WEST VIRGINIA
Department of
Health
& Human
Resources

**West Virginia Department of
Health and Human Resources
Division of Early Care and Education**

2021 Child Care
Needs Assessment

September 2021

Conducted by
Collective Impact, LLC

Contents

Introduction and Overview

The **West Virginia Department of Health and Human Resources (DHHR) Division of Early Care and Education** sought assistance from Collective Impact, LLC to conduct a Statewide Child Care Needs Assessment. The purpose of this report is to provide stakeholders and decision-makers with greater insight into child care needs, opportunities, and capacity throughout the state. Based on the perspectives of child care providers, parents/guardians, and stakeholders, the data in this assessment can support decisions for planning, policy development and implementation, and resource leveraging and allocation.

Outcomes:
- Provided a platform for child care providers, parents/guardians, and stakeholders to share their perspectives of improvements, opportunities, and insights.
- Assessed the child care system in West Virginia through community assessment methods.
- Identified child care impacts and solutions in light of the COVID-19 pandemic crisis.
- Assessed child care enforcement and regulation value.
- Provided valuable feedback for DHHR, the legislature, and other key stakeholders for decision-making and resource allocation.
- Gathered insight about priorities and ideas to inform strategic allocation of American Rescue Plan Pandemic Recovery Stabilization funds.

Project Methodology

The statewide child care needs assessment process included the following three (3) project components: (1) Plan, (2) Gather Primary Data, (3) Summarize and Analyze. This comprehensive scope of services was executed by an experienced consulting team.

(1) Plan April 1 – August 30
Collective Impact and WV DHHR began their working relationship with planning sessions and strategic discussions to ensure the successful execution of this assessment project.

Meetings included:

- Initial Zoom virtual "orientation" session with project leadership
- Monthly Zoom virtual planning/check-in sessions
- Ongoing internal consulting team planning

(2) Gather Primary Data July 11 – August 6
It is crucial to gather input and perceptions using appropriate methods of primary research, communication, and engagement from people who are knowledgeable about child care and are directly impacted by decisions made. The target groups of community members were selected as: child care providers, parents/guardians, and stakeholders. Data was collected from these groups through two primary methods: survey and public forums.
those issues and priorities most important to the assessment project.

Survey July 11 – August 6
The consulting team developed a child care survey to collect information about key issues relevant to the assessment project. The survey was to be completed by individuals identified by project leadership. The proposed survey was designed to generate ideas and identify those issues and priorities most important to the assessment project.

Public Forums July 20 – 28
The Collective Impact consulting team facilitated public forums via Zoom with stakeholders identified and recruited by project leadership. There were separate forums for child care providers, parents, and stakeholders. This inclusive process together individuals and/or organizational representatives to share their experiences and ideas around specific topics and issues. These forums allowed individuals to provide their input through facilitated discussion. The purpose of these was to generate creative ideas and identify issues, needs, and priorities most important to the assessment project.

(3) Summarize and Analyze August 6 – August 30
Based on the data collected from survey responses and public forum discussions, the Collective Impact team outlines key findings that will help strategic planning, policy development and implementation, and resource leveraging and allocation throughout the state. The team summarized the responses of the child care providers, parents/guardians, and stakeholders. The data was also analyzed to find any themes and patterns that could be useful for decision-making. This report ensures those that impact and are impacted by the child care system in West Virginia have a platform to share their needs and innovations.

COVID-19 Pandemic

According to the Centers for Disease Control and Prevention (CDC), COVID-19 is a contagious respiratory illness. COVID-19 has proven to spread more easily and remain contagious longer than influenza. By March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. By March 17, 2020, all 50 US States had confirmed cases of the virus.

By mid-March 2020, local, state, and federal public health officials recommended measures to minimize a public health catastrophe through mass quarantine, physical distancing, and temporary closing of shops, restaurants, and other venues where large groups would gather. This impacted child care facilities in temporary and even permanent shut downs.

Child Care in West Virginia

In response to COVID-19, on July 29, 2020, the House passed the **Child Care is Essential Act** in order to "stabilize the child care sector and support providers to reopen and operate. It also would provide needed relief to protect child care workers, support working families, and improve the safety of child care facilities." It began to shift the perspective that child care is essential to the success of the nation's economy.

According to Child Care Center US, there are 518 licensed child care centers operating in West Virginia. In West Virginia's Department of Health & Human Resources Division of Early Care and Education, the Child Care Program is dedicated to improving the affordability, accessibility, and quality of child care services. The Child Care Program also promotes safe environments that foster healthy physical, social, emotional, and intellectual growth of children from birth to age 13, or up to age 18 if the child has special needs.

According to the Center for American Progress, 64 percent of people in West Virginia live in a child care desert compared to 51 percent of people in America. In West Virginia, 78 percent of rural families live in areas without enough licensed child care providers and 65 percent of mothers of young children participate in the labor force. Beyond investing in the health development of children, child care supports working families, and in turn, business and overall economic growth.

According to WV DHHR, the various types of child care provided in West Virginia are centers, facilities, homes, Head Start, and Out of School Time Programs (OST). There are centers in 48 counties, facilities in 30 counties, homes in 50 counties, Head Start programs in 32 counties, and OST in 12 counties. With all types of child care, West Virginia has capacity for 39,421 children. See Table 1 (below) for capacity by county.

Table 1

County	Total Capacity	County	Total Capacity
Barbour	356	Mineral	430
Berkeley	2351	Mingo	317
Boone	155	Monongalia	3192
Braxton	74	Monroe	131
Brooke	233	Morgan	246
Cabell	3477	Nicholas	307
Calhoun	12	Ohio	1043
Doddridge	60	Pendleton	75
Fayette	734	Pleasants	63
Gilmore	99	Pocahontas	99
Grant	242	Preston	302
Greenbrier	730	Putnam	2086
Hampshire	143	Raleigh	1845
Hancock	372	Randolph	608
Hardy	223	Ritchie	36
Harrison	1819	Roane	63
Jackson	481	Summers	112
Jefferson	1471	Taylor	254
Kanawha	6168	Tucker	134
Lewis	214	Tyler	24
Lincoln	87	Upshur	583
Logan	295	Wayne	794
Marion	1300	Webster	98
Marshall	421	Wetzel	42
Mason	458	Wirt	12
McDowell	137	Wood	2137
Mercer	1999	Wyoming	339

The counties with capacity under 100 children are Braxton, Calhoun, Doddridge, Gilmore, Lincoln, Pendleton, Pleasants, Pocahontas, Roane, Ritchie, Wetzel, and Webster counties. The counties with the lowest capacity to provide child care are Calhoun, Wirt, Wetzel, and Ritchie. In Table 2 (below), there is a breakdown of each type per county.

Table 2

County	Centers	Facilities	Homes	Head Start	OST
Barbour	2	10	15	1	0
Berkeley	19	20	62	5	9
Boone	1	0	2	2	0
Braxton	1	0	3	0	0
Brooke	2	1	3	1	0
Cabell	21	10	41	4	7
Calhoun	1	0	2	0	0
Doddridge	2	0	0	0	0
Fayette	2	4	29	6	0
Gilmore	3	0	0	0	0
Grant	8	2	5	1	0
Greenbrier	1	0	27	0	1
Hampshire	3	0	7	1	0
Hancock	1	2	3	2	0
Hardy	15	0	6	1	0
Harrison	7	5	6	5	1
Jackson	7	0	5	2	0
Jefferson	43	9	19	1	8
Kanawha	1	2	47	0	19
Lewis	1	3	11	1	0
Lincoln	1	0	6	1	0
Logan	14	0	13	1	0
Marion	4	1	20	6	0
Marshall	3	0	3	2	1
Mason	1	0	4	0	0
McDowell	12	0	8	1	0
Mercer	4	2	81	3	0

County	Centers	Facilities	Homes	Head Start	OST
Mineral	3	5	9	0	0
Mingo	29	0	0	8	0
Monongalia	2	1	8	0	0
Monroe	3	1	3	0	0
Morgan	2	1	2	3	0
Nicholas	8	2	6	2	0
Ohio	2	1	20	2	4
Pendleton	1	0	2	0	0
Pleasants	2	3	1	0	0
Pocahontas	5	0	2	0	0
Preston	14	1	7	0	0
Putnam	14	2	8	1	10
Raleigh	3	4	42	3	4
Randolph	1	24	23	0	2
Ritchie	2	1	0	0	0
Roane	2	0	1	1	0
Summers	1	1	6	1	0
Taylor	6	3	3	2	0
Tucker	7	3	9	0	0
Tyler	1	0	4	0	0
Upshur	16	3	4	4	0
Wayne	2	0	6	0	0
Webster	0	0	3	0	0
Wetzel	0	0	7	0	0
Wirt	0	0	2	0	0
Wood	0	4	16	3	10
Wyoming	0	1	5	10	0

American Rescue Plan

The COVID-19 pandemic and the corresponding economic crisis threaten the health and economic wellbeing of American workers. The American Rescue Plan (ARP) was developed in response to these crises. The purpose of the American Rescue Plan is to deliver immediate relief for American workers. The plan hopes to build a bridge to an equitable economic recovery and immediately reduce child poverty.

According to the White House American Rescue Plan Report, this is "...the single biggest investment in child care since World War II." The portion of the plan that directly impacts child care is the expansion of child care assistance to help hard-hit child care providers cover their costs, and increase tax credits to help cover the cost of childcare.

West Virginia child care is receiving approximately $260 million in ARP funding to help provide support to improve the affordability, availability, and quality of child care services in West Virginia and to provide stabilization of the child care market.

The detailed overview from the White House can be found here:
https://www.whitehouse.gov/wp-content/uploads/2021/03/American-Rescue-Plan-Fact-Sheet.pdf

Analysis and Key Findings

This section summarizes the discussions and responses from the public forums and surveys. Below are priorities, recommendations, and ideas based on the opinions of participating child care providers, parents/guardians, and community stakeholders. It is important to hear and understand the perception of those closely involved and impacted by any changes that would be made.

It is not disputed that COVID-19 created many strains on the child care system and, in some cases, caused facilities to permanently close. However, one of the more positive implications of the pandemic was that child care began to be valued and prioritized. Beyond the **Child Care is Essential Act**, families and companies began to realize how essential this service was in their lives and economy.

According to child care providers, these two aspects of funding are working well within the system:

- Funding is based on enrollment rather than attendance. This makes funding more predictable and allows the center to make sustainable investments.
- Funding is based on a tier system as this incentivizes improvements.

In the survey, providers did note needing some support to advance in the tiers:
1. Assistant support for documentation (44.0%)
2. Financial resources to hire qualified staff (39.9%)
3. Professional development for staff (38.7%)

ARP Funding

Over the course of all of the discussions and responses, there were three priorities identified by the participants:

1. **Affordability and accessibility:** There need to be expansion of child care services and decreased waiting lists especially in more rural areas.   Child care costs are barriers for families with most income levels. There is a need for more affordable services or more subsidies.
2. **Provider development and staff retention**: It is difficult to provide high quality care if there is constant turnover of staff. Increased wages, benefit packages, and child care subsidies for staff could be an investment in retention as well as incentives for professional development opportunities and equipment improvements.
3. **Communication campaign:** A community education campaign could teach community members and lawmakers that child care is "more than just babysitting." If people begin to understand the importance and value of early childhood development, there is more opportunity for funding, collaboration, and long-term improvement.

Beyond setting their priorities, participants provided actionable ideas and recommendations within each category about how to allocate funds from ARP.

Accessibility and affordability

- Grants for expanding services, upgrading facilities and equipment, and educational innovation
- Identify the child care deserts by data mapping
- Make trail vans that pick-up children in rural areas to attend child care a priority. They are utilized in some areas but crucial to ensure families have access to care

Provider development and staff retention

- Investment into staff to increase retention and maintain quality through living wages, bonuses, healthcare benefits, paid leave, professional development incentives, and free child care
- Support a digital "just in time" substitute pool and other technology to streamline processes
- Use evaluation tools to measure success for improvement and incentives
- Increase professional development opportunities to invest in future child care leaders

In order to provide the best care, participants wanted to focus on the holistic support of families through:

- Services for grandparents who are raising children and need respite or other forms of support
- Families dealing with SUD
- Staff a behavior specialist so someone is trauma-informed, understands Adverse Childhood Experiences (ACEs), and able to address social and emotional development of children

Community campaign

- Conduct an educational campaign that focuses on the importance of child care and its societal benefits
- Educate lawmakers and the general public on the importance and value of child care

Additional Ideas for Innovation

1. **Implement a "Maslow before Bloom" program that meets the basic needs of children and families so that children can meaningfully participate in their learning environment. In this model, they can flourish more readily if they have the essentials for life, health, and preparedness.**

In support of meeting basic needs, parents participating in the survey ranked the following needs among their top priorities: mental health support, access to technology and reliable internet, financial assistance to cover basic needs, and assistance with nutrition and food.

Further, stakeholders participating in the survey ranked the following needs among their top priorities: mental and emotional health support, food and nutrition support, assistance for daily basic needs, assistance for utilities and housing expenses.

2. Update the child care services payment structure for families.

Public forum discussions had the following ideas:

- Initiate parents paying a small fee. Even if a subsidy program is in place, this will allow families to feel a sense of ownership and dignity while keeping the care affordable.
- Implement a sliding fee scale as opposed to using a standard number that arbitrarily disqualifies families for assistance.

Public Forum Overview

Public forms were hosted between July 20 - 28 to facilitate conversations between child care providers, parents, and other community stakeholders. 59 child care providers and 13 stakeholders participated in the online forums. No parents attended the time slots available for them. The following sections summarize the answers of each of the questions.

Child Care Provider Response Summaries

1. What is your vision for child care in West Virginia? In five years from now, what does child care look like throughout the state?

The child care providers that participated in the public forums had many thoughts about the direction of child care in the state. Their predominant ideas could be organized into three categories as it relates to child care: families, providers, and the broader community.

For families, the ideal child care in five years is affordable and accessible, according to participants. There would not be a waiting list or cost acting as barriers for their children to receive quality care.

For providers, in order to provide this high-quality care, the provider participants prioritized staff retention. They said it is difficult to give high quality care if the staff cannot remain consistent. According to participants, this retention rate would increase if child care workers received higher or at least living wages and healthcare benefits.

For the broader community, the provider participants stressed the need and desire for the importance of early childhood education to be elevated and valued. This could allow them to receive equitable funding compared to public schools. If this perception is improved, the aforementioned vision might have a better opportunity to be supported by community members.

2. What are the barriers or challenges to providing and/or receiving affordable quality child care services in your community? What are any gaps that exist in the system?

Many of the participants mentioned the "cliff situation" throughout the provider's forum. They perceived that those parents and guardians are becoming ineligible for child care subsidies even if it is "just barely." The providers perceive this barrier to receiving affordable quality care because even if the parents are considered "ineligible," it does not always mean they can afford this service.

Another barrier the participants discussed is "child care deserts," which is a unique issue for rural areas like those found in West Virginia. Even if the family could afford child care, there are many communities in the region that are not conveniently located near child care centers. Beyond being far away, the family may not have access to reliable transportation or be located near a bus route.

The lack of a living wage and benefits creates a barrier to retaining high quality staff, according to participants. Since people may not stay long, there is a challenge to continue education or receive certifications. If there is a perception that "child care is only babysitting," their work is not compensated fairly.

The final barrier discussed by the participants is the competitive rather than collaborative nature with public schools and child care centers. They are not viewed as a cohesive pipeline but separate entities. The participants articulated a need to develop a collaborative relationship between their centers and public schools.

3. What specifically about our child care system is working well, and why?

The participants discussed that the subsidy program over the past year has been positive since it was based on enrollment as opposed to attendance. There was a consensus that this could be really beneficial to support the long-term sustainability of many providers. Further, some of the participants felt as if the tier rating system was working positively. Though it is difficult in some circumstances to have childcare workers complete training, the participants perceived that the professional development and training opportunities are expansive with a variety of topics.

4. Are child care services well-coordinated with other services? If yes, how so, If not, why not?

While the participants recognized that in some counties there are good collaborative relationships, that is not consistent for the region as a whole. There was much perceived tension between child care centers and public schools along with child care centers and universal pre-k providers. It was further emphasized that these entities could be collaborators if they were incentivized to do so.

The participants were asked to name current and prospective collaborative services. They are listed below:

- WVU Extension
- FRN
- Health care
- Behavior specialists
- Colleges and universities (only for centers that are located near campus)

5. How has COVID-19 impacted the child care service system?

Among many of the hardships during COVID-19 including the need to make significant financial cuts, the participants felt like shutdowns shined a positive light on the necessity of child care and early education. Beyond having available services, this also highlighted the significant need for quality early childhood care. Child care was designated as an essential service which made the participants feel like the elevated perception of early childhood education could begin.

Due to some of the centers' needing to close completely, the centers that remained opened increased enrollment and increased their subsidy. This allowed each center to support more families. The participants perceived that this kept funding from being spread too thin and the open centers were able to increase capacity and quality of care.

The participants also felt like there will be a long-term adoption of sanitation protocols and front door common sense policies. These are positive processes that the participants hope will remain.

6. What are some ways we can use best practices and/or innovation to improve the child care service system?

The participants emphasized that any of the ideas mentioned below will have difficulty succeeding if the child care workers are not paid a living wage with health benefits and covering their childcare costs. Some ideas discussed are listed below:

• Utilize technology to streamline processes
• Use evaluation tools to measure success for improvement and incentives
• Increase of professional development opportunities to invest in future child care leaders
• Provide holistic family support by having behavior specialists of staff and other staff members equipped to support families struggling with substance use disorder (SUD)
• Make trail vans that pick-up children in rural areas to attend child care a priority. They are utilized in some areas but crucial to ensure families have access to care
• Initiate parents paying a small fee. Even if a subsidy program is in place, this will allow families to feel a sense of ownership and dignity while keeping the care affordable.
• Support a digital "just in time" substitute pool
• Implement a sliding fee scale as opposed to using a standard number that arbitrarily disqualifies families for assistance

7. What are your suggestions on how to best spend the state's allocation of funding from the American Rescue Plan?

Many of the participants emphasized the importance of the funding structure remaining based on enrollment rather than attendance. They believe these payments should continue whether or not the child is present on a day or week. Funding based on attendance creates a barrier to stability and sustainability of the child care center, according to participants. It was also a priority for the participants that the unfair and inadequate income eligibility regulations for families be addressed so they do not experience the "cliff situation." With an increase in subsidies and lower eligibility requirements, more children can have access to quality care, according to the participants.

One participant shared a thought that reflected many of the opinions of the other participants:
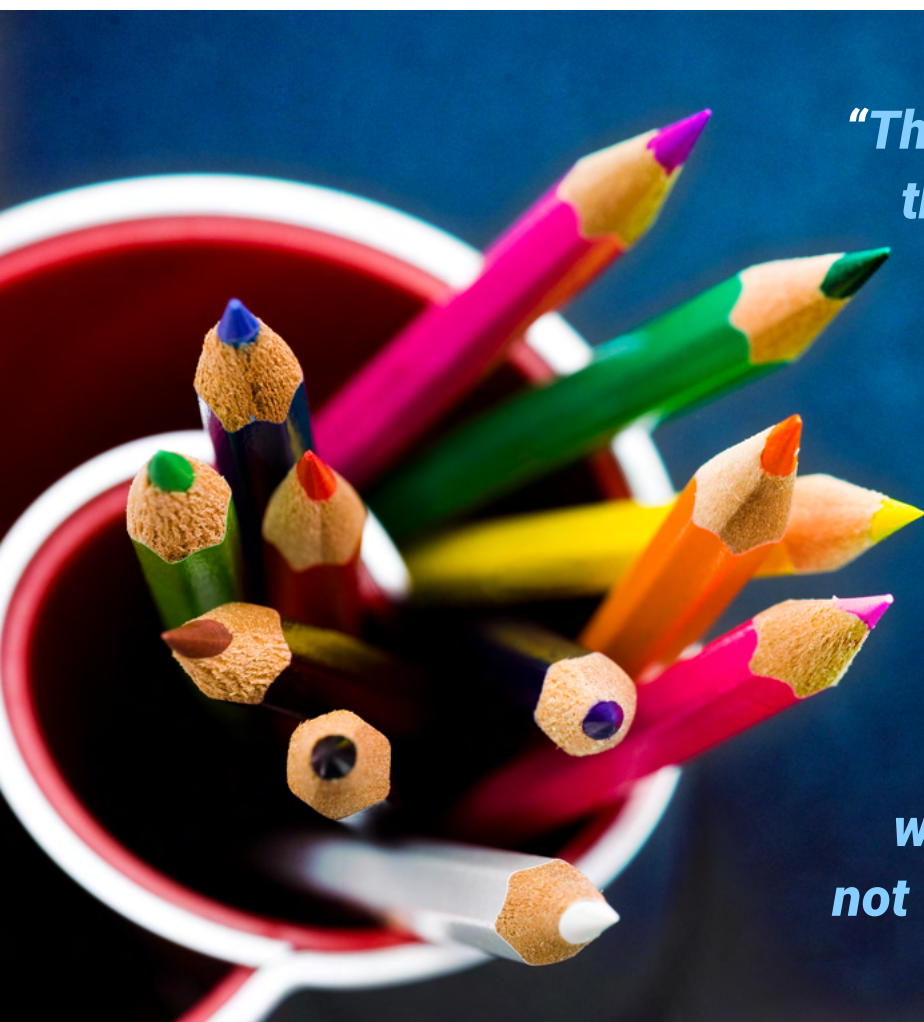
"These Children are some of the neediest in our state, keeping them enrolled in a program is essential to their growth and development. On the other hand, it's hard for a center to balance a budget when families can only use services when working; and might not work a full schedule."

