

Child Care and Development Fund (CCDF) Plan For West Virginia FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. 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)).

a) Lead Agency or Joint Interagency Office Information:

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

Street Address: One Davis Square, Suite 100 East

City: Charleston

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

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) 356-4619

Email Address: 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

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

Phone Number: (304) 356-4601

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

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

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

- C. Other.

Describe:

ii. Sliding-fee scale is set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

- C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

- C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

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(es) to indicate which entity(ies) implement or perform CCDF services.
Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency

- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

There are no exempt providers in WV.

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 1.2.1 and 1.2.2 (98.16(b)). 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

Any other processes to oversee and monitor other agencies.

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 West Virginia Department of Health and Human Resources, (DHHR) may deduct amounts or withhold payments invoiced by the Grantee under the Grant Agreement between the Grantee and the DHHR or its operating units if the Grantee fails to comply with any requirements of the Grant Agreement between the

- Grantee and the DHHR or its bureau, 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 DHHR 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 DHHR uncovers deficiencies in the Grantee's administration of the grant or related project/program, the DHHR shall notify the Grantee in writing of said deficiencies. The Grantee shall agree to take immediate and timely corrective action as determined by the DHHR in an attempt to rectify any identified and reported deficiencies and to resolve the matter.
 - DHHR Right of Approval: The DHHR 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 DHHR work location, or to provide services to the DHHR or its clientele pursuant to the Grant Agreement.

In addition, The DHHR 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 CCR&R 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 (WV) currently develops and administers its system for Child Care and related programs in-house. All code or software for child care information systems or information

technology in WV which expends Child Care Development Funds (CCDF) 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 West Virginia Integrated Eligibility System (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 in regard to physical, network, and process security protocols. The Lead Agency follows all policies related to the use of confidential and personally identifiable information.

<https://www.wvdhhr.org/mis/policies/DHHR%20Employee%20Confidentiality%20Statement.pdf>

1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(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 in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

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

The Division of Early Care and Education provided in-person meetings at four locations

across the state. Participants were able to give input to the state plan via Survey Monkey and information was distributed via various collaborative partners' listserv. While representatives of local government were invited to participate in these meetings, none attended and no input was received.

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

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

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

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. 05/25/2021

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).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 05/01/2021

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).

c) 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 at <https://dhhr.wv.gov/bcf/ece/Pages/WV-CCDF-State-Plan-Review-.aspx>

Notices were also sent out through email to collaborative partners responsible for Temporary Assistance for Needy Families (TANF), Child Welfare, Child Care Resource and Referral (CCR&R) agencies, and the Early Childhood Advisory Committee. The State Plan and notice of the hearing were also delivered to child care providers and families through listserv.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Hearings were held via six (6) ZOOM meetings over three days.

e) 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.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The plan was posted to the Lead Agency's website and disseminated by email to community partners and ECAC members. All community and public input was considered when creating this plan.

1.3.3 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 here: <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.

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

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

Describe:

The link to the plan was posted on the West Virginia Department of Health and Human Resources agency's Facebook page.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

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

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

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 in-person meetings at 4 locations across the state. Participants were able to give input to the state plan via SurveyMonkey. Goals for coordination include receptiveness to local needs, however, no members of local governments attended any of the meetings.

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, processes, and results:](#)

The Division Director, Lisa Ertl, provided an informational spot light on the Child Care Development Block Grant (CCDBG) re-authorization. Early Childhood Education and Care (ECAC) members were also invited to the 4 statewide meetings. 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, processes, and results, including which tribe\(s\) was \(were\) consulted:](#)

There are no tribal organizations in West Virginia.

- 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, processes, and results:

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, processes, and results:

- 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 4: 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 Early Care and Education (ECE) programs and policies.

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

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, processes, and results:

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, processes, and results:

The WV Department of Education is a member of the West Virginia 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 Early Childhood Development (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, processes, and results:

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, 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 in-person meetings at four (4) locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

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, processes, and results:

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

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

The Lead Agency is also the agency responsible for Temporary Assistance for Needy Families (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, processes, and results:

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, processes, and results:

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, processes, and results:

The Child Care Resource and Referral (CCR&R) system in West Virginia is the structure in place for families to come and apply for child care assistance as well as child care providers to receive professional development. CCR&Rs are funded through a grant from the lead agency. The lead agency provides the scope of work to the CCR&Rs.

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

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.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

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.

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)).

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 Early Head Start (EHS)/Child Care (CC) partnerships to provide technical assistance and financial supports.

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

Describe

There is higher education representation on the West Virginia Early Childhood Advisory Council. 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 Early Child Development (ECD) system.
- Goal 3: West Virginia's early learning standards will be used throughout the ECD system.
- Goal 4: The Division of Early Care and Education (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 will be expanding collaboration with the Maternal and Childhood Home Visitation programs



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

Describe

The Division of Early Care and Education provided in-person meetings at four locations across the state. Participants were able to give input to the state plan via SurveyMonkey.



vi. State/territory agency responsible for child welfare.

Describe



vii. Provider groups or associations.

Describe

- viii. Parent groups or organizations.

Describe

- ix. Other.

Describe

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required 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/acf_im_ohs_15_03.pdf
).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

b) Which funds you will combine

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? Note: Responses should align with the goals, processes and results describe in 1.4.1.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

e) How are the funds tracked and method of oversight

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)?

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort

or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the 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:
West Virginia General Revenue, \$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:
- 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):

- i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

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).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):

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:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

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)) and if applicable, how those partnerships will be continued post-pandemic.

West Virginia has grant agreements with three agencies across the state to support and implement the requirements of the Child Care Development Fund (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 West Virginia Department of Education. 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 Local or Regional 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 subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and 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 a system of 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 and Referral (CCR&R) services: The state has developed an

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

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

The lead agency retains overall responsibility for administering all Child Care and Development Fund (CCDF) monies, including the development of state Child Care policy and procedures promulgation of regulatory requirements for providers, oversight of all funds by grantees, and assuring that grantees operate according to CCDF rules. The lead agency also provides direction for all activities that improve the quality of care. Policy is developed on a state level and is the same statewide with no local variations with regard to priorities for children, eligibility criteria, sliding fee scales, payment rates or procedures. Regulatory requirements must be promulgated through the state Legislature, so regulations apply statewide. The Department of Health and Human Resources does, however, enter into grant agreements with other private agencies to implement many of its services, programs and activities. In order to ensure that only appropriate expenses are charged to CCDF, all child care and related activities are captured in a separate fund in the accounting system. The annual budget is prepared by the Bureau's financial unit based on projected expenditures and available federal and state funding levels. Each child care expenditure is budgeted and spent in a specified accounting code (org), which allows expenditures to be segregated by activity type. This segregation includes capturing expenditures related to the various required earmarks. The codes also allow the transfer of the expenditures to the federal report form. Detailed monthly expenditure reports are prepared that compare current spending levels to the budgeted amounts. These reports are thoroughly reviewed, and any discrepancies are researched, and any necessary adjustments are made. Expenditures originate from several different

sources, including activities that are directly charged to the separate child care fund such as payments made to child care providers. Child Care Resource and Referral (CCR&R) agencies are responsible for determining eligibility and processing payments to child care providers. These payments are processed in the Statewide Automated Child Welfare Information System (SACWIS). In West Virginia, the system is known as the Family & Children's Tracking System (FACTS). The FACTS system allows the flexibility for various types of expenditures to post to specific accounting codes (orgs). A cost allocation plan is used for administrative expenditures that are shared amongst various funding sources. The CCR&R agencies and Bureau workers complete a time study in order to allocate these costs. The time study is used to determine activities they perform that are not eligible to be paid with federal CCDF funding, as well as activities that qualify for any of the required earmarks. All accounting information is posted to the statewide Financial Information Management System (FIMS). From there, the Department of Health and Human Resources' 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 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates 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.)

- No
- Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

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 following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. 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 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

[https://dhhr.wv.gov/bcf/ece/Provider%20Information/Documents/WV%20Statewide%20Child%20Care%20Disaster%20Plan%20\(003\).pdf](https://dhhr.wv.gov/bcf/ece/Provider%20Information/Documents/WV%20Statewide%20Child%20Care%20Disaster%20Plan%20(003).pdf)

2 Promote Family Engagement through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. 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, the general public and child care providers 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.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

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.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. 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. Child Care Resource and Referral (CCR&R) agencies use a

language translation phone service to ensure that these populations are adequately served. The CCR&R agency is able to contact the translation service via phone to schedule a specific time, convenient to the child care client, to fulfill the need for translation. Because of the lack of demand, West Virginia has not conducted any statewide activities aimed at families with limited English proficiency.

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.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. 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
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

The Lead Agency partners with Birth to Three, Behavioral Health agencies, the West Virginia Department of Education, and Family Resource Centers to assist families with disabilities in accessing services.

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:

Complaints are received by the Lead Agency in several ways:

- General Intake at West Virginia Department of Health and Human Resources (DHHR) Complainants can call the West Virginia Department of Health and Human Resources (WV DHHR) abuse and neglect hotline at 1-800-352-6513 to submit any complaint regarding the West Virginia Child Care program. A general intake worker will receive the complaint. Then, the intake worker emails the West Virginia Department of Health and Human Resources, Bureau for Children and Families (BCF), Division of Early Care and Education (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.

1. Email – Child Care Resource and Referral (CCR&R) staff submit a complaint via email to the Child Care Program Manager.
2. Phone - Through a phone call from a complainant to either a Bureau for Children and Families (BCF) Division of Early Care and Education (ECE) regulation unit specialist, child care supervisor or program manager.
3. Written information - ECE also takes complaints in written form via United States Postal Service (USPS) at the mailing address for the local Child Care Resource and Referral Agency, the West Virginia Department of Health and Human Resources, the Division of Early Care and Education whos addresses are found on the lead agency's website: <https://dhhr.wv.gov/bcf/ece/Pages/default.aspx>

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 and licensed and license-exempt providers:

Once a complaint is received, it is assessed and determined as one of the following:

- A potential non-compliance with a rule or
- A noncompliance within another agency
- Then the complaint is referred to that agency.

The complainant might see their concern as a non-compliance with a rule but the concern does not reach that level. In this case the program manager and/or regulation unit specialists will provide technical assistance and education to the complainant.

Should the complaint be a possible abuse or neglect issue, the program manager and/or the regulation unit specialist are required to submit a referral via the abuse and neglect hotline.

The complainant is urged to do the same and is provided with the resource to do so.

- Allegations of child abuse or neglect occurring within residential child care and treatment facilities, child placing agencies or foster family homes will be investigated by the Institutional Investigative Unit (IIU). The IIU will provide a written report of its investigation, including findings and recommendations, to the facility or agency to which the investigation pertains. An IIU investigation may result in the facility or agency being directed to formulate a Corrective Action Plan. Such a plan will be approved and monitored by the Licensing Specialists.

When a report of noncompliance with a rule has been received, the investigation into the complaint must begin within five working days after being received. The investigation must be completed within 30 days of the onset of the investigation.

- Upon determination of non-compliance the investigating regulation unit specialist will recommend a Corrective Action Plan be developed and submitted to the provider. The provider is given a designated time to make corrections.
- Depending on the non-compliance, 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.

Imminent danger complaints require an investigation to be initiated within 24 hours. The

nature of the complaint will determine the response time to the complaint and what methods of investigation will be used.

All licensed and registered providers, regardless of their Child Care Development Fund 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. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

All licensed and registered providers, regardless of their Child Care Development Fund (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. The lead Agency maintains a record of substantiated parental complaints in the Families and Children's Tracking System (FACTS).

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 Families and Children's Tracking System (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 Department of Health and Human Resources child care staff, Child Care Resource and Referral staff and State licensing staff. A request for this information can be made by any member of the general public through contact with the Child Care Resource and Referral 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:

Child Care Provider Regulation Policies and Procedures Manual (Chapter 3)

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

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 monitoring and inspection reports for each 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 help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand 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 direct URL/website 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 to be 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 American's with Disabilities Act compliant, and allows the consumer to search by provider name, county, city, and zip code.

West Virginia does not have a diverse population, therefore the website is only available in English.

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. Child Care Resource and Referral 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. The lead agency website is ADA compliant.

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 direct URL/website 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/ece/policies/Pages/default.aspx>

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

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

- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

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

- d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 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 website must include 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/ece/pages/providersearch.aspx>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are 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

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.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver

- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information

- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

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

The consumer education website must include 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.

d. Other information included for:

- i. All Licensed providers.

Describe

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 CCDF center-based providers.

Describe

- iii. License-exempt CCDF family child care providers.

Describe

- iv. License-exempt, non-CCDF providers.

Describe

- v. Relative CCDF providers.

Describe

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. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- 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

The lead agency provides national accreditation status for those providers who have met national accreditation (Quality Tier Level III).

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

i. Licensed CCDF providers.

Describe the quality information:

The Child Care Tiered Reimbursement System is a quality initiative that offers higher subsidy payments to child care programs that demonstrate they meet higher standards of care. Programs that are licensed as a center or facility and registered family child care homes are eligible to apply for a higher quality tier level. West Virginia currently has three quality tier levels: Tier I reimbursement rates for licensed or registered programs, Tier II rates for programs that meet a state-specific set of quality standards, and Tier III reimbursement rates for programs that are accredited by an approved accrediting agency.

ii. Licensed non-CCDF providers.

Describe the quality information:

iii. License-exempt center-based CCDF providers.

Describe the quality information:

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

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):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. 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). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

Blank checklists used for monitoring child care centers and out-of-school time programs will be posted to the consumer education website.

Family Child Care Home Checklist:

<https://dhhr.wv.gov/bcf/ece/DocumentSearch/2018%20FCC%20Provider%20Checklist.pdf>

Family Child Care Facility Checklist:

<https://dhhr.wv.gov/bcf/ece/DocumentSearch/2018%20FCC%20Facility%20Checklist.pdf>

b. Check to certify that the monitoring and inspection reports and, if necessary, 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:

Monitoring/inspection reports do include health and safety violations and corrective action plans taken by state. The response will be revised by checking these boxes.

- Corrective action plans taken by the state and/or child care provider.

Describe:

Monitoring/inspection reports do include health and safety violations and corrective action plans taken by state. The response will be revised by checking these boxes.

- A minimum of 3 years of results, where available.

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.

- i. Provide the direct URL/website link to where the reports are posted.

Inspection reports are posted on consumer website:

<https://dhhr.wv.gov/bcf/ece/Pages/default.aspx>. Click 'Find A Child Care Provider' in upper right corner.

- ii. Describe how the Lead Agency defines timely posting of monitoring reports.

The lead agency defines timely as, "at least monthly." 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.

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, in plain language including, name of the program, address, capacity, phone number, ages accepted and so on. Once an individual has chosen a provider, they can simply select that provider name to find the list of noncompliance.

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. The FACTS staff then removes or edits the entry as necessary.

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

The reports are currently posted for 2 years. WV is working with our Office of Technology to extend the posting to 3 years.

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 (98.33(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 the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), 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 West Virginia Department Bureau for Children and Families, Child Protective Services.

