to be related to school age children and/or providing quality programs to school age children. All staff in positions that are not qualified staff positions shall have training within the first three months of employment related to their responsibilities, renew child abuse and neglect recognition every three years and keep first aid and CPR certification current.

a. Licensed family child care homes:

Family Child Care Facilities owner - 15 hours annually

Family child care facility staff – 12 hours annually

Family child care home provider – 8 hours annually

Informal family child care provider - annually complete at least one hour of self-directed study related to child development.

b. In-home care: 8 hours annually Informal Relative Family Child Care Homes - 2 hours annually for relative providers and 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.

c. Describe any variations for license-exempt provider settings: West Virginia has no exempt providers.

5.3.2. Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

All child care providers in West Virginia are required by regulation to adhere to current standards and best practices regarding the prevention and control of infectious diseases. Immunization requirements are also addressed in the rule. Each set of rules addresses, at a minimum, hand washing, universal precautions, diapering, toileting, sanitation of the physical plant, medication administration and addressing illness. In addition, regulations 78 CSR 1, 18, 19 and 20 address immunization requirements for up-to-date immunizations for all children.

Owners and operators are responsible for the training of staff and caregivers in the areas of prevention and control of infectious diseases including personal hygiene, handwashing, universal precautions, child and staff symptoms, observation and exclusion for illness, communicable disease procedures and notifications, and first aid supplies.

ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. 78 CSR 21 does not address immunization requirements since these are school age children and West Virginia's public and private school systems are required to submit immunization records upon enrollment and during certain school years throughout the child's elementary and high school years. Parents and guardians of children enrolled in a Kindergarten through grade 12 programs, as part of the enrollment and ongoing attendance requirement in private and public-school settings upon enrollment and at certain times when additional immunizations and boosters are due.

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for the standard, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(8.6.d.4 and 17.1-17.2.d. address prevention and control of infectious disease.)

**Child Care Center OST: CSR-78-21**

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

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)



(14.2.f. and 20.1. through 20.14. address prevention and control of infectious diseases.)

**Family Child Care Homes: CSR-19**

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

(10.1. through 10.2.- 10.2.f.6. addresses prevention and control of infectious diseases.)

**Family Child Care Informal and Relative: CSR-20**

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

(9.1. through 9.1.d. address immunization requirements. 9.2 through 9.2.d.5. address the prevention and control of infectious diseases.)

**b. Pre-Service and Ongoing Training**

Licensed programs are required to have employees complete preservice training upon hire. Individuals seeking either a license or a certificate of registration to operate a center or family child care home are required to complete the pre-service training prior to being issued a license or a certificate of registration. The pre-service training is required for all provider types prior to caring for children unsupervised. All provider types require a minimum of 2 hours of preservice training on health and safety topics for caregivers, teachers, and directors.

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

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

(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf> (Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in the pre-service training based on the ages of the children served.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes

☐ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

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

#### a. Standard

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

Sudden infant death syndrome and safe-sleep practices are defined as a basic health and safety requirement based on best practice. All applicable provider types are required to adhere to safe sleep practices to mitigate the chance of sudden infant death syndrome and any other unsafe or unhealthy condition from occurring while children sleep. Regardless of provider type, all infants are placed to sleep on their backs, cannot have anything in cribs other than a thin blanket to the waist and are to be visually checked on by the caregiver.

ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variation,

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

#### **Child Care Center: CSR-78-1**

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

(8.6.d.5., 10.5.c.1. through 10.5.c.1.B. and 13.4 through 13.4.i.8. address SIDS and safe sleep).

#### **Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(7.2.a., 11.2., 11.3., 15.1.n., and 15.4.a.9. addresses sudden infant death syndrome and the use of safe-sleep practices).

#### **Family Child Care Homes: CSR-19**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>  
(16.1.c., and 16.2.g. addresses sudden infant death syndrome and the use of safe-sleep practices).

**Family Child Care Informal and Relative: CSR-20**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)  
(6.3.e.1., and 6.3.e.2. addresses sudden infant death syndrome and the use of safe-sleep practices)

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>  
(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>  
(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)  
(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variation

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☐ Orientation within three (3) months of hire

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

☐ Yes

☐ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

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

a. Standard

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

Medication administration is defined as guidelines caregivers follow when accepting, administering, and documenting when medication is given. Medication administration helps ensure that drugs are administered safely and legally.

ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
No variations

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

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

**Child Care Center OST: CSR-78-21**

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

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(6.4.i., 6.4.j., 14.2.f., 15.1.j., 15.4.a.8., 20.12.a. through 20.12.b. addresses medication administration).

**Family Child Care Homes: CSR-19**

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

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

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

(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

**5.3.5 Prevention of and response to emergencies due to food and allergic reactions.**

**a. Standard**

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

West Virginia requires providers to document potential food and allergic reactions upon registration of all children enrolled in care except informal and relative providers. These providers are required to keep on file a medical record for each child enrolled and if a child has a food or allergy, a medical plan of care is to be on file. Licensed providers are required to post in each classroom or by the family child care phone, a list of children in care that have a food or other allergy. Child care centers must have this information accessible to staff who prepare and serve food. Staff will then be trained on the prevention and response of emergencies due to food or other allergies. Licensed providers are required to have on file a current health department assessment.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. With the exception of informal and relative family child care, all other providers are required to address food and allergies in staff policy and procedure handbooks.

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(16.2.a., 16.2.c., and 16.9.f. address emergencies to food and allergic reactions).

**Child Care Center OST: CSR-78-21**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>  
(6.3.a.7. and 12.3.a.3. address emergencies to food and allergic reactions).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(6.4.j. addresses emergencies to food and allergic reactions).

**Family Child Care Homes: CSR-19**

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

**Family Child Care Informal and Relative: CSR-20**

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

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

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

(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variation.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☐ Orientation within three (3) months of hire

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

☒ Yes

☐ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

5.3.6 Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.

a. Standard

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

West Virginia requires licensed providers to adhere to rules from both the health department and fire marshal and maintain clear inspection reports from them. In addition,



the child care rules are written to ensure that the physical plant and premises are fenced or have a natural barrier outdoors, electrical hazards are mitigated, for example outlet plugs in electrical sockets are installed and there is no unintentional access to bodies of water.

ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. There are no variations to the expectations that all providers, regardless of type, will ensure basic health and safety measures are met regarding their building, equipment, and grounds.

Informal and Relative Family Child Care Homes are not required to have inspections from the Fire Marshal or their local health department to operate. However, this provider type is expected to adhere to basic health and safety requirements set forth within their rule.

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(8.4.a.5., 13.1.d., 13.6.e.2., 14.8., 14.9.e.3., 20.3. through 20.4.c.4. address building and physical premises safety).

**Child Care Center OST: CSR-78-21**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>  
(7.7.b.9. and 7.7.b.10, 8.3.e. through 8.3.m. address building and physical premises safety).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(15.1.f. and 18.3.-19.3.f. address building and physical premises safety).

**Family Child Care Homes: CSR-19**

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

**Family Child Care Informal and Relative: CSR-20**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)  
(7.1. through 8.2. address building and physical premises safety).

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>  
(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes

☐ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

**5.3.7. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

**a. Standard**

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

Abusive head trauma, shaken baby syndrome and child maltreatment are generally addressed during specific training sessions offered through the local child care resource and referral agencies. All provider types and support staff are mandated reporters of suspected abuse and neglect.

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

iii. The Lead Agency must certify that the identified health and safety standard is in effect. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center -**

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

(3.8. addresses abusive head trauma, shaken baby syndrome and child maltreatment)

**Family Child Care Facility -**

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

(3.2., 7.2.a., 15.1.n., and 15.4.a.9. abusive head trauma, shaken baby syndrome and child maltreatment)

**Family Child Care Home -**

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

(3.3. addresses abusive head trauma, shaken baby syndrome and child maltreatment)

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

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

(3.3. addresses abusive head trauma, shaken baby syndrome and child maltreatment)

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

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

(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

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

(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from taking formal training and are exempt from completing the self-study packet on the topics but are not exempt from being mandated reporters.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes

☐ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

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

a. Standard

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

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

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There is no variation to the expectations of having a written disaster plan, posting the plan, practicing the plan and enforcing the plan during an emergency. This includes the age of children in care as all children, regardless of age or disability, are part of the practice drill and evacuation plans. Since West Virginia has a diverse terrain, each provider may have to address a specific type of disaster in more detail. For example, a provider's program may be near a body of water that could flood while another may be near a chemical plant.

Relatives are not exempt from this requirement.

- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center -**

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

(7.1.a.5.C.5., 7.5., 14.8.a.6., 19.6 through 19.9.c. address emergency preparedness and response planning.)

**Family Child Care Facility**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

\*6.2.b., 6.4.b. through 6.4.b.4., and 22.1 through 22.5. address emergency preparedness and response planning.)

**Family Child Care Home -**

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

(7.4. through 7.4.e. and 8.1.a. through 8.1.c. address emergency preparedness and response planning.)

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

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

(11.1. through 11.4.j. address emergency preparedness and response planning.)

**b. Pre-Service and Ongoing Training**

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

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

(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.)

**Child Care Center OST: CSR-78-21**

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

(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.)

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes

☐ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

**5.3.9 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.**

**a. Standard**

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

Handling and storage of hazardous materials and disposal of bio-contaminants is defined as a basic health and safety standard. Between diaper changing and the proper cleaning and disposal of certain bodily fluids, West Virginia's child care providers are required to maintain basic sanitation as it relates to these materials and contaminants. Providers are required to diaper properly, use approved handwashing techniques and maintain compliance with universal precautions.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations by category of care. All providers are to store hazardous materials and dispose of bio-contaminants in ways that meet standard practices and requirements.

There are no variations based on age. Materials that may be hazardous are at a minimum, to be out of reach for children and possible bio-contaminants are to be cleaned up and disposed of using industry standards.

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center -**

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

(20.3.b. through 20.3.c., and 20.4.c.4. address handling and storage of hazardous materials and disposal of bio-contaminants.)

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

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

(8.3.e., 8.3.f., 8.3.i., and 8.3.j. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Family Child Care Facility -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(9.3.b. and 7.3. through 7.4.b. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**Family Child Care Home -**

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

(7.3.b. and 7.3.c. address handling and storage of hazardous materials and disposal of bio-contaminants.)

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

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

(7.3.a., 7.3.b., and 7.4.b. address handling and storage of hazardous materials and disposal of bio-contaminants.)

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

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

(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

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

(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)



(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes

☒ No

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

**5.3.10. Precautions in transporting children (if applicable).**

**a. Standard**

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

All providers transporting children, at a minimum, must ensure the vehicle is compliant with Department of Motor Vehicle requirements, all equipment inside and outside of the vehicle is in working order, automobile insurance is current and staff driving the vehicle have a current driver's license.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

West Virginia prohibits the use of fifteen passenger vans. Any vehicle transporting 10 or more children must be a multi-function school activity bus. There are no variations based on the age of the children in care. Relatives are not exempt.

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center -**

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

(6.3.a.9., 7.4.f., 10.5.c.2. through 10.5.c.2.B.3., 10.5.c.4. through 10.5.c.4.B. address transportation of children.)

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

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

(6.3.a.8., 9.1.b., 9.5. through 9.5.e., 14.5.B. and 16.1. through 16.8. address transportation of children.)

**Family Child Care Facility –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(6.4.d., and 9.1. through 9.2.c. address transportation of children.)

**Family Child Care Home -**

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

(13.1. through 13.2. address transportation of children.)

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

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

(12.1. through 12.2. address transportation of children.)

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

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

(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

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

(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

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

(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes yes for centers, out-of-school time programs, facility, informal, and relative

☒ No not family child care homes

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

**5.3.11 Pediatric first aid and cardiopulmonary resuscitation (CPR).**

**a. Standard**

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

Providers are required to maintain a current first aid and CPR card. Individuals both directly (caregivers, for example) and indirectly caring for the children (cooks, for example) are required to have a first aid and CPR certification.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Informal and Relative providers are not required to have formal first aid and CPR training but must have a first aid kit, a plan for emergencies and access to a telephone to call first responders during any type of emergency. The CPR training certification held is based upon the age(s) for which the providers care.

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(3.58.b., 7.6.b., 8.6.f.1., 8.7.d., 10.3.b., 14.10.c. address pediatric first aid and 8.6.f.1., 8.7.d., 10.3.b., 14.9.d., and 23.2.a.1. address CPR certification.)

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

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

**Family Child Care Facility -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(14.1.a.4., 15.1.i., 15.4.a.7., 20.9., 20.10, and 20.11 address pediatric first aid and CPR certification.)

**Family Child Care Home -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>  
(6.3.a.1., 6.3.f., 12.2. through 12.2.j., address first aid; these providers are required as part of their initial application and renewal applications required to submit proof of first aid and CPR training).

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>  
(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>  
(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)  
(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes yes for centers, out-of-school time programs, facility, informal, and relative providers

☒ No not family child care homes

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

5.3.12. Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard

i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs.

All provider types are mandated reporters, and all are required to complete a comprehensive abuse and neglect training. In addition, certain items regarding the abuse and neglect toll free hotline, information on how to report suspected abuse and neglect are required to be posted. Licensed child care programs in West Virginia are required to maintain administrative, staff and parent handbooks that address abuse and neglect. All child care providers are required to submit information, so the abuse and neglect registries can be researched. Any substantiated claim regarding abuse and/or neglect of a child or incapacitated adult cause the individual to be prohibited from working in child care.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. There is no variation regarding the expectation of any provider type or based on the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers.

**Child Care Center -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(3.4., 3.8., 3.58.g., 6.3.a.3.D., 6.3.a.5., 7.1.a.5.C.1., 7.2.c., 8.4.a.6., 8.4.d., 8.5.b., 8.5.d., 8.5.e.2., 8.5.e.4., 8.6.d.3., 8.6.f.2., 8.7.d., 11.6. through 11.6.c., 11.7 through 11.7.a., 11.8. through 11.8.a. and 23.2.a.3. address abuse and neglect.)

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

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>  
(3.4., 3.6., 3.35.g., 6.3.a.4., 6.3.a.10.D., 7.4.b.4., 7.5.b., 7.5.d., 7.5.e.4., 7.7.d.2., 7.8.b. and 13.1. address abuse and neglect.)

**Family Child Care Facility -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(3.2., 13.1.o., 14.2.f., 14.2.j., 15.1.j., 15.4.a.8., 16.5.a., 23.1.c. and 23.2.a. address abuse and neglect.)

**Family Child Care Home -**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>  
(3.3., 6.4.f., 12.1.a.2., and 19.1. address abuse and neglect.)

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

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)  
(3.3., 11.1.b., and 16.1., address abuse and neglect.)

**b. Pre-Service and Ongoing Training**

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf)  
(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2021%20Final%20File.pdf>  
(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf>  
(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)  
(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

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

☒ Yes For centers, out-of-school time programs, facility, informal, and relative

☒ No Not family child care homes

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

5.3.13. Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

**Child Care Center: CSR-78-1**

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

(Pre-Service: 8.6.e.; Ongoing training: 8.7-8.7.d.).

**Child Care Center OST: CSR-78-21**

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

(Pre-Service: 3.24.; Ongoing training: 7.8-7.8.b.).

**Family Child Care Facility: CSR-18**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(Pre-service: 3.11 and 6.5.b. and On-going training: 3.1, 14.1.a.5., 14.1.b., 14.1.c., 14.1.e.1., 15.1.k., and 15.1.l.).

**Family Child Care Homes: CSR-19**

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

(Pre-Service: 3.12. and 6.3.a.2 and On-going training: 3.1., 6.3.b., 6.3.c., and 6.3.d.).

**Family Child Care Informal and Relative: CSR-20**



[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf)  
(Pre-Service: 3.11. and 6.3.a., and On-going training: 3.1., 6.3.b., 6.3.c.6.3.d., 6.3.e., 6.3.e.1., and 6.3.e.2.).

ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☐ Orientation within three (3) months of hire

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

☒ Yes For centers, out-of-school time programs, facility, informal, and relative providers.

☒ No Not family child care home providers

v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers will receive notification through the WV STARS training system that a training has been updated, revised or changed. Providers can link to a session through their WV STARS account to complete trainings that have been revised.

5.3.14. In addition to the required standards, does the Lead Agency include any of the following optional standards? If checked, describe the requirements, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Most child care providers participate in the Child and Adult Care Food Program (CACFP) and therefore adhere to approved nutritional standards. Licensed programs that do not participate in CACFP are required to have their menus reviewed and approved by a registered dietician. All providers are required to adhere to the United States Department of Agriculture's Dietary Guidelines for Americans. The regulations address requirements for all meals and snacks.

**Child Care Center -**

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

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

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

**Family Child Care Facility –**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)  
(3.4., 11.10. through 11.10.g., and 21.1. through 21.8. address nutrition.)