Other priorities for allocation of funding from the American Rescue Plan are listed below:

- Grants for expanding services, upgrading facilities and equipment, and educational innovation
- Investment into staff to increase retention and maintain quality through living wages, bonuses, healthcare benefits, paid leave, professional development incentives, and free child care
- Staff a behavior specialist so someone is trauma-informed, understands Adverse Childhood Experiences (ACEs), and able to address social and emotional development of children
- Services for grandparents who are raising children and need respite or other support
- Conduct an educational campaign that focuses on the importance of child care and its societal benefits
- Holistic support for families dealing with SUD

Stakeholder Response Summaries

1. What is your vision for child care in West Virginia? In five years from now, what does child care look like throughout the state?

The participating stakeholders had very similar views on the vision for child care in West Virginia. In two different sessions, the exact terminology "affordable quality child care" was used and sums up the specifics on what stakeholders envision for the future. Accreditation seems to be of importance, along with more high-quality professionals and staff members. Participants feel that this would be achieved at some level with competitive pay and support. Support defined as "less red tape and less burdensome paperwork." Overall, many participants agree that they would hope, five years from now, child care would be well-respected, valued, supported, and recognized by policy makers and the general public.

2. What are the barriers or challenges to providing and/or receiving affordable quality child care services in your community? What are any gaps that exist in the system?

Availability was one of the most widely used terms to describe the challenges for child care in WV. Many participants described their community as a "child care desert" meaning it lacks certified caregivers, has long wait lists, etc. According to participants, 64% of people live in child care deserts.

Quality was another challenge brought up by participants. Some providers are seen as understaffed, underfunded, and are not able to meet the demands of quality care. Further, few child care centers in West Virginia are nationally accredited.

The final category of barriers or gaps that participants saw as vital was the affordability of the child care centers. One respondent stated, "the annual cost of child care is more than the average cost of in-state tuition." Agencies are facing low pay, poor benefits, and high turnover.

3. What specifically about our child care system is working well, and why?

According to participants, the support system received seems to be positive. There are relationships between schools and essential workers, students are connected virtually to educational resources, professional development supports (STARS, Career Pathways, etc.), licensing specialists and support from resource and referral agencies. Partnerships in any capacity are extremely important when it comes to helping students with basic needs and making sure they are receiving the best service possible.

The tiered reimbursement system was also mentioned as working well in the child care system. Programs are striving to be more innovative and there is even an elevated awareness of the child care system's needs.

4. Are child care services well-coordinated with other services? If yes, how so, If not, why not?

Some well-coordinated services include child care, Head Start, CARES Act funding to connect with businesses, and DHHR. It was mentioned that lack of resources, staffing issues, and funding makes it difficult to achieve a meaningful collaboration.

5. How has COVID-19 impacted the child care service system?

Surprisingly enough, most of the responses in regards to the effects of COVID-19 were positive. The main negative impact mentioned was that being masked challenged the building of relationships between children and providers. Further, there was a worry of the integration of young children into the public school system. Respondents stated that this pandemic highlighted the need for child care as an essential service; that it was now seen as valuable. They also stated this being a historical opportunity to reset and reinvent processes. Funding was finally available and the CARES Act funding was helpful for essential workers although it did create some "tension."

6. What are some ways we can use best practices and/or innovation to improve the child care service system?

Some ways to improve the child care system as mentioned were to implement best practices from other models of early childhood education (i.e., Montessori, Reggio Emilia, Waldorf, etc.). Shared services, joint purchasing, substitute pools, central kitchens, backpack programs, and home-based staff child care networks were also mentioned as possible innovations.

A suggestion was brought up in addressing the "Maslow before Bloom"- addressing and meeting the basic needs of the children before academic learning can be fully embraced. Other ways to meet these basic needs are through collaborative partnerships between providers, professional development and even addressing SUD in the child care system.

7. What are your suggestions on how to best spend the state's allocation of funding from the American Rescue Plan?

Many great ideas were brought to light with this question of how to spend the funding from the American Rescue Plan. Some participants thought it was important to invest in the child care providers, subsidizing insurance, improving benefits, health benefits, and subsidizing the staff's personal child care fees.

Others found it important to use the funding to educate lawmakers and the general public on the importance and value of child care. Educational campaigns and the action of defining child care as a critical infrastructure and investing in that infrastructure was mentioned by a few participants.

Overall, systematic improvement was probably the most widely mentioned response in one way or the other. Many find it important to not use these funds as a one-time infusion but as a means to make changes in the system for long-term improvement. It was suggested that evidence-based tools be used to review and improve the practices of the child care facilities. These funds might also be used to identify the child care deserts by data mapping and possibly develop a "crisis nursery." Ideally, participants see these funds as useful for building capacity and ongoing sustainability.

Survey Overview

The Collective Impact team developed three separate surveys to gather the perspectives of child care providers, parents/guardians, and stakeholders. Besides the questions regarding demographics and association with child care, the survey was meant to gain community understanding and innovation when it came to child care in West Virginia.

The purpose was to uncover what is working and what could be improved. Further, there was an opportunity to learn what ideas people associated with child care had for the American Rescue Plan funding. The digital survey was distributed by WV DHHR and offered via SurveyMonkey. The survey link was sent via email and social media. The survey was open for completion between July 11th and August 6th, 2021.

A total of 360 community members participated in the survey. The breakdown of participants is as follows: 266 child care providers, 66 parents, and 28 stakeholders.

The following narrative is crafted based on the responses of the 266 child care providers. Respondents represented 46 of the 55 counties in West Virginia. The experience of the respondents ranged from less than one to more than 16 years, 46.1 percent of the respondents had more than 16 years of experience. 98.5 percent of the participants had at least a high school diploma or GED. 30.8 percent had at least a bachelor's degree.
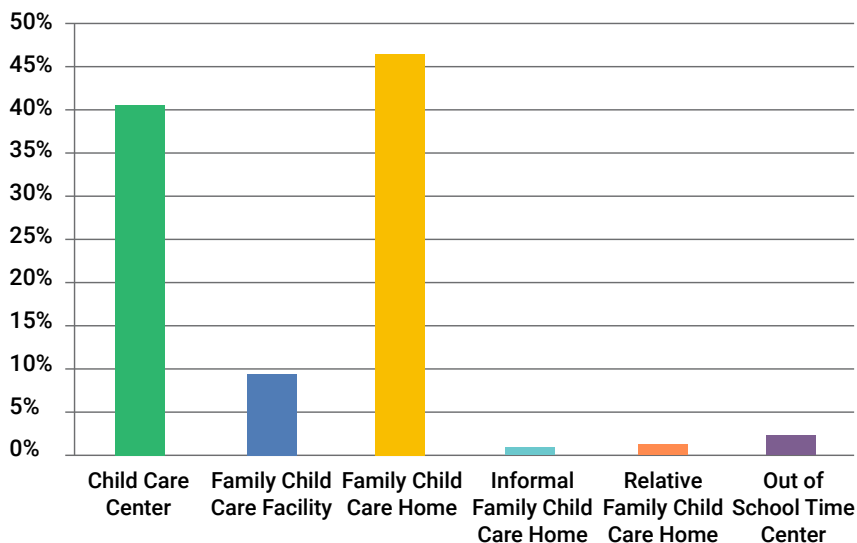
As seen in the graph to the left, 40.2 percent of the respondents facilitated care at child care center, 9.4 percent at a family child care facility, 46.2 percent at a family child care home, less than one percent at an informal family child care home, 1.1 percent at a relative family child care home, and 2.3 percent at an out of school time center. Of the 266 respondents, 201 were from Tier 1, 39 from Tier 2, and 26 from Tier 3. This can be seen in the graph below.

The majority of respondents believed that child care regulations are easy to understand and implement. The majority of the respondents believe that licensing and regulatory staff who enforce child care regulations are helpful and respectful. There were also no issues perceived in the application and documentation processes.
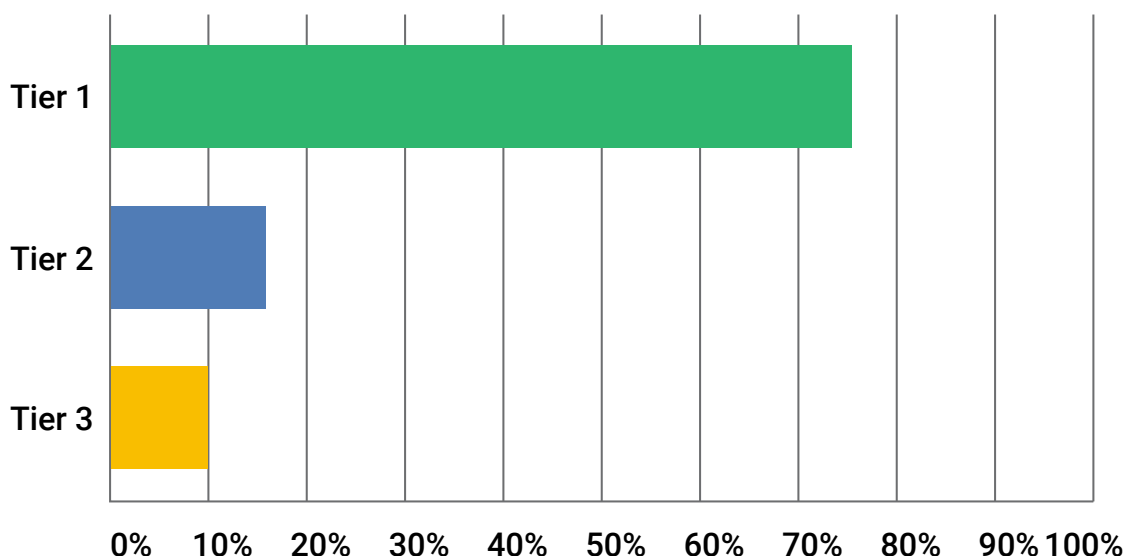
Though 71.4 percent of respondents agreed or strongly agreed that required documentation was easy to complete, the top need for support to move up the tiered scale was for assistant support for documentation.

When it came to what supports are needed to help a provider move up the tiered scale, the respondents could check all that apply and ranked the following three as the highest priority:

1. Assistant support for documentation (44.0%)
2. Financial resources to hire qualified staff (39.9%)
3. Professional development for staff (38.7%)

Respondents prefer to be contacted via work email or mobile phone.

COVID-19 Implications

Of the respondents, 18.4 percent of providers said their facility remained open with minimal change, but on average 35.0 percent of the respondents that remained open experienced much change in regards to procedures, staffing issues, and significant decline in enrollment. 91 of the respondents had to shut down for a period of time and two respondents were at centers that shut down for good.

Participants noted the three biggest challenges they experienced at their facility. They were to select all that apply:

- Limited essential supplies (food, toiletries, cleaning products, etc.) 59.4%
- Loss of income due to decline in enrollment 44.0%
- Had to close for a period of time for protection and safety of children, families, and staff 42.5%

The respondents were asked to reflect on the changes that had to be made due to the pandemic that is planned to be adopted as a permanent or long-term practice. They were to select all that apply.

The most noted changes to operations that will be adopted are as follows:

1. Enhanced cleaning and sanitizing procedures
2. New child illness policies
3. New drop off/pick up procedures
4. Enhanced communication procedures

82.7 percent of providers believed they had access to all the community services needed due to COVID-19. 205 of the providers felt WV DHHR provided appropriate language to assist their facility with communicating with parents and staff during the crisis.

Agency Interactions

The participants were asked to describe their interactions with the WV Child Care Division prior to and during the COVID-19 pandemic. There was no significant difference between the two time periods. Participants agreed or strongly agreed that the WV Child Care Division was responsive (232), timely (227), respectful (236), competent (236), and helpful (229) during the COVID-19 pandemic.

The participants were also asked to describe their interactions with the Child Care Resource and Referral (R&R) prior to and during the COVID-19 pandemic. There was no significant difference between the two time periods. Participants agreed or strongly agreed that the R&R was responsive (222), timely (219), respectful (227), competent (225), and helpful (222) during the COVID-19 pandemic.

The participants were asked to describe their interactions with the Child Care Subsidy System prior to and during the COVID-19 pandemic. There was no significant difference between the two time periods. Participants agreed or strongly agreed that the WV Child Care Division was responsive (199), timely (198), respectful (202), competent (201), and helpful (203) during the COVID-19 pandemic.

American Rescue Plan

The respondents were asked to suggest how to best spend the state's allocation of funding from the American Rescue Plan. They were instructed to select their top three suggestions. The high priority answers are listed below in order of importance to the respondents:

1. Supplies/materials/equipment 69.9%
2. Payroll 66.1%
3. Utilities 43.2%
4. Rent/mortgage 40.2%

These were similarly listed as priorities for the child care provider to sustain business for the long-term. The other selections are listed in the table below.
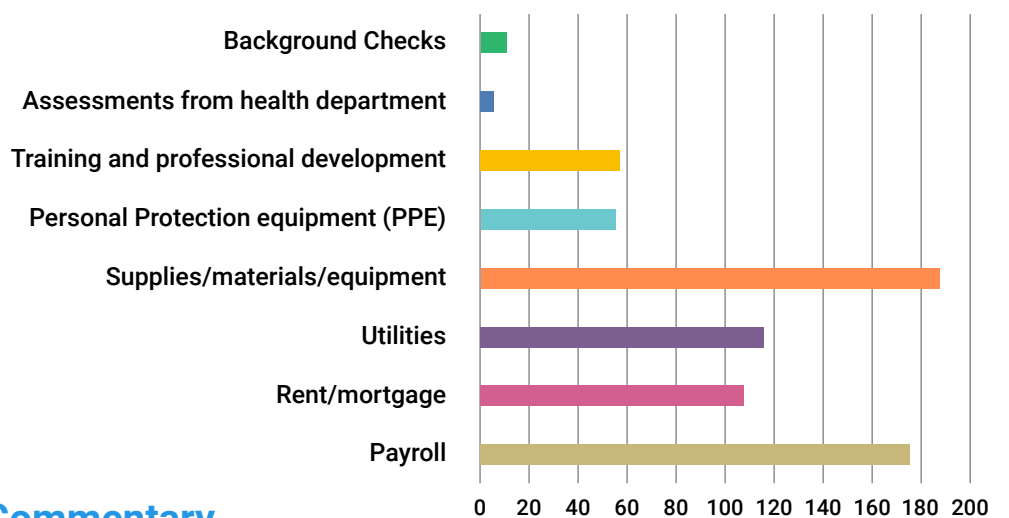
Additional Commentary

Participants were asked if there was anything else they would like to share. Below are some repeated themes or innovative ideas:

- A participant linked Minnesota "forest schools" as an innovative idea to stay safe and use natural resources.
  http://files.dnr.state.mn.us/education_safety/education/schoolforests/safetylegal.pdf
- Some providers noted the importance of not forgetting day care homes for funding and resources. One participant hoped they could expand beyond six children in the future.
- Some providers feel like there should be some kind of hazard bonus working throughout a pandemic.
- Some providers are missing in-person training opportunities.
- There were questions about how centers can move up to Tier 3.
- There is a need for behavioral specialists.
- There is a need for increased wages and benefits for child care providers.
- Regulations cannot always be "across the board," but adjustable, depending on size and location.

Parent/Guardian Summary

The following narrative is crafted based on the responses of 66 parents or guardians. 80 percent of participants were biological parents, leaving the other 20 percent to be adoptive parents, guardians, grandparents or daycare providers. Respondents represented 21 of the 55 counties in West Virginia. Most respondents worked a typical Monday through Friday work week, very few (5 participants) working overnight shifts, but there were about 11 participants who worked at least Saturday or Sunday and 4 participants who did not work.

The educational experience of the respondents ranged from high school graduates/GED to a Graduate or Professional degree. Almost 14 percent of participants completed high school as their highest level of education, 30 percent completed their bachelor's degree, and around 27 percent completed a master's degree or higher. The rest of the participants fell somewhere between a vocational or certification program and an Associate degree.

The majority of participants (62 percent) averaged their household income to be in the range of $50,000 to $100,000 or more. This leaves almost 35 percent of respondents with an average income somewhere between less than $10,000 and $49,000, with two participants choosing to not disclose this information. The income breakdown can be found in the graph below.
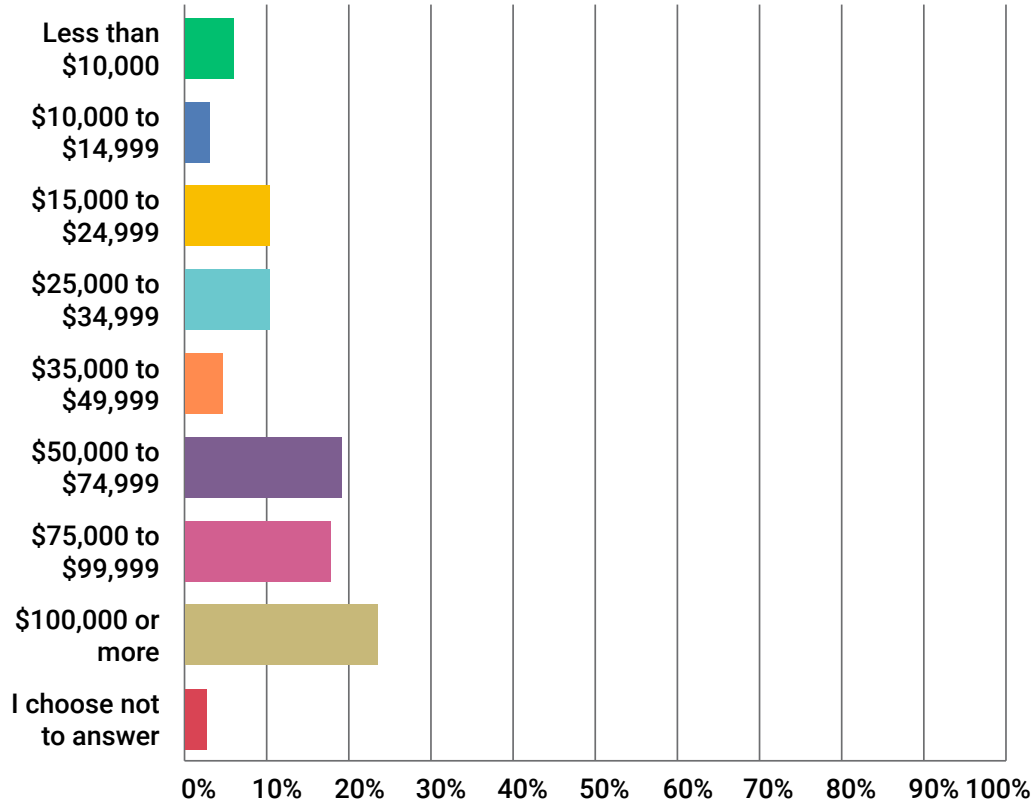
According to the U.S. Census Bureau, the median household income is $46,711. It is important to note that most of the participants make above this income. Their responses may not represent the families most in need, however, even in this group, child care costs are still a barrier.

11 participants were from Tier 1, 2 from Tier 2, 3 from Tier 3 and the majority (49 participants) did not know their Child Care provider's Tier level. As seen in the table below, most (60.6 percent) participants utilize a child care center, 16.7 percent utilize care given by a parent/guardian/foster parent in the home and others equally utilize a relative, home caregiver, family child care provider, or an out of school time program.

ANSWER CHOICES	RESPONSES	
Care by a parent/guardian/foster parent in your home	16.67%	11
Care in a relative's home	12.12%	8
Care in your home by a relative	10.61%	7
Care in your home by a non-relative	1.52%	1
Combination of above as needed	12.12%	8
Child care center	60.61%	40
Family child care home	10.61%	7
Family child care facility	5.06%	4
Out of school time program	10.61%	7

The time most needed for child care services are full time (49 participants), after school (36 participants), before school (12 participants), and drop-in care (7 participants). The rest of the participants needed a range of half days, evening care, overnight care, sick child care, and summer care.

COVID-19 Implications

Of the respondents, the biggest impact of COVID-19 was now having to juggle childcare duties (36 percent). Ten participants noted that they are now working from home, 26 participants noted that their child care facility is or was closed for a period of time, 15 participants have children that are now distance or hybrid learning and 13 participants disclosed a reduction in income. Some participants still had a reduction in work hours, a loss of job, no longer being able to afford childcare and some did not feel safe bringing their children to a child care facility.

Participants were asked to note the three most needed types of support. They were to select all that apply. The top categories were as follows:

- Mental health support (42.4%)
- Educational support for children engaged in remote learning (37.9%)
- Access to technology/reliable internet (30.3%)
- Financial assistance to cover basic needs (22.7%)
- Assistance with nutrition and food (22.7%)

The respondents were asked to reflect on the impact of COVID-19 on their child(ren). They were to select all that apply. The top categories were as follows:

- Disrupted schedules (60.6%)
- Behavioral issues (33.3%)
- Heightened anxiety (31.8%)
- Learning/educational issues (31.8%)

There were 14 participants who noted that COVID-19 has had little to no impact on their child(ren) as far as they can tell.

Participants were asked if they were satisfied with the overall response from their child care facility in regards to safety precautions. Exactly 50 percent of respondents strongly agree with this statement, 29 percent stated that they agree, 14 percent were neutral and there were 7.6 percent participants that were unsatisfied with the response of their child care facility.

Over 77 percent of respondents were satisfied with the overall response from their child care facility in regards to communication, while 10 participants were neutral about how they felt and 7.6 percent participants were dissatisfied with the communication of their child care facility.

Around 54 percent of participants said that their child care facility provided ample learning resources and support for at-home learning. Over 15 percent of participants disagreed with this statement, saying that their child care facility did not provide ample resources. There were 20 participants who neither agreed or disagreed with this statement.

The following question allowed participants to suggest any additional learning resources they might have needed (and were not provided) during the COVID-19 crisis. Although 77 percent of respondents stated that there was not anything they did not receive, there were a few who made relevant suggestions.

- Intensive Pre-K curriculum
- Lack of interaction (face to face) time.
- Speech therapy or alternative services
- Reliable Computer/internet
- Instruction on setting up Virtual Learning

Parents/Guardians were asked if there were any additional emotional/behavioral resources or supports that were needed during the COVID-19 crisis that were not provided by their child care facility. Most participants had all that they needed. The suggestions given are as follows:

- Addressing anxiety and sleep regression
- Remote/virtual support session with psychologist
- More educational time with teachers

Participants were given five options (with the sixth being "other") as to what was the most difficult thing before COVID-19. They were asked to pick their top 3. The most selected answers are as follows:

- Cost of child care (69.7%)
- Finding quality child care (28.8%)
- Accessing child care that matched the work schedule (21.2%)
- Finding child care (21.2%)

Participants were given five options (with the sixth being "other") as to what was the most difficult thing during COVID-19. They were asked to pick their top 3. The most selected answers are as follows:

- Cost of child care (53.0%)
- Accessing child care that matched the work schedule (36.4%)
- Finding child care (33.3%)

Agency Interactions

Prior to COVID-19, 21 of the 66 participants utilized and had some interaction with the WV Child Care Division. On average, respondents agree that the WVCCD was responsive, timely, respectful, competent and helpful. During COVID-19, around 34 participants utilized and had some interaction with the WV Child Care Division. On average, respondents agree that the WVCCD was responsive, timely, respectful, competent and helpful. According to the participants, they could improve most in timeliness and helpfulness.

Prior to COVID-19, around 23 participants utilized and had some interaction with the Child Care R&R. On average, respondents agree that R&R was responsive, timely, respectful, competent, and helpful. During COVID-19, around 35 participants utilized and had some interaction with the Child Care R&R. On average, respondents agree that R&R was responsive, timely, respectful, competent and helpful. Seven participants stated that R&R was not helpful or timely, six stated that R&R was not responsive and another four felt that R&R was not competent.

Prior to COVID-19, around 18 participants utilized and had some interaction with the WV Child Care Subsidy System (WVCCSS). On average, respondents agree that the WVCCSS was responsive, timely, respectful, competent and helpful. During COVID-19, around 29 participants utilized and had some interaction with the WV Child Care Subsidy System (WVCCSS). On average, respondents agree that the WVCCSS was responsive, timely, respectful, competent and helpful.

American Rescue Plan

The respondents were asked to suggest how to best spend the state's allocation of funding from the American Rescue Plan. As seen in the table to the right, around 80 percent of participants suggested expanding the child care assistance eligibility (help pay for care). Another 42 percent suggested helping providers expand services and 32 percent suggested helping providers improve their quality. The "other" responses are not listed as there was not a perceived consensus.

| ANSWER CHOICES	RESPONSES	
Expand child care assistance eligibility (help pay for care)	80.30%	53
Help my provider improve their quality	31.82%	21
Help my provider expand services	42.42%	28
I don't know	7.58%	5
Other (please specify)	15.15%	10
Total Respondents: 66		

Additional Commentary

Participants were asked if there was anything else they would like to share. Below are some repeated themes or innovative ideas:

- Continued essential worker childcare coverage funding
- Extend child care financial assistance
- Reevaluate mask policy
- Extend age coverage and allow daycares to take older children

Stakeholder Summary

The following narrative is crafted based on the responses of the 28 stakeholder participants. 13 respondents were employers, 5 represented a partnering organization or program, and 3 were state advocates for early childhood education. There were also responses provided by those from Head Start, R&R, Kiwanis Daycare along with a local nonprofit, economic development organization, consultant on child care issues, and a child care provider. As seen in the table on the next page, 82.1 percent of respondents felt as though they were familiar with WV Child Care to some extent.
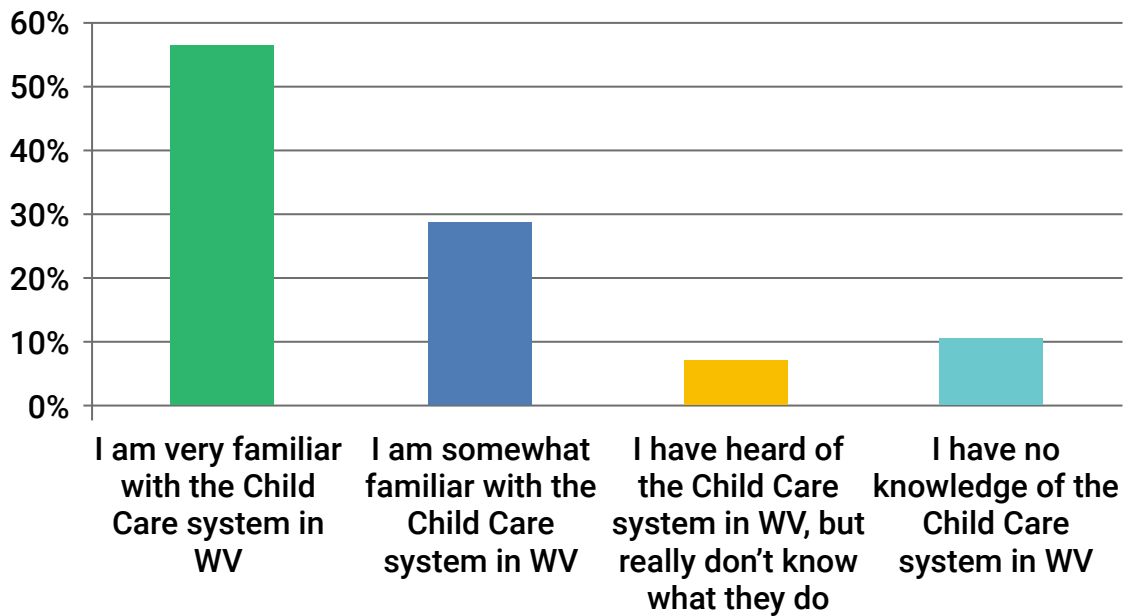
The participants representing many different agencies and organizations that work with the child care systems perceive their roles in the WV child care system to (in order based on the number of responses):

- Help expand programs and services that improve the quality of child care facilities (18)
- Create awareness of and build support for addressing issues that impact children, families, and child care facilities (16)
- Shape and inform public policy supporting children, families, and child care facilities (14)
- Work to expand funding for early child care and education programs and services (12)
- Work closely with child care facilities to provide support services and training (11)
- Assist with development of curriculum and standards of care for child care facilities (9)
- Provide essential donations to WV child care facilities (4)

Three respondents did not feel their organizations could play a significant role in WV Child Care system. One respondent was a child care provider who is planning to quit due to lack of pay and benefits.

Of the respondents who have relevant experience with the WV Child Care Division, 85 percent believe that the division has a good overall reputation in the community, 80 percent believe that the division uses available resources in a way that maximizes impact, 84.2 percent believe that the division works well with other local agencies serving the same target populations, and 82.4 percent believe that the division is known in the area as an agency that links people to the services they need regardless of who provides the services.

ANSWER CHOICES	RESPONSES	
Child population by gender	17.86%	5
Child population by age group	35.71%	10
Child population by race and ethnicity	17.86%	5
Children whose parents lack secure employment	42.86%	12
Educational level of parents	21.43%	6
Unemployment rate of parents	32.14%	9
Households with children that lost employment during 2020	53.57%	15
Household with children that had a significant reduction in income during 2020	53.57%	15
Percentage of children participating in supplemental nutrition assistance	28.75%	8
Children living in food insecure households	57.14%	16
Households in which internet is unavailable for educational purposes	39.29%	11
Other (please specify)	10.71%	3
Total Respondents: 28		

As seen in the table above, some data points that would be of interest to the organizations represented by stakeholder participants include: children living in food insecure households, households with children that lost employment or significant reduction in income in 2020, children whose parents lack secure employment, and households in which the internet is unavailable for educational purposes. One respondent noted the importance of a data collection system that is easy to use to remove the burden from the child care providers.

COVID-19 Implications

When the respondents were asked to discuss the top unmet need children and families faced during the COVID-19 crisis, many of the responses centered around the lack of quality and affordable care. They noted a lack in the number of providers and the increased uncertainty and instability. Even if some education was done virtually, this exacerbated the lack of quality broadband in the communities.

As a result of COVID-19, some of the stakeholder participants said that one of the positives or successes was the fact that the importance of child care has become more widely known and valued. Further, overall improved hygiene and sanitation practices within facilities are a success in response to the pandemic.

The respondents were asked to select the top three important supports for children and parents managing the COVID-19 crisis. The highest ranked needs were:

1. Supporting finding child care (64.3%)
2. Mental and emotional health support (57.1%)
3. Food and nutrition support (42.9%)
4. Financial assistance for daily basic needs (35.7%)
5. Financial assistance for utilities and housing expenses (32.1%)

Some respondents prioritized early intervention services, employment assistance, parental advice or support, and transportation support.

Prior to COVID-19, 46.4 percent of the respondents said that the biggest challenge for families when it comes to child care was the cost. During COVID-19, the cost was still perceived as a difficulty to some respondents but the biggest challenge became accessing child care that matched a work schedule according to 35.7 percent of the respondents.

Agency Interactions

The participants were asked to describe their interactions with the WV Child Care Division prior to and during the COVID-19 pandemic. There was no significant difference between the two time periods. Participants agreed or strongly agreed that the WV Child Care Division was responsive (18), timely (18), respectful (19), competent (19), and helpful (19) during the COVID-19 pandemic.

The participants were also asked to describe their interactions with the Child Care Resource and Referral (R&R) prior to and during the COVID-19 pandemic. There was no significant difference between the two time periods. Participants agreed or strongly agreed that the R&R was responsive (15), timely (15), respectful (16), competent (16), and helpful (16) during the COVID-19 pandemic.

The participants were asked to describe their interactions with the Child Care Subsidy System prior to and during the COVID-19 pandemic. There was no significant difference between the two time periods. Participants agreed or strongly agreed that the WV Child Care Division was responsive (8), timely (8), respectful (8), competent (9), and helpful (9) during the COVID-19 pandemic.

It is important to note that the number of responses is less from stakeholders due to the lack of applicable engagement between these entities and participants.

American Rescue Plan

The respondents were asked to suggest how to best spend the state's allocation of funding from the American Rescue Plan. 60.7 percent of respondents said they felt the priority should be expansion of child care assistance eligibility. Some participants felt that funding should also help providers expand services and improve their quality of care.
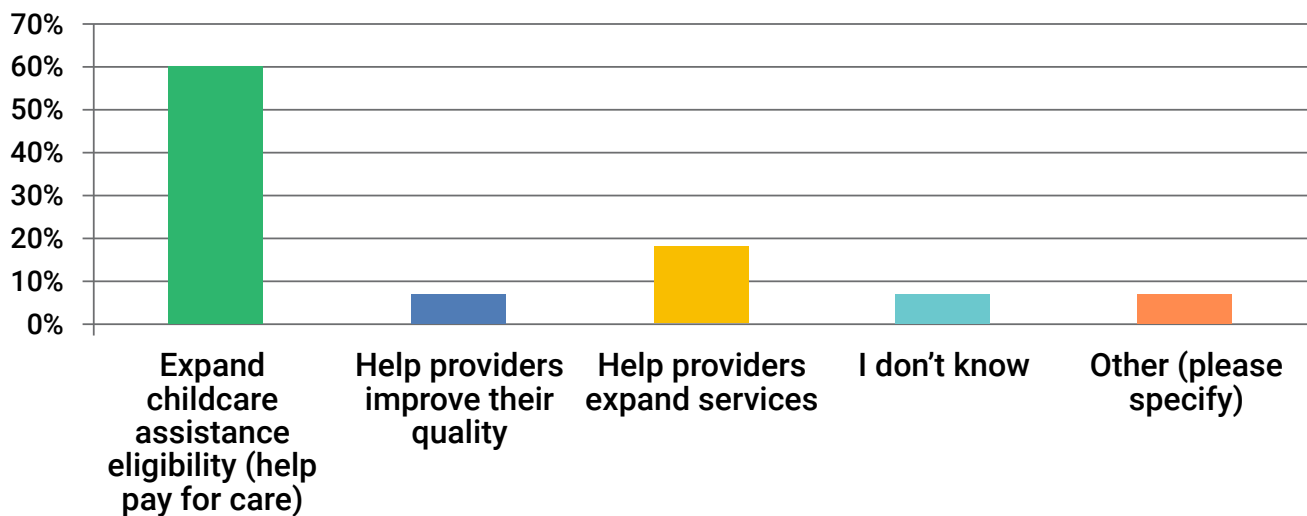
Conclusion

The purpose of this report is to provide stakeholders and decision-makers at **WVDHHR Division of Early Care and Education** with greater insight into child care needs, opportunities, and capacity throughout the state. Based on the perspectives of child care providers, parents/guardians, and stakeholders, the data in this assessment can support decisions for planning, policy development and implementation, and resource leveraging and allocation.

The priorities of the community participants as it relates to child care in West Virginia are to be affordable and accessible, to invest in staff, and to educate the community. A more in-depth discussion about analysis and key findings can be found on page 6 of this report.

1. **Affordability and accessibility:** There need to be expansion of child care services and decreased waiting lists especially in more rural areas. Child care costs are barriers for families with most income levels. There is a need for more affordable services or more subsidies.
2. **Provider development and staff retention:** It is difficult to provide high quality care if there is constant turnover of staff. Increased wages, benefit packages, and child care subsidies for staff could be an investment in retention as well as incentives for professional development opportunities and equipment improvements.
3. **Communication campaign:** A community education campaign could teach community members and lawmakers that child care is "more than just babysitting." If people begin to understand the importance and value of early childhood development, there is more opportunity for funding, collaboration, and long-term improvement.

In those three categories, investments could be made in the sustainable success of providing high quality early childhood education to children in West Virginia.

Resources

1. https://www.cdc.gov/coronavirus/2019-ncov/index.html

2. https://www.who.int/emergencies/diseases/novel-coronavirus-2019

3. https://appropriations.house.gov/news/press-releases/house-passes-child-care-is-essential-act

4. https://childcarecenter.us/

5. https://dhhr.wv.gov/bcf/ece/Pages/about.aspx

6. https://childcaredeserts.org/2018/?state=WV

7. https://www.whitehouse.gov/wp-content/uploads/2021/03/American-Rescue-Plan-Fact-Sheet.pdf

8. https://www.census.gov/quickfacts/WV