- 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.

The iii box will be revised and checked. The zeros indicate that there have been no incidents of substantiated child abuse in child care settings.

<https://dhhr.wv.gov/bcf/ece/data/Documents/WV%20Serious%20Injury%20AbuseNeglect%20and%20Death%20-%203-31-2021.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:

The lead agency's consumer education website includes information on how parents can contact the Lead Agency directly and other programs that can assist the parent to understand information included on the website. The link is as follows:

<https://dhhr.wv.gov/bcf/ece/Pages/default.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 and Referral (CCR&R) Services: The state has developed an infrastructure of Child Care Resource and Referral agencies to provide resource and referral services, manage the child care certificate system (including eligibility determination and payment to providers) and deliver a number of quality initiatives. The current six CCR&R agencies were selected through competitive grant announcements. As the vast majority of service delivery and quality initiatives are contracted through the CCR&R, the state has a number of methods for maintaining overall control of CCR&R activities. Parents, providers, and the general public are informed of the availability of child care services through family support staff at local Department of Health and Human Resources (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 Traveling Resource and Information Library System (TRAILS) vans to advertise the program. TRAILS is a mobile resource program offering developmentally appropriate resources for children birth through 12 years of age. Assistive technology resources are available on each van. The TRAILS van will come directly to the family child care home, facility or child care center to provide the resources that are appropriate for individual needs. The TRAILS also offer on-site technical assistance, models developmentally appropriate practices and mentoring for Child Care professionals.

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:

Temporary Assistance for Need Families (TANF) provides monthly cash assistance to eligible families. Most people who receive a monthly TANF check are also eligible to receive the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, but these are not guaranteed based just TANF eligibility.

Information regarding TANF assistance is available through Child Care Resource and Referral (CCR&R) agencies and the West Virginia Department of Health and Human Resources 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:

West Virginia Head Start (WVHS) provides children with essential educational resources, including school readiness, so that every child is awarded an opportunity to learn. WVHS programs help parents grow as individuals, professionally and within their families, through training and leadership opportunities. Head Start offers these services with the ultimate goal of providing the opportunity for success to each participating family

Information regarding WVHS is available through Child Care Resource and Referral (CCR&R) agencies and the West Virginia Department of Health and Human Resources website. Information is conveyed verbally, through program specific handouts and pamphlets, well as through free internet cafes available at CCR&R agencies.

c. [Low Income Home Energy Assistance Program \(LIHEAP\):](#)

The Low Income Energy Assistance Program (LIEAP) assists eligible households with the cost of home heating through direct cash payments or payments to utility companies on their behalf. A crisis component is available for households without resources facing the loss of a heating source. Eligibility for both program components is based on a combination of factors, including income, type of heating payment, and total heating costs.

Information regarding the LIEAP is available through Child Care Resource and Referral (CCR&R) agencies and the West Virginia Department of Health and Human Resources website. Information is conveyed verbally, through program specific handouts and pamphlets, well as through free internet cafes available at CCR&R agencies.

d. [Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

SNAP is administered by the WV DHHR and governed by federal law and regulations of the US Department of Agriculture, Food Nutrition Services. SNAP providers monthly benefits to help eligible households buy food. Eligibility to receive benefits is based on household size, income, assets and some household expenses as determined by the federal government by the WV DHHR and governed by federal law and regulations of the US Department of Agriculture, Food Nutrition Services. SNAP providers monthly benefits to help eligible households buy food. Eligibility to receive benefits is based on household size, income, assets and some household expenses as determined by the

federal government.

SNAP benefits may only be used to purchase food for human consumption and seeds/plants to grow food at home. Food stamp benefits cannot be used for: household items, grooming products, tobacco, alcohol products, pet food, etc. Information regarding the Supplemental Nutrition Assistance Program (SNAP) is available through Child Care Resource and Referral (CCR&R) agencies and the West Virginia Department of Health and Human Resources website. Information is conveyed verbally, through program specific handouts and pamphlets, well as through free internet cafes available at CCR&R agencies.

e. [Women, Infants, and Children Program \(WIC\) program:](#)

The mission of the West Virginia Women, Infants, and Children (WIC) program is to improve the health of women, infants, and children in West Virginia by providing quality nutrition and breastfeeding counseling and education, as well as health monitoring and nutritious foods.

Information regarding the WIC program is available through Child Care Resource and Referral (CCR&R) agencies and the West Virginia Department of Health and Human Resources website. Information is conveyed verbally, through program specific handouts and pamphlets, well as through free internet cafes available at CCR&R agencies.

f. [Child and Adult Care Food Program\(CACFP\):](#)

The Child and Adult Care Food Program (CACFP) is a federal program that serves nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers. CACFP also provides meals and snacks to children and youth who participate in afterschool care programs or reside in emergency shelters.

CACFP sponsors may claim reimbursement for a maximum of either two meals and one snack or two snacks and one meal per participant per day. Meals claimed for reimbursement must meet the CACFP meal pattern requirements and must be served to enrolled participants in approved settings.

Information regarding the CACFP is available through Child Care Resource and Referral (CCR&R) agencies and the West Virginia Department of Health and Human Resources website. Information is conveyed verbally, through program specific

handouts and pamphlets, well as through free internet cafes available at CCR&R agencies.

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

Information is available through Child Care Resource and Referral agencies and the West Virginia Department of Health and Human Resources website. Information is conveyed verbally, through program specific handouts and pamphlets, well as through free internet cafes available at CCR&R agencies.

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

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 general public information on best practices concerning children's physical health and development including healthy eating and physical activities through the following resources:

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

Education settings. Spectrum of Opportunities maintains its own website to provide information to parents, providers, and the general public.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, 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.

Description:

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 re-authorization 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.

Current West Virginia licensing and regulations provide general guidelines regarding prohibitive behavior management methods as well acceptable behavior guidance techniques. The use of certain terminology will be discouraged or prohibited from provider policies and communicate with parents/caregivers. Use of statements such as “zero tolerance”, “probation plans” or “three strikes and you are out” are not included in childcare provider policies, parent handbooks, or discipline plans in early childhood programs.

West Virginia is compliant with the Americans with Disabilities ACT (ADA) with regard to suspension and expulsions. The lead agency strives to make certain accommodations for individuals who meet ADA/IDEA criteria. In addition, children who meet ADA/IDEA criteria are eligible for targeted intervention services by providing provider access to the Traveling Resource And Information Library System (TRAILS). Providers are encouraged and required to implement accommodations and educational support warranted under the act(s).

Early detection and appropriate referral are critical for preventing expulsion and obtaining needed supports for children at risk. Child care providers in West Virginia are encouraged to make a referral to the Child Care Resource and Referral Behavior Consultant at the first indication a child is at risk of being excluded or expelled due to behavioral concerns. A Behavioral Consultant (BC) is on staff at each of West Virginia’s six Child Care Resource and Referral Agencies (R&R). R&R Behavioral Consultants utilize developmentally appropriate practices and positive child guidance supports that include prevention, promotion, and intervention in addressing the social emotional development and behavior concerns regarding children at risk for expulsion. BCs offer onsite professional development and technical assistance based upon general and specific needs of children.

WV Birth to Three (Part C) is a statewide system of services and supports for children under age three who have a delay in their development or may be at risk of having a delay. Child care providers in West Virginia are required to make a referral to the West Virginia Birth to Three program at the first indication that a child is at risk of being excluded or expelled due to developmental concerns.

Online Professional Development and Technical Assistance West Virginia early childhood providers, regardless of setting, are encouraged to 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.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. 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)). This information about the resources can include 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 are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

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. Help Me Grow is a FREE referral service that connects families with critical developmental resources for their children birth through five years. The goal of Help Me Grow is to successfully identify children at-risk and link them to the help they need.

Help Me Grow offers parents and medical providers:

- **Referral line** - Get expert advice and a referral to community resources to help support early childhood development; and
- **Ages and Stages Screening Questionnaire - 3 (ASQ-3)™** - A developmental screening tool that's endorsed by West Virginia Chapter of the American Academy of Pediatrics and available upon request.

Help Me Grow is part of a national program that connects families to resources in West Virginia. The program is funded by the Office of Maternal, Child and Family Health, West Virginia Home Visitation Program.

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

Professional Development staff who provide onsite technical assistance to child care providers are required to make Birth to Three referrals when necessary. Child Care Resource and Referral agencies are co-located with Birth to Three Regional Administrative Units to facilitate easier access for parents to Birth to Three services. Case managers are required to provide referrals to other needed services during the parent interview process. In addition, the consumer education website contains links to Birth to Three and Help Me Grow.

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.](#)

The Lead Agency uses the CCR&R to provide information to parents on developmental screenings. During intake case managers ensure that parents are aware of Help Me Grow services. They have pamphlets available and refer parents to the Help Me Grow website. The program is funded by the Office of Maternal, Child and Family Health, West

Virginia Home Visitation Program.

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.

Child Care Resource and Referral case manager and professional development staff advise parents and provider show Help Me Grow and Birth to Three services can be accessed.

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

Child Care Resource and Referral 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 (CCR&R) Policy and Procedure Manual 2.3 EE. 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 ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

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 Child Care Development Funds with a child care certificate, which includes required information regarding the selected provider.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- 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. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination 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.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

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)); 98.20(a).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 0

(weeks/months/years)

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 age 13 and above but below age 19 years 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: One who experiences significant developmental delays or who has a diagnosed physical or

mental condition which has a high probability of resulting in a significant developmental delay. Significant delay is a 25% delay in one or more areas of development or a six (6) month delay in two (2) or more areas. Areas of development include: cognitive, speech/language, physical/motor, vision, hearing, psycho social, and self-help skills. Developmental delay is determined by early intervention programs, special education programs, or other multi-disciplinary teams.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years 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 a person in the same home on a permanent or long-term basis.

ii. "in loco parentis":

An individual who voluntarily assumes parental status and responsibilities for a minor, without formally adopting that person.

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. Define what is accepted as "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. Define what is accepted as "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. Define what is accepted as "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. Define what is accepted as "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.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe 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.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. 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 need 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 waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

v. 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 3.1.8 and 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. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and 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 05/29/2020

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

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

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? 10/01/2019

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

<https://dhhr.wv.gov/bcf/ece/policies/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:

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

There are no additional eligibility conditions.

b. eligibility redetermination.

There are no additional eligibility conditions.

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, other early learning programs, or school-age 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 greater 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. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;

h. 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

i. 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. Case managers can authorize an enhanced rate for children with documented special needs to increase access to care. Case managers can also provide referrals to other supportive services, such as Birth to Three.

3.1.7 Fluctuation in earnings.

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

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

Request earning statements that are most representative of the family's monthly income.

Deduct temporary or irregular increases in wages from the family's standard income level.

Other.

Describe:

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.

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 at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

- Applicant identity.
- Required at Initial Determination
- Required at Redetermination
- Describe:
Verified by Photo ID at the time of application.

- Applicant's relationship to the child.
- Required at Initial Determination
- Required at Redetermination
- Describe:
Self-Report at the time of application

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination

Required at Redetermination

Describe:

Birth certificate for each child in care, at the time of application.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

One month pay stub at the time of application and 12-month review.

If parent is self-employed, the parent must submit a copy of their current State of West Virginia Business Registration, copy of consultant contract for independent sales, and a copy of any other required license or certifications. A complete three month ledger of Gross receipts minus allowable deductions. All self-employed individuals must provide a complete copy of their current tax return by April 30 of each year, including the IRS Form 1040, IRS Form 1040 Schedule C, (Profit or Loss from Business), IRS Form 1040 Schedule SE, (Self-Employment tax,) and any other tax forms as required per type of self employment.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Enrollment information and schedule at the time of application and 12-month review.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Documentation of all income at the time of application and 12-month review.

Household income must be verified by the client by submitting acceptable forms of

verification.

- One month of pay check stubs, not more than 45 days old.
- The New Employment Verification form (ECE-CC-1B). Used in the case of new employment situations in which the applicant has not yet received pay. (Clients using the ECE-CC-1B to verify employment and household income must submit one month's worth of check stubs to the agency within 45 days.
- The Self-Employment Ledger form (ECE-CC-1C)
- Business ledger books or other bookkeeping records or software
- Statement of Social Security benefits, SSA; SSI, SSDI.
- Documentation of dividends, interest on saving or bonds, income from estates or Trusts, rental income or royalties
- statement of benefit from public assistance payments in including TANF, Relative Caretaker pay, WV Employment Assistance Program, or WV WORKS Post-employment Supplements.
- Statement of Veteran's benefits.
- Verification of any other monies received on a regular basis from any source,

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

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

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

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

Other.

Required at Initial Determination

Required at Redetermination

Describe:

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.

Time limit for making eligibility determinations

Describe length of time:

Child Care Resource and Referral Agencies have 13 days to take action on an application from the date of initial contact. By the thirteenth day, the case must be opened in the data system and a certificate mailed if all necessary verifications have been received. If verifications have not been received, the case must be denied by the thirteenth day.

Track and monitor the eligibility determination process

Other.

Describe:

Child care client must report any change in circumstances within 5 days of the change.

None

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

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. The Family Support Specialist may determine, on a case by case basis that appropriate child care is a reasonable distance from the participant's home or worksite, the child care provider is equipped and/or trained to accommodate children with special needs or those who require special arrangements. The Family Support Specialist must review the determination monthly if the parent claims appropriate child care is not available. (WV Income Maintenance Manual, chapter 13, section 10(C).

ii. "Reasonable distance":

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

iii. "Unsuitability of informal child care":

Determination is made on a case-by-case basis. The Family Support Specialist has discretion to determine unsuitability.

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:

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

West Virginia Works policy 13.9 and 15.7

3.2 Family Contribution to Payments

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. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-payment 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	What is the monthly co-payment for a	What percentage of	Highest initial or First Tier	What is the monthly co-payment for a	What percentage of

	(a)	(b)	(c)	(d)	(e)	(f)
	Income Level where family is first charged co-pay (greater than \$0)	family of this size based on the income level in (a)?	income is this co-payment in (b)?	Income Level before a family is no longer eligible.	family of this size based on the income level in (d)?	income is this co-payment in (d)?
1	416.01	40.25	9.6%	1561	143.75	9.2%
2	564.01	57.50	10.0%	2114	195.50	9.2%
3	711.01	34.50	4.8%	2666	126.50	4.7%
4	858.01	28.75	3.3%	3219	97.75	3.0%
5	1006.01	34.50	3.4%	3771	115.00	3.0%

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.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

c. What is the effective date of the sliding-fee scale(s)? 10/01/2019

d. Provide the link(s) to the sliding-fee scale:

<https://dhhr.wv.gov/bcf/ece/policies/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 under a. or b.

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 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:

- vii. Other.

Describe:

- 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 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:

- vii. Other.

Describe:

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 copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.
 - a. Number of hours the child is in care.

Describe:

- b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

- c. Other.

Describe:

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 Describe the policy.

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

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (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:

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 off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (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.

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. (If checked, skip to subsection 3.3)

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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 income level for 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 State Median Income (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.

