

**WEST VIRGINIA
SECRETARY OF STATE
NATALIE E. TENNANT
ADMINISTRATIVE LAW DIVISION**

Form #3

Do Not Mark In This Box

2011 OCT 23 11 5: 22

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: WV Dept. of Health and Human Resources TITLE NUMBER: 78

CITE AUTHORITY: 49-2E

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 22

TITLE OF RULE BEING PROPOSED: Child Care Quality Rating and Improvement System

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

Michael J. Lewis ssp
Authorized Signature

FISCAL NOTE FOR PROPOSED RULES

Rule Title: 78 - Series 22 Child Care Quality Rating and Improvement System

Type of Rule: X Legislative Interpretive Procedural

Agency: Health and Human Resources

Address: One Davis Square
Suite 100, East
Charleston, WV 25301

Phone Number: 304-356-4543 Email: Douglas.M.Robinson@wv.gov

Fiscal Note Summary

Summarize in a clear and concise manner what effect this measure will have on costs and revenues of state government.

The proposed legislation requires the Secretary of the Department of Health and Human Resources to promulgate a legislative rule and establish a plan for the phased implementation of the child care program quality rating and improvement system. It allows for a 2 year pilot project in up to 5 counties and requires a statewide program beginning July 1, 2011; allowing gradual implementation if insufficient funds are available. The bill requires creation of a quality rating and improvement system advisory council facilitated by the Secretary. It requires additional staff, a public awareness campaign, an internet-based management information system and financial assistance to child care programs and their staff that achieve higher levels of quality and education.

The estimated fiscal impact to the Department of Health and Human Resources (Department) based on information from Marshall University is \$12,857,630 the first year and \$23,442,537 each year upon full implementation.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

Effect of Proposal	Fiscal Year		
	2011 Increase/Decrease (use "-")	2012 Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0	12,857,630	23,442,537
Personal Services		2,116,766	6,344,306
Current Expenses		1,208,164	1,828,551
Repairs and Alterations			
Equipment		5,682,700	1,181,000
Other		3,850,000	14,088,680
2. Estimated Total Revenues			

3. Explanation of above estimates (including long-range effect):

Please include any increase or decrease in fees in your estimated total revenues.

The above estimated 2012 column represents Year 1 of the QRIS. The fiscal year upon full implementation column is an estimate of the cost of the program going statewide. The 1st year estimate for Personal Services (\$2,116,766), is based on a need to hire additional positions at both the Department & Grantee levels. The estimated amount of \$1,208,164 for Current Expenses is based on estimates for Training at UNC and California for IT Specialists (\$95,896), an estimated cost of evaluation to determine the effectiveness of system (\$612,268), grants to providers (\$250,000), and a public relations campaign (\$250,000). The estimated amount of \$5,682,700 for Equipment is based on estimates for Notepad PCs (\$182,700) and a management information system (\$5,500,000). The estimated amount of \$3,850,000 for Other Costs is based on estimated increases in tiered reimbursement (\$400,000), estimated market rate increases (\$3,250,000), scholarships (\$200,000).

The full implementation estimate for Personal Services (\$6,344,306) is based on fully staffing QRIS at both the Department & Grantee levels (\$3,044,306), a wage supplement to caregivers with higher education (\$1,800,000), and a healthcare benefit for caregivers with professional degrees (\$1,500,000). The estimated amount of \$1,828,551 for Current Expenses is based on estimates for Training at UNC and California for IT Specialists (\$12,240), an estimated cost of evaluation to determine the effectiveness of system (\$1,116,311), grants to providers (\$450,000), and a public relations campaign (\$250,000). The estimated amount of \$1,181,000 for Equipment is based on estimates for Notepad PCs (\$181,000) and maintaining a management information system (\$1,000,000). The estimated amount of \$14,088,680 for Other Costs is based on estimated increases in tiered reimbursement (\$1,600,000), estimated market rate increases (\$6,500,000), scholarships (\$800,000), and moving subsidy eligibility to 200% FPL (\$5,188,680).

Memorandum

Please identify any areas of vagueness, technical defects, reasons the proposed rule would not have a fiscal impact, and/or any special issues not captured elsewhere on this form.

The full implementation estimate is difficult due to the cumulative nature of some of the benefits included and no real benchmark of how many child care staff will attain higher education levels and how many child care settings will pursue higher levels of accreditation. The estimate is based on the current population of licensed child care providers and does not take into account any new types of programs that would be added to licensing requirements. This estimate does not take into account any staff turnover. This estimate only considers items mentioned in the proposed legislation and does not include additional items found in the PIECES report that are not shown in the bill. The estimate does not include costs associated with the Advisory Council, including travel costs, meeting room rental, etc. There is concern about adding the subsidy levels of the 75th percentile of market rate and 200% of federal poverty level in state code. In the past these have been adjusted based on the current economic conditions. If they are put into state code, any adjustment will require a state code change and would not be easily adjusted when needed, based on the economy. Federal TANF money (if available) can be used to fund only the portion of the estimate related to an increase in subsidies.

Date

July 28, 2011

Agency

Department of Health and Human Resources

Authorized Representative

Michael J. Lewis (MJD)
Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

Title 78
Legislative Rules
Department of Health and Human Resources

Series 22

Brief Summary of New Rule

Child Care Quality Rating and Improvement System

This legislative rule establishes the requirements for implementation of a Child Care Quality Rating and Improvement System consistent with Chapter 49, Article 2E. This rule was developed in response to S.B. 498, which was passed in April 2009 and requires the Department of Health and Human Resources to implement a quality rating and improvement system for child care programs in West Virginia. The system will establish quality standards and accountability measures for early childhood programs and will provide financial and program supports that enable programs to achieve and maintain quality services. The system will also communicate information about the quality of care to parents, enabling them to make more informed decisions about placing their children in these programs.

Title 78
Legislative Rules
Department of Health and Human Resources

Series 22

Statement of Circumstance

Child Care Quality Rating and Improvement System

§49-2E-2. Creation of statewide quality rating system; legislative rule required; minimum provisions.

The Secretary of the Department of Health and Human Resources shall propose rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a of this code to implement a quality rating and improvement system. The quality rating and improvement system shall be applicable to licensed child care centers and facilities and registered family child care homes. If other types of child care settings such as school-age child care programs become licensed after the implementation of a statewide quality rating and improvement system, the secretary may develop quality criteria and incentives that will allow the other types of child care settings to participate in the quality rating and improvement system.

QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)

DATE: 7/26/22

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) WV Dept of Health and Human Resources
350 Capitol Street, Room B-18
Charleston, WV 25301
(304) 356-4605

LEGISLATIVE RULE TITLE: Child Care Quality Rating and Improvement System

1. Authorizing statute(s) citation 49-2E

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:
June 24, 2011

b. What other notice, including advertising, did you give of the hearing?
www.wvchildcare.org website, child care listserv, and Child Care Resource & Referral newsletters

c. Date of Public Hearing(s) or Public Comment Period ended:
July 27, 2011

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached _____ No comments received x

- e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

July 28, 2011

- f. Name, title, address and phone/fax/e-mail numbers of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Jessica Dianellos, Early Care and Education Specialist

350 Capitol Street, Room B-18, Charleston, WV 25301

Phone: (304) 356-4605/ Fax: (304) 558-8800

Email: Jessica.L.Dianellos@wv.gov

- g. **IF DIFFERENT FROM ITEM 'f'**, please give Name, title, address and phone number(s) of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

- 3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b. Date of hearing or comment period:

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

d. Attach findings and determinations and reasons:

Attached

Title 78
Legislative Rules
Department of Health and Human Resources

Series 22

Child Care Quality Rating and Improvement System

This legislative rule establishes the requirements for implementation of a Child Care Quality Rating and Improvement System consistent with Chapter 49, Article 2E. The rule was filed on June 24, 2011 and available for public comment through July 27, 2011. No comments were submitted during the public comment period.

TITLE 78
LEGISLATIVE RULES
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
DIVISION OF HUMAN SERVICES

2011 JUL 29 AM 9:23

SERIES 22
Child Care Quality Rating and Improvement System

33
STATE OF VIRGINIA

§78-22-1. General.

1.1. Scope. -- This legislative rule establishes the requirements for implementation of a Child Care Quality Rating and Improvement System consistent with Chapter 49, Article 2E

1.2. Authority. -- W. Va. Code §49-2E

1.3. Filing Date. --

1.4. Effective Date. -- July 1, 2012

§78-22-2. Applicability and Enforcement.

2.1 This rule applies to any child care program that participates in the Quality Rating and Improvement System as operated by the Department of Health and Human Resources in accordance with Chapter §49-2E.

2.2 This rule is enforced by the Secretary of the Department of Health and Human Resources.

2.3 Pursuant to Chapter §49-2E-4, nothing in this rule requires implementation of a quality rating and improvement system unless funds are appropriated therefore. The attached financial plan prioritizes the components of the system for implementation and provides for gradual implementation over a period of several years in the event that funding is not sufficient to implement all requirements in code.

§78-22-3. Definitions.

3.1 Accreditation -- The process by which a credentialing authority endorses or approves the childcare methods and programs of a child care agency. The Department does not approve or endorse a credentialing authority's standards and/or methods of evaluation.

3.2 Apprenticeship for Child Development Specialist Credential-- The West Virginia registered Apprenticeship for Child Development Specialist (ACDS) program is based on a professional partnership between child care providers and their employers. It is a teaching program where apprentices "learn by doing." A blending of classroom work and on-the-job training provides professional growth for providers. It also enhances the quality of care that their employers offer to the community.

3.3 Approved professional development-- A comprehensive, sustained, and intensive approach to improving effectiveness in a specific area of study delivered by and/or sponsored

by an approved trainer or training conference as defined by the Secretary.

3.4 Assessment Process-- The process by which a reliable evaluator conducts an on-site observation of activities in a classroom resulting in the assignment of a score utilizing the appropriate Environment Rating Scale or other tool(s) selected by the Secretary.

3.5 Certificate of Registration-- Voluntary registration of a program that is exempt from childcare licensing issued by the Department of Health and Human Resources.

3.6 Child Care Center -- A facility maintained by the state or any county or municipality thereof, or any agency or facility operated by an individual, firm, corporation, association or organization, public or private, for the care of 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.

3.7 Child Care Resource and Referral Agency (CCR&R) -- A resource & referral agency is a local nonprofit organization involved in supporting child care services. In West Virginia, at a minimum, the resource & referral agencies manage the subsidy program, link parents with child care options, provide consumer information, offer technical assistance and training to providers, and inform parents of other resources in their community.

3.8 Conference-- A meeting of individuals or representatives of various bodies for the purpose of discussing and/or acting on topics of childcare interest.

3.9 Core Knowledge Area-- The set of observable skills and knowledge that represent common standards of satisfactory practice in the early childhood field in the state of West Virginia.

3.10 COA-- Council on Accreditation for Family and Children's Services is an independent, not-for-profit child and family service accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America. COA currently accredits 38 different services areas and over 60 types of programs, including childcare.

3.11 Evaluation Criteria-- Child care settings that voluntarily apply for a higher star rating shall be evaluated to determine if the setting meets the additional quality standards established for each type of care at each of three additional levels of quality.

3.12 Environmental Rating Scales-- A series of childcare program assessment instruments (scales). A measurement tool utilized by an assessor during an on-site observation of a childcare classroom to evaluate and provide a score to a childcare program.

3.13 Family Child Care Facility-- Any facility which is used to provide nonresidential child care services for compensation for seven to twelve children, including children who are living in the household, who are under six years of age. No more than four of the total number of children may be under twenty-four months of age. A facility may be in a provider's residence or a separate building.

3.14 Family Child Care Home -- A facility which is used to provide nonresidential child care services for compensation in a provider's residence. The provider may care for four to six children, at one time including children who are living in the household, who are under six years

of age. No more than two of the total number of children may be under twenty-four months of age.

3.15 License -- The grant of official permission to a facility to engage in an activity which would otherwise be prohibited.

3.16 National Association for the Education of Young Children (NAEYC) -- A nonprofit organization of early childhood professionals and others who are dedicated to improving the quality of early childhood education. More than 100,000 members strong, the association comprises a network of more than 400 affiliated local, state, and regional organizations, which share the belief that children's high-quality experiences at home and in child care, schools, and after-school programs lay the foundation for school readiness, academic success, and adult achievement.

3.17 National Association for Family Child Care (NAFCC) -- An organization that sponsors the only nationally recognