



**Child Care and Development Fund (CCDF) Plan
for
State/Territory West Virginia
FFY 2016-2018**

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families' access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption

and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

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

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

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission, the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)
- Current status for any requirement in this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-cdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

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

electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. . In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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))

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

Identify the Lead Agency or joint inter-agency office designated by the State/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))

- Name of Lead Agency West Virginia Department of Health and Human Resources
- Name of Lead Agency: West Virginia Department of Health and Human Resources
- Address of Lead Agency: One Davis Square, Suite 100 East, Charleston, WV 25301
- Name and Title of the Lead Agency's Chief Executive Officer: Karen L. Bowling
- Phone Number: (304)558-0684
- Fax Number: (304) 558-1130
- E-Mail Address: dhrsecretary@wv.gov
- Web Address for Lead Agency (if any): www.dhhr.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/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 entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Janie Cole
Title of CCDF Administrator Director, Division of Early Care and Education
Address of CCDF Administrator 350 Capitol Street, Room B-18, Charleston, WV 25301
Phone Number 304-356-4601
E-Mail Address Janie.M.Cole@wv.gov

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

Name of CCDF Co-Administrator _____
Title of CCDF Co-Administrator _____
Phone Number _____
E-Mail Address _____
Description of the role of the Co-Administrator _____

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) (304)-558-1885
Web Address for CCDF program (for the public) (if any)
<http://www.dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>
Web Address for CCDF program policy manual (if any) _____
<http://www.dhhr.wv.gov/bcf/Childcare/Policy/Pages/default.aspx>
Web Address for CCDF program administrative rules (if any) _____

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
 - o Agency/Department/Entity WV DHHR, ECE
 - o Name of Lead Contact Deidre Craythorne
- Subsidy/Financial Assistance (section 3 and section 4)
 - o Agency/Department/Entity WV DHHR, ECE
 - o Name of Lead Contact Deidre Craythorne
- Licensing/Monitoring (section 5):
 - o Agency/Department/Entity WV DHHR, ECE
 - o Name of Lead Contact Lisa Ertl
- Child Care Workforce (section 6):
 - o Agency/Department/Entity WV DHHR, ECE
 - o Name of Lead Contact Deidre Craythorne
- Quality Improvement (section 7):
 - o Agency/Department/Entity WV DHHR, ECE
 - o Name of Lead Contact Deidre Craythorne
- Grantee Accountability/Program Integrity (section 8):
 - o Agency/Department/Entity WV DHHR, ECE
 - o Name of Lead Contact Deidre Craythorne

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

other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
 - Eligibility rules and policies (e.g., income limits) are set by the:
 - State/Territory
 - County. If checked, describe the type of eligibility policies the county can set _____
 - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____
 - Other. Describe _____
 - Sliding fee scale is set by the:
 - State/Territory
 - County. If checked, describe the type of sliding fee scale policies the county can set _____
 - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____
 - Other. Describe _____
 - Payment rates are set by the:
 - State/Territory
 - County. If checked, describe the type of payment rate policies the county can set _____
 - Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____
 - Other. Describe _____

- Other. List and describe (e.g., quality improvement systems, payment practices) _____

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- CCDF Lead Agency
- TANF agency. Describe. _____
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. _____
- Child care resource and referral agencies. Describe. CCR&R agencies determine applicant eligibility based on State Child Care Policy.
- Community-based organizations. Describe. _____
- Other. Describe. _____

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

- CCDF Lead Agency
- TANF agency. Describe. Both the Division of Early Care and Education and the Division of Family Assistance (TANF) sit within the WV DHHR, Bureau for Children and Families
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. _____
- Child care resource and referral agencies. Describe. In WV, there is a system of six child care resource and referral agencies that are contracted by the WV DHHR, the CCDF Lead Agency to fulfill this expectation.
- Community-based organizations. Describe. _____
- Other. Describe. _____

c) Who issues payments?

- CCDF Lead Agency

- TANF agency. Describe. _____
- Other State/Territory agency. Describe. _____
- Local government agencies such as county welfare or social services departments. Describe. _____
- Child care resource and referral agencies. Describe. _____
- Community-based organizations. Describe. _____
- Other. Describe. _____

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 three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

X [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

X [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe The Division Director Janie Cole provided an informational spot light on the CCDBG reauthorization. ECAC members were also invited to the seven statewide meetings and provided access to the online course by ECAC Listserv invitation.

- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
 - X Yes
 - No.
- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____

X [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with N/A. Check N/A if no Indian Tribes and/or Tribal organizations in the State

X State/Territory agency responsible for public education. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

X State/Territory agency/agencies 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 Section 619 for preschool). Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey. The IDEA representative is a member of the ECAC committee.

X State/Territory institutions for higher education, including community colleges. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

X State/Territory agency responsible for child care licensing. Describe Child Care licensing resides within the Division of Early Care and Education.

X State/Territory office/director for Head Start State collaboration. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey. This position is a member of ECAC.

X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- McKinney-Vento State coordinators for Homeless Education. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey. The Department of Education contact for McKinney-Vento was also directly consulted.
- State/Territory agency responsible for public health. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- State/Territory agency responsible for mental health. Describe _____
- State/Territory agency responsible for child welfare. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- State/Territory liaison for military child care programs. Describe _____
- State/Territory agency responsible for employment services/workforce development. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at

seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.

- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- State/community agencies serving refugee or immigrant families. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- Child care resource and referral agencies. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- Provider groups or associations. Describe The Division of Early Care and Education provided an online collaborative course to all State agencies and community members, as well as in person meetings at seven locations across the state. Participants were able to give input to the state plan via SurveyMonkey.
- Labor organizations. Describe _____
- Parent groups or organizations. Describe _____
- Other. Describe _____

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

- a) Date(s) of notice of public hearing January 22, 2016 Reminder - Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. <http://www.dhhr.wv.gov/bcf/Childcare/Pages/View-the-Child-Care-and-Development-Fund-State-Plan.aspx>
- c) Date(s) of public hearing(s) February 10, 2016 Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed _____

- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) On the Lead Agency website and Listservs. Also shared through the ECAC , WV Department of Education and child abuse prevention Listservs.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? The lead agency will review comments and include public recommendations for plan activities for feasibility of implementation.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- X Working with advisory committees. Describe Results from the plan amendments will be shared at the Early Childhood Advisory Council and Listserv.
- X Working with child care resource and referral agencies. Describe The CCR&R websites will have a link available to the DHHR child care website.
- Providing translation in other languages. Describe _____

X Making available on the Lead Agency website. List the website <http://www.dhhr.wv.gov/bcf/Childcare/Pages/default.aspx>
- X Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe The link to the plan was posted on the WV DHHR agency's Facebook page.
- X Providing notification to stakeholders (e.g., provider groups, parent groups). Describe We will be notifying stakeholders through various Listservs.
- Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes

entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- X[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe The Division of Early Care and Education participates in a state level early childhood advisory council. The WV Department of Education, Office of Early Learning sits at the Advisory Council table and is a part of all collaborative efforts.
- [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with _____
 - XCheck N/A if no Indian Tribes and/or Tribal organizations or programs in the State.
- X[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe 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.
- X[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe The Division of Early Care and Education in conjunction with the WV Department of Education Office of Federal Programs reviewed and discussed the State Plan expectations for planning and implementation.
- X[REQUIRED] Early childhood programs serving children in foster care. Describe The Division of Early Care and Education houses the WV Child Abuse Prevention coordinator. Efforts to deliver early childhood programming and training to family support centers and In Home Family Education Programs are in place. Because of this collaboration, efforts have led to increased funding for strengthening families as well as increased training on Mandatory Reporting.
- X State/Territory agency responsible for child care licensing. Describe Coordination occurs within the Early Childhood Advisory Council membership.
- X State/Territory agency with Head Start State collaboration grant. Describe Coordination occurs within the Early Childhood Advisory Council membership.
- XState Advisory Council authorized by the Head Start Act. Describe WV Division of Early Care and Education is a member of the Advisory Council and is a part of all collaborative efforts.
- State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe _____
- X McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe The Division of Early Care and Education in conjunction with the WV Department of Education Office of Federal Programs reviewed and discussed the State Plan expectations for planning and implementation.