**Family Child Care Home -**

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

(10.3. through 10.3.c. address nutrition.)

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

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

(9.3. addresses nutrition.)

**b. Access to physical activity:**

Physical activity is required to be built in throughout the day with time being spent outdoors engaging in both group and individual play. Licensed programs document times for physical activity on the daily schedule. Weather permitting, all children play outdoors and indoors. Child care centers are to minimize screen time throughout the week but adhere to a schedule that addresses moderate and vigorous activity.

**Child Care Center -**

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

(3.37., 14.7.f., 14.7.g. and 23.8.k. address physical activity.)

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

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

(8.2.c., 9.2.b. through 9.2.c., and 10.4.b. address physical activity.)

**Family Child Care Facility -**

[https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018\\_Final%20File\\_2018.pdf](https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2018_Final%20File_2018.pdf)

(11.12.k. addresses physical activity.)

**Family Child Care Home -**

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

(6.5.c., 9.3.a., 9.3.c., 14.1.b.4., 14.2.b.3., address physical activity.)

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

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

(13.1.d. addresses physical activity.)

**c. Caring for children with special needs:**

West Virginia defines special needs as various challenges within any of the areas of development that may cause an individual to require additional or specialized services to accommodations.

**d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:**

Other areas determined to promote child development and to protect children's health and safety are addressed adequately in each rule.

#### **5.4. Monitoring and Enforcement Policies and Practices for CCDF Providers**

##### **5.4.1. Enforcement of licensing and health and safety requirements.**

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

From specific state code, to rules and ongoing monitoring, policies and procedures are in effect to help ensure that West Virginia's child care providers comply with health and safety requirements. Providers are required to comply with other health and safety requirements from other agencies such as the health department and fire marshal's office. In addition, ongoing, comprehensive training with a foundation of health and safety expectations is embedded in all professional development offered throughout West Virginia.

b. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Licensed programs are required to have employees complete the pre-service training upon hire. Individuals seeking either a license or a certificate of registration to operate a center or family child care home are required to complete the pre-service training prior to being issued a license or a certificate of registration. The pre-service training is required for all provider types prior to caring for children unsupervised. The training is 2 hours in length for licensed child care staff, family child care facilities, and family child care homes and relative family child care homes. There are no differences in the pre-service training based on the ages of the children served.

The pre-service training is an asynchronous, web-based training. Providers are able to use any device (computer, cell phone, etc.) to access the training. In addition, providers can seek assistance through their local child care resource and referral agencies, by both accessing their web cafes and through onsite technical assistance provided by the childcare resource and referral staff.

#### 5.4.2. Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards. Center-based providers have historically required pre-licensure inspection as part of the licensing process. In addition, the provider is required to have a pre-licensure inspection from the Early Care and Education regulation unit staff, in addition to inspections from both the Fire Marshal and the Health Department.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

All center-based providers are to be inspected at least annually with an unannounced visit. That visit may or may not be in conjunction with a complaint investigation, but all center-based providers are visited at least annually.

iii. Identify the frequency of unannounced inspections:

- ☒ A. Once a year  
☐ B. More than once a year. Describe: [Click or tap here to enter text](#)

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. At least annually, regulation unit specialists monitor child care centers. The monitoring visits are a complete walkthrough of the licensed program to include a review of fire marshal reports, menus and health inspection reports. A corrective action plan may be generated if noncompliance's were identified. Other annual monitoring inspections may be the result of either a need for a license renewal or a complaint investigation.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

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

b. Licensed CCDF family child care home

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

At least annually, regulation unit specialists monitor family child care homes, including relative and informal family child care homes participating in the subsidy system. The monitoring visits subsequent to the initial visit can be announced or unannounced. The monitoring visits are a complete walkthrough of the certified program to include a review of fire marshal reports, menus and health inspection reports. A corrective action plan may be generated if noncompliance has been identified. Other annual monitoring inspections may be the result of either a need for a certificate of registration renewal or a complaint investigation.

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf> (2.6.2., 2.8.)

ii. Identify the frequency of unannounced inspections:

☐ A. Once a year

☐ B. More than once a year. Describe: [Click or tap here to enter text](#)

iii. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Family child care regulatory specialists use the “Abbreviated Checklist for Monitoring Registered Family Child Care Homes” for annual mid-certification monitoring visits based on the following guidelines:

The reviewer shall use the full checklist if there are material changes in the provider’s child care environment, e.g., addition of a pool, shift of child care to the basement, serious remodeling of home, addition of outdoor play equipment, etc.

This abbreviated checklist shall not be used for initial approvals or biennial renewals.

Registered providers must use the full registration checklist to re-apply for renewal of their registration, and regulatory staff must utilize the full registration checklist to monitor compliance with renewal applications. Registered providers shall comply with all issues contained on the full checklist, although monitored using the shortened format.

The abbreviated checklist is to be completed by the family child care regulatory specialist and signed by the provider and the family child care regulatory specialist.

iv. List the citation(s) for your state/territory’s policies regarding inspections for licensed CCDF family child care providers.

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf> (2.6 through 2.8)

C. Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child’s own home)? ☐ No (Skip to 5.4.3 (a)).

☒ Yes. If yes, answer A – D below:

A. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed in-home care (care in the child’s own) providers for compliance with health, safety, and fire standards.

Informal and Relative Family Child Care Homes voluntarily participating in the childcare subsidy system are required to have a pre-licensure inspection. Just as with all of the other provider types, these providers are required to complete a registration form as part of the pre-licensure inspection.

B. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child’s own home) providers.

All Informal and Relative providers participating in subsidy are inspected at least annually with an unannounced visit. That visit may or may not be in conjunction with a complaint investigation.

C. Identify the frequency of unannounced inspections:

☒ Once a year

☐ More than once a year. Describe: [Click or tap here to enter text](#)

If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

All Informal and Relative providers participating in subsidy are inspected at least annually with an unannounced visit. That visit may or may not be in conjunction with a complaint investigation. A corrective action plan may be generated if noncompliance's were identified. Other annual monitoring inspections may be the result of either a need for a license renewal or a complaint investigation.

List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf> (2.6 through 2.8).

D. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

The Family Child Care Unit regulation specialists monitor family child care homes, including relative and informal family child care homes participating in the subsidy system.

5.4.3. Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. There are no license exempt providers in West Virginia.

i. Provide the citation(s) for this policy or procedure. There are no license exempt providers in West Virginia.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. There are no license exempt providers in West Virginia.



- i. Provide the citation(s) for this policy or procedure. There are no license exempt providers in West Virginia.

#### 5.4.4. Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

There are no license exempt providers in West Virginia.

- b. Provide the citation(s) for this policy or procedure.

There are no license exempt providers in West Virginia.

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

There are no license exempt providers in West Virginia.

#### 5.4.5. Licensing inspectors.

Lead Agencies will have policies and practices that 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. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)). 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 staff cases and participate in training related to the position.

- b. Provide the citation(s) for this policy or procedure.



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

5.4.6. The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of 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.

The ratio of Regulation Unit Licensing and Regulatory Specialists is based in part on geographical regions and the number of active providers in those regions. In addition, policies and procedures are in place to help determine an equitable caseload. The division of the caseloads for both the Licensing and Regulatory specialists allow ample time for announced, unannounced, monitoring and technical assistance visits.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

<https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf> . The average caseload of each specialist is 50. West Virginia currently has 26 family child care regulatory specialists and 11 child care licensing specialists when the units are fully staffed.

## 5.5. Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding five (5) years).

5.5.1. Background Check Requirements. In the table below, certify by checking that the state has policies regarding the required background check components, demonstrating that these requirements apply to all licensed, regulated, or registered child care providers and to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o).

a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver	The state agency(ies) responsible for this
i. Criminal registry or repository using fingerprints in the current state of residency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: West Virginia Code §49-2-113	Citation: <a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
ii. Sex offender registry or repository check in the current state of residency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: All providers, whether new or existing, are required to access WV CARES	Citation: <a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
iii. Child abuse and neglect registry and database check in the current state of residency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: Child Care Policy: Family Child Care policy 4.2	Citation: <a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. FBI Fingerprint Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: West Virginia Code §49-2-113-8B	Citation: <a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: All providers, whether new or existing, are required to access WV CARES	Citation: <a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>

c. Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver	The state agency(ies) responsible for this component of the check
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<p>i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.</p> <p>Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Citation: A requested waiver was approved effective 10/01/2020 through 09/30/2021. The waiver plan of amendment includes a revision to regulations at the sunset year 2023.</p>	<p>Citation: <a href="#">Click or tap here to enter text.</a></p>	<p><a href="#">Click or tap here to enter text.</a></p>

<p>ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.</p> <p>Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<p>Citation: All providers, whether new or existing, are required to access WV CARES for name-based background check determinations. WV CARES has been promulgated into law</p>	<p>Citation: <a href="#">Click or tap here to enter text.</a></p>	<p><a href="#">Click or tap here to enter text.</a></p>

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years  Note: This is a name-based search	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: Child Care Policy: Family Child Care policy 4.2 through 4.2.2.5.	Citation: <a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>

#### 5.5.2. Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

All West Virginia providers, whether new or existing, are required to access WV CARES for background check determinations. WV CARES has been promulgated into law (§16-49-1) and includes the processes and procedures for access, determination, and penalties for participating providers WV CARES accesses, via the FBI, the NCIC and NSOR databases.