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

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

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

- Child Care Policy and Procedure Manual 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.

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 State Median Income (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 related to the second eligibility threshold:

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.

Child Care Policy and Procedure Manual 5.2 and 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.

Child Care Policy and Procedure Manual Appendix A - Sliding Fee Scale

3.2.5 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 copayments for families under a graduated phase-out.

Copays are adjusted every 10 percentiles of the Federal Poverty Level (FPL) \ the WV Sliding Fee Scale for Child Day Care Services, with families below 40% 2019 FPL paying no fee. Fees are adjusted at time of 12-month redetermination unless the parent experiences a circumstance that allows for reduction.

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

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

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 (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

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

3.3.1 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 Federal Poverty Level. 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. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list

- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above 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.

Not applicable. 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 3.2.3.

Not applicable. 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 technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

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

All families who apply and are income and qualifying activity eligible are accepted. Case managers can accept verifications from agencies that provide services to families experiencing homelessness to verify need for care. If the family is not currently connected to an agency, the case manager assists the family in obtaining services.

b. 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. Child Care Resource and Referral agencies perform outreach to local agencies who serve persons experiencing homelessness to assist them in accessing child care assistance.

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

Note:

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

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

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

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.

[Provide the citation for this policy and procedure.](#)

West Virginia State Code:2.10.1 Considerations in Granting Waivers or Variances Family child care regulatory specialists must consult with the child care supervisor in considering a waiver or variance. 2.10.2 Notification of Decision on Waivers and Variances All regulatory staff shall notify the provider in writing of the decision with regard to the waiver or variance.

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.](#)

WV State Code: 2.10 Waiver and Variance Requests and Hearings Chapter §49-2B-7 allows the West Virginia Department of Health and Human Resources 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. The Division of Early Care and Education oversees both subsidy enrollment and licensing. Child Care Resource and Referral agencies assist families in connecting with medical homes to facilitate compliance with immunization requirements.

[c\) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?](#)

No.

Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

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 minimum 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 state median income (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 minimum 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:

- any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
- any interruption in work for a seasonal worker who is not working
- any student holiday or break for a parent participating in a training or educational program
- any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
- any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
- any child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
- any changes in residency within the state, territory, or tribal service area

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

The lead agency has established a minimum 12-month eligibility and re-determination 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. Once the family has been determine eligible, a WV Child Care Certificate is issued to the family and is approved for 12-months from the date the family applied for services. At the

eleventh month of eligibility, the family is notified that the redetermination process has begun. The family is provided 30 days to submit necessary verifications in order to determine eligibility for another 12-month period.

The eligible family will submit the WV Child Care Certificate to the chosen WV Child Care Provider which allows the provider to submit request for payment. The WV Child Care Certificate is the only document that insures family eligibility for payment.

Child Care Policy and Procedure Manual Chapter 14.3.10 - Form ECE-CC-5 Child Care Certificate

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

b. 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".

- 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:

4.7.2. Illness: In certain extraordinary situations child care may be approved for children under the age of six years in the following circumstances: a family member's release from hospitalization; a recent determination of a temporary or permanent disability of a parent; physician ordered bed rest during pregnancy; medical treatment for a terminal illness. Exceptions are granted in order to give the family time to prepare and plan for coping with the illness and the effects of treatment and finding alternate child care arrangements/assistance

4.9. Over Night Care. The child may occasionally need overnight care, e.g. when parents are briefly hospitalized or need to attend short term training sessions out of town. Payment may be made in this type of situation for a family already receiving child care services. However, a parent may not be approved for child care services to specifically meet the need for 24-hour care. When a parent Child Care Subsidy Policy September 1, 2020 38 needs services for 24-hour residential care only, the CCR&R case manager should explore other appropriate programs.

Citation:

WV Child Care Subsidy Policy 4.7 and 4.9.

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

Interim Care. For periods in which the client is unable to participate in their qualifying activity for any of the reasons listed.

- Temporary employment shut downs (less than 45 days). Example: A factory shuts down every July for two weeks to do maintenance. The client is unable to attend work because the factory is closed, and the period of temporary shutdown (less than 45 days) is too short to warrant participation in a different qualifying activity.
- Breaks of no more than 45 days between training courses or school sessions. Examples:
 - Spring Break.
 - Semester Breaks between terms, i.e. between winter and spring terms or between spring and summer terms.
 - Breaks between different sessions of trade instruction.
 - Jury Duty: Parents must submit documentation of jury summons.

Citation:

West Virginia Child Care Subsidy Policy 4.8. Interim Care. For periods in which the client is unable to participate in their qualifying activity for any of the reasons listed.

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

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.

Citation:

West Virginia Child Care Subsidy Policy: 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.

- 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:

Changes in Income during Certificate Period. Clients whose income changes during a certificate period shall remain eligible for services until the next status review.

Citation:

West Virginia Child Care Subsidy Policy: 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.

- 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.

Describe or define your Lead Agency's policy:

West Virginia Child Care Subsidy Policy: 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.

Citation:

West Virginia Child Care Subsidy Policy: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

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

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 on the date the child turns 13 years of age.

Citation:

West Virginia Child Care Subsidy Policy: 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.

- vii. Any changes in residency within the state, territory, or tribal service area.**

Describe or define your Lead Agency's policy:

If the family relocates within the State, The family continues to remain eligible for Child Care Subsidy. However, if the family finds it necessary to change child care providers, the family must contact the local Child Care Resource & Referral agency in the area of the new location in order to obtain a replacement WV Child Care Certificate listing the new provider choice. Simultaneously, the family will provide the Child Care Resource & Referral agency of the new address and submit verifications of such.

Citation:

Not Applicable

- c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.**

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.

WV Child Care Subsidy Policy 4.8. Interim Care. For periods in which the client is unable to participate in their qualifying activity for any of the reasons listed.

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the 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 minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job**

search.)

3.4.2 Continuing assistance for "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 minimum 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 state median income (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.

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. Job search is available for both new applicants and existing clients at any time.

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 minimum 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 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.

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. Recipients who meet eligibility requirements and request job-search time shall be granted. 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 minimum 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 minimum 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.

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

6.1.4. Need for Care 90 Day Tickler

6.1.4. Need for Care 90 Day Tickler Child care resource and referral staff will use the FACTS tickler system monthly to review payment history of all cases identified as having no payment for 90 days. Any parent who does not use child care assistance for an extended period no longer has an established need for child care assistance and therefore may not remain an active case. 6.1.4.1. Any case which has not utilized child care for a 3-month period or longer shall be sent notice that the case will be closed

B. Provide the citation for this policy or procedure:

6.1.4. Need for Care 90 Day Tickler

- iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Recipients who move outside of West Virginia are no longer eligible for services.

3.4. WV Residency Requirement and Proof of Identity

- 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.

8.3.2. Misrepresentation Misrepresentation occurs when a specific child care policy section is violated as a result of the information not having been reported by the client or reported falsely. If the CCR&R Agency becomes aware that the client/provider is attempting to or has received services/payments to which they are not entitled, the CCR&R case manager 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.

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

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

3.4.3 Change reporting during the minimum 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 (98.21 (e)).

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

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 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 state median income (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.

i. 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 including the following:

A. Changes in identifying information - household members, address, telephone numbers, etc.

B. Changes in family size affecting eligibility- 1. Additions to household size: child, spouse, biological parent of children in the home, If the case manager has reason to believe that the client is not accurately reporting family size, the case manager can request verification: i.e. birth certificate, adoption documents, statement of acting in loco parentis for the addition of a child, or a copy of marriage certificate for the addition of a spouse. OR 2. Subtractions to household size: child, spouse or biological parent of children. If the case manager has reason to believe that the client is not accurately reporting family size, the case manager may request verification by legal documentation (i.e. legal separation papers, divorce decree, notice of removal of child from home). If no legal documentation is available, two notarized statements by persons other than relatives stating that the person is no

longer in the home may be substituted.

C. Changes in employment - place of employment or days and hours worked.

D. Changes in provider. Clients who use school-based care providers and have a designated back up for summer care/days that the school-based program is unavailable are not considered to be "changing providers" as the client has already informed the case manager that the backup provider becomes the primary care provider when the school-based program is unavailable.

E. Loss of employment or termination from educational or training programs.

F. Need for job search

ii. 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.

iii. 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 5 days of a change in child care providers.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional 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.

i. Phone

ii. Email

iii. Online forms

iv. Extended submission hours

v. Postal Mail

vi. FAX

vii. In-person submission

viii. Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 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.

6.4.6 Clients Requesting a Reduction in Fees Clients who lose employment or experience a reduction in household income during the assessment period may request that their fee be reduced.

ii. Provide the citation for this policy or procedure.

Child Care Policy and Procedure Manual 6.4.6

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

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. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

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 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.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

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. The certificate, is a one-page document that entitles a parent to purchase up to twelve months of child care services. The certificate is issued to a parent for the provider identified/selected by the parent and contains the terms of the agreement. Information conveyed by the certificate includes names and birth dates of children, days/hours of services, beginning and end date, payment rates and parent fee, if any. The certificate is issued upon approval of a new application or a review, or when a new provider is identified. Reviews are completed every twelve months and new certificates are issued based on changes for the ensuing twelve-month eligibility period. During the twelve-month period, income changes do not impact the parent's continuing eligibility for care. The parent has 13 days from date of application/review to provide all necessary information needed to determine eligibility, including income verification and choice of provider.

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; 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 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 theWest Virginia Child Care Policy 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:

Parental Choice: In order to ensure that parents are given a variety of child care options, certificates may be used to purchase care in the following sites:

- Child's home, by an in-home care giver, whether a relative or non-relative In-home care is limited to situations in which the payment equals minimum wage and/or based on the medical need of the child.
- Family child care homes registered for 4 - 6 children and informal care providers (relatives & non-relatives caring for 3 or fewer children who meet health and safety requirements;)
- Licensed child care centers caring for 13 or more children;
- Licensed Out of School Time Centers caring for school-age children; and
- Family child care facilities caring for 7 - 12 children.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

All provider payment rates are set at the 75th percentile or higher for all types of care, child care centers, family child care facilities, and family child care homes. Tier II and accredited providers receive an enhancement to the base rate, \$2 per day, per child and \$4 per day per child, respectively.

Most child care providers in West Virginia do participate in the subsidy system. Out of 344 child care centers, only five do not accept subsidized children. For out of school time centers, five programs out of ninety-one programs do not participate. For the 867 family child care homes and facilities, twenty-five do not participate in the subsidy program.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

As evident from the high rate of participation in the subsidy system, there are minimal

barriers to participation in the program. The most reported barrier among those that do not participate is that they are in high demand areas and can charge more for private pay children than the subsidy rate.

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, non-traditional work hours).

Describe:

- 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:

- e. Restricted to care for children with special needs or a medical condition.

Describe:

- 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:

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 no, 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:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 Child care services available through grants or contracts.

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

No

Yes. If yes, 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.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In 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. West Virginia University has provided a preliminary assessment to the State. Child Care Resource and Referral agencies are required to submit their reports to the State yearly, this is the data source used to track progress.

b. In 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 (WVU) is currently assessing child care deserts in the state. WVU has provided a preliminary assessment to the State. Child Care Resource and Referral agencies are required to submit their reports to the State yearly, this is the data source used to track progress.

c. Other.

N/A

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 (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

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. Child Care Resource and Referral teams provide coaching and support to new providers entering the system to increase the supply of child care.

v. Recruitment of providers.

Describe:

Child Care Resource and Referral (CCR&R) 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 to increase the

supply.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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 to increase the supply of providers.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

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 to increase the quality of care provided.

ix. Child Care Health Consultation.

Describe:

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 to increase the quality of care provided.

x. Mental Health Consultation.

Describe:

The Lead Agency funds twelve Behavior Consultants, two per Child Care Resource and Referral region, who are available to provide consultation on both provider and child mental health issues to increase the quality of care provided.

xi. Other.

Describe:

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 (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The Lead Agency funds twelve Infant Toddler Specialists, two per Child Care Resource and Referral (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:

Child Care Resource and Referral (CCR&R) 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 in 4.3.3).

Describe:

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:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

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:

The Lead Agency funds twelve Behavior Consultants, two per Child Care Resource and Referral (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:

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 (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Child Care Resource and Referral (CCR&R) 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:

Child Care Resource and Referral (CCR&R) 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 in 4.3.3).

Describe:

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:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

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:

The Lead Agency funds twelve Behavior Consultants, two per Child Care Resource and Referral (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:

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 (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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:

- ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

- v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

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:

- viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

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 (98.16 (x)). These strategies should address 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. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

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 high-quality programs

All families who apply and are eligible receive services.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. 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 childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to 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.

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

A 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 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.

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

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.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

March 2019 through July 2020.

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

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.

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:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

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

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes 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 each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [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 and captures the time period of March 2019 through July 2020. 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 and age of child. Child Care providers can also call in to report rate changes between review periods, to ensure that the most current information is always in the system. This method ensures a 100% response rate, as new certificates of registration or license cannot be issued without completion of the market rate screen in the data system. Because the market rate information is based on the whole regulated child care population in the state 82 and not a sample of the population, reliability and validity concerns do not exist, and the regulated child care market of the entire state is captured.

ii. Provide complete and current data:

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.

iii. Use rigorous data collection procedures:

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 82 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.

iv. Reflect geographic variations:

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 82 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.

v. Analyze data in a manner that captures other relevant differences:

Rates are collected by age of child and type of setting.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

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. This is one process that was not impacted by covid, as it is a regular ongoing process and regulatory staff have increased contacts with providers during the pandemic.

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:

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

b) Type of provider. Describe:

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

c) Age of child. Describe:

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.

No other variations.

4.2.5 Has the Narrow Cost Analysis 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.
- 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)).
 - 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)).
 - 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)).
 - 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.

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 providersâ 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 or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality 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. 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.

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.

<https://dhhr.wv.gov/bcf/Childcare/Documents/2020%20market%20Rate%20Survey%20Analysis.pdf>

- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

No views and comments are available at this time as no comments were received.

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 ACF pre-approved alternative methodology, as identified in 4.2.1, 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 assistance. 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 as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

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. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:36/day

Full-time weekly base payment rate: \$180

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 80th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$34/day

Full-time weekly base payment rate: \$170

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 80th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$32/day

Full-time weekly base payment rate: \$160

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$30

Full-time weekly base payment rate: \$150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 80th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:\$29

Full-time weekly base payment rate: \$145

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$26

Full-time weekly base payment rate: \$130

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 90th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$26

Full-time weekly base payment rate: \$130

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 90th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$25

Full-time weekly base payment rate: \$125

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 90th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Daily rates were multiplied by five (5).

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

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.

d. 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). March 1, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

The State's rates are statewide.

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

<https://dhhr.wv.gov/bcf/ece/policies/Documents/Payment%20Rates%20March%202021%20%28002%29.pdf>

g. 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:

b. Type of provider.

Describe:

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

c. Age of child.

Describe:

Payment rates are differentiated by age of child, infant, toddler, preschool, and school age, by type of care.

d. Quality level.