- XChild care resource and referral agencies. Describe _____
- State/Territory agency responsible for public education. Describe _____
- State/Territory institutions for higher education, including community colleges. Describe _____
- State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _____
- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe _____
- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- State/Territory agency responsible for public health. Describe _____
- State/Territory agency responsible for mental health. Describe _____
- State/Territory agency responsible for child welfare. Describe _____
- State/Territory liaison for military child care programs. Describe _____
- State/Territory agency responsible for employment services/workforce development. Describe _____
- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe _____
- State/Territory community agencies serving refugee or immigrant families. Describe _____
- Provider groups or associations. Describe _____
- Labor organizations. Describe _____
- Parent groups or organizations. Describe _____
- Other. Describe _____

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs 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, homeless children, 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 in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) 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 the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

- Yes. If yes, describe at a minimum:
- How do you define “combine” _____
 - Which funds will you combine _____
 - Goal(s) of combining funds (why?) and expected outcomes, 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 _____
 - Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) _____
 - How are the funds tracked and method of oversight _____

X No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (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 reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. The state does not at this time participate in any public-private partnerships.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) 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 (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds.

(658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

X Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. The Lead Agency retains overall responsibility for administering all Child Care and Development Fund monies, including the development of state Child Care policy and procedures, promulgation of regulatory requirements for providers, oversight of all funds by grantees, and assuring that grantees operate according to CCDF rules. The Lead Agency also provides direction for all activities that improve the quality of care. Policy is developed on a state level and is the same statewide with no local variations with regard to priorities for children, eligibility criteria, sliding fee scales, payment rates or procedures. Regulatory requirements must be promulgated through the state Legislature so regulations apply statewide. The Department does, however, enter into grant agreements with other private agencies to implement many of its services, programs and activities.

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 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.

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 childcare expenditure is budgeted and spent in a specified accounting code (org), which allows expenditures to be segregated by activity type. This segregation includes capturing expenditures related to the various required earmarks. The codes also allow the transfer of the expenditures to the federal report form.

Detailed monthly expenditure reports are prepared that compare current spending levels to the budgeted amounts. These reports are thoroughly reviewed and any discrepancies are researched and any necessary adjustments are made.

Expenditures originate from several different sources, including activities that are directly charged to the separate child care fund such as payments made to child care providers. Child Care Resource and Referral (CCR&R) agencies are responsible for determining eligibility and processing payments to child care providers. These payments are processed in the Statewide Automated Child Welfare Information System (SACWIS). In West Virginia the system is known as the Family & Children's Tracking System (FACTS). The FACTS system allows the flexibility for various types of expenditures to post to specific accounting codes (orgs).

A cost allocation plan is used for administrative expenditures that are shared amongst various funding sources. The CCR&R agencies and Bureau workers complete a time study in order to allocate these costs. The time study is used to determine activities they perform that are not eligible to be paid with federal CCDF funding, as well as activities that qualify for any of the required earmarks.

All accounting information is posted to the statewide Financial Information Management System (FIMS). From there, the Department's finance unit pulls the expenditures to complete the federal reporting forms.

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

- Fully implemented and meeting all Federal requirements outlined above. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan _____
- XNot implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) currently there is no Lead Agency plan in place. The CCR&R agencies have developed their own emergency preparedness plans for their own programs, which include plans for delivery of services in an emergency.
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented requirements implemented are child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions and child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.
 - Unmet requirement - Identify the requirement(s) not fully implemented Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity The Lead Agency has already begun conversations about how to continue payment for CCDF assistance. There is a conversation with the State Auditor’s Office in an effort to continue supporting payment of all services provided statewide
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity WVDHHR Office of Emergency Preparedness, and Division of Early Care and Education.

- Partners – Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Same as above.

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.

2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.
(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) Child Care Resource and Referral agencies are responsible for surveying their regions and identifying needs.
- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. Child Care Resource and Referral Agencies
- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?)
<http://www.dhhr.wv.gov/bcf/Childcare/Pages/Child-Care-Resource-and-Referral.aspx>

Parents are informed of the availability of child care services through family support staff at local DHHR offices, child care staff at CCR&R agencies, providers who accept subsidy payments, the state's website, and other consumer education efforts. CCR&R agencies have placed posters in DHHR offices' waiting areas to notify parents of eligibility for services and have used various advertising campaigns including billboards, radio, and newspaper articles to spread the word. The CCR&R agencies have also set up application sites at college campuses and local businesses and have attended community fairs and even parent teacher organization meetings to provide information on child care services. Each CCR&R has a website that is connected to the state Child Care website that includes information on how to apply for child care and the options of types of child care. The CCR&R agencies also use their Traveling Resource and Information Library System

(TRAILS) vans to advertise the program. The vans set up at fairs, festivals and conferences across the state to offer information about available services.

2.1.2 How can parents apply for services? Check all that apply.

- X Electronically via online application, mobile app or email. Provide link _____
- X In-person interview or orientation. Describe agencies where these may occur This occurs at the Child Care Resource and Referral Agency.
- Phone
- Mail
- At the child care site
- X At a child care resource and referral agency
- Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____
- Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe _____
- Other strategies. Describe _____

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,

- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.
- X Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.8 below.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public

Parents are informed of the availability of child care services through family support staff at local DHHR offices, child care staff at CCR&R agencies, providers who accept subsidy payments, the state's website, and other consumer education efforts. CCR&R agencies have placed posters in DHHR offices' waiting areas to notify parents of eligibility for services and have used various advertising campaigns including billboards, radio, and newspaper articles to spread the word. 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.

During the application process, parents are informed of the range of child care providers, including faith based, that are available through the certificate program and are referred to available providers in their area, if they have not already selected a provider. The Families and Children Tracking System (FACTS) enables a search of the provider database by county or zip code. Once that search is completed, a list of provider characteristics can be generated to provide a more detailed referral. The state's web page also has a listing of child care centers that can be sorted by county.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Information about child care providers is provided through written lists, verbally, and through the WV DHHR website.
- c) Describe who you partner with to make information about the full diversity of child care choices available Local Child Care Resource and Referral Agencies.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public Information is available through CCR&R agencies and the WV DHHR website.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Information about child care provider quality is provided through written lists, verbally, and through the WV DHHR website.
- c) Describe who you partner with to make information about child care quality available Local Child Care Resource and Referral Agencies. During the application process, parents are informed of the range of child care providers, including faith based, that are available through the certificate program and are referred to available providers in their area, if they have not already selected a provider. The Families and Children Tracking System (FACTS) enables a search of the provider database by county or zip code. Once that search is completed, a list of provider characteristics can be generated to provide a more detailed referral. Information on the importance of recognizing and choosing quality child care is disseminated through consultations with case workers, brochures, and websites.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF)

Child Care Resource and Referral case workers assist families by educating them on the importance of continuity of care and by referring them to other programs for which they are eligible. Child Care Resource and Referral agencies are required to maintain a listing of all programs and agencies in their areas that provide assistance of any kind to the community. Families are referred to all of the services listed in this section in addition to WV Birth to Three.

- b) Head Start and Early Head Start Programs [REDACTED]
- c) Low Income Home Energy Assistance Program (LIHEAP) [REDACTED]
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) [REDACTED]
- e) Women, Infants, and Children Program (WIC) [REDACTED]
- f) Child and Adult Care Food Program(CACFP) [REDACTED]
- g) Medicaid [REDACTED]
- h) Children's Health Insurance Program (CHIP) [REDACTED]
- i) Individuals with Disabilities Education Act (IDEA) [REDACTED]
- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) [REDACTED]
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) [REDACTED]

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF) Child Care Resource and Referral agencies will provide information regarding local resources to child care providers through list serves and newsletters. – this is the same answer for all letters here.
- b) Head Start and Early Head Start Programs [REDACTED]
- c) Low Income Home Energy Assistance Program (LIHEAP) [REDACTED]

- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) [REDACTED]
- e) Women, Infants, and Children Program (WIC) [REDACTED]
- f) Child and Adult Care Food Program(CACFP) [REDACTED]
- g) Medicaid [REDACTED]
- h) Children's Health Insurance Program (CHIP) [REDACTED]
- i) Individuals with Disabilities Education Act (IDEA) [REDACTED]
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K) [REDACTED]
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) [REDACTED]

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public Will make this information available to interested parties through the WV DHHR website, Child Care Resource and Referral Agencies and www.EarlyCareSharewv.org.
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Using the Early Care Share WV site, information is shared on all developmental domains through parent handouts, classroom tips for teachers, training opportunities, developmentally appropriate articles, meaningful parent and family engagement ideas, health and safety fact sheets and emergency planning. Through the Child Care Resource and Referral agencies this information is shared in office during the application, while receiving child care referrals as well as the agency's website.
- c) Describe who you partner with to make information about research and best practices in child development available National Association for the Education of Young Children, National Institute for Early Education Research, The Center on the Developing Child at Harvard, Centers for Disease Control, US Department of Health and Human Services, US Department of Agriculture, Vanderbilt University Center of the Social and Emotional Foundations for Early Learning, Harvard Family Research Project, Sesame Workshop, American Academy of Family Physicians, American Academy of Pediatrics, Reading Rockets, Kid's Health, PBS Parents, Louisiana State University, Child Care Aware, Let's Move Campaign, National Resource Center for Health and Safety, National Early Childhood Technical Assistance Center, Program for Infant Toddler Care and Early Educator Central.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe what you provide (e.g., early childhood mental health consultation services to child care programs) and how (i.e., methods such as written materials, direct communication, etc.) for each group:
 - i. Parents 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, and direct referral. Parents receive consultation information and services from provider referrals as well.
 - ii. Providers Behavioral Consultation is available to providers via request or referral. Consultation may be programmatic 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 service by visiting center 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.
 - iii. General public Information regarding behavioral consultation services is available to the general public on state resource and referral websites and brochures.
- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available Partners from the Department of Education, Head Start, Birth to Three, Home Visitation and others, participate in the Advisory Council to disseminate information and training on positive behavior intervention and supports to their respective clientele and the early childhood community at large.
- c) Does the State have a written policy regarding preventing expulsion of:
 - Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

- Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____
- XNo.
- School-age children from programs receiving child care assistance?
 - Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____
 - XNo.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

- Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency policy citation(s) and: _____
 - a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened _____
 - b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays _____
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or

tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Current Status – Describe the State/Territory’s status toward completion implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Partially implemented
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented Child Care providers receiving CCDF may utilize the resources and services to obtain developmental screenings. At this time, each child care resource and referral agency provides a resource directory of available services to parents, which includes programs such as WV Birth to Three and Help Me Grow. The professional development teams within the CCR&R have had ASQ and ASQ-SE training and provide those supports in the community.
 - Unmet requirement - Identify the requirement(s) not fully implemented Procedures regarding timelines when infants, toddlers and preschoolers should be screened.
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) The Lead Agency needs to develop linkages and policy to ensure this requirement is being met.
 - Projected start date for each activity 3/1/2016
 - Projected end date for each activity 9/1/2016
 - Agency – Who is responsible for complete implementation of this activity Lead Agency
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity Help Me Grow and WV Birth to Three

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint A substantiated complaint is one that results in negative action against a provider or a corrective action.
- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) _____

Local DHHR child care regulatory specialists and state licensing staff enter information in the state’s management information system (FACTS) on all substantiated parental complaints on family child care providers, family child care facility providers, legally exempt school-age child care programs and child care centers.

When a complaint is substantiated, the provider is informed that a substantiated complaint becomes part of the public record that is made available to parents upon request. Written notification of the complaint is mailed to the provider and may include a corrective action plan, a change in status, limitations on services, etc.

- c) How does the State/Territory make substantiated parental complaints available to the public on request _____

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

- d) Describe how the State/Territory defines and maintains complaints from others about providers _____ The process for complaints from persons other than parents is the same.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other _____
- None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages _____

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 uses a language phone service to ensure that these populations are adequately served. Because of the lack of demand, West Virginia has not conducted any statewide activities aimed at families with limited English proficiency.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

Fully implemented and meeting all Federal requirements outlined above. Provide the link to the website [REDACTED] and describe how the consumer education website meets the requirements to:

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [REDACTED]
- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers [REDACTED]
- c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers [REDACTED]
- d) Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings [REDACTED]
- e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain

language, providing frequently asked questions, is accessible in multiple languages upon request, differentiating between violations based on risk to children, and easy to locate and navigate _____

- ✓ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) _____ WV anticipates full compliance with this requirement by September 30, 2016
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) None at this time.
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented None at this time.
 - Unmet Requirement(s) – Identify the requirement(s) that is not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____,
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school

obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 0 (weeks/months/years) to 12 years (through age 12).

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))

Yes, and the upper age is _____ (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity – 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.

No.

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))

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

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

- a) residing with – _____ to live with permanently or for an extended period.
- b) in loco parentis – _____ an individual, related or non-related, who has been granted custody or guardianship by a court of law or who has assumed full physical custody and responsibility for a child, with or without legal custody.

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working _____ A working individual is one who receives a non-subsidized wage or salary from an employer. Self-employment is not a qualifying work activity. Employed individuals must work at least 20 hours per week. All working individuals must make at least state minimum wage.
- attending job training _____ 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 accompanied by satisfactory progress as verified by at least a 2.0 grade average when grades are available.
- attending education _____ Educational programs includes 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.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No. If no, describe additional requirements Recipients must be working at least 20 hours or enrolled full time in job training or educational activities, or a mix of both part time work and part time job training/educational activities _____

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

X Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) 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.

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income – _____ 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. Complete columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here . Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	\$2,930	\$2,490	\$1,471	50.2%	\$1,815	61.9%
2	\$3,831	\$3,257	\$1,991	52.0%	\$2,456	64.1%
3	\$4,733	\$4,023	\$2,511	53.1%	\$3,097	65.4%
4	\$5,634	\$4,789	\$3,031	53.8%	\$3,739	66.4%
5	\$6,536	\$5,556	\$3,551	54.3%	\$4,380	67.0%

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at <http://aspe.hhs.gov/poverty/index.cfm> .

c) SMI Source and year [Federal Register 6/10/15](#)

d) These eligibility limits in column (c) became or will become effective on [9/1/2016](#)

e) Provide the link to the income eligibility limits

<http://www.dhhr.wv.gov/bcf/Childcare/Pages/View-the-Child-Care-and-Development-Fund-State-Plan.aspx>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out Parents can remain on the system until they exceed 185% of 2015 FPL during their eligibility period.
- Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions

only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory’s (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory’s policy related to the fluctuation in earnings requirement.

- X Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement _____

Irregular Income. The CCR&R worker shall convert irregular income, or income amounts that vary from pay day to pay day, to monthly amounts by:

- A. 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 of time shorter than one year shall have that income averaged over a 12-month period. 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

 - B. 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 worker 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 worker will take this into consideration to estimate the income the applicant/recipient can reasonably expect to receive in the future. OR

 - C. Totaling income that varies seasonally throughout a year, and then dividing by 12 to obtain an expected average monthly income. The worker should take into consideration any change in the rate of payment that has taken place when calculating the average. _____ OR

 - D. In situations where an applicant or member of the family has recently experienced a temporary disruption of income due to a strike, job loss, cut back in number of hours to be worked or other factors, the R&R worker shall consider as income that amount that the client can reasonably anticipate to receive during the next month. Monthly reporting by the client of income received should be requested until the temporary disruption ended.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____

- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

- Applicant identity. Describe _____ verified by photo ID
- Applicant’s relationship to the child. Describe _____ self-report
- Child’s information for determining eligibility (e.g., identity, age, etc.). Describe _____ birth certificate
- Work. Describe _____ pay stubs
- Job training or Educational program. Describe _____ enrollment information and schedule
- Family income. Describe _____ documentation of all income
- Household composition. Describe _____ self-report
- Applicant residence. Describe _____ proof of address
- Other. Describe _____

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- Time limit for making eligibility determinations. Describe length of time CCR&R agencies have 13 days to take action on an application from date of initial contact.
- Track and monitor the eligibility determination process
- Other. Describe _____
- None

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

Per CCDF regulations, 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 under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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:

State/Territory TANF Agency WV DHHR

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

- "appropriate child care" _____ Child care is available during work or activity placement hours. Regulated or certified child care is suitable for special needs children.
- "reasonable distance" _____ Travel to access child care is not in excess of 60 minutes per day.
- "unsuitability of informal child care" _____ Determination is made on a case-by-case basis. The Family Support Specialist has discretion to determine unsuitability. (see all other items)

- "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 individual penalties associated with the TANF work requirements?

- In writing
- Verbally
- Other. Describe _____
- List the citation to this TANF policy WV Works policy 13.9 and 15.7

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

- X Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- a. Provide definition of "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. and describe how services are prioritized All families who apply and are income and qualifying activity eligible are accepted.
- b. Provide definition of "Families with very low incomes" families earning less than 40% of 2015 FPL and describe how services are prioritized All families who apply and are income and qualifying activity eligible are accepted.
- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at

risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) All families who apply and are income and qualifying activity eligible are accepted

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

- Fully implemented and meeting all Federal requirements outlined above. Describe the following:
 - a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements These families will be granted a grace period to comply with immunization requirements.
 - b. Procedures to conduct outreach to homeless families to improve access to child care services CCR&R agencies will conduct outreach to local agencies serving the homeless population in their regions.
 - c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by

the Lead Agency to improve access to child care services 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 that 90 day period to submit a waiver to current regulation. The waiver will include documentation of an immunization plan for the foster child.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) 9/1/16
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented To date, there are no exemptions to the immunization requirement. However, a waiver process is in place for which child care programs are familiar.
 - Unmet requirement - Identify the requirement(s) not fully implemented The Supplement Guide will be updated to reflect the exception of foster children not needing to be immunized prior to enrollment and the requirement of a waiver for child care programs to be considered compliant with the immunization requirements. In addition, notice of the exception will be provided to programs.
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Child care programs will be notified via the listserv, memorandum and face-to-face meetings and of the 90 day waiver process for the immunization of foster children.
 - Projected start date for each activity Face-to-face meetings: throughout April and May 2016; Listserv follow-up: June 2016; Memorandum follow-up: June 2016.
 - Projected end date for each activity June 30, 2016
 - Agency – Who is responsible for complete implementation of this activity WVDHHR Division of Early Care and Education Child Care Regulation Unit
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity Bureau for Public Health Immunization Division.

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State’s income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory’s establishment of 12-month eligibility and redetermination periods for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination _____
- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____

February 1 – October 30, 2016	<ul style="list-style-type: none"> • Revise Child Care Subsidy Policy (12 months) <ul style="list-style-type: none"> ○ Client reporting requirements vetted with the unit • Decide on payment procedures for 12 month certificates <ul style="list-style-type: none"> ○ Attendance vs. slot payment ○ Sign in/out sheets – monthly? ○ Payment structure ○ Form revisions ○ Fee collection ○ Non-traditional • Two Providers – yes or no <ul style="list-style-type: none"> ○ Policy and payment. What would need to be in place?
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	<ul style="list-style-type: none"> • Work with FACTS to pull list of ineligible families (end of month) • *Develop notice to families and providers <ul style="list-style-type: none"> ○ Creation and approval ○ CCR&Rs will mail out • Develop Status Check Alerts regarding Application Freeze (to begin the next month) • Insert for reviews by CCR&Rs
November 1-30, 2016	<ul style="list-style-type: none"> ▪ Obtain requisite approvals (*)
December 4 – December 31, 2016	<ul style="list-style-type: none"> • Train Child Care R&R staff on new child care policy and procedures for terminating assistance to families <ul style="list-style-type: none"> ○ Plan supervisors, directors and case management staff training event. • Division of Early Care and Education staff will work with FACTS staff to change from 6 month to 12 month authorization. <ul style="list-style-type: none"> ○ Will require multiple meetings • Informational meetings with DHHR Foster Care, TANF, and CPS staff <ul style="list-style-type: none"> ○ Via Blackboard/collaborate • Application freeze goes into effect. TANF, Foster Care, and CPS families exempt from freeze • CCR&R staff will mail initial notices to affected families and child care providers ▪ Ineligible families’ end date will be determined
FACTS Testing – March 1 – May 31, 2016	<ul style="list-style-type: none"> • Testing to remove eligibility categories for opening cases • 12 month certificates • FPL Change
June 1 – July 31 2017	<ul style="list-style-type: none"> • All remaining providers must attend billing training on new procedures <ul style="list-style-type: none"> ○ Face to Face option at CCR&Rs ○ Blackboard option ○ Notice from the State office to providers about training • New Provider Service Agreement • Testing for new FPL cut off • All closure notices (13 day) for terminating families must be mailed – • Pull list of ineligible families and craft closure letter
August 1-15, 2017	<ul style="list-style-type: none"> • CCR&R staff will mail 12 month certificates to eligible families, with a start date of October 1, 2017. If FACTS changes are not completed by this time, these changes will have to be done manually.

- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

- X Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-

temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs West Virginia is not implementing the 12 month eligibility until 2017.

- No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

- Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment Clients are only required to make an in-person visit upon initial application. Renewals and changes can be completed through email and mail.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____

- Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here . Describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

Family Size	(a) Minimum "Entry" Income Level	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Maximum "Entry" Income Level	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	\$1,471	\$138	9.4%			
2	\$1,991	\$184	9.2%			
3	\$2,511	\$115	4.6%			
4	\$3,031	\$92	3.0%			
5	\$3,551	\$109.25	3.1%			

- a) What is the effective date of the sliding fee scale(s)? 9/1/2016
- b) Provide the link to the sliding fee scale <http://www.dhhr.wv.gov/bcf/Childcare/Pages/View-the-Child-Care-and-Development-Fund-State-Plan.aspx>

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

- Fee is a dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family
 - No additional fee charged after certain number of children
 - Fee is per family
- Fee is a percent of income and
 - Fee is per child with the same percentage applied for each child
 - Fee is per child and discounted percentage applied for two or more children
 - Fee is per child up to a maximum per family
 - No additional percentage applied charged after certain number of children
 - Fee is per family
 - Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____
 - Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- Yes, and describe those additional factors using the checkboxes below.
 - Number of hours the child is in care
 - Lower copayments for higher quality of care as defined by the State/Territory
 - Other. Describe other factors _____
- No.

3.4.4 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 (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

- Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$ 670.
- No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

- Limits the maximum co-payment per family. Describe _____
- Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe The combined amount of copayment for all children is limited to approximately 9% of monthly gross income.
- Minimizes 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 3.1.5. Describe _____
- Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe West Virginia does not allow providers to charge the difference between the subsidy rate and the provider’s rate.
- Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe _____
- Other. Describe _____

4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory’s payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in

underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) _____ The agency does not have a process for offering grants at this time.

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

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- X Consumer education materials on choosing child care
- X Referral to child care resource and referral agencies
- X Co-located resource and referral in eligibility offices
- X Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- X Other. Describe Information on the WV DHHR website

4.1.3 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 in order to be paid in the certificate program.

- Yes. If yes, describe:
 - the type(s) of child care services available through grants or contracts _____
 - the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____

- the process for accessing grants or contracts _____
- the range of providers available through grants or contracts _____
- how rates for contracted slots are set through grants and contracts _____
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality _____
- if contracts are offered statewide and/or locally _____

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas

Urban

Rural

Other. Describe _____

Improve the quality of child care programs with grants or contracts for:

- Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
- Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
- Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
- Programs to serve children with disabilities or special needs
- Programs to serve infants and toddlers
- Programs to serve school-age children

- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access _____ 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. Will the Lead Agency limit the use of in-home care in any way?

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

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. 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 in 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.

Restricted based on provider meeting a minimum age requirement. Describe In home child care providers must be at least 18 years of age.

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _____

Restricted to care by relatives. Describe _____

Restricted to care for children with special needs or medical condition. Describe _____

Restricted to in-home providers that meet some basic health and safety requirements. 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.

Other. Describe _____

No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State 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 Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- X MRS
- Alternative Methodology. Describe _____
- Both. Describe _____
- Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology. _____ The state surveys 100% of its child care providers and did not seek input on changing the process.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. _____ 100% of providers are surveyed.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

- a) Geographic area (e.g., statewide or local markets) _____
- b) Type of provider yes
- c) Age of child _____ yes
- d) Describe any other key variations examined by the market rate survey, such as quality level _____

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) 10/8/2015
- b) Date report containing results was made widely available, no later than 30 days after the completion of the report _____ The report was not made available. The report is available as an attachment to the State Plan.

- c) How the report containing results was made widely available and provide the link where the report is posted if available _____. The report was not made available. The report is available as an attachment to the State Plan.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates_____.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
- Rate \$32 per day _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
- Rate \$25 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
- Rate \$30 per day _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
- Rate \$22 per day _____ per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
- Rate \$28 per day _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
- Rate \$22 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
- Rate \$25 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th

- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
 - Rate \$20 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 75th
- i) Describe the calculation/definition of full-time care at least four hours per day
- j) Provide the effective date of the payment rates 9/1/2016
- k) Provide the link to the payment rates
<http://www.dhhr.wv.gov/bcf/Childcare/Pages/View-the-Child-Care-and-Development-Fund-State-Plan.aspx>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., 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).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- X Tiered rate/rate add-on for non-traditional hours. Describe Children attending during non-traditional hours and days receive an additional \$4 per qualifying day.
- X Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe Special needs children receive an additional \$2 per day.
- Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____
- X Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe Tier II programs receive an additional \$2 per day per child and Tier III programs receive an additional \$4 per day per child.
- Tiered rate/rate add-on for programs serving homeless children. Describe _____
- Other tiered rate/rate add-on beyond the base rate. Describe _____
- None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology Effective 9/1/2016 all rates will be increased to the 75th percentile of the 10/2015 market rate survey.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. _____ The state elected to maintain its current rate enhancements for providers achieving higher quality standards. The increased base pay from the 35th percentile to the 75th percentile is expected to assist more providers in achieving higher standards.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- X Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____
- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe _____
- Data on where children are being served showing access to the full range of providers. Describe _____
- Feedback from parents, including parent survey or parent complaints. Describe _____
- Other. Describe _____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- X Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access Rates will increase to the 75th percentile of the market rate survey effective 9/1/2016.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- X Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. The Lead Agency ...

- Pays prospectively prior to the delivery of services. Describe _____
- X Pays within no more than 21 days of billing for services. Describe _____ CCR&R agencies process payment invoices within five days of receipt.
- X Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional

absences _____ Children who attend at least 13 days per month are reimbursed at the full monthly rate.

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____
- X Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe _____ Children who attend at least 13 days per month are reimbursed at the full monthly rate.
- Pays on a full-time or part-time basis (rather than smaller increments such as hourly) _____
- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) _____
- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment _____
- Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe _____
- Other. Describe _____

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- X Policy on length of time for making payments. Describe length of time _____ Provider invoices must be entered in to the system within 5 days of receipt.
- Track and monitor the payment process _____
- X Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe _____ WV allows providers to select electronic direct deposit.
- Other. Describe _____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- Yes. Describe data sources _____
- X No. If no, how does the State/Territory determine most critical supply needs? _____ The State relies upon regional needs assessments conducted by local CCR&R agencies.

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers

- X Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- X Technical assistance support
- Recruitment of providers
- X Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

b) Children with disabilities

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- X Technical assistance support
- Recruitment of providers
- X Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

c) Children who receive care during non-traditional hours

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- X Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

d) Homeless children

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- X Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- X Fully implemented and meeting all Federal requirements outlined above. Describe If a family applies for child care assistance in WV, and they meet the eligibility requirements they are free to choose any type of child care provider for their children. We do not give priority. All families are served.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care.

- **Child Care Center** - facility maintained by the state or any county or municipality thereof, or any agency or facility operated by an individual, firm, corporation, association or organization, public or private, for the care of thirteen (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** - A program that offers activities to school children before and/or after school, 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
- **Family Child Care Facility** - Any facility which is used to provide nonresidential child care for compensation for seven (7) to twelve (12) children for four (4) or more hours per day, including children who are living in the household who are under six years of age. No more than four (4) of the total number of children may be under 24 months of age.
- **Family Child Care Home** - A facility which is used to provide nonresidential child care for compensation in the provider's home. The provider may care for four to six children, including children who are living in the household, who are under six years of age. No more than two of the total number of children may be under twenty-four months of age.
- **Informal and Relative Family Child Care Home** - provides care for three (3) or fewer children. At least one (1) child is not related to the provider. Informal child care providers are exempt from regulatory requirements, but may volunteer to register in order to receive federal child care or food program funding.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers _____
- No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or

tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
 - State/Territory age definition A child between the age of six (6) weeks and the age of ambulation and walking, usually through twelve (12) months.
 - Ratio 4/1
 - Group size 8
2. Toddler
 - State/Territory age definition A child between ambulation/walking to twenty-four (24) months of age.
 - Ratio 4/1
 - Group size 12
3. Preschool
 - State/Territory age definition A child between the ages of 2 through 4 years of age.
 - Ratio 2 years (25-35 months) 8/1; 3 years (36-47 months) 10/1; 4 years (48-59 months) 12/1.
 - Group size 2 years (25-35 months) 16; 3 years (36-47 months) 20/1; 4 years (48-59 months) 24.
4. School-Age
 - State/Territory age definition Children, between five (5) and thirteen (13) years of age, eligible to attend school or is enrolled in grades K-12 . These programs include summer recreation camps, day camps and out-of-school time programs.

- Ratio 16/1
 - Group size 32
5. If any of the responses above are different for exempt child care centers, describe n/a
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups In certain instances, certain age groups can be combined. For example, children 24 months through school age can be combined for short periods (not to exceed 30 minutes) at the beginning and the end of the day. The ratio and group size for the youngest child in the mixed age group must be maintained.

b) Licensed Group Child Care Homes:

1. Infant
 - State/Territory age definition Children under the age of 12 months.
 - Ratio no more than 4 under the age of 24 months
 - Group size 7 to 12 children
2. Toddler
 - State/Territory age definition Children between the age of 12 and 24 months.
 - Ratio No more than 4 under the age of 24 months.
 - Group size 7 to 12 children
3. Preschool
 - State/Territory age definition children between the age of 2 and 4 years of age.
 - Ratio No more than 12 children
 - Group size 7 to 12 children
4. School-Age
 - State/Territory age definition Children 5 to 13 years of age.
 - Ratio no more than 12 children
 - Group size no more than 12 children
5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day Not more than 12 children total, including children residing in the home under the age of 6 years. No more than 4 children under the age of 24 months.
6. If any of the responses above are different for exempt group child care homes, describe
 N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios 4 to 6 children with one caregiver, group size 4 to 6 children, the threshold for when licensing is required 4 children, maximum number of children that are allowed in the home at any one time 6 children, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size Any child(ren) residing in the home under 6 years of age, or the limits on infants and toddlers or

additional school-age children that are allowed for part of the day Two (2) children under the age of 24 months.

2. If any of the responses above are different for exempt family child care home providers, describe

d) Any other eligible CCDF provider categories:

Describe the ratios , group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires related children to be included in the child-to-provider ratio or group size , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher must be at least twenty-one (21) years of age and have a minimum of one (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 or 28 college credits with at least 9 credit hours in early childhood development. In addition, for staff caring for children 24 months 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. and assistant teacher qualifications must be at least eighteen (18) years of age and have a minimum of one (1) year of relevant work experience or have a West Virginia Training Certificate in Early Care and Education (WVTCECE) or its equivalent. . In addition, for staff caring for children 24 months 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
2. Toddler lead teacher must be at least twenty-one (21) years of age and have a minimum of one (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 or 28 college credits with at least 9 credit hours in early childhood development. In addition, for staff caring for children 24 months 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 and assistant teacher qualifications must be at least eighteen (18) years of age and have a minimum of one (1) year of relevant work experience or have a West Virginia Training Certificate in Early Care and Education (WVTCECE) or its equivalent. . In addition, for staff caring for children 24 months 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.

3. Preschool lead teacher must be at least twenty-one (21) years of age and have a minimum of one (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 or 28 college credits with at least 9 credit hours in early childhood development. Qualified staff members shall have 6 hours of training related to the age group of children for which they care. and assistant teacher qualifications must be at least eighteen (18) years of age and have a minimum of one (1) year of relevant work experience or have a West Virginia Training Certificate in Early Care and Education (WVTCECE) or its equivalent. Qualified staff members shall have 6 hours of training related to the age group of children for which they care.
 4. School-Age lead teacher must be at least twenty-one (21) years of age and have a minimum of one (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 or 28 college credits with at least 9 credit hours in early childhood development. Qualified staff members shall have 6 hours of training related to the age group of children for which they care. and assistant teacher qualifications must be at least eighteen (18) years of age and have a minimum of one (1) year of relevant work experience or have a West Virginia Training Certificate in Early Care and Education (WVTCECE) or its equivalent. Qualified staff members shall have 6 hours of training related to the age group of children for which they care.
 5. Director qualifications - A Type I (13-30 children) Child Care Center Director must meet one of the following qualifications: A CDA credential and 300 hours of relevant work experience working with young children or 12 college credits in an early care and education field and 300 hours of relevant work experience working with young children or a total of 10 years of relevant work experience. A Type II (31-60 children) Child Care Center Director must meet one of the following qualifications: A registered Apprenticeship Certificate for Child Development Specialist or 28 college credits with at least 9 credit hours in early childhood development or 15 years of relevant work experience. A Type III (more than 60 children) Child Care Center Director must meet one of the following: An associate's degree in early care and education or a bachelor's or associate's degree in a related field with 12 credit hours in early childhood development and 90 practicum contact hours or a bachelor's degree in a related field and a total of 2 years 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.
- b) Licensed Group Child Care Homes:
1. Infant lead teacher must be at least 21 years of age; have a GED certificate or high school diploma; have 6 months experience caring for children; be certified in CPR and First Aid training and complete one of the following: 15 clock hours of child development training or arrangements to complete the 15 hours of child development within the first 6 months or a CDA or ACDS credential or completion of at least 3 credit hours in child development or a related field at an accredited higher education institution.

and assistant qualifications must be 18 years old and able to read and write.

2. Toddler lead teacher must be at least 21 years of age; have a GED certificate or high school diploma; have 6 months experience caring for children; be certified in CPR and First Aid training and complete one of the following: 15 clock hours of child development training or arrangements to complete the 15 hours of child development within the first 6 months or a CDA or ACDS credential or completion of at least 3 credit hours in child development or a related field at an accredited higher education institution.

and assistant qualifications must be 18 years old and able to read and write.

3. Preschool lead teacher must be at least 21 years of age; have a GED certificate or high school diploma; have 6 months experience caring for children; be certified in CPR and First Aid training and complete one of the following: 15 clock hours of child development training or arrangements to complete the 15 hours of child development within the first 6 months or a CDA or ACDS credential or completion of at least 3 credit hours in child development or a related field at an accredited higher education institution. and assistant qualifications must be 18 years old and able to read and write.

4. School-Age lead teacher must be at least 21 years of age; have a GED certificate or high school diploma; have 6 months experience caring for children; be certified in CPR and First Aid training and complete one of the following: 15 clock hours of child development training or arrangements to complete the 15 hours of child development within the first 6 months or a CDA or ACDS credential or completion of at least 3 credit hours in child development or a related field at an accredited higher education institution. and assistant qualifications must be 18 years old and able to read and write.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications At least 18 years of age and able to read and write.

d) Other eligible CCDF provider qualifications

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices

- Administration of medication, consistent with standards for parental consent
 - Prevention of and response to emergencies due to food and allergic reactions
 - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
 - Prevention of shaken baby syndrome and abusive head trauma
 - Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))
 - Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
 - Precautions in transporting children (if applicable)
 - First aid and cardiopulmonary resuscitation (CPR) certification
- Yes.** The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016)
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care

providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.

- Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements _____
- No.** If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) 9/30/16
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) partially implemented
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented An online Family Child Care provider orientation has been developed and is currently available online. An online Center provider orientation is being developed and will be online no later than 9/16/16.
 - Unmet requirement - Identify the requirement(s) not fully implemented An online Child Care Center provider orientation is being developed and will address all health and safety requirements above. The online orientation will be geared towards both center caregivers and center administration. This orientation will be online no later than 9/16/16.
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) regulation change – prerequisite to working in a child care setting

- Projected start date for each activity 12/1/15
- Projected end date for each activity 9/30/16
- Agency – Who is responsible for complete implementation of this activity
WVDHHR/ECE/Regulation Unit
- Partners – Who is the responsible agency partnering with to complete implementation of this activity To be determined

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- Nutrition. Describe Regulation requires that child care programs comply with nutrition standards set forth with the Child and Adult Food Program requirements. If a provider does not participate in the CACFP, they are required to have their menus reviewed and approved by a registered dietitian.
- Access to physical activity. Describe Child care programs are required to allow for moderate and vigorous physical activity at least two times per day for at least one hour at a time either outdoors, weather permitting or indoors. Moderate to physical activity activities are expected to be built within the programs scheduled daily activities.
- Screen time. Describe Each group limits the use of screen media to not more than seventy five (75) minutes per week for each child between the ages of two (2) years and school age, and for educational or physical activity use only; Each group limits the use of screen media to not more than seventy five (75) minutes per week for each school age child and for educational or physical activity use; provided the use of computers and screen media for school assigned homework is not included in the seventy five (75) minute time limit; and use of screen media is prohibited with children under the age of two (2) years.
- Caring for children with special needs. Describe _____
- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children’s health and safety. Describe. Other health and safety regulations include: staffing, supervision of children, furnishings, equipment and materials, health, sanitation, pest management and environmental safety.

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

- Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____
- Yes,** some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children

in relative care. Exempt relatives include grandparents, great-grandparents, siblings if living in a separate residence, aunts and uncles. Most exempt relatives register so they can participate in the CACFP. Exempt relatives are required to have 2 hours of health and safety training within 30 days of caring for a child and then 1 hour annually.

- No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

- Yes.** The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. List the policy citation 78 CSR 1 (Child Care Center Licensing); 78 CSR 21 (Out of School Time Child Care Licensing); 78 CSR 18 (Family Child Care Facility); 78 CSR 19.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Yes. The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. **List the policy citation** and **describe the qualifications**, including at a minimum how inspector qualifications address **training related to the language and cultural diversity of the providers**, and how qualifications address being appropriate to the age of children in care and type of provider setting : _____

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
- Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

- Yes.** The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits Currently licensed child care centers and Out of School Time programs receive at least one announced visit every other year when a visit to conduct a renewal inspection is made. Unannounced visits occur through monitoring, complaint investigations and follow up on corrective action plans. The unannounced visits occur annually. In addition, a designated Licensing Specialist conducts targeted monitoring of identified non-compliances. Child care centers that are in the process of opening, are subject to at least one pre-licensure inspection. The fire marshal and local health department also inspect those centers that are in the process of opening.

Family Child Care Homes and Facilities currently participate in a pre-licensure inspection. In addition, Family Child Care Homes and Facilities undergo at least one unannounced inspection annually.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
- Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes. The State/Territory certifies that it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

7.3.1 On-Site Inspection

With a self-certification regulatory process, an initial on-site inspection is not required.

Family child care regulatory specialists may complete on-site inspections of informal and relative family child care homes at time of the initial application and renewal application, should the application reveal issues of concern to the specialist. In addition, on-site inspection is required at any point a complaint is received regarding the provider or information becomes available that warrants an on-site investigation.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than November 19, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

d) Ratio of Licensing Inspectors – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

- Yes.** The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: The ratio of Child Care Center Licensing Specialists and Family Child Care Regulatory Specialists is based in part on geographical region and the number of active providers. In addition, policies and procedures are in place to help determine an equitable caseload. The division of the caseloads for both the Child Care Center Licensing Specialists and the Family Child Care Regulatory Specialists allow for ample time for announced, unannounced, monitoring and technical assistance visits.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than November 19, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule

changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

- Yes.** Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency’s policy citation(s) WV Code 49-2-121, 78 CSR 1 (Child Care Center Licensing); 78 CSR 21 (Out of School Time Child Care Licensing); 78 CSR 18 (Family Child Care Facility); 78 CSR 19.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than November 19, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. _____
- Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care. _____
- No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or

battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency's rules _____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- Not implemented.** The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2017)
7/1/2017
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) partially implemented
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented WV currently has a

requirement for State background checks – both criminal and a check of the State abuse and neglect registries – for center owners, directors and caregivers. Only if an individual has lived outside of the State since the age of 18 is a Federal background check required. Prior to opening a child care center, both the owner and director must have a clear criminal background and protective services check. Currently the State Sex Offender Registry is checked. Both background checks – criminal and protective services – come through are processed through the appropriate WVDHHR unit. Family Child Care Homes and Facilities require a Federal Background check as well as a check of the abuse and neglect registries prior to opening. Currently it is not a requirement for Family Child Care Homes, Facilities and Informal/Relative providers to check the National Sex Offender Registry. It is not a requirement for any type of provider to check the background information for any other state.

- Unmet requirement - Identify the requirement(s) not fully implemented Requirements not met are: a Federal background check, 45 day turnaround for the criminal background check results and checking the Federal sex offender registry instead of just the State sex offender registry.
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Legislative rule change, agency agreement modifications, rule change.
 - Projected start date for each activity 12/1/15
 - Projected end date for each activity Rule Change – April 2017, Policy Change – April 2017, Agreement Modifications May 2017,
 - Agency – Who is responsible for complete implementation of this activity WVDHHR/BCF/Regulation Unit
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity WVDHHR Background Unit, MorphoTrust

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks. WVDHHR has a comprehensive Criminal Investigation Background Check policy. Child Care Center, Family Child Care and Facility providers are required to participate in a background check process which includes both criminal and adult/child protective services record checks. Providers complete a designated form – a Statement of Criminal Record and a Provider Services Record Check which is conducted through the West Virginia Department of Health and Human Resources. The forms are designed to give permission for the WVDHHR by all provider types – owner, director, caregiver, supporting staff (ie. Cook) – to have background checks completed. The Protective Services Unit and the Criminal Background Unit of WVDHHR analyze the information via an online criminal database and a child

abuse and neglect registry. If no information is found, the provider is sent a letter noting the person is clear to hire. If there is a finding by either unit, the results are mailed to the child care licensing specialist for appropriate follow up to determine whether the person is prohibited from working in child care or a waiver could be requested.

5.3.3 Describe how the State/Territory is helping other States process background checks, including any agencies/entities responsible for responding to requests from other states At this time, any state requesting a background check from WV is referred to the WV is asked to log on to the following WVDHHR website <http://www.dhhr.wv.gov/bcf/Pages/default.aspx> and request the type of background check requested – criminal or abuse and neglect registries. The WVDHHR Division of Children and Families maintains the database and assists those from other states asking for assistance.

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes. Describe. If an individual has a felony drug offense for which he or she was convicted and it is 10 years old or older, the individual can ask for a waiver.

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

Yes. Describe. A center shall not employ or use an individual who is currently under indictment or charges with any crime, is currently on parole or probation for a felony conviction, or has been convicted or entered a plea of guilty or no contest to any of the following: felony crime against a person, child or adult abuse or neglect, or the exploitation of a child or an incapacitated adult, domestic violence or spousal abuse, felony arson, felony or misdemeanor crime against a child or incapacitated adult, felony conviction for driving under the influence (DUI) or drug-related offenses within the last ten (10) years or neglect, abuse by a caregiver or pornography and sexual offense crimes.

No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. Describe which relatives are exempt. _____

No, relatives are not exempt from background checks.

- 5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor, Lead Agencies can report that no fees are charged if applicable. _____
- 5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue _____
- 5.3.9 Does the Lead Agency release aggregated data by crime?
- Yes. List types of crime included in the aggregated data _____
- No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and

education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements 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 across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements 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.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
 - d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
 - e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.
- X Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016)
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
 - Unmet requirement - Identify the requirement(s) not fully implemented
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Projected start date for each activity
 - Projected end date for each activity
 - Agency – Who is responsible for complete implementation of this activity
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English

language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- X 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.
- X Career ladder or lattice. Describe The career pathway is built within our WV State Training and Registry System (STARS). The link is provided here: http://wvstars.org/wp-content/forms/Career_Pathway_Levels.pdf.
- X Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe WV has articulation agreements with community and technical colleges and the Apprenticeship for Child Development Specialists (ACDS). The WV Program for Infant Toddler Caregivers is articulated with Pierpont Community and Technical College and WVU-Parkersburg.
- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe
- X Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe WV State Training and Registry System tracks some workforce data such as, education level, professional development records of members and compensation information.
- X Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe This is met through the WV Early Childhood Advisory Council.
- Continuing education unit trainings and credit-bearing professional development. Describe
- State-approved trainings. Describe
- Inclusion in state and/or regional workforce and economic development plans. Describe
- Other. Describe

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC All stakeholders are represented on the 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 folks in the early care and education community.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and

early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements All professional development that is provided by the child care resource and referral agencies is linked to the State's Core Knowledge areas and the Early Learning Standards. Some statewide professional development includes Positive Behavior Support and Early Learning Standards birth to five. All professional development offered by the Child Care Nurse Health Consultants/Health Educators is linked as well as any professional development offered by the Lead Agency regarding licensing and regulation.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable) Not Applicable

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring 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 disabilities, and Native Americans, including Indians and Native Hawaiians. These areas are covered within the WV Core Knowledge Core Competencies. These are linked to registered training within the system.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

- Financial assistance for attaining credentials and post-secondary degrees. Describe
- X Financial incentives linked to education attainment and retention. Describe WV offers financial incentives linked through our Teacher Education And Compensation Helps program. This program requires commitment from the provider as well as the program.
- X Registered apprenticeship programs. Describe WV provides an Apprenticeship for Child Development Specialist (ACDS) program that is linked with the Department of Labor. Programs that have staff complete are required to provide a pay raise.
- Outreach to high school (including career and technical) students. Describe
- Policies for paid sick leave. Describe
- Policies for paid annual leave. Describe
- Policies for health care benefits. Describe
- Policies for retirement benefits. Describe
- X Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe Through our WV Program for Infant and Toddler Caregivers.
- Other. Describe

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

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 families with limited English proficiency.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- X Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages
West Virginia uses a language line that has the ability to interpret all non-English languages.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

- X Yes. The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers Currently the Division of Early Care and Education is developing 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 will have the opportunity to receive technical assistance and training through the collaboration with these programs.
- No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not

cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
 - Unmet requirement - Identify the requirement(s) not fully implemented
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Projected start date for each activity
 - Projected end date for each activity
 - Agency – Who is responsible for complete implementation of this activity
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

- X Yes. If yes,
 - a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory. All child care resource and referral agencies and WV Early Childhood Training Connections and Resources submit quarterly reports which are reviewed and assessed for progress and plans of improvement.
 - b) Indicate which funds will be used for this activity (check all that apply)
 - X CCDF funds. Describe Contracts have been put in place with six child care resource and referral agencies and WV Early Childhood Training Connections and Resources (WVECTCR). WVECTCR is a program that is collaboratively funded by several State Agencies.
 - Other funds. Describe
 - c) Check which content is included in training and professional development activities. Check all that apply.

- X Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe All professional development offered through the Child Care Resource and Referral Agencies are required to be linked to the WV Core Knowledge/Core Competencies, and the WV Early Learning Standards Framework.
 - X Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social - emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe Behavioral Consultation services and social emotional development guidance through child or site specific depending on need.
 - 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. Describe
 - Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe
 - On-site or accessible comprehensive services for children and community partnerships that promote families’ access to services that support their children’s learning and development. Describe
 - Using data to guide program evaluation to ensure continuous improvement. Describe
 - Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe
 - X Caring for and supporting the development of children with disabilities and developmental delays. Describe As part of the linkage with the WV Early Learning Standards Framework and the WV Core Knowledge/Core Competencies.
 - Supporting positive development of school-age children. Describe
 - Other. Describe
- d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

- X Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling
- State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- X Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
- Other. Describe

No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

2) Number of on-going hours and any required areas/content

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

2) Number of on-going hours and any required areas/content

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content

2) Number of on-going hours and any required areas/content

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

2) Number of on-going hours and any required areas/content

X No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping,

hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

- X Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) September 30, 2016.
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Partially implemented.
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented While the Child Care Resource and Referral Agencies professional development teams have always provide training and technical assistance on business practices, WV will be strengthening this area by working with the Small Business Development Center of WV.
 - Unmet requirement - Identify the requirement(s) not fully implemented WV needs to strengthen areas in fiscal management, budgeting, hiring, developing and retaining qualified staff.
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Coordination with Small Business Development of WV
 - Projected start date for each activity 3/1/2016
 - Projected end date for each activity 9/1/2016
 - Agency – Who is responsible for complete implementation of this activity Lead Agency
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity Small Business Development of WV

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

- X The State/Territory assures that the early learning and development guidelines are:
 - Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency WV ELSF 3-5 was recently updated in 2015. WV ELSF B-3.....
- X Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016)
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented
 - Unmet requirement - Identify the requirement(s) not fully implemented
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Projected start date for each activity
 - Projected end date for each activity
 - Agency – Who is responsible for complete implementation of this activity
 - Partners – Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

- X Birth-to-three. Provide a link http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Framework_Infant_Toddler.pdf

- X Three-to-Five. Provide a link
http://www.wvearlychildhood.org/resources/WV_Early_Learning_Standards_Framework_3_to_5.pdf
- Birth-to-Five. Provide a link
- Five and older (check if State/Territory has standards for five and older that complement but cover child development areas not covered by k-12 academic standards). Describe and provide a link
- Other. Describe

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being?

- X Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide
 - No, but the State/Territory is in the development phase
 - No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- Child care providers are supported in developing and implementing curriculum/learning activities based on the State’s/Territory’s early learning and development guidelines. Describe
- The technical assistance is linked to the State’s/Territory’s quality rating and improvement system. Describe
- Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe
- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe
- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe

b) Indicate which funds are used for this activity (check all that apply)

- CCDF funds. Describe
- Other funds. Describe

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- 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 effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)

- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

- Enhancing our tiered quality system
- Improving the supply and quality of child care services for infants and toddlers
- Facilitating compliance with State requirements for inspection, monitoring, training, etc.
- Evaluating and assessing the quality and effectiveness of child care services
- Supporting accreditation
- All of these goals are selected by the Quality Rating and Improvement System Advisory Council and the WV Early Childhood Advisory Council.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- X Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

Indicate which funds will be used for this activity (check all that apply)

- X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Contracted services.
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- X Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

Indicate which funds will be used for this activity (check all that apply)

- X CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds Infant-Toddler Set aside and quality dollars.
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.
Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- X Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.
Indicate which funds will be used for this activity (check all that apply)
 - X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) The CCDF supports licensing and regulatory staffing. Also some funding goes to support CCR&R agencies and WVECTCR, specifically for training and health and safety standards.
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- X Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.
Indicate which funds will be used for this activity (check all that apply)
 - XCCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quarterly/Annual reports from WVECTCR and CCR&R Agencies
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- X Supporting accreditation. If checked, respond to 7.7.
Indicate which funds will be used for this activity (check all that apply)
 - X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality support services such as accreditation is managed with a contract at WVECTCR
 - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

- Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

- Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available
- Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available
- X No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- Participation is voluntary
- Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)
- Participation is required for all providers
- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS. Describe

- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, 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. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality
- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other. Describe.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. Not applicable.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 What activities 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? Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe
- Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe
- X Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe WV Infant Toddler Professional Development Program I and II, Annual Great Beginnings Infant Toddler Conference, I/T Summits, updating curriculum for ACDS to include for intensive i/t, ITSN to deliver consistent, current, researched-based information, as well as PITC certified to provide professional development. Child Care Nurse Health Consultants and health educators articulate licensing/regulation as well as WVIT I and II. Behavior Consultants are collaborating on the Summits, collaboration with BTT for training....WVELSF training
- X Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe As funding is available program improvement grants are advertised. Programs can apply for a specific amount based on their quality tier level.
- X Providing coaching and/or technical assistance on this age group's unique needs from statewide networks of qualified infant-toddler specialists. Describe WV has an Infant Toddler Specialist Network to provide coaching and technical assistance.
- X 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 This coordination occurs as the State Infant Toddler Coordinator is a member of the Interagency Coordinating Council and well as the IT Mental Health Association. Collaboration also exists within the Early Childhood Advisory Council.
- Developing infant and toddler components within the State's/Territory's QRIS. Describe
- X Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe The Infant Toddler Specialist Network frequently shares concerns with child care licensing and regulations. They also participate on regulatory workgroups as requested.

- X Developing infant and toddler components within the early learning and development guidelines. Describe The ITSN in collaboration with the Early Childhood Advisory Council works on the WV Early Learning Guidelines.
- X Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe This is met through the ITSN website, child care resource and referral agencies, parent welcome areas within centers, and high quality professional development for child care staff.
- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe
- Other. Describe

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory measures relevant to these activities come through the CCR&R quarterly reports.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

- X State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system The WV Department of Health and Resources, Division of Early Care and Education contracts with three agencies to create a system of six child care resource and referral agencies statewide. Each of the six agencies provides services to parents on child care assistance, referrals and local resource supports. They also house a professional development team that focuses in areas such as behavioral consultation, infant toddler, family child care, pre-k and resource support.
- State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe
- State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory State/Territory Measures relevant to these activities come through the CCR&R quarterly reports.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training,

and health and safety, and with State/Territory licensing standards? Describe Staffing for Licensing and regulatory specialists to inspect and monitor for licensing standards.

- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory measures relevant to this activity is the Child Care Licensing Monthly report. This report collects openings, closures and reasons for specific licenses and issues.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

- 7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children The Lead Agency uses several tools to evaluate positive impact for children. These tools include data from the WV State Training and Registry System, CCR&R and WVECTCR quarterly reports, technical assistance provided by the professional development teams at the CCR&Rs, tiered reimbursement reviews and informal use of the Environment Rating Scales.

- 7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency uses several tools to evaluate positive impact for children. These tools include data from the WV State Training and Registry System, CCR&R and WVECTCR quarterly reports, technical assistance provided by the professional development teams at the CCR&Rs, tiered reimbursement reviews and informal use of the Environment Rating Scales.

7.7 Accreditation Support

- 7.7.1 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?

- XYes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation 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.
- Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory Data is collected through quarterly reports as to program use.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe We have Child Care Nurse Health Consultants and Health Educators. The Nurse Health Consultants offer our medication administration trainings and provide best practice on health and safety issues for children in group care. The Health Educators provide supports in the area of nutrition, health and wellness.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory Data is collected and reviewed through quarterly reports.

7.9 Other Quality Improvement Activities List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. WV provides the Traveling Resource and Information Library System (TRAILS) statewide. This program operates a mobile lending library where child care providers can borrow developmentally appropriate resources, equipment and books to use in their program. The vans are staffed with an early childhood specialist and associate for additional support.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both

unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

- Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. Program integrity procedures remain the same. The Lead Agency retains overall responsibility for administering all Child Care and Development Fund monies, including the development of state Child Care policy and procedures, promulgation of regulatory requirements for providers, oversight of all funds by grantees, and assuring that grantees operate according to CCDF rules. The Lead Agency also provides direction for all activities that improve the quality of care. Policy is developed on a state level and is the same statewide with no local variations with regard to priorities for children, eligibility criteria, sliding fee scales, payment rates or procedures. Regulatory requirements must be promulgated through the state Legislature so regulations apply statewide. 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.

8.1.1 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- X Issue policy change notices
- X Issue new policy manual
- X Staff training
 - X Orientations
 - X Onsite training
 - Online training
- X Regular check-ins to monitor implementation of the new policies. Describe _____

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

- Other. Describe _____

8.1.2 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. _____

Quarterly program and financial reports are required that cover expenditures, numbers of families, children and providers served for subsidy, resource and referral and other quality initiatives, payments processed, and training and technical assistance provided.

The DHHR includes provisions for corrective action within its grant agreements with the CCR&R Agencies that administer the subsidy system. These provisions are:

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

Funds withheld due to unsatisfactory program performance or failure to comply with the terms and conditions of the Grant Agreement between the Department or its other operating units may be restored upon satisfactory completion of the condition that caused the withholding.

- Monitoring: If, as a result of its monitoring efforts, the Department uncovers deficiencies in the Grantee's administration of the grant or related project/program, the Department shall notify the Grantee in writing of said deficiencies. The Grantee shall agree to take immediate and timely corrective action as determined by the Department in an attempt to rectify any identified and reported deficiencies and to resolve the matter.
- Department Right of Approval: The Department shall have the right in its sole discretion to refuse to permit any employee of the Grantee, or employee of an approved agent, assignee, or subcontractor of the Grantee, to be located at a Department work location, or to provide services to the Department or its clientele pursuant to the Grant Agreement.

Definition: “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

8.1.3 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))
- Run system reports that flag errors (include types). Describe _____
- X Review of enrollment documents, attendance or billing records
- X Conduct supervisory staff reviews or quality assurance reviews
- X Audit provider records
- X Train staff on policy and/or audits
- Other. Describe _____
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), 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))

- Run system reports that flag errors (include types). Describe _____
- X Review of enrollment documents, attendance or billing records
- X Conduct supervisory staff reviews or quality assurance reviews
- X Audit provider records
- X Train staff on policy and/or audits
- Other. Describe _____
- None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.4 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

- a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?
 - X Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00
 - X Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
 - X Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe _____
 - Other. Describe _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____
- b) Check which activities the Lead Agency will use for intentional program violations or fraud?
 - X Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00
 - X Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - X Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means

- Establish a unit to investigate and collect improper payments. Describe composition of unit below
 - Other. Describe _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____
- c) Check which activities the Lead Agency will use for administrative error?
- X Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount \$1.00
 - Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - X Recover through repayment plans
 - Reduce payments in subsequent months
 - Recover through State/Territory tax intercepts
 - Recover through other means
 - Establish a unit to investigate and collect improper payments. Describe composition of unit below
 - Other. Describe _____
 - None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.5 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- X Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. _____

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 an applicant for or a recipient of Social Services the right to a hearing concerning an action taken by the Department. Every child care client and provider has 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.

- X Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. _____

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.

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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.

- X Prosecute criminally
- Other. Describe _____