Obtaining an abuse and neglect background check differs by provider type. Family child care regulatory specialists conduct the registry check as set forth in Child Care Policy 4.2 through 4.2.2.5. Child care center and out-of-school time owners/directors, personnel, and volunteers complete and submit an Authorization and Release for Protective Services Background Check form directly to the WV Department of Health and Human Resources, as set forth in Child Care Policy 10.10.2.

The consumer website will include a guidance document for West Virginia providers to obtain a background check. The booklet includes information relating to requirements, types, and registration procedures for obtaining background checks. The website also provides the Authorization and Release for Protective Services Background Check form for the abuse and neglect registry check.

Challenges continue related to interstate background checks for West Virginia providers accessing abuse and neglect registries in other states and how the databases vary. The project to compile a comprehensive list with links, contacts and phone numbers for each states'

registry to share with and educate providers on accessing these various registries is ongoing. The consumer website will be updated with revisions and additions as information is acquired.

The consumer website also has instructions posted for out-of-state providers to obtain background checks for employees who resided in West Virginia. Information includes a step-by-step format to requesting a WV state background check and an information sheet on How to Request Employer Record Check-State Only Background Check OR Personal Record Check-WV. Information and forms for obtaining an abuse and neglect background check with the WV Department of Health and Human Resources is also included on the consumer website for out-of-state providers.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

WV Code §16-9-8 defines the allowance for the covered providers and contractors conducting the background checks to collect and retain fingerprints for Rap Back as authorized by law. In addition, the secretary assesses fees to applicants, to cover only associated costs for the background checks.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

A waiver was requested and approved on 11/02/2020 with plan amendments approved on 03/31/2020 to meet compliance by revising all applicable child care regulations at the sunset in 2023 to reflect that a fingerprint check must be completed before a prospective staff member can be hired in a provisional status. Revisions will also be made to The West Virginia Child Care Provider Regulation Policy and Procedure Manual.

d. Describe the procedure for providers to request background checks from other states where they have resided within the previous 5 years.

A waiver was requested and approved on 11/02/2020 allowing time to formulate policies and consumer education resources. A plan of amendment was submitted and approved on 03/31/2020. The consumer information website for the WV DHHR BCF Division of Early Care and Education will be updated to include resource information for obtaining interstate background checks and will include interstate abuse and neglect registries. Compliance will be met by 09/30/2021 as required.

e. Describe the procedure to ensure each provider completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

West Virginia Code §49-2-113-8B requires license and certificate of registration applicants, employees, certain volunteers and adult household members to obtain all components of the required background checks prior to approval of a license or certificate of registration. Individuals must submit an in-state fingerprint based national background check at the time of application and resubmit every five years using the West Virginia Clearance for Access: Registry and Employment Screening (WV CARES) to complete background checks. The WV CARES rap back program covers criminal and sex offender committed in the state of West Virginia. The rap back program does not cover abuse and neglect violations unless they have reached the level of a criminal offense.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Providers who are separated from employment in excess of 180 consecutive days will not be reprinted by WV CARES. WV CARES will issue a letter of eligibility if the rap back system does not list a criminal offense. Providers who have been separated from employment more than 180 consecutive days will not be reprinted until the five-year requirement.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<http://dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>.

West Virginia is currently compiling resource materials to post to the consumer education website that will provide instruction for child care providers to initiate a background check for a prospective employee.

#### 5.5.3. Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note:

Disqualification decisions should align to the response provided in 5.5.4.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

WV CARES has been promulgated into law (§16-49-1) and includes the processes and procedures, access, timelines, determination, and penalties for participating providers WVCARES accesses, via the FBI, the NCIC and NSOR databases.



**b.** If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

N/A

**c.** Describe the procedure for responding to interstate background check requests from other states:

**i.** Interstate Criminal History Registry Check Procedures

**A.** Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

West Virginia is a compact state

**B.** "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Please indicate whether your state or territory is a Compact State.

West Virginia is a Compact State

**C.** The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Please indicate whether your state or territory is an NFF State.

West Virginia is a Compact State.

**ii.** Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

West Virginia is a compact state. There are no laws preventing the release of information to an out-of-state entity.

**iii. Interstate Child Abuse and Neglect Registry Check Procedures**

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

A waiver was requested and approved on 11/02/2020 allowing time to formulate policies and consumer education resources. A plan of amendment was submitted and approved on 03/31/2020. The state of West Virginia is currently compiling information for the consumer education website posting and will meet compliance as required by 09/30/2021. There are no laws preventing the release of information to an out-of-state entity.

5.5.4. Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

**a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?**

☒ No

☐ Yes. If yes, describe other disqualifying crimes and provide the citation:

All providers, whether new or existing, are required to access WV CARES for background check determinations. WV CARES has been promulgated into law (§16-49-1) and includes the processes and procedures for access, determination and penalties for participating providers WV CARES accesses, via the FBI, the NCIC and NSOR databases.

**b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).**

All providers, whether new or existing, are required to access WV CARES for background check determinations. WV CARES has been promulgated into law (§16-49-1) and includes the processes and procedures for access, determination and penalties for participating providers WV CARES accesses, via the FBI, the NCIC and NSOR databases.

**c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).**

All providers, whether new or existing, are required to access WV CARES for background check determinations. WV CARES has been promulgated into law (§16-49-1) and includes the processes and procedures for the request of variances or appeals. WV Code §16-49-5 describes the variance and appeal process due to negative findings. Felony drug convictions related to controlled substances is not considered variance or appeals eligible. Other drug convictions may be considered eligible.

#### 5.5.5. Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are 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.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

All providers, whether new or existing, are required to access WV CARES for background check determinations. WV CARES has been promulgated into law (§16-49-1) and includes the processes and procedures for the request of variances or appeals. WV Code §16-49-5 describes the variance and appeal process due to negative findings. Felony drug convictions related to controlled substances is not considered variance or appeals eligible. Other drug convictions may be considered eligible.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Applicants appealing or challenging the accuracy or completeness of information contained in a background report of an interstate check would need to follow the procedures required of the state reporting an offense resulting in employment ineligibility.

#### 5.5.6. Website Links to Interstate Background Check Processes

Provide the website link providing the detailed information required on the state or territory's consumer education website related to the following interstate background check provisions.

Note: The links below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:  
<http://dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>.

b. Interstate Sex Offender Registry (SOR) Check:  
<http://dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:  
<http://dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>.

West Virginia is currently compiling resource materials to post to the consumer education website that will provide instruction for child care providers to initiate a background check for a prospective employee. The consumer website will include a guidance document for West Virginia providers to obtain a background check. The booklet includes information relating to requirements, types, and registration procedures for obtaining background checks. The website also provides the Authorization and Release for Protective Services Background Check form for the abuse and neglect registry check.

Challenges continue related to interstate background checks for West Virginia providers accessing abuse and neglect registries in other states and how the databases vary. The project to compile a comprehensive list with links, contacts and phone numbers for each states' registry to share with and educate providers on accessing these various registries is ongoing. The consumer website will be updated with revisions and additions as information is acquired.

The consumer website also has instructions posted for out-of-state providers to obtain background checks for employees who resided in West Virginia. Information includes a step-by-step format to requesting a WV state background check and an information sheet on How to Request Employer Record Check-State Only Background Check OR Personal Record Check-WV. Information and forms for obtaining an abuse and neglect background check with the WV Department of Health and Human Resources is also included on the consumer website for out-of-state providers.

#### 5.6. Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements.

5.6.1 Licensing Requirements (as described in Section 5.1)

- ☒ a. Relative providers are exempt from all licensing requirements.
- ☐ b. Relative providers are exempt from a portion of licensing requirements. Describe. [Click or tap here to enter text](#)
- ☒ c. Relative providers must fully comply with all licensing requirements.