Describe:

Tier I level providers receive base rates. A tiered reimbursement system offers

higher subsidy payments to programs that demonstrate they meet higher standards of care. Programs may apply for Tier II or Tier III reimbursement rates if specific higher quality standards are met. Providers should be informed of the ability to receive higher reimbursements for achieving higher standards of quality through the Child Care Tiered Reimbursement System. Three different rates are available based on the level of quality. Programs that are licensed as a center or facility and registered family child care homes are currently receiving Tier I rates through the child care subsidy program. Programs that meet additional standards called Tier II Quality Standards receive \$2 extra per actual day of service. Programs that are accredited by an approved accrediting agency currently receive Tier III rates of \$4 extra daily.

e. Other.

Describe:

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 (81 FR, p. 67514).

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

No.

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

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

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:

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:

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:

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, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the

Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 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, based on the most recent market rate survey. Rates that range from the 75th percentile to exceeding the 100th percentile enable providers to meet health, safety, quality, and staffing requirements.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

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 75th percentile of the 2020 market rate survey, whichever was greater. The Lead Agency expects to continue this increase payment rate through at least December 31, 2022. The Earlier the Better group is comprised of child care providers and stakeholders, and they felt that the \$4 increase was adequate to meet the increased costs of providing care in a pandemic.

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 Lead Agency does not have a Quality Rating and Improvement System.

The Lead Agency adds a supplement of \$6 per day per child for providers who have achieved accreditation. This rate was increased from \$4 per day per child to \$6 per day per child on March 1, 2021, to assist in providing higher quality care during a pandemic.

The lead Agency adds a supplement of \$3 per day per child for providers who achieve quality Tier II. This rate was increased from \$2 per day per child to \$3 per day per child on March 1, 2021 to assist in providing higher quality care during a pandemic.

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.

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 75th percentile of the 2020 market rate survey, whichever was greater.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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):

- i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

- ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

The Child Care Resource and Referral (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 every Tuesday and Friday.

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.

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

- 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.

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 20 days are paid at the daily rate.

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, as the market rate data reflects that no family home providers have listed a registration fee in their list of additional charges.

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. The Child Care Resource & Referral case manager will insure that the provider clearly understands all aspects of the Provider Services Agreement WV Child Care Subsidy Policy 14.4.5. (DAY-0546) generated in the Family And Children Tracking System (FACTS). The case manager will obtain the provider signature on such agreement. The Provider Services Agreement may be cancelled by either party, with or without cause, upon notice. The agreement simply verifies the responsibility of each party in the payment process. The Agency agrees to purchase and Provider agrees to furnish Child Care Services.

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:

Both Parents and providers are given a 13-day notice of any change in family eligibility. In all cases, the Lead Agency will send notices to both parties no later than the day the lead agency becomes aware such a change will occur.

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 by Child Care Resource & Referral staff within twenty-four hours of receipt of such. The Board of Review schedules the hearing within 30 days.

g. Other. Describe:

N/A

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:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

There are very few providers who do not participate in the subsidy system. The Lead Agency has participation in the subsidy system by all types of providers.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 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 services (98.16 (k))? Check all that apply

a. Limit the maximum co-payment per family.

Describe: .

The maximum monthly co-payment 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

The maximum monthly co-payment 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.

Families enter the subsidy system at 150% of 2019 Federal Poverty Level (FPL) and are not terminated from assistance until they exceed 185% of 2019 Federal Poverty Level. Family eligibility is redetermined each 12-month period. Child fees (co-pays) are adjusted based upon family household income each 12-month period through the point at which the family household income reaches the phase out level 185%FPL.

- d. Other.

Describe:

4.5.2. 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.

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.

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.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to 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 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.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

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.

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.

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.

Child care centers in any setting that care for 13 or more children for more than 30 days per year are required, under WV Code §49-2-121, to be licensed to ensure the protection and a minimum standard of care. Regulations are enforced through a licensure process including application and inspections at the initial level, yearly unannounced monitoring visits, complaint investigations, and license renewal application and inspections. A sunset provision of 5 years applies to child care center and out-of-school time regulations.

ii. Describe the licensing requirements:

WV Code 49-2-121 has authority to establish a set of rules to be promulgated as 78CSR 1- Child Care Center Licensing Regulations and 78 CSR 21 Out-of-School Time Child Care Center Licensing Regulations. The provisions of the regulations expire five years from the effective issuance date.

iii. Provide the citation:

78CSR 1- Child Care Center Licensing Regulations

https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018

78 CSR 21Out-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.

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.

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.

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.

Family facilities and homes are required to be licensed under WV Code §49-2-121 based on provider type to establish a minimum standard of care and protection. Facilities that care for 12 or more children for more than 4 hours per day require a license.

Homes are issued a certificate of registration and are permitted to care for 4-6 children with no more than 2 being under the age of 24 months.

Informal homes caring for 3 or fewer children operate under a certificate of registration requiring at least 1 child not be related and at least 1 child requesting reimbursement through certificate system.

Regulations are enforced through a licensure process including application and inspections at the initial level, yearly unannounced monitoring visits, complaint investigations, and license renewal application and inspections. A sunset provision of 5 years applies to all family care providers types.

ii. Describe the licensing requirements:

WV Code 49-2-121 has authority to establish a set of rules to be promulgated as 78CSR 18-Family Child Care Facility Licensing Requirements, 78CSR19-Family Child Care Homes Licensing Requirements, and 78CSR 20 Informal and Relative Family Child care Home Registration Requirements. The provisions of the regulations expire five years from the effective issuance date.

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

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

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

A. The parent must complete an Application for Approval for In-Home Care (ECE-CC-12).

B. The potential provider must complete the WV CARES process prior to completing the ECE-CC-12. The WV CARES "clear to hire" letter must accompany the application.

B. Child Care Regulatory Specialist's Responsibilities

1. The child care regulatory specialist will complete the necessary screens in FACTS,

do the background checks on the provider and send a Notification of Provider Approval Status to the provider with a copy to the parent/guardian and the CCR&R.

2. In-home care situations in which the home fails to meet health and safety standards or in which the provider cannot comply with health and safety standards or background checks, shall be denied approval.

3. If failure to comply is after the issuance of approval, then the child care regulatory specialist shall send a denial notice using the Notification of Provider Approval Status (DAY-0618), and CCR&R staff shall send a 13-day notice terminating the Provider Services Agreement.

A. General Requirements. A caregiver shall:

- A.1. Be at least 18 years of age.
- A.2. Be able to read and write or have another adult present in the home who is able to read and write.
- A.3. Have no substantiated history of child abuse or neglect.
- A.4. Consent to a criminal history background check
- A.5. Ensure that if the caregiver, has a felony conviction or more than one misdemeanor or any offense against a person, a written request for a waiver is submitted to the Secretary of the Department of Health and Human Resources asking for approval.
- A.6. Ensure that alcoholic beverages or illegal substances are not used and that no one present in the home is under the influence of those substances during the time children are in care.
- A.7. Immediately report suspected child abuse or neglect to the Department.

B. Health and Nutrition. A caregiver shall:

- B.1. Obtain a statement of good health from a licensed physician within thirty (30) days of signing the Provider Services Agreement and shall have the statement updated every two years.
- B.2. Obtain immunization records on children in care.
- B.3. Obtain a schedule for completion from the parent if immunizations are not current.
- B.4. Provide water and nutritious meals or snacks on a daily basis.

C. Training. A caregiver shall:

- C.1. Complete an initial two (2) hours of approved health & safety training.
- C.2. Complete at least 1 hour of self directed study related to child development annually.

D. Supervision of Children.

D.1. The caregiver shall be physically present at the home, and within sight or hearing of all children in care.

E. Home Safety Requirements. A caregiver shall

E.1. Ensure the home has heat, electricity, indoor plumbing, cook stove, and refrigerator.

E.2. Have, within two minutes time, access to a working telephone or communication device.

E.3. Store cleaning supplies, detergents, aerosol cans, pesticides, poisons, flammable materials, poisonous or unknown plants, medicines, alcoholic beverages or toxic materials out of the reach of children under six (6) years of age.

E.4. Store guns, ammunition, hunting knives, bows and arrows, and other weapons in a locked cabinet or locked closet.

E.5. Ensure unvented gas heaters are not used as a primary source of heat.

E.6. Use unvented gas heaters only as a supplemental or back-up source of heat and only if a digital carbon monoxide detector is properly installed in the home.

F. General Fire Safety. The home shall have:

F.1. One (1) working smoke detector installed on every level of the home.

F.2. An ABC-rated multi-purpose fire extinguisher available at all times.

G. Sanitation. The caregiver shall:

G.1. Have sufficient safe water for drinking, hand washing, and other household needs.

G.2. Ensure all hands, adults' and children's, are washed before handling or preparing foods, after contact with animals, before and after diaper changing, after assisting a child with toilet use, after personal bathroom use, and when there has been contact with blood or bodily fluids containing blood.

G.3. Maintain garbage cans in a sanitary manner by using liners, covering garbage cans with lids, and emptying daily.

G.4. Clean bathroom facilities used by the children daily and when soiled.

G.5. Maintain the home and furnishings in a safe and sanitary condition to prevent accidents and illnesses.

H. Emergency Practices. The caregiver shall:

H.1. Ensure that written emergency information is available within easy access that contains numbers for the following: Police and fire departments, the child abuse and

neglect hotline, ambulance service, poison control center; parents' work and home, each child's doctor; and an emergency substitute, if applicable.

H.2. Develop a written plan and drawing for emergency evacuation of the children from the home. The drawing must show exits and a meeting place.

I. First Aid Supplies. The caregiver shall:

I.1. Keep the following first aid supplies available in a portable container and ensure they are out of children's reach:

- I.1. a. Thermometer;
- b. disposable gloves;
- c. blunt tipped scissors;
- d. tweezers;
- e. bandage tape;
- f. sterile gauze;
- g. non-medicated adhesive strips;
- h. sealed packages of alcohol wipes or antiseptic;
- i. soap;
- j. a first aid guide.

J . Guidance and Discipline. The caregiver:

J.1. Shall use positive guidance that helps the child understand appropriate behavior and is appropriate to the age of the child.

J.2. Shall not use any harmful form of discipline or punishment including, but not limited to:

- a. Physical punishment such as spanking, slapping, hitting, shaking, shoving, etc.;
- b. Threats or punishment related to toilet training, food, or rest;
- c. Confining in a locked room or closet or using physical restraints;
- d. Using emotional or psychological punishment such as shaming, humiliating, terrorizing or rejecting.

iii. Provide the citation:

Child Care Policy and Procedure Manual 7.1.1.1

5.1.2 Identify the CCDF-eligible 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 by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. 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.

ii. Provide the citation to this policy:

There are no exempt child care providers in West Virginia.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

There are no exempt child care providers in West Virginia.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. 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.

ii. Provide the citation to this policy:

There are no exempt child care providers in West Virginia.

iii. Describe how the exemptions for these CCDF-eligible providers 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 by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. 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.

ii. Provide the citation to this policy:

There are no exempt child care providers in West Virginia.

iii. Describe how the exemptions for these CCDF-eligible providers 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. For instance, Infant: 0-18 months.

a. Infant. Describe:

Age six (6) weeks to age one (1) year

b. Toddler. Describe:

Age one (1) year to two (2) years

c. Preschool. Describe:

Child between the ages of two (2) years through four (4) years.

d. School-Age. Describe:

A child between 5 and 13 years of age,

5.2.2 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:

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.

B. Group size:

Maximum group size is the same group size requirement associated with the age of the youngest child in the mixed group.

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.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

6 children/1 staff for family child care facilities

6 children/1 staff for family child care home

3 children/1 staff for informal family child care home

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

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

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

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

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.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

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

i. Mixed Groups (if applicable)

A. Ratio:

Not Applicable, not subject to licensing

B. Group size:

Not Applicable, not subject to licensing

ii. Infant (if applicable)

A. Ratio:

Not Applicable, not subject to licensing

B. Group size:

Not Applicable, not subject to licensing

iii. Toddler (if applicable)

A. Ratio:

Not Applicable, not subject to licensing

B. Group size:

Not Applicable, not subject to licensing

iv. Preschool (if applicable)

A. Ratio:

Not Applicable, not subject to licensing

B. Group size:

Not Applicable, not subject to licensing

v. School-age (if applicable)

A. Ratio:

Not Applicable, not subject to licensing

B. Group size:

Not Applicable, not subject to licensing

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. Licensed 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, Toddler, Preschool Lead Teacher - must be at least 21 years of age, have a high school diploma or equivalent with a minimum of 1 year of relevant work experience and one of the following qualifications: A CDA credential and 300 hours of

relevant work experience or, a total of 2 years of relevant work experience or, a registered Apprenticeship Certificate for Child Development Specialist (ACDA) or 28 college credits with at least 9 credit hours in early childhood development.

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

Out-of-School Time Teacher (Group Leader): Must be at least 18 years of age and have 1 year of supervised relevant work experience.

Out-of-School Time Assistant Teacher (Assistant Group leader: Must be at least 18 years of age and met the requirements of a high school diploma or GED.

[ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:](#)

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

Type I Center (up to 30 children) - The director must meet one of the following requirements:

CDA credential or 12 college credits in an early care and education field with 300 hours of relevant work experience or a total of 10 years of relevant work experience.

Type II Center (31-60 children) - The director must meet one of the following requirements:

ACDA registered or 28 college credits with at least 9 credit hours in early childhood development or 15 years of relevant work experience.

Type III Center (more than 60 children) - The director must meet one of the following requirements:

An associate's degree in early care and education or a bachelor's degree or

An associate's degree in a related field with 12 credit hours in early childhood and 90 practicum contact hours or

A bachelor's degree in a related field and a total of 2 years or relevant work experience or

A degree in business, management or administration with 12 credit hours in early childhood development and 300 hours of relevant work experience.

Out-of-School Time Child Care Center Director:

Must be at least 21 years of age, have at least one year of leadership experience in a school age program or similar program, be responsible for the daily operation of the program and oversight of staff, have a written work plan for the routine on-site presence for each site under his or her responsibility and be responsible for on-site activity and staff scheduling, ensuring there is a site supervisor for each site.

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.

Child Care Center: CSR-78-1

https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf

b. Licensed 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, Toddler, Preschool, 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. Infant Assistant Teacher - must be at least 18 years old and be able to read and write.

Infant, Toddler, Preschool, 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 - for care out of the home

Family Child Care Homes: CSR-19

<https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2019%20Final%20File.pdf> - for care in the home

Family Child Care Informal and Relative: CSR-20

https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%2020_Final%20File_2018.pdf - for FFN

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

Informal and In-home Family Child Care qualifications: The caregiver or substitute shall be at least 18 years of age, able to read and write or have another adult present in the home, during the hours of care, who is able to read and write.

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

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and

ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

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 relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and 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(I)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). 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(s) 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(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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

(9.1. through 9.1.d. address immunization requirements. 9.2 through 9.2.d.5. address the prevention and control of infectious diseases.)

In Home Child Care:

Health & Safety Requirements for In-Home Family Child Care Home Providers

B. Health and Nutrition

G. Sanitation

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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

(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.).

78-1-8.6.b., 78-1-8.6.d.; No specific citation specifying training topic.

In-home Child Care

Child Care Policy Manual 9.3.11. Discussion of Regulations:

B. Registered informal and relative family child care providers, and approved in-home family child care providers must attend two (2) hours of health and safety training and

perform one (1) hour of self-study annually.

Health & Safety Requirements for In-Home Family Child Care Providers

Training. A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

ii. Describe any variations in training requirements for the standard(s). 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.

No variation by category of care, no difference.

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 the standard(s)? 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.

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

a. Standard(s)

i. Provide a brief description of the standard(s). 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(s) 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(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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

(6.3.e.1., and 6.3.e.2. addresses sudden infant death syndrome and the use of safe-sleep practices)

In-Home Family Child Care:

ECE-CC-28 Sudden Infant Death Syndrome Study Guide

ECE-CC-28A Sudden Infant Death Syndrome Quiz

ECE-CC-29 Shaken Baby Syndrom Study Guide

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Pre-Service training: Pre-service training is required for all provider types and required to be completed prior to caring for children unsupervised. 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.

All provider types require a minimum of 2 hours of preservice training on health and safety topics for caregivers, teachers, and directors.

Orientation training:

Licensed child care centers and out-of-school time programs are required to provide orientation training to the staff member prior to or during the first week of employment and prior to having sole responsibility for a group of children.

Family Child Care facilities, homes, or informal regulations does not require orientation training.

Child Care Center: CSR-78-1

https://dhhr.wv.gov/bcf/Childcare/Documents/78%20CSR%201%20Final%20File_2018.pdf

(Pre-Service and Orientation training: 8.6.b. through 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, 7.3.c.5., Orientation: 7.7.b., 7.7.c.; 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

(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

(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.).

78-1- 8.6.b., 78-1-8.6.d.; no specific citation specifying training topic.

ii. Describe any variations in training requirements for the standard(s). 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 by category of care, no difference.

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 the standard(s)? 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 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

West Virginia requires child care centers, out-of-school time, family child care facility, and home and in-home providers to document potential food and allergic reactions upon registration of all children enrolled in care. All 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 must be on file. Child care centers and out-of-school time providers are required to post a list of children in care that have a food or other allergy in each classroom. 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. Family child care facilities and homes are required to post a list of children in care that have a food or other allergy by the telephone. Child care centers, out-of-school time, family child care facilities and home providers are required to address food and allergies in staff policy and procedure handbooks.

ii. Describe any variations in the standard(s) 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 family child care providers, are not 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(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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).

In-home Child Care:

Child Care Policy Manual 9.3.12.1. Records Maintained by the Provider

B. Children's Records 2. Child Health Assessment Forms (ECE-CC-3): a. The provider is required to keep current medical information on each child placed for care who has not yet reached a sixth (6th) birthday. (Physician's office document is acceptable if it contains the same information as the ECE-CC3)(See Chapter 2, Section 2.2.2.1.) b. The provider shall inform the parent that care will be terminated if the medical form is not returned. c. Providers must notify the CCR&R agency when the parent does not return the form(s) within thirty (30) days of placement. d. The CCR&R case manager will then send 13-day closure notices. 3. ECE-CC-10E: Emergency Information/Permission Form. 4. ECE-CC-25: Medication Permission Slips if needed.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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%202020_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.).

78-1-8.6.g.

In-home Child Care:

Health & Safety Requirements for In-Home Family Child Care Providers

Training. A caregiver shall: C.1.Complete an initial two (2) hours of approved health & safety training.

ii. Describe any variations in training requirements for the standard(s). 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 the standard(s)? 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 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). 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.

Centers are required to receive a list of allergies and potential reactions at the time of registration and keep the information in the child's file. Centers are required to post a list of allergies in the classroom and in areas where staff prepare food in a manner that maintains confidentiality. Centers are required to develop and maintain an emergency file with information for each enrolled child that is accessible to all staff members, including at off-site activities. In the event of a medical emergency due to an allergic reaction, a staff member must accompany the child to the medical facility with a signed authorization for treatment. Staff are required to notify the parent and the medical facility where treatment will be provided. A list of emergency numbers such as police, fire department, and ambulance service is required to be posted by the telephone. OST programs are required to receive special instructions related to a child's health at the time of registration. Programs are required to develop and

maintain emergency files accessible to staff, that would include health-related information. Family child care facilities and family child care homes are required to obtain allergy information provided in the child's health assessment upon enrollment. This information is not required to be posted. Allergy information is not listed in staff handbooks. Allergy information is a topic for orientation and at the time an allergy issue would be made known to the provider if a condition doesn't exist at the time of registration. If needed, training can be scheduled to keep current on procedures to follow for any specific allergy medications, reactions, etc. OST staff are informed of allergy information for children enrolled, including those who prepare food. The requirement to make information accessible to staff preparing/serving food only applies to centers not OST programs. All staff for all provider types are trained on prevention and response, it is a component within the pre-service training modules. Centers, family child care facilities, homes, and informal/relative homes are required to have a child's current health assessment on file. OST programs are required to keep on file special instructions related to a child's health and development, not the child's current health assessment. OR Centers, facilities, and OST programs are required to maintain compliance with the Department of Health. The child's health assessment would indicate existing allergies. Center, facility, homes, informal/relative home providers and in-home providers are to discuss information related to allergic reactions and actions to be taken during an emergency as the result of allergy exposure with parents at the time of registration or at the onset of an allergy. This information is required to be kept in the child's file and discuss with staff members at orientation or at the onset of an allergy. Facility, homes, or informal/relative rules do not address food allergies or a requirement to be posted. The only requirement is medical documentation listing allergies be kept in the child's file.

ii. Describe any variations in the standard(s) 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(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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

(9.1.a. addresses emergencies to food and allergic reactions.)

In-home Child Care: Child Care Policy Manual 9.3.12.1. Records Maintained by the Provider

B. Children's Records: 1. Emergency Information Forms (ECE-CC-10-E). The provider shall require a completed and notarized form before a child is placed in their care. 2. Child Health Assessment Forms (ECE-CC-3): a. The provider is required to keep current medical information on each child placed for care who has not yet reached a sixth (6th) birthday. (Physician's office document is acceptable if it contains the same information as the ECE-CC3)(See Chapter 2, Section 2.2.2.1.)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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

(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.).

Module 8 of the pre-service training addresses food allergies.

Health & Safety Requirements for In-Home Family Child Care Providers

H. Emergency Practices

ii. Describe any variations in training requirements for the standard(s). 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?

Health & Safety Requirements for In-Home Family Child Care Providers

H. Emergency Practices

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 the standard(s)? 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 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). 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(s) 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(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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

(7.1. through 8.2. address building and physical premises safety).

Health & Safety Requirements for In-Home Family Child Care Home Providers

D. Supervision of Children

E. Home Safety Requirements

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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%202020_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.).

Module 1 Safe Spaces of the pre-service training addresses building and physical premises safety.

Health & Safety Requirements for In-Home Family Child Care Providers Training. A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

ii. Describe any variations in training requirements for the standard(s). 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 the standard(s)? 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 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Regulations address abusive head trauma, shaken baby syndrome and child maltreatment as subjecting a child to physical punishment in the areas of discipline and handling behavior problems.

ii. Describe any variations in the standard(s) 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 in the standard by category of care or the age of the children in case.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), 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.

(3.8., 11.4.4.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.

(3.3. addresses abusive head trauma, shaken baby syndrome and child maltreatment)

Health & Safety Requirements for In-Home Family Child Care Providers

J. Guidance and Discipline

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

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. Child care center staff working with children 24 months of age and under are required to have 40 hours of approved infant/toddler training. The trainings offered through the child care resource and referral agencies address the recognition of abusive head trauma, shaken baby syndrome and child maltreatment. All provider types and support staff are mandated reporters of suspected abuse and neglect.

Child Care Center: CSR-78-1

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., 8.6.i. through 8.6.2.C.).

Family Child Care Facility: CSR-18

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

(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.).

Module 4 of the pre-service training addresses Shaker Baby and Safe Sleep_SUIDS.

Health & Safety Requirements for In-Home Family Child Care Providers

C. Training

A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

ii. Describe any variations in training requirements for the standard(s). 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 variations in the training requirements.

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 the standard(s)? 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 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(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care centers, out-of-school time, family child care facility, home, and informal

providers are required through regulation to develop a disaster preparedness plan. Providers must file their plan with local emergency management agencies. The individual plan requirement includes procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families. West Virginia has a diverse terrain, and each provider may have to address a specific type of disaster in more detail. For example, a provider may be located near a body of water that may flood while another provider may be located near a chemical plant.

The plan includes emergency contact information, staff responsibilities, individually identified by task during an emergency, where and how children will be transported during an emergency with pick-up sites and procedures explained if the program must move away from their facility. Descriptions ensuring that children with special needs, infants and toddlers are required in the evacuation plan and steps to reunify the child with their parent or guardian.

The disaster preparedness plan must be posted, practiced, and enforced during an emergency. All practice drills must be documented including the date and time drills take place. The requirement includes that all children in care, regardless of age or disability, are part of the practice drill and evacuation plans.

ii. Describe any variations in the standard(s) 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 variation.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

*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

(11.1. through 11.4.j. address emergency preparedness and response planning.)

Health & Safety Requirements for In-Home Family Child Care Providers

H. Emergency Practices

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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

(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.).

Module 2 of the required pre-service training addresses Emergency Preparedness.

Health & Safety Requirements for In-Home Family Child Care Providers

C. Training

A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

ii. Describe any variations in training requirements for the standard(s). 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 the standard(s)? 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 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). 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 standard(s) 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 or based on age.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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 biocontaminants.)

Informal and Relative Family Child Care Home -

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.)

Health & Safety Requirements for In-Home Family Child Care Providers

E. Home Safety Requirements

G. Sanitation

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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

(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.).

Module 1 of the required pre-service training addresses Safe Spaces.

Health & Safety Requirements for In-Home Family Child Care Providers

C. Training

A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

ii. Describe any variations in training requirements for the standard(s). 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 the standard(s)? 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 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). 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.

In-home providers do not transport children, as the child must be home bound in order to be approved for in home care.

ii. Describe any variations in the standard(s) 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(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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

(12.1. through 12.2. address transportation of children.)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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

(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.).

Module 9 of the required pre-service training addresses Transportation.

This is not applicable to in-home providers.

ii. Describe any variations in training requirements for the standard(s). 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 the standard(s)? 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 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care center and out-of-school time providers are required to maintain first aid and CPR certification, including staff who provide indirect care such as a cook. Family

child care facilities and home providers are required to have pediatric first aid and CPR certification.

ii. Describe any variations in the standard(s) 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 providers are not required to have formal first aid and CPR training, Child care center and out-of-school time providers are required to have first aid and CPR certification based on the age of children in care. Family child care facility and home regulations do not specify the age of the children in care in relation to CPR/First Aid certification.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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 these training requirements, 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

(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

(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

(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.).

Informal/relative providers are not required to have CPR/first aid training. Centers, facilities, homes and OST providers are required to renew CPR/first aid training at certificate expiration. Noncompliance would be sited if there is a lapse in training.

ii. Describe any variations in training requirements for the standard(s). 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 the standard(s)? 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.

Notification is not received. It is the responsibility of the owner/operator to track the expiration of CPR/First Aid certifications. Child care centers shall assign one individual the responsibility for monitoring and implementing training and maintaining training records, which includes CPR/First Aid. Out-of-School Time, family child care facilities and homes are also responsible for tracking the expiration of CPR/First Aid certifications.

5.3.11 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(s)

i. Provide a brief description of the standard(s). 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, Child care centers, out-of-school time programs, and family child care facilities, information on how to report suspected abuse and neglect are required to be posted. In West Virginia are required to maintain administrative, staff and parent handbooks that address abuse and neglect. All child care providers types are required to report child abuse and neglect and 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. Trainings offered by child care resource and referral agencies address the recognition of child abuse in 4 areas - neglect, physical, sexual and emotional abuse.

Centers (78-1-8.6.f.2.) and OST (78-21-7.7.d.2.) providers are required to have training in child abuse recognition and prevention within 3 months of hire.

ii. Describe any variations in the standard(s) 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(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), 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

(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

(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

(3.3., 11.1.b., and 16.1., address abuse and neglect.)

Health & Safety Requirements for In-Home Family Child Care Providers

A. General Requirements A caregiver shall:A.7. Immediately report suspected child abuse or neglect to the Department.

Child Care Policy Manual 9.3.11. Discussion of Regulations:

E. The worker should also discuss the implications of becoming a child care provider as it relates to the mandated reporting of child abuse and neglect.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, 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

(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

(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

(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.).

Centers (78-1-8.6.f.2.) and OST (78-21-7.7.d.2.) providers are required to have training in child abuse recognition and prevention within 3 months of hire. Centers: volunteers and staff in positions that are not qualified (included in ratio) are required to renew child abuse and neglect recognition training every three years (78-1-8.7.d.). All staff of OST providers are required to renew child abuse recognition and prevention training every three years (78-21-7.8.b.)

Health & Safety Requirements for In-Home Family Child Care Providers

C. Training

A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

ii. Describe any variations in training requirements for the standard(s). 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 the standard(s)? 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. Child care centers with staff in positions that are not used to meet child:staff ratios require child abuse and neglect recognition training every three years. Notification that child abuse and neglect recognition training needs to be renewed is not issued to the staff member by WV STARS training system. It is the responsibility of the owner/operator to track the expiration of child abuse and neglect recognition training for each applicable staff member. Child care centers are required to assign one individual the responsibility for monitoring and implementing training and maintaining training records, which includes child abuse and neglect recognition training. Out-of-School Time, family child care facilities and homes are also responsible for tracking the expiration of applicable staff child abuse and neglect recognition training expirations.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 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)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include 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

(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

[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

(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.).

The pre-service training requirement citations apply to each module of the training. Module 10 of the pre-service training Child Development content: tracking child's development/milestones combined with resources if developmental levels cause concerns. A sheet of typical important milestones from birth thru age 4 from CDC.

Health & Safety Requirements for In-Home Family Child Care Providers

C. Training

A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

ii. Describe any variations in training requirements for this topic. 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 topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic 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 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

Prior to starting the program, the lead agency shall ensure that each qualified staff member caring for the child has received a minimum of 40 hours of approved training related to the care of children 24 months of age and under and shall submit documented evidence of the training to the Secretary. For an existing program which has been approved to expand the program or experiences staff turnover, shall ensure that within six months of beginning to care for children twenty-four months of age and under, each qualified staff member shall have a minimum of 40 hours of approved training related to the care of children 24 months of age and under All qualified staff shall complete 15 hours of approved training within the first year of employment according to the following:

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

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.

78CSR-1 Centers: Initially all center staff must have pre-service and orientation training (8.6.b.) including information for age group staff will work with (8.6.d.) and CPR/First Aid certification within 3 months (8.6.f.1.). Within the first year of employment 15 hours of training must be completed to which a director must have 6 of those hours in management trainings (8.7.a.1.), and qualified staff (those counted in ratio) must have 6 of those 15 training hours related to the age group they work with (8.7.a.2.). Staff in positions not used in ratio counts (not qualified) must have training related to position responsibilities, pre-service training, child abuse and neglect, CPR/First Aid certification (8.7.d.). Ongoing training includes hours to keep WV STARS credential current (8.7.c.), CPR/First Aid certification upon expiration (8.6.f.1.). Staff working in positions not qualified (not used in ratio counts) must renew child abuse and neglect training every 3 years and keep CPR/First aid certification current (8.7.d.).

78CSR-18 Facilities: Initially facility operator and staff are required to complete pre-service training (6.5.b.) and operators are required to have CPR/First aid certification before caring for children (14.1.a.4.). Staff have 6 months to have CPR/First aid certification training (15.1.i.). Ongoing training: operators and staff must complete 15 clock hours of training annually in core knowledge/core competency areas (14.1.b.) and operators must select training addressing all core knowledge areas (14.1.c.). CPR/First aid certification must be renewed upon expiration (15.1.i.).

b. License-exempt child care centers:

There are no license exempt child care centers in West Virginia

c. Licensed family child care homes:

Family Child Care Facilities owner - 15 hours annually

Family child care facility staff - 12 hours annually

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.

78CSR-19 Homes: Initially, home providers must have basic first aid that includes rescue breathing and choke saving (6.3.a.1.) and pre-service training (6.3.a.2.) within 3 months of initial registration. Ongoing training requires providers to obtain 4 additional hours of training in core knowledge/competency within 12 months (6.3.b.) and complete 8 hours of training annually with a minimum of 2 trainings in core knowledge/competency areas (6.3.c.).

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.

78CSR-20 Informal/Relative: Initially, all informal home caregivers are required to complete approved pre-service training prior to caring for children (6.3.a.). Relative caregivers are not required to complete pre-service training (6.3.b.). Relative caregivers are required to complete an initial two hours of approved health or safety training within 30 days of application (6.3.b.).

d. License-exempt family child care homes:

There are no license exempt child care homes in West Virginia

e. Regulated or registered In-home child care:

Health & Safety Requirements for In-Home Family Child Care Providers

C. Training

A caregiver shall:

C.1. Complete an initial two (2) hours of approved health & safety training.

C.2. Complete at least 1 hour of self directed study related to child development annually.

f. Non-regulated or registered in-home child care:

Not Subject to licensing.

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

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

(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

(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

(9.3. addresses nutrition.)

In-Home Child Care

Health & Safety Requirements for In-Home Family Child Care Providers

B. Health and Nutrition. A caregiver shall:

B.4. Provide water and nutritious meals or snacks on a daily basis.

b. Access to physical activity:

Describe:

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

(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

(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

(13.1.d. addresses physical activity.)

c. Caring for children with special needs:

Describe:

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.

The training modules completed are indicated on the WV STARS Pathway. If there is a question on completion status, the specialist could make inquiry with the provider and verification provided from the Pathway information.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

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.

The training modules completed are indicated on the WV STARS Pathway. If there is a question on completion status, the specialist could make inquiry with the provider and verification provided from the Pathway information.

In-home providers receive their pre-service training with the parent that has applied for in-home care in person at the CCR&R agency.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Child care centers, out-of-school time programs, and family child care facilities are required to be approved by the applicable local health department and the state fire marshal prior to the issuance of a license to begin operations. When these programs are in operation, in the event the fire marshal would issue a provisional status upon inspection, centers, out-of-school time programs and family child care facilities are placed on a provisional child care license until such time the fire marshal lifts the provisional status. In the event a health department inspection results in a negative report, the center, out-of-school time program or family child care facility may be placed on a provisional status by regulatory staff until such time the health department would issue a positive report, or regulation compliance is met.

Family child care homes, informal homes, and in-home providers are not required to have fire marshal approval to begin or continue operations. These programs are required to receive approval from the applicable local health department prior to the issuance of a certificate of registration approving operations to begin. Once in operation, if the health department inspection would result in a negative report, the home may be closed until the health department issues a positive inspection report.

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.

Centers, OST programs: Policy 10.9-10.9.8 pf. 63-67.

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:

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.

Differential monitoring for child care centers is not implemented.

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>

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.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

An initial on-site evaluation (pre-licensure inspection) is required for family child care home and informal home providers before a certificate of registration is issued.

Regulatory specialists are required to conduct the announced and scheduled in advance initial visit within 60 days of receipt of a completed application. The inspection checklist is completed during the visit which includes required background checks, health department approval, fire safety, evacuation plan, home safety requirements such as electrical, hazardous materials, and cleaning supplies. Any non-compliance issues or areas for concern could result in a noncompliance report or limitations placed on the certificate of registration.

[https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015 3-2 Child Care Policy Provider Regulation Final.pdf](https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf) (2.7. through 2.7.7.)

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

At least annually, regulation unit specialists monitor family child care homes and informal family child care homes participating in the subsidy system. The monitoring visits can be announced or unannounced. The monitoring visits are a complete walk through of the certified program to include a review of fire marshal reports, food 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. Other unannounced inspections that would represent more than once a year may be the result of a complaint investigation, health department referral or other agency concern.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

At least annually, regulation unit specialists monitor family child care homes and informal family child care homes participating in the subsidy system. The monitoring visits can be announced or unannounced. The monitoring visits are a complete walk through of the certified program to include a review of fire marshal reports, food 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. Other unannounced inspections that would represent more than once a year may be the result of a complaint investigation, health department referral or other agency concern.

[https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015 3-2 Child Care Policy Provider Regulation Final.pdf](https://dhhr.wv.gov/bcf/Childcare/Policy/Documents/2015%203-2%20Child%20Care%20Policy%20Provider%20Regulation%20Final.pdf) (2.6.2., 2.8.)

iv. 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.

v. 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)

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.

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.

The child care regulatory specialist will complete the necessary screens in FACTS, do the background checks on the provider and send a Notification of Provider Approval Status to the provider with a copy to the parent/guardian and the CCR&R. In-home care situations in which the home fails to meet health and safety standards or in which the provider cannot comply with health and safety standards or background checks, shall be denied approval. If failure to comply is after the issuance of approval, then the child care regulatory specialist shall send a denial notice using the Notification of Provider Approval Status (DAY-0618), and CCR&R staff shall send a 13-day notice terminating the Provider Services Agreement.

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.

Families approved for in-home care must recertify their need for in-home care at each twelve month redetermination. Providers must complete the regulatory process every two years.

Child Care Policy Manual 7.1.1.4

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

Regulatory specialists shall complete an unannounced visit at least annually or upon receipt of a complaint.

D. 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.

E. 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.

Child Care Policy Manual 7.1.1.1 Regulation of In-Home Child Care

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.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Regulatory specialists within the Child Care Center Licensing Unit (centers and OST programs) and Family Child Care Regulatory Unit (facilities, homes, and informal/relative homes)

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.

Not subject to licensing.

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 (or qualified inspectors designated by the Lead Agency).

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

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.

DHHR specifies a bachelor's degree as criteria for an HHR (Health & Human Resource) Specialist.

b. To certify, describe how inspectors and monitors 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.

This would be included in the shadowing component of training.

c. Provide the citation(s) for this policy or procedure.

DHHR specifies a bachelor's degree as criteria for an HHR (Health & Human Resource) Specialist.

<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.

No

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 family child care 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 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

West Virginia Code §49-2-113. Citations specific to requirements for interstate criminal history checks will be included after sunset provisions are approved by WV Legislature in 2023 session, the expiration of current 78CSR-1, 78CSR-18, 78CSR-

19, 78CSR-20, and 78-CSR-21;

All other providers eligible to deliver CCDF Services

Citation:

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

All providers, whether new or existing. Sex offender registry checks are completed at the time of application with WV CARES;

All other providers eligible to deliver CCDF Services

Citation:

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Child Care Policy: Family Child Care policy 4.2. CAN check citations: Centers 78CSR-1-8.4.d., Facilities CSR78-18-6.5.d.4., OST 78CSR-21-7.4.b.4. Homes and Informal/Relative Homes will include regulation at sunset.

All other providers eligible to deliver CCDF Services

Citation:

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

- Licensed, regulated, or registered child care providers

Citation:

West Virginia Code §49-2-113-8B. There are not additional citations and NCIC NSOR check is included with WV CARES checks at the time of application.

- All other providers eligible to deliver CCDF Services

Citation:

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

- Licensed, regulated, or registered child care providers

Citation:

All providers, whether new or existing, are required to access WV CARES

- All other providers eligible to deliver CCDF Services

Citation:

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

- 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.

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).

Licensed, regulated, or registered child care providers

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.

WV has completed a comprehensive background check guide to be posted to the consumer education website for parents, providers, and general public making inquiry related to background check information, requirements and processes. Training sessions are currently being conducted with regulatory specialists and R&R staff to learn the contents of the guide for purposes of providing accurate technical assistance to providers, parents and/or general public inquiry. The background check guide will be posted to the consumer education website prior to September 30, 2021. Regulation management staff will then conduct informational sessions to providers to present the requirements for interstate background checks and offer technical assistance with the background check guide and its contents. Regulations will be revised at the 2023 sunset to include the requirement of interstate criminal registry background checks in states where individuals have resided during the past five years. A background check guide has been developed and will be posted to the WV consumer education website, regulatory and R&R staff are currently being trained on the contents of the background check guide to provide accurate technical assistance to inquiries, informational sessions will be held by the regulation unit management team to inform providers of the requirements of the interstate background checks. In addition, communication will be sent out on the listserv informing providers of the requirement for sex offender registry checks for individuals residing in other states in the last five years. Communication will be sent out on the listserv informing providers of the requirement for sex offender registry checks for individuals residing in other states in the last five years. In addition, informational sessions will be held by the regulation unit management team to inform providers of the requirements for interstate sex offender registry background checks.

All other providers eligible to deliver CCDF Services

Citation:

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

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.

Licensed, regulated, or registered child care providers

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. WV has started the process of requiring providers to conduct criminal registry checks in any other state where an individual has resided in the last five years.

All other providers eligible to deliver CCDF Services

Citation:

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

Licensed, regulated, or registered child care providers

Citation:

Child Care Policy: Family Child Care policy 4.2 through 4.2.2.5. Communication will be sent out on the listserv informing providers of the requirement for child abuse and neglect registry checks for individuals residing in other states in the last five years. In addition, informational sessions will be held by the regulation unit management team to inform providers of the requirements for interstate child abuse and neglect registry background checks. 78-CSR-1 Centers 8.4.d.; 78-CSR-18 Family Child Care Facilities 6.5.d.4.; 78CSR-21 OST 7.4.b.4. are listed in current

regulations. 78-CSR-18 Family Child Care Facilities 6.5.d.4. Citations will be established at the 2023 sunset and added to 78CSR-19 Family Child Care Homes and 78CSR-20 Informal/Relative Homes.

All other providers eligible to deliver CCDF Services

Citation:

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. Family child care home providers must also submit background check requests for all household members over the age of 18. 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 Â§ 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 Â§ 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 CARES accesses, via the FBI, the NCIC and NSOR databases. All provider types register with WV CARES online by setting up an administrative account, participate in the training, completing a spreadsheet listing individuals/household members to be included on the account, schedule fingerprint appointments, and finalize payments.

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.

78-CSR-1 Centers must have safety plan and not be left alone with children (8.4.f.). 78-CSR-21 OST (7.4.d.) Staff may not be left alone with children. 78CSR-18 (16.1.), 78CSR-19 (6.4.a.), 78CSR-20 (6.4.a.) Facilities, Homes, and Informal/Relative providers require all staff to be eligible upon initial or renewal application.

d. Describe the procedure for providers to request background checks for staff members that resided in another state 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.

A comprehensive background guide is in process of being posted to consumer education website that contains information for obtaining the required interstate background checks.

e. Describe the procedure to ensure each staff member 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.

78-CSR-1 (8.4.d.) Centers; Family Child Care Facilities, Homes, Informal/Relative and OST programs - regulatory specialists check for current CAN checks during the renewal inspection.

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.

The regulatory specialists review staff records during unannounced monitoring visits, complaint investigations, and/or renewal application. Staff members separated from employment more than 180 days would be required to submit a current CAN background check result.

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.

WV is in the process of posting a comprehensive background check guide to the consumer education website.

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 or a family child care household member over the age of 18) 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 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

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. WV CARES accesses, via the FBI, the NCIC and NSOR databases.

All provider types register with WV CARES online by setting up an administrative account, participate in the training, completing a spreadsheet listing individuals/household members to be included on the account, schedule fingerprint appointments, and finalize payments.

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 procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

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 background check guide refers providers to the Contact List and compact state information for criminal background checks and sex offender registries. Information is provided for CAN registries through DHHR.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

WV DHHR administered by the Office of Inspector General (OIG) designated the West Virginia Clearance for Access: Registry and Employment Screening Act (WV CARES) and promulgated into law (§16-49-1) including the processes and procedures, access, timelines, determination, and penalties for participating providers. WV CARES makes all state and federal CIB eligibility determinations as designated by the OIG.

Child abuse and neglect registry background checks for family child care facilities, homes, and informal home providers are conducted by the regulatory specialist assigned to a family child care provider. The results are immediate upon the check of the registry.

WV CARES makes all state and federal CIB eligibility determinations as designated by the OIG, including within a 45 day period. CAN registry background checks for centers and OST programs are conducted through DHHR w/immediate result upon registry check once completed authorization form is received. Family child care facilities, homes, and informal/relative home providers are conducted by regulatory specialists w/immediate result upon registry check.

WV CARES makes the eligibility determination for state CIB and FBI background checks for all provider types. Through the WV CARES access, all provider type owners, operators, or designated WV CARES account holders conduct the state and national sex offender registry background checks. WV DHHR makes the eligibility determination from the child abuse and neglect registry for child care center and out-of-school time program staff. WV DHHR Bureau for Children and Families (BCF) family child care regulatory specialists make the eligibility determination for family child care facility and homes for staff, owners and operators for the child abuse and neglect background checks.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The provider is referred to the consumer website for instructions posted for obtaining background checks for employees who reside in another state. The background check guide includes information on registering with WV CARES and the back checks that are

included with this service. Information and forms for obtaining an abuse and neglect background check with the WV Department of Health and Human Resources is also included in the guide.

A comprehensive background guide is in process of being posted to consumer education website that contains information for obtaining the required interstate background checks.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "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>. Is your state or territory a Compact State?

- No
 Yes

b. 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>. Is your state or territory an NFF State?

- No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

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. Response would include reference to Section 5 of the background check guide posted to the consumer education website. WV is a compact state.

b. 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. Response would include reference to Section 5 of the background check guide posted to the consumer education website. WV is a compact state.

c. 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.

Response would include reference to Section 5 of the background check guide posted to the consumer education website.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<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.

A comprehensive background guide is in process of being posted to consumer education website that contains information for obtaining the required interstate background checks.

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

A comprehensive background guide is in process of being posted to consumer education website that contains information for obtaining the required interstate background checks.

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

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

Interstate Criminal Background Check:

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

Interstate Sex Offender Registry (SOR) Check:

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

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.

A comprehensive background guide is in process of being posted to consumer education website that contains information for obtaining the required interstate background checks.

5.5.7 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:

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.

WV CARES makes all state and federal CIB eligibility determinations as designated by the OIG. WV CARES sends an eligibility determination letter to the provider. The letter states whether or not the staff member is eligible without listing criminal history information for those not eligible.

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.

5.5.8 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.

Applicants must follow the appeal/challenge procedures designated through WV CARES. WV CARES converses directly with appellant or individual challenging information.

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.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

CAN result appeals or information/accuracy challenges must be communicated with the county court that declared the conviction.

Interstate Child Abuse and Neglect (CAN) Registry Check:

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

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. The

description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

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:

- 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:

- 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:

- 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:

- 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. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

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 in programs that serve children of all ages. This framework should be 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. Professional development for early care and education staff is considered a primary mechanism for building quality care and education. The Lead Agency's current focus in relation to training and technical assistance is to examine and redesign professional development opportunities to utilize evidence based practice as much as possible that promotes transfer of learning to early care and education settings.

Core Knowledge/Core Competency: Training specialists develop and implement provider training sessions that support the core knowledge and core competency areas of the professional development system. Content is to be determined through discussion with the WV ECTCR Training Advisory Council and the ECAC Professional Development Committee. Efforts to provide follow-up assistance in implementation through phone consultation or on-site visits also occur.

ii. Career pathways. Describe:

The career pathway is built within our WV State Training and Registry System (STARS) which is housed within West Virginia Early Childhood Training Connections and Resources. The link is provided here:

http://wvstars.org/wp-content/forms/Career_Pathway_Levels.pdf.

WV State Training and Registry System (STARS) - West Virginia's Early Childhood

Professional Development System includes core training competencies, a voluntary personnel/training registry for all early childhood providers, a training/trainer approval process, a career pathway with eight levels, and a certificate for 120 hours of approved training. Training provided by the CCR&R early childhood specialists is required to meet one of the STARS core competencies. Trainers must participate on the career pathway and meet the training approval requirements of the system. Childcare providers are also required to register on the career pathway.

iii. Advisory structure. Describe:

This is met through the WV Early Childhood Advisory Council. The members of the ECAC are also members of the WV Early Childhood Training Connections and Resources Advisory Council who oversee all of the projects of *WV Early Childhood Training Connections*: The Lead Agency participates in a collaborative effort with the Office of Maternal, Child and Family Health, WV Birth to Three, and the Head Start Collaboration Office to support the WV Early Childhood Training Connections and Resources (WVECTCR) project. This initiative uses IDEA Part B and Part C funding, Head Start Collaboration and CCDF funds to support projects that benefit all children. Training Connections is administered by River Valley Child Development Services, a non-governmental agency that is heavily involved with early childhood services.

iv. Articulation. 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.

Apprenticeship for Child Development Specialist: One of the first training initiatives to receive funding in West Virginia was the Apprenticeship for Child Development Specialist (ACDS) Program, a two-year early childhood training program comprised of classroom hours and on-the-job training that was developed by River Valley Child Development Services in collaboration with the U. S. Department of Labor. The Lead Agency is providing funds to River Valley Child Development Services to coordinate and implement the initiative. CCDF monies support costs for classes and instructors, mentors for family

child care providers, center and facility directors, the Apprenticeship Program Coordinator and a governing board that consists of representatives from local apprenticeship councils across the state. The ACDS program offers providers from a variety of early childhood programs a professional development opportunity that embodies many of the principles of effective professional development. A website is available with more information at www.wvacds.org.

Expected Results:

- To offer providers with a professional development opportunity that goes beyond short term sessions and provides more in depth and comprehensive knowledge combined with the opportunity to apply and reflect on the knowledge.

- To provide accessible opportunities for enhanced learning.

- To develop practitioners that demonstrate increased competency and job satisfaction that leads to increased parent satisfaction and higher quality of care and education for children.

vi. **Financing. Describe:**

Financing for professional development is funded primarily through CCDF, with some contributions from the Office of Maternal and Child Health and Head Start.

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:

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

- iii. Other

Describe:

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. The members of the ECAC are also members of the WV Early Childhood Training Connections and Resources Advisory Council who oversee all of the projects of *WV Early Childhood Training Connections*: The Lead Agency participates in a collaborative effort with the Office of Maternal, Child and Family Health, WV Birth to Three, and the Head Start Collaboration Office to support the WV Early Childhood Training Connections and Resources (WVECTCR) project. This initiative uses IDEA Part B and Part C funding, Head Start Collaboration and CCDF funds to support projects that benefit all children. Training Connections is administered by River Valley Child Development Services, a non-governmental agency that is heavily involved with early childhood services.

Projects located within WVECTCR and are guided by ECAC and their subcommittees:

- *The Early Childhood Website* – A website that offers information on all of the efforts funded under Training Connections. The website address is www.wvearlychildhood.org.
- *The Early Childhood Training Calendar* – A calendar of training opportunities in the state as well as national conferences available on-line at www.wvearlychildhood.org.
- *The Early Childhood Lending Library* - A state level lending library of professional development materials which are targeted to all early childhood partners. An on-line searchable database allows professionals to access materials by mail.
- *The West Virginia Early Childhood Provider Quarterly* – A professionally designed quarterly magazine with information on what’s happening in early childhood in West Virginia and written by West Virginia residents.
- *WV State Training and Registry System (STARS)*
- *The Accreditation Support System* - provides grant funds to assist providers seeking accreditation
- *Pathway to Earnings Scholarship* - which provides scholarship assistance to providers seeking higher education opportunities
- *Pathway to Earnings Bonus program* - which rewards child care providers who attain higher levels of education and training.

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 professional development teams at the Child Care Resource and Referral agencies, the State Training and Registry system, the career pathway, and establishes core competencies to assist child care providers in selecting intentional, meaningful professional development that meets their career goals and builds their strengths to provide quality child care that is developmentally appropriate and designed to provide enriching experiences for children. These resources are available to all provider types.

To support the costs of professional development and improving quality, 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/>
- Funds an Accreditation Support System designed to offset the costs of pursuing accreditation.
- Funds a Statewide Quality Improvement Lead and six regional Quality Improvement Specialists to mentor providers in achieving higher levels of quality.
- 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.

To retain providers the Lead Agency offers several financial incentives:

- The Pathway to Earnings program - which provides financial incentives for achieving higher education degrees as well as for completion of higher levels of training. <https://wvstars.org/earnings/>
- Child care providers who maintain their higher quality status receive a yearly bonus for doing so.

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 mental health intervention models for young children, 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. The Lead Agency uses the following strategies:

- *Incorporate into community provider training sessions through CCR&R* – Community-based providers attend a variety of provider training opportunities through the six regional child care resource and referral agencies. These sessions are required to support one of the Core Knowledge and Core Competencies content areas and, also relate to the linked WV ELSF.
- *Apprenticeship for Child Development Specialist* – The curriculum for the ACDS program is based on four semesters of coursework that include Physical Development, Social/Emotional Development, Cognitive Development and Learning, and Language and Literacy Development. The ACDS program aligned the WV ELSF with the

curriculum and developed integration strategies.

- *Encourage Integration in Higher Education Coursework* – Instructors and professors at several West Virginia institutions of higher learning are either using the WV ELSF in their courses. The Lead Agency promote the use of WV ELSF in additional higher education programs through the Higher Education ECAC subcommittee.

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 in the subsidy system:

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.

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. The Lead Agency also participates on the Interagency Coordinating Council to identify child care needs and recruit providers with disabilities.

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 as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

All child care staff have annual professional development requirements that can include these topics. Available professional development topics include a variety of topics thereby allowing the professional to choose the appropriate training based on their professional growth. The Lead Agency's career pathway, on which all providers are required to register, recognizes many early childhood related credentials including infant/toddler and special needs.

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 homeless children and their families (relates to question 3.2.2).

Early Care and Education has developed partnerships with Child Abuse Prevention programs, such as in-home family education, family resource centers and starting points to develop a system of support for child care providers. Providers have the opportunity to receive technical assistance and training through the collaboration with these programs. In addition, child care resource and referral agencies are charged with providing training and technical assistance to the provider community on identifying and serving homeless children

and their families. Behavioral consultants provide information, training and technical support in supporting the social-emotional health of children experiencing homelessness.

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. The child care resource and referral (CCR&R) agencies have also implemented a variety of methods to be proactive to identify and serve homeless families including participating in community events. Additionally, connections have been established with local shelters, libraries, food/clothing pantry, schools, food banks, and housing authorities to assist families in securing needed resources.

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 provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers's business practices.

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 for strengthening child

care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds 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.

- 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)(1)(i)(A)).

Describe the content and funding:

Professional development on these topics is provided by professional development staff at the CCR&R agencies and is available to all child care providers. The

CCR&R agencies are supported by CCDF Funding.

Training provided by CCR&R agencies must cover:

- health and physical development,
- social and emotional development,
- language and communication
- cognition and general knowledge, and
- individual approaches to learning

CCR&R agencies are also charged with providing training content specific to the developmental needs of infants and toddlers, preschoolers and school age children. The behavior consultants located at the CCR&R agencies provide training content specific to trauma informed care and healthy social emotional supports.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children 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 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Professional development on these topics is provided by behavior consultant staff at the CCR&R agencies. The CCR&R agencies are supported by CCDF Funding.

Behavior Consultants: Each CCR&R agency employs a behavior consultant to assist child care providers in working with children with special needs experiencing behavioral challenges or in need of social-emotional supports. The behavior consultant provides on-site consultation, observation, technical assistance and training to caregivers upon request. The objectives are to support inclusion of children in child care settings, to reduce the number of disruptions in care, and to enhance the skills of caregivers. Examples of training include:

- Developing problem solving skills in children
- Trauma informed care
- Addressing challenging behaviors
- Promoting prosocial behaviors
- Anit-bias education
- Fostering hope in children

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. 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)(1)(iv)).

Describe the content and funding:

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.

West Virginia is unique in its lack of diverse populations. Only 3/10ths of a percent of the population is non-English speaking,

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. 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 the content and funding:

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.

West Virginia is unique in its lack of diverse populations. Only 3/10ths of a percent of the population is non-English speaking,

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. 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 the content and funding:

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. CCR&R agencies are charged with linking child care providers with available community supports and providing technical assistance on linkages.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

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. CCR&R agencies are charged with providing support and training on environmental rating scales.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

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. West Virginia is significantly impacted by poverty. CCR&R agencies provide training in cultural competencies in working with families experiencing poverty.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

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.

Behavior Consultants: Each CCR&R agency employs a behavior consultant to assist child care providers in working with children with special needs through training, technical assistance, and onsite consultation.

The Lead Agency also uses Nurse Health Consultants who are available to provide training, technical assistance and onsite consultation to providers who are supporting children experiencing special health needs.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

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. At least one professional development team member at each CCR&R is charged with providing training, technical assistance and consultation on school age children.

Which type of providers are included in these training and professional

development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home

- In-home care (care in the child's own home)
- 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.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

N/A

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

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

contractors.

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

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

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.

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. The

West Virginia Pre-K Standards are grounded in scientific child development research, children's approaches to learning, and effective educational practices.

ii. Developmentally appropriate.

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.

It is critical to remember that while these standards represent an alignment with K-12 standards, the West Virginia ELSF are not a "push-down" of standards. Instead, they are a developmentally appropriate set of standards for young children. The standards recognize that even our youngest learners must first develop basic skills, understandings, and attitudes toward learning before they can be successful with more rigorous content in later grades.

iii. Culturally and linguistically appropriate.

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. West Virginia is unique in its lack of diverse populations. Only 3/10ths of a percent of the population is non-English speaking, so cultural and linguistic variations have not been an issue in implementing the ELSF. The Department of Education has printed an abbreviated version of the ELSF called "A Guide for Families" for use by parents. The language has been simplified to enable parents of various reading levels to utilize the information.

iv. Aligned with kindergarten entry.

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field. In West Virginia, school readiness refers to the process of assuring children have access to the best available resources prior to entering first grade. Available resources support children and their families and focus on maximizing children's holistic development from birth. To support school readiness efforts and assure the use of developmentally effective methods for children prior to entering first grade, the Ready,

Set, Go! West Virginia Comprehensive Framework for School Readiness is utilized in West Virginia. This comprehensive framework includes an approach that focuses on how the state and local communities, schools, and programs can offer support and resources for families and children prior to and during their transition into school. Programs serving children in Early Learning Readiness grades (WV Pre-K and Kindergarten) also provide opportunities for children to build solid foundations and positive dispositions to learning.

v. Appropriate for all children from birth to kindergarten entry.

West Virginia's Early Learning and Developmental Guidelines are developed in conjunction with the WV Department of Education. The ELDG are reviewed by a team of education and child development specialists to ensure best practice in the field.

West Virginia maintains two sets of ELSF documents:

- One for birth to age three:

http://www.wvearlychildhood.org/resources/wv_early_learning_standards_framework_infant_toddler.pdf

- One for 3 - 5:

<https://wvde.us/wp-content/uploads/2019/05/PKStandardsBookletUPDATE-Final-May-2019.pdf>

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

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.

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. Children use representation and symbolic thinking across all domains to develop an understanding of concepts and generalizations from concrete to abstract. The ability to pretend and use symbols are foundations of symbolic and abstract thought, which leads to the development of academic skills such as math, science, and literacy. The experiences that lead to a child's ability to think abstractly must be embedded in the curriculum through opportunities for active exploration, pretend play, and symbolic communication. Children should have the opportunity to invent with materials and words.

ii. Social development.

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. Children should be immersed in a supportive environment and have numerous opportunities to develop self-concept, positive social relationships, and knowledge of family and community roles. Positively navigating through these concepts is foundational in becoming lifelong learners. Appropriate attachments with adults and peers form foundations for learning in all other domains. Learning and development occur simultaneously in all areas.

iii. Emotional development.

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. Children should be immersed in a supportive environment and have numerous opportunities to develop self-concept, positive social relationships, and knowledge of family and community roles. Positively navigating through these concepts is foundational in becoming lifelong learners. Appropriate attachments with adults and peers form foundations for learning in all other domains. Learning and development occur simultaneously in all areas.

iv. Physical development.

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.

Children should be immersed in a healthy environment and have numerous opportunities to practice and use a variety of healthy habits, safety practices, and engage in physical activities.

v. [Approaches toward learning.](#)

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. Approaches to Learning refers to observable behaviors that indicate ways children become engaged in and respond to social interactions and learning experiences. Children's approaches to learning contribute to their success in school and influence their development and learning in all other domains. Children's ability to stay focused, interested, and engaged in activities supports a range of positive outcomes, including cognitive, language, and social and emotional development. It allows children to acquire new knowledge, learn new skills, and set and achieve goals for themselves. Many early learning experts view approaches to learning as one of the most important domains of early childhood development. All providers are responsible for classroom instruction that integrates content standards, and learning skills. Children will advance through a developmentally appropriate progression of standards

vi. [Describe how other optional domains are included, if any:](#)

N/A

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 2019.

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 and if available, the school-age guidelines.](#)

http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Frameworko

[rk_Infant_Toddler.pdf](#)

http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Framework_3_to_5.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. These guidelines are used to set learning objectives for professional development.

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)).

Quality funds support the professional development offerings linked to WV ELSF. Progress is measured through proof of learning tests required to obtain proof of training in the STARS

system. As this is a newly developed requirement, the Lead Agency does not currently have data to provide in this area.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF 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 CCDF Plan, the ACF 118, 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 Quality Progress Report, the ACF 218, that will include a description of activities 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 or other systems of quality improvement 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, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

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. The original plan is to perform an evaluation of each provider using the environmental rating scale for the type of provider evaluated. As a small state, this is an attainable goal to visit every provider. The project started with child care centers and out of school time, and was then to move on to the evaluation of family child care while the results of center and out of school time analysis were completed. The cycle was not planned to resume until analysis and results of the baseline for all providers was completed.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link 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

- a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.
 - i CCDF funds
 - ii. State general fundsOther funds. Describe:

- b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.
 - i CCDF funds
 - ii. State general fundsOther funds. Describe:

- c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.
 - i CCDF funds
 - ii. State general fundsOther funds. Describe:

- d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.
 - i CCDF funds
 - ii. State general fundsOther funds. Describe:

- e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.
 - i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

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 (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

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 other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- 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.
- 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.

- e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory 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.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory 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
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

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).

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:

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:

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.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 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.

- 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:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- 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:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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.

- 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 (20 U.S.C. 1431 et seq.).

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 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.

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?

CCR&R Services: The state has developed an infrastructure of Child Care Resource and Referral (CCR&R) agencies to provide resource and referral services, manage the child care certificate system (including eligibility determination and payment to providers) and

deliver a number of quality initiatives, including professional development training and technical assistance. Supports include:

- Infant Toddler Specialists
- Early Childhood Specialists
- Behavioral Consultants
- Quality Improvement Specialists
- A Traveling Resource and Information Library System Van, equipped with earlychildhood resources and a trainer
- Community outreach specialists for support to new providers and recruitment

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 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.

Performance Measures:

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

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

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

- Number of child care providers and center staff who received training on inclusion and/or positive guidance techniques
- Number of requests for behavioral consultation by provider type and Tier Level
- Number of requests fulfilled by behavior consultants and method of fulfillment (i.e. Onsite consultation, phone consultation, referral within R&R system for assistance, or referral to community program for assistance)
- Number of site visits made by behavior consultant by provider type and county.
- Number of completed Behavior Consultant Observation Tools (BCOTs) documented

at each site served

- Number of monthly BCOTs submitted for data entry
- Number of BCOTS completed, by region
- Number of conferences between the behavior consultant and parents, teachers, providers and directors
- Number of phone consultations by behavior consultant by type of care
- Number of training sessions offered by behavior consultant
- Number of site specific training sessions offered

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

- Number of low income families receiving subsidized child care during the month.
- Number of applications for subsidized child care during the month.
- Number of applications approved.
- Number of applications processed within two weeks of date of application.
- Number of cases closed for services

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

- Number of active providers by county
- Number of subsidized providers by county
- Number of new providers attending payment training
- Number of training sessions offered by county
- Number of providers attending health and safety training
- Number of providers attending other types of training by type
- Number of providers accessing TRAILS by type of provider and class of visit
- Number of providers receiving grant funds to purchase health and safety equipment or curricula through the family child care grant program

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

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

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

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

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

- Number of on-site technical assistance/follow-up visits related to a session by type of provider and Core Knowledge/ Core Competency area

- Number of providers receiving training on the Early Learning Standards Frameworks by type of provider delivery method (group training or technical assistance)

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

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

- Number of child care administrators completing WVIT II Administrators Modules by county
- Number of participants completing WVIT II Caregiver Modules, including Practicum, by county
- Number of technical assistance visits completed, receiving resources
- Number of technical assistance visits completed, no resources offered
- Number of technical assistance visits with EHS collaborative sites, List by site name and county
- Number of trainings done with or for EHS collaborative sites
- Number of series or module trainings in development stage, list title or topic

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

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

- Number of programs requesting information about Tiered Reimbursement
- Number of programs receiving information about Tiered Reimbursement without request
- Number of site visits made to discuss quality improvement by county and provider type
- Number of hours spent researching current trends in Quality Rating and Improvement Systems
- Number of providers by type and county receiving on-going consultation to increase their tier level
- Number of training sessions offered on topics related to Tiered Reimbursement
- Number of site specific trainings on Tiered Reimbursement by provider type and county
- Number of providers by type and county that have applied for a higher tier level

rating

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

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

System

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

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

CCDF quality funds provide staffing for Licensing and regulatory specialists to inspect and monitor for licensing standards.

CCDF quality funds also support a health and safety grant fund at each CCR&R agency to facilitate compliance with health and safety regulations and to support safe and healthy environments for young children.

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?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

N/A

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 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. The Lead Agency does not currently have data analysis regarding the extent to which providers are in 100% compliance with regulatory requirements.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe 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 (WVECTCR), CCR&R and WVECTCR quarterly reports, technical assistance provided by the professional development teams at the CCR&Rs, tiered reimbursement reviews and informal use of the Environment Rating Scales. The evaluation project which was paused by the pandemic was to obtain a baseline measure of the impacts of these projects in child care settings and on children. This project is expected to resume as the pandemic subsides.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 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. The evaluation project which was paused by the pandemic was to obtain a baseline measure of the impacts of these projects in child care settings and on children. This project is expected to resume as the pandemic subsides.

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. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

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. Grants to assist in the cost of completing accreditation applications are available through West Virginia Early Childhood Training Connections and Resources. Mentoring is available through the six CCR&R agencies Quality Improvement Specialists.

- 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:

- 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:

- 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 in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 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. The report measures the number of providers who are able to acheive a higher level of quality during the grant year. The pandemic has impacted meaningful measures of movement for providers.

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:

a. Infants and toddlers

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 training and technical assistance in best

practices on health and safety issues for children in group care, and consult with the Lead Agency in developing high quality program standards above and beyond basic licensing standards for all age groups.

The Infant and Toddler Statewide Network is comprised of the Infant and Toddler State Lead and twelve infant and toddler specialists provide input on program standards for the provision of high quality care for infants and toddlers.

The Quality Rating and Improvement Advisory Council works in partnership with these groups to develop and revise quality tier II standards to provide guidance to providers who wish to provide a higher standard of care for infants and toddlers.

[b. Preschoolers](#)

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 training and technical assistance in best practices on health and safety issues for children in group care, and consult with the Lead Agency in developing high quality program standards above and beyond basic licensing standards for all age groups.

The Quality Rating and Improvement Advisory Council works in partnership with this group to develop and revise quality tier II standards to provide guidance to providers who wish to provide a higher standard of care for preschoolers.

[c. and/or School-age children.](#)

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 training and technical assistance in best practices on health and safety issues for children in group care, and consult with the Lead Agency in developing high quality program standards above and beyond basic licensing standards for all age groups.

The West Virginia Statewide Afterschool Network works with the Lead Agency to share criteria on effective and high quality programs and best practices with providers and the public.

The Quality Rating and Improvement Advisory Council works in partnership with these groups to develop and revise quality tier II standards to provide guidance to providers who wish to provide a higher standard of care for school age children.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency 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.

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:

The Lead Agency provides the Traveling Resource and Information Library System (TRAILS) statewide. This program operates a mobile lending library where child care providers can borrow games, toys, equipment, and books to use in their program. The vans are staffed with an early childhood specialist and associate for additional support.

State/Territory Data is collected and reviewed through quarterly reports. In non-pandemic times, the vans are expected to be in the field visiting providers at least three times per week. However, this program has not operated during the pandemic for health and safety

reasons.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, 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 Child Care Resource & Referral (CCR&R) supervisors are charged with monitoring and reviewing the payment process so as to expedite accurate and timely payments to providers. The Child Care Provider can submit the payment request and attendance verifications to the CCR&R, either in person or by mail. Upon receipt the payment request documents are reviewed by the CCR&R staff for accuracy of basic information, such as missing signatures, complete documentation of time and attendance, and inappropriate correction attempts (whiteout or correction tape). After submission the payment request is secondly reviewed for accuracy by the CCR&R case manager, based upon the case information in the Family and Childrens Tracking System (FACTS). The case manager then enters the payment data into the FACTS system for each child. The CCR&R supervisor then reviews each payment request then approves the request for payment. The full process has three basic steps at the CCR&R level prior to being forwarded to the payment level.

- 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:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

b. Establish checks and balances to ensure program integrity

Describe:

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Supervisors are required to review the eligibility determinations of all new workers, and are required to review a sample of experienced workers' eligibility determinations on a monthly basis.

d. Other

Describe:

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 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:

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. 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. Once trained, CCR&R staff disseminate information to child care providers in their region.

ii. Issue policy manual.

Describe:

All information regarding policy and policy changes flow from the Lead Agency to the CCR&R agencies. The CCR&R agencies are then charged with providing that information to child care providers.

iii. Provide orientations.

Describe:

All child care providers attend orientation at their local CCR&R agency upon entry to the system.

iv. Provide training.

Describe:

CCR&R staff receive regular training regarding Child Care Policy and Audit processes and procedures. The CCR&R agencies are then charged with providing that training to child care providers.

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

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. Meet regularly regarding the implementation of policies.

Describe:

The Lead Agency holds child care providers meetings and forums to clarify policies and procedures.

- vii. Other.

Describe:

b. 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:

Whenever there is a change to policy, the Lead Agency creates a policy program instruction which notes the section changed, describes the policy change, and provides instruction on how to implement the change.

- ii. Train on policy change notices.

Describe:

The Lead Agency holds biannual policy training conferences for all subsidy workers, supervisors, and CCR&R directors which covers any changes in policy. The Lead Agency also performs onsite technical assistance and training at the

CCR&R offices, should quality assurance activities indicate a need.

iii. Issue policy manuals.

Describe:

The Lead Agency maintains the policy manual on its website and provides emailed copies to CCR&R agencies. The policy manual applies to the whole state.

iv. Train on policy manual.

Describe:

The Lead Agency holds biannual policy training conferences for all subsidy workers, supervisors, and CCR&R directors. The Lead Agency also performs onsite technical assistance and training at the CCR&R offices, should quality assurance activities indicate a need. CCR&R agencies are responsible for training new staff in policy.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Lead Agency conducts quality assurance activities consisting of onsite real time monitoring of policy implementation. Lead Agency staff observe intakes and review a random sample of case files to ensure that policy is implemented correctly.

vi. Meet regularly regarding the implementation of policies.

Describe:

The Lead Agency meets quarterly with CCR&R Directors to address any changes in policy and to ensure the agencies have the support needed to implement policy as intended.

vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). 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. Early Care and Education staff regularly audit and monitor CCR&R field staff processes and procedures to assess the effectiveness of training.

The Lead Agency provides training to staff annually on internal control measures, as well as annually audits access to systems. Internal systems additionally have audit trails which track access and provide reports on when users enter accounts not assigned to them.

The Division of Early Care and Education Quality Assurance Lead does CCR&R site audits to ensure workers are making eligibility decisions based on policy and procedure.

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:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The provider billing record and attendance sheets are compared to client case documents and are reviewed by the individual case manager and CCR&R site supervisors prior to entry for payment to ensure the billing is appropriate. The result of this activity is to prevent an improper payment.

- 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. If an improper payment is discovered, 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.

- 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. If an improper payment is discovered, Lead agency will seek to enter into a repayment agreement with the client allowing for regular payments to be made until the total is recovered. The Lead Agency does not have any results to provide in this area as no improper payments have been identified.

- 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. Due to the pandemic, these activities are currently completed virtually.

vii. Other

Describe the activities and the results of these activities:

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.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The provider's attendance and billing records are compared to enrollment documents by the individual case manager and CCR&R site supervisors. If an unintentional program violation is discovered this practice prevents the payment,

and clients and providers are retrained on the rules of the program.

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 to ensure that workers are not making unintentional errors.

v. Audit provider records.

Describe the activities and the results of these activities:

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:

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.

c) Check and describe all activities the Lead Agency conducts 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, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security

Administration (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- 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:

- vii. Other

Describe the activities and the results of these activities:

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.

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.

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:

Lead agency will seek to enter into a repayment agreement with the client allowing for regular payments to be made until the total is recovered. The minimum dollar amount is \$1.00. Due to the pandemic, there are no results to report this year.

- 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:

- 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. Due to the pandemic, there are no results to report this year.

- iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vi. Recover through other means.

Describe the activities and the results of these activities:

- 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:

- viii. Other

Describe the activities and the results of these activities:

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.

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. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

- ii. 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:

Lead agency will seek to enter into a repayment agreement with the client or the provider allowing for regular payments to be made until the total is recovered.

Minimum dollar amount is \$1.00

- iii. 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:

- iv. 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. Due to the pandemic, there are no results to report.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. 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:

- ix. Other

Describe the activities and the results of these activities:

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.

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. N/A. the Lead Agency does not recover misspent funds due to agency errors.

- ii. 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

- iii. 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:

- iv. 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.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. 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:

- ix. Other

Describe the activities and the results of these activities:

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.

Due to the pandemic, no client has been disqualified from the program.

- 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.

Currently, 21 providers are prohibited from participating in the subsidy program due to misrepresentation.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

d. Other.

Describe the activities and the results of these activities:

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 or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS 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 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.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 in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

Due to the impacts of Covid-19, the state will be requesting a waiver for the Estimated Cost of Care Requirement. The state receive input on rate setting from child care provider associations and the Earlier the Better Group. Rates were increased to either the 75th 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. (This response is related to 4.2.5.)

While the child care advocacy group the Earlier the Better advised the Lead Agency that a raise of \$4 per day per child would be adequate to cover the costs of providing child care in a pandemic, the Lead Agency continued with its child care need assessment to ensure that all child care voices were heard. Once this analysis is complete, the Lead Agency will have more accurate data on which to base its narrow cost analysis.

[2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.](#)

Child care providers and advocates have received the rate increase that they requested. In some age-groups and provider category types, the rate increase was above and beyond their request. Due to the influx of coronavirus relief act funds that will be available to providers, the Lead Agency does not believe children will be negatively impacted for the months in which the state will accurately analyze the impact of the pandemic on the cost of care. The waiver will improve the delivery of child care services for children by ensuring that the Lead Agency has accurate information on which to base rate analysis.

[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.](#)

Child care providers and advocates have received the rate increase that they requested. In some age-groups and provider category types, the rate increase was above and beyond their request. Due to the influx of coronavirus relief act funds that will be available to providers, the Lead Agency does not believe the health, safety, and

well-being of children will be compromised for the months in which the state will accurately analyze the impact of the pandemic on the cost of care.