5.6.2. Health and Safety Standards (as described in Section 5.2 and 5.3)

- ☒ a. Relative providers are exempt from all health and safety standard requirements
- ☐ b. Relative providers are exempt from a portion of health and safety standard requirements. Describe. [Click or tap here to enter text](#)
- ☒ c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3. Health and Safety Training (as described in Section 5.3)

- ☒ a. Relative providers are exempt from all health and safety training requirements.
- ☐ b. Relative providers are exempt from a portion of all health and safety training requirements. Describe. [Click or tap here to enter text](#)
- ☒ c. Relative providers must fully comply with all health and safety training requirements.

5.6.4. Monitoring and Enforcement (as described in Section 5.4)

- ☐ a. Relative providers are exempt from all monitoring and enforcement requirements.
- ☐ b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe. [Click or tap here to enter text](#)
- ☒ c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5. Background Checks (as described in Section 5.5)

- ☐ a. Relative providers are exempt from all background check requirements.
- ☐ b. Relative providers are exempt from a portion of background check requirements. Describe. [Click or tap here to enter text](#)
- ☒ c. Relative providers must fully comply with all background check requirements.

**6.0. Recruit and Retain a Qualified and Effective Child Care Workforce**

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate

state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## **6.1. Professional Development Framework**

6.1.1. Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. **State/territory professional standards and competencies.** Describe: All early childhood professional development that is offered through our child care resource and referral system is registered with the state defined standards and competencies.

ii. **Career pathways.** Describe: The career pathway is built within our WV State Training and Registry System (STARS). The link is provided here:

[http://wvstars.org/wp-content/forms/Career\\_Pathway\\_Levels.pdf](http://wvstars.org/wp-content/forms/Career_Pathway_Levels.pdf).

iii. **Advisory structure.** Describe: This is met through the WV Early Childhood Advisory Council.

iv. **Articulation.** Describe: West Virginia has articulation agreements with community and technical colleges and the Apprenticeship for Child Development Specialists (ACDA).



v. **Workforce information. Describe:** The Apprenticeship for Child Development Specialist is a joint program between the Department of Labor and the Lead Agency.

vi. **Financing. Describe:** Financing for professional development is funded primarily through CCDF, with some contributions from the Office of Maternal and Child Health.

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. ☐ Continuing Education unit trainings and credit-bearing professional development to the extent practicable. Describe: [Click or tap here to enter text](#)
- ii. ☐ Engagement of training and professional development providers, and including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: [Click or tap here to enter text](#)
- iii. ☐ Other. Describe: [Click or tap here to enter text](#)

6.1.2. Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. All stakeholders are represented on the Early Childhood Advisory Council, from Head Start to School Age Care. Within the Early Childhood Advisory Council, there is a professional development subcommittee that is comprised of a variety of members of the early care and education community.

6.1.3. Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The Lead Agency funds a WV STARS Pathway Advancement Scholarship for members of the early childhood workforce who wish to attend college. <http://www.wvstars.org/scholarship/> The Lead Agency Funds the Apprenticeship for Child Development Specialist. The West Virginia registered Apprenticeship for Child Development Specialist (ACDA) program is based on a professional partnership between early care and education providers and their employers. It is a teaching program where apprentices "learn by doing". A blending of classroom work and on-the-job training provides professional growth for providers. It also enhances the quality of care that their employers offer to the community. The registered Apprenticeship for Child Development Specialist program promotes:

- Highly skilled, confident early childhood employees
- Quality early childhood environments
- Informed, supportive early childhood professionals

## 6.2. Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span,



from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1. Describe how the state/territory incorporates into training and professional development opportunities the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)). All professional development offered through the Child Care Resource and Referral Agencies are required to be linked to the West Virginia Core Knowledge/Core Competencies, and the WV Early Learning Standards Framework.

6.2.2. Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). There are no tribes within West Virginia

6.2.3. States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

a. with limited English proficiency.

According to the 2010 Census, only 1.1% of West Virginia's population speaks a language other than English at home, encompassing a wide range of languages from African to Hindi to Chinese. CCR&R agencies use a language phone service to ensure that these populations are adequately served. Because of the lack of demand, West Virginia has not conducted any statewide activities aimed at providers with limited English proficiency. West Virginia reaches out to child care providers with disabilities through a variety of resources, including Family Resource Centers.

b. who have disabilities. CCR&R agencies use a language phone service to ensure that these populations are adequately served. West Virginia reaches out to child care providers with disabilities through a variety of resources, including Family Resource Centers.

6.2.4. Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iv)). West Virginia uses a language line that has the ability to interpret all non-English languages. The three primary languages spoken in West Virginia are Spanish .99%, German .17% and Chinese .15%.

6.2.5. 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 (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2). Division of

Early Care and Education has developed partnerships with Child Abuse Prevention programs, such as in-home family education, family resource centers and starting points to develop a system of support for child care providers. Providers have the opportunity to receive technical assistance and training through the collaboration with these programs.

**b.** Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6). The Division of Early Care and Education has developed partnerships with Child Abuse Prevention programs, such as in-home family education, family resource centers and starting points to develop a system of support for child care case managers. Case managers have the opportunity to receive technical assistance and training through the collaboration with these programs.

6.2.6. Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

**a.** Describe the strategies that the state/territory is developing and implementing for training and TA. [Click or tap here to enter text](#)

The Lead Agency's system of CCR&R Professional Development teams are charged with completing professional development needs assessments with their regional child care providers to determine what technical assistance and training needs to support business practices are necessary. In addition, the Earlier the Better group has pledged funding to assist the Quality Improvement Specialists in becoming certified in the Program Administration Scale (PAS) to assist child care center directors in strengthening their business practices.

**b.** Check the topics addressed in the state/territory's strategies. 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, including who delivers the training, education, and/or technical assistance
- ☐ ix. Other. Describe: [Click or tap here to enter text](#)

### 6.3. Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1. Training and professional development of the child care workforce.

- a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>License d center- based</i>	<i>Legally exempt center- based</i>	<i>License d family child care home</i>	<i>Legall y exemp t family child care home</i>	<i>In-home care (care in the child's own home)</i>
i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(i)(A)). Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>ii.</b> Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.) Professional development on these topics is provided by behavior consultant staff at the CCR&amp;R agencies. The CCR&amp;R agencies are supported by CCDF Funding.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(iii)). Describe: <i>Click or</i>					
<b>iii.</b> Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(iv)). Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>iv.</b> Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe: <i>Click or tap</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>v.</b> Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: <u><i>Click or tap here to enter</i></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>vi.</b> Using data to guide program evaluation to ensure continuous improvement 98.53(a)(ii)). Describe: <u><i>Click or tap here to enter text</i></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>vii.</b> Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: <i>Click or tap</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

x. Other. Describe: <i>Click or tap here to</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>viii.</b> Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(i)(B). Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ix.</b> Supporting the positive development of school-age children (98.53(a)(iii). Describe: Professional development on these topics is provided by professional development staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

		Licensed center-based	Legally-exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
<input checked="" type="checkbox"/>	i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.	X		X		
<input checked="" type="checkbox"/>	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.	X		X		
<input checked="" type="checkbox"/>	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.	X		X		
<input type="checkbox"/>	iv. <u>Other. Describe: <a href="#">Click or tap here to enter text</a></u>					

6.3.2. Describe the measurable indicators of progress relevant to this use of funds that state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [Click or tap here to enter text](#)

The Lead Agency uses quarterly reporting from the CCR&R agencies and the State Training and Registry System (STARS) to measure access to professional development opportunities and topics and attendance. The state also uses pre- and post-testing in STARS to assess proof of learning.

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



#### 6.4. Early Learning and Developmental Guidelines

6.4.1. States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

ii. Developmentally appropriate. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

iii. Culturally and linguistically appropriate. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

iv. Aligned with kindergarten entry. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

- v. Appropriate for all children from birth to kindergarten entry. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

- vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

- b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

- i. Cognition, including language arts and mathematics. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

- ii. Social development. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

- iii. Emotional development. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

- iv. Physical development. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

v. Approaches toward learning. [Click or tap here to enter text](#)

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

vi. Describe how other optional domains are included, if any: [Click or tap here to enter text](#)

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. Standards are reviewed at least every five years, most recently in 2016.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

n/a

e. Provide the Web link to the state/territory's early learning and developmental guidelines.

[http://www.wvearlychildhood.org/resources/WV\\_Early\\_Learning\\_Standards\\_Framework\\_3\\_to\\_5.pdf](http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Framework_3_to_5.pdf)

[http://www.wvearlychildhood.org/resources/WV\\_Early\\_Learning\\_Standards\\_Framework\\_Infant\\_Toddler.pdf](http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Framework_Infant_Toddler.pdf)

6.4.2. CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used. All training and technical assistance offered through the Child Care Resource and Referral Agencies are required to be linked to the WV Early Learning Standards Framework Infants and Toddlers or Three to Five as appropriate.

6.4.3. If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). Describe how the state/territory's early learning and developmental guidelines are used.

All training and technical assistance offered through the Child Care Resource and Referral Agencies are required to be linked to the WV Early Learning Standards Framework Infants and Toddlers or Three to Five as appropriate.

## **7.0 Support Continuous Quality Improvement**

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect 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 (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1. Quality Activities Needs Assessment for Child Care Services

7.1.1. Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). West Virginia's evaluation framework to measure progress in improving the quality of child care programs and services baseline study was interrupted by the Covid-19 pandemic. The Lead Agency expects to return to its baseline study of overall child care quality in each provider type in summer of 2021.

7.1.2. Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a weblink for any available evaluation or research related to the findings. The assessment was interrupted by the Covid-19 pandemic, although we look forward to the results.

## 7.2. Use of Quality Funds

7.2.1. Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity.	Other funds: describe	Related Section
a. Supporting the training and professional development of the child care workforce as discussed in 6.2.	<input type="checkbox"/> i XCCDF funds	<a href="#">Click or tap here to</a>	6.3
	<input type="checkbox"/> ii State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		

b. Developing, maintaining, or implementing early learning and developmental guidelines.	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to</a>	6.4
	<input checked="" type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
c. Developing, implementing, or enhancing a tiered quality rating and improvement system.	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to</a>	7.3
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
d. Improving the supply and quality of child care services for infants and toddlers.	<input type="checkbox"/> i. <b>X</b> CCDF funds	<a href="#">Click or tap here to</a>	7.4
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7.	<input type="checkbox"/> i. <b>X</b> CCDF funds	<a href="#">Click or tap here to</a>	7.5
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
f. Facilitating Compliance with State Standards	<input type="checkbox"/> i. <b>X</b> CCDF funds	<a href="#">Click or tap here to</a>	7.6
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	<input type="checkbox"/> i. <b>X</b> CCDF funds	<a href="#">Click or tap here to</a>	7.7
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
h. Accreditation Support	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to</a>	7.8

	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	<input checked="" type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to</a>	7.9
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		
j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.	<input type="checkbox"/> i. CCDF funds	<a href="#">Click or tap here to</a>	7.10
	<input type="checkbox"/> ii. State general funds		
	<input type="checkbox"/> iii. "CARES Act" funds		

### 7.3. Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality.
3. Financial incentives and supports.
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- ☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- ☒ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.



- ☐ c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available. [Click or tap here to enter text](#)
- ☐ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [Click or tap here to enter text](#) [Click or tap here to enter text](#).
- ☐ e. Yes, the state/territory has another system of quality improvement.

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- ☐ i. Participation is voluntary.
- ☐ ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy or participation is mandatory for all licensed providers. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). [Click or tap here to enter text](#)
- ☐ iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

- ☐ i. Licensed child care centers
- ☐ ii. Licensed family child care homes
- ☐ iii. License-exempt providers
- ☐ iv. Early Head Start programs
- ☐ v. Head Start programs
- ☐ vi. State Prekindergarten or preschool programs
- ☐ vii. Local district-supported Prekindergarten programs
- ☐ viii. Programs serving infants and toddlers
- ☐ ix. Programs serving school-age children
- ☐ x. Faith-based settings
- ☐ xi. Tribally operated programs
- ☐ Other. Describe: [Click or tap here to enter text](#)

7.3.3. Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.3.3 through 7.3.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

☒ No

☐ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

☐ a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).

☐ b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

☐ c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

☐ d. Programs that meet all or part of state/territory school-age quality standards. ☒ e. Other. Describe: West Virginia QRIS is currently in development.

7.3.4. Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

☒ No

☐ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

☐ a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

☐ b. Embeds licensing into the QRIS.

☐ c. State/territory license is a "rated" license.

☒ d. Other. Describe:

West Virginia QRIS is currently in development.

7.3.5. Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

☐ No

☒ Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	Legally exempt center-based	Licensed family child care Home	Legally exempt care in the provider's home	In-home (care in the child's own home)
One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing or periodic quality stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher subsidy payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarships, bonuses, or increased compensation for degrees/certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priority access for other grants or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax credits (providers or parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax credits (providers or parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other: [Click or tap here to enter text](#)

7.3.6. Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. West Virginia QRIS is currently in development.

#### 7.4. Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods.

in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1. Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	Activities available to improve the supply and quality of infant and toddler care.	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's
	a. Establishing or expanding high- quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Infant/Toddler Specialist Networks offers two competency-based module series trainings, an annual conference for administrators and caregivers of infant/toddler programs, topic specific summits and technical assistance as needed by individual programs. In addition, the curriculum for the Apprenticeship for Child Development Specialist program was revised to provide more in-depth infant/toddler content</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Describe: WV has an Infant Toddler Specialist Network to provide coaching and technical assistance. Specialists are certified trainers in the Program for Infant/Toddler Care(PITC) and have attended other trainings including the Pickler Intensive Institute, CLASS for Toddlers, ITERS-R, Infant Massage and Creative Curriculum for Infants, Toddlers and Twos.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f. Developing infant and toddler components within the <i>here to enter</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	g. Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: The	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	h. Developing infant and toddler components within the early learning and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	i. Improving the ability of parents to access transparent and easy-to-understand consumer information <i>here to enter</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	k. Coordinating with child care health consultants. Describe: <i>Click or tap</i> West Virginia maintains six Nurse Health Consultants and two Health Educators available to consult on health topics and issues in child care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	<a href="#">here to enter text</a>					
	l. Coordinating with mental health consultants. Describe: <a href="#">Click or tap here to enter text</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	At least one Behavioral Consultant in each CCR&R region is certified in PITC.					
	m. Other. Describe: <a href="#">Click or tap here to enter text</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7.4.2. Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. State/Territory Measures relevant to these activities come through the CCR&R quarterly reports.

#### 7.5. Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1. What are the services provided by the local or regional child care and resource and referral agencies? [Click or tap here to enter text](#)

Child Care Resource and Referral (CCR&R) are required to:

- Provide services consistent with the vision and policy of the Administration for Children and Families, Office of Child Care, WV DHHR, BCF and ECE.
- Utilize BCFs' management information system, the Family and Children's Tracking System (FACTS), in accordance with Department policies on the use of the network found at: <http://www.wvdhhr.org/mis/IT/index.htm>
- Utilize policies and forms developed and supplied by the DHHR and ECE as well as forms generated by FACTS.
- Develop and implement an emergency preparedness and disaster recovery plan that will ensure the integrity of the supporting documents that pertain to eligibility and allowability for costs associated with the Child Care Development Fund program as well as coordinate emergency child care services within the CCR&R region.

Performance Objectives:

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

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

Outcome 3: To improve access to and affordability of, high quality child care for low income families, enabling parents to work or attend school. Outcome 4: To increase the supply and improve the quality of child care.

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

Outcome 6: To provide timely and accurate services to child care providers and families that meet the definitions provided in child care policy, ECE guidance, and federal regulation.

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

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

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

Outcome 10: To provide information to the community on the West Virginia Tiered Reimbursement System Grantee will conduct the following activities during the grant period:

- A. Provision of community outreach to provide the public with information regarding childcare services and quality initiatives.
- B. Tracking child care provider resources to assist families with locating and recognizing quality child care that meets the needs of children and families. Child care resource and referral services shall be available to all families regardless of income.
- C. Provision of professional development and technical assistance to providers through utilization of on-line learning, group training, on-site technical assistance, and operation of the Traveling Resource and Information Library System (TRAILS).
- D. Oversight and distribution of an annual grant fund for family child care providers designed to help providers meet health and safety requirements and improve the quality of care.
- E. Provision of program/classroom/child-specific consultation to providers and families regarding developmentally appropriate settings, processes, and early childhood behaviors.
- F. Administration of the child care subsidy certificate program, including determination of eligibility for financial assistance with child care for families and payment to providers.
- G. Management of all child care services using FACTS and DHHR policies. Hardware and to improve linkages and collaboration among community stakeholders.
- H. Linking of families and providers to community services or assistance which meet other identified needs, such as Children's Health Insurance Program (CHIP).
- I. Maintain a presence on social media separate from the umbrella agency so parents and providers can have access to information on child care resource and referral services.

J. Assume the lead role in planning quarterly Regional Child Care Collaboration meetings to facilitate communication collaboration between Department of Health and Human Resources licensing and regulatory staff, nurse health consultants, health educators and CCR&R staff. Oversee and expend \$1000 per CCR&R region for meeting support and facilitation.

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

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

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

- Number of child care providers and center staff who received training on inclusion and/or positive guidance techniques.
- Number of requests for behavioral consultation by provider type and Tier Level
- Number of requests fulfilled by behavior consultants and method of fulfillment (i.e. Onsite consultation, phone consultation, referral within R&R system for assistance, or referral to community program for assistance)
- Number of site visits made by behavior consultant by provider type and county.
- Number of completed Behavior Consultant Observation Tools (BCOTs) documented at each site served (pre and post)
- Number of monthly BCOTs submitted for data entry
- Number of BCOTs completed, by region
- Number of conferences between the behavior consultant and parents, teachers, providers and directors
- Number of phone consultations by behavior consultant by type of care
- Number of training sessions offered by behavior consultant.
- Number of site-specific training sessions offered

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

- Number of low-income families receiving subsidized child care during the month.
- Number of applications for subsidized child care during the month.
- Number of applications approved.
- Number of applications processed within two weeks of date of application.
- Number of cases closed for services.

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

- Number of active providers by county
- Number of subsidized providers by county
- Number of new providers attending payment training.
- Number of training sessions offered by county.
- Number of providers attending health and safety training.
- Number of providers attending other types of training by type.
- Number of providers accessing TRAILS by type of provider and class of visit.
- Number of providers receiving grant funds to purchase health and safety equipment or curricula through the family child care grant program.

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

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

Outcome 6: To provide timely and accurate services to child care providers and families that meet the redefinitions provided in child care policy, ECE guidance, and federal regulation.

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

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

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

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

- Number of child care administrators completing WVIT I Administrators Modules by county.
- Number of participants completing WVIT I Caregiver Modules, including 2 TACIT visits by county and type of provider.

- Percentage of participants scoring 85% or higher on four reviews.
- Number of child care administrators completing WVIT II Administrators Modules by county
- Number of participants completing WVIT II Caregiver Modules, including Practicum, by county.
- Number of technical assistance visits completed, receiving resources.
- Number of technical assistance visits completed; no resources offered.
- Number of technical assistance visits with EHS collaborative sites, List by site name and county
- Number of trainings done with or for EHS collaborative sites.
- Number of participants trained on WV Early Learning Standards for Infants/Toddlers by type
- Number of children served at sites implementing WV Early Learning Standards for Infants/Toddlers by type
- Number of series or module trainings in development stage, list title or topic
- Number of other series or module trainings offered targeted for children less than 36 months.
- Number of non-module trainings for children less than 36 months
- Number of hours spent researching current trends.
- Number of hours spent in mentoring partnership.

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

- Number of hours spent learning Tiered Reimbursement system and application process.
- Number of programs requesting information about Tiered Reimbursement.
- Number of programs receiving information about Tiered Reimbursement without request
- Number of site visits made to discuss quality improvement by county and provider type.
- Number of professional meetings/workshops attended related to Tiered Reimbursement.
- Number of hours spent researching current trends in Quality Rating and Improvement Systems
- Number of providers by type and county receiving on-going consultation to increase their tier level.
- Number of training sessions offered on Tiered Reimbursement.
- Number of site-specific trainings on Tiered Reimbursement by provider type and county
- Number of providers by type and county that have applied for a higher tier level rating.
- Number of providers by type and county that have achieved a higher tier rating

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

- Number of Informational brochures given out.
- Number and location of community presentations given regarding the Tiered Reimbursement System

7.5.2. Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

State/Territory Measures relevant to these activities come through the CCR&R quarterly reports.

## 7.6. Facilitating Compliance with State Standards

7.6.1. What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety, and with state/territory licensing standards? Describe:

Staffing for Licensing and regulatory specialists to inspect and monitor for licensing standards.

7.6.2. Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

☐ No

☒ Yes. If yes, which types of providers can access this financial assistance?

☒ a. Licensed CCDF providers

☐ b. Licensed non-CCDF providers

☐ c. License-exempt CCDF providers

☐ d. Other. Describe: [Click or tap here to enter text](#)

7.6.3. Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Effectiveness of this funding is measured through licensing compliance.

## 7.7. Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1. Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Lead Agency uses several tools to evaluate positive impact for children. These tools include data from the WV State Training and Registry System, CCR&R and WVECTCR quarterly reports, technical assistance provided by the professional development teams

at the CCR&Rs, tiered reimbursement reviews and informal use of the Environment Rating Scales.

7.7.2. Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency uses several tools to evaluate positive impact for children. These tools include data from the WV State Training and Registry System, CCR&R and WVECTCR quarterly reports, technical assistance provided by the professional development teams at the CCR&Rs, tiered reimbursement reviews and informal use of the Environment Rating Scales.

## 7.8. Accreditation Support

7.8.1. Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☒ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation.

WV offers grants/mentoring to help support centers and family child care providers to achieve accreditation. This program is called Quality Support Services.

☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe: [Click or tap here to enter text](#)

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe: [Click or tap here to enter text](#)

☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

☐ i. Focused on child care centers. Describe:

☐ ii. Focused on family child care homes. Describe:

☐ e. No, but the state/territory is in the accreditation development phase.

☐ i. Focused on child care centers. Describe:



☐ ii. Focused on family child care homes. Describe:

☐ f. No, the state/territory has no plans for accreditation development.

7.8.2. Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

State/Territory Data is collected through quarterly reports as to program use.

## 7.9. Program Standards

7.9.1. Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children.

- Health. Describe the supports: The Lead Agency under its contract with WV Early Childhood Training Connections and Resources employs six regional Child Care Nurse Health Consultants and two Health Educators. The Nurse Health Consultants offer our medication administration trainings and provide best practice on health and safety issues for children in group care.
- Mental health. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.
- Nutrition. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.
- Physical activity. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.
- Physical development. Describe the supports: The Health Educators provide supports in the area of nutrition, health and wellness.

7.9.2. Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. State data is collected through quarterly reports to evaluate the progress. The lead agency has also contracted with a social research vendor to partner in developing assessment and research questions to measure the progress of efforts in this area..

## 7.10. Other Quality Improvement Activities

7.10.1. List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

WV provides the Traveling Resource and Information Library System (TRAILS) statewide. This program operates a mobile lending library where child care providers can borrow

games, toys, equipment, and books to use in their program. The vans are staffed with an early childhood specialist and associate for additional support. State/Territory Data is collected and reviewed through quarterly reports.

## **8.0. Ensure Grantee Program Integrity and Accountability**

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

## **8.1. Internal Controls and Accountability Measures to Help Ensure Program Integrity**

8.1.1. Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

☒ a. Verifying and processing billing records to ensure timely payments to providers. Describe: The CCR&R supervisors are charged with monitoring and reviewing the payment process so as to expedite accurate and timely payments to providers.

☒ b. Fiscal oversight of grants and contracts. Describe: The WV DHHR has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, the DHHR program and contract staff interview all CCR&R staff as well as some local DHHR staff, providers and recipients, and review case records, personnel, and financial files. Program staff monitor work flow and 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.

☒ c. Tracking systems to ensure reasonable and allowable costs. 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.

☐ d. Other. Describe: [Click or tap here to enter text](#)

8.1.2. Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

☐ a. Conduct a risk assessment of policies and procedures. Describe: [Click or tap here to enter text](#)

☒ b. Establish checks and balances to ensure program integrity. Describe: Quarterly program and financial reports are required that cover expenditures, numbers of families, children and providers served for subsidy, resource and referral and other quality initiatives, payments processed, and training and technical assistance provided.

☐ c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe: [Click or tap here to enter text](#)

☐ d. Other. Describe: [Click or tap here to enter text](#)

8.1.3. States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

☒ i. Issue policy change notices. Describe: [Click or tap here to enter text](#)

All information regarding policy and policy changes flow from the Lead Agency to the CCR&R agencies. Three technical assistance staff are available to provide training, email, virtual, and web assistance in supporting policy implementation.

☒ ii. Train on policy changes notices. Describe: 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.

☒ iii. Issue new policy manual. Describe: [Click or tap here to enter text](#)

All information regarding policy and policy changes flow from the Lead Agency to the CCR&R agencies. Three technical assistance staff are available to provide training, email, virtual, and web assistance in supporting policy implementation.

☒ iv. [Train on policy change manual. Describe:](#) 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.

☒ v. [Ongoing monitoring and assessment of policy implementation. Describe:](#) The WV DHHR has created a CCR&R monitoring system. Interview guides and processes were developed to evaluate services delivered by the agencies. During this process, the DHHR program and contract staff interview all CCR&R staff as well as some local DHHR staff, providers and recipients, and review case records, personnel, and financial files. Program staff monitor work flow and 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.

☐ vi. [Regular implementation meetings. Describe:](#) [Click or tap here to enter text](#)

☐ vii. [Other. Describe:](#) The lead agency provides opportunity for all CCR&R staff to attend organized, statewide conferences for child care subsidy training and updates.

[b. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity \(98.68\(a\)\(3\)\). Check all that apply.](#)

☐ i. [Issue policy change notices. Describe:](#) [Click or tap here to enter text](#)

☐ ii. [Issue new policy manual. Describe:](#) [Click or tap here to enter text](#)

☒ iii. [Orientations.](#)

☒ iv. [Training. Describe:](#) [Click or tap here to enter text](#)

CCR&R agencies provide training to child care providers on subsidy system rules and requirements.

☐ v. [Ongoing monitoring and assessment of policy implementation. Describe:](#) [Click or tap here to enter text](#)

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.

- ☒ vi. Regular implementation meetings. Describe: [Click or tap here to enter text](#)

The Lead Agency holds child care providers meetings and forums to clarify policies and procedures.

- ☐ vii. Other. Describe: [Click or tap here to enter text](#)

8.1.4. Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe: [Click or tap here to enter text](#)

8.1.5. Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place 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, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- ☐ i. 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)). Describe the activities and the results of these activities: [Click or tap here to enter text](#)

- ☐ ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: [Click or tap here to enter text](#)

- ☒ iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The provider, application and case documents are reviewed by the individual case manager; CCR&R site supervisors; and the WV DHHR Division of Early Care and Education Staff.

- ☒ iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: The application and case documents are reviewed by the individual case manager; CCR&R site supervisors; and the WV DHHR Division of Early Care and Education Staff.

- ☒ v. Audit provider records. Describe the activities and the results of these activities: The provider, application and case documents are reviewed by the individual case manager; CCR&R site supervisors; and the WV DHHR Division of Early Care and Education Staff.

☒ vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: 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.

☐ vii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

☐ i. 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)). Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☐ ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☒ iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The provider, application and case documents are reviewed by the individual case manager; CCR&R site supervisors; and the WV DHHR Division of Early Care and Education Staff.

☒ iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: The application and case documents are reviewed by the individual case manager; CCR&R site supervisors; and the WV DHHR Division of Early Care and Education Staff.

☒ v. Audit provider records. Describe the activities and the results of these activities: The provider, application and case documents are reviewed by the individual case manager; CCR&R site supervisors; and the WV DHHR Division of Early Care and Education Staff.

☒ vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: 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.

☐ vii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent agency errors. Include in the

description how each activity assists in the identification and prevention of agency errors.

- ☐ i. 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)). Describe the activities and the results of these activities: [Click or tap here to enter text](#)
- ☐ ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: [Click or tap here to enter text](#)
- ☒ iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Provider Payment requests and Attendance forms are reviewed by staff prior to submitting for payment. This procedure results in the discovery of any discrepancies between the two reporting forms that could result in an improper payment if not discovered prior to payment.
- ☒ iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Supervisory staff review payments in the FACTS System prior to approval for payment. This process results in the discovery of anomalies that may occur from month to month or payment requests not meeting what is customary for either the provider or for the individual child.
- ☒ v. Audit provider records. Describe the activities and the results of these activities: Provider Payment requests and Attendance forms are reviewed by staff prior to submitting for payment.
- ☒ vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: Provider Payment requests and Attendance forms are reviewed by staff prior to submitting for payment.
- ☐ vii. Other. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

8.1.6. The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). Office of the Inspector General-West Virginia Department of Health and Human Resources.
- 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. 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: The minimum dollar amount is \$1.00.
- ☐ 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: [Click or tap here to enter text](#)
- ☒ iii. Recover through repayment plans. Describe the activities and the results of these activities: 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.
- ☐ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [Click or tap here to enter text](#)
- ☐ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: [Click or tap here to enter text](#)
- ☐ vi. Recover through other means. Describe the activities and the results of these activities: [Click or tap here to enter text](#)
- ☐ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: [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](#)

c. Check and describe 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. 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: Minimum dollar amount is \$1.00
- ☐ 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: [Click or tap here to enter text](#)

☒ iii. Recover through repayment plans. Describe the activities and the results of these activities: 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.

☐ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☐ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☐ vi. Recover through other means. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☐ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: [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. 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: The minimum dollar amount is \$1.00

☐ 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: [Click or tap here to enter text](#)

☒ iii. Recover through repayment plans. Describe the activities and the results of these activities: 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.

☐ iv. Reduce payments in subsequent months. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☐ v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☐ vi. Recover through other means. Describe the activities and the results of these activities: [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: [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](#)

8.1.7. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☒ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities: This process applies to both clients and providers:

Supervisors are responsible for negotiating repayment schedules with providers and/or clients and completing a Repayment Agreement to include the amount to be recovered, the period of recovery the monthly recovery amount, and the procedure for repayment. If intentional misrepresentation may have occurred and the provider /client remains active, it is recommended that the CCR&R worker try to collect the payment in full. If this is not feasible, it is suggested that the R&R worker request that the client or provider be asked to repay the amount in monthly installment payments of approximately 10% of the amount due. Payment schedules should be sufficient to recover the amount due within a reasonable time period but should not pose an undue hardship on a client. The amount of payment should not exceed living costs. Payments must be made by money order. If a payment is more than forty-five (45) days late, the entire unpaid balance becomes due and must be paid in full. Failure to repay the requested amount shall result in case closure for clients or denial of participation in the certificate system for child care providers. Client services will not be reinstated until full payment is received. The West Virginia Public Welfare Law and subsequent administrative actions have guaranteed and applicant for or recipient of Social Services the right to a hearing concerning and action taken by the Department of Health and Human Resources. Every child care client and provider have the right to request a hearing concerning actions taken by the Department or CCR&R workers. The State Board of Review is designated by State Law as the body through which a client or provider may present his/her case to a higher authority. The State Hearing Officer is an impartial official who has not been directly involved in any determination of the action in question.

☒ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities: This process applies to both clients and providers: Supervisors are responsible for negotiating repayment schedules with providers and/or clients and completing a Repayment Agreement to include the amount to be recovered, the period of recovery the monthly recovery amount, and the procedure for repayment. If intentional misrepresentation may have occurred and the provider /client remains active, it is recommended that the CCR&R worker try to collect the payment in full. If this is not feasible, it is suggested that the R&R worker request that the client or provider be asked to repay the amount in monthly installment payments of approximately 10% of the amount due. Payment schedules

should be sufficient to recover the amount due within a reasonable time period but should not pose an undue hardship on a client. The amount of payment should not exceed living costs. Payments must be made by money order. If a payment is more than forty-five (45) days late, the entire unpaid balance becomes due and must be paid in full. Failure to repay the requested amount shall result in case closure for clients or denial of participation in the certificate system for child care providers. Client services will not be reinstated until full payment is received. The West Virginia Public Welfare Law and subsequent administrative actions have guaranteed and applicant for or recipient of Social Services the right to a hearing concerning and action taken by the Department of Health and Human Resources. Every child care client and provider have the right to request a hearing concerning actions taken by the Department or CCR&R workers. The State Board of Review is designated by State Law as the body through which a client or provider may present his/her case to a higher authority. The State Hearing Officer is an impartial official who has not been directly involved in any determination of the action in question.

☐ c. Prosecute criminally. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

☐ d. Other. Describe the activities and the results of these activities: [Click or tap here to enter text](#)

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## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey and/or ACF pre-approved alternative methodology and/or the narrow cost analysis. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS and/or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology and/or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

☐ Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF Pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision. [Click or tap here to enter text.](#)
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [Click or tap here to enter text.](#)
3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. [Click or tap here to enter text.](#)

☐ Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision. [Click or tap here to enter text.](#)
2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [Click or tap here to enter text.](#)
3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. [Click or tap here to enter text.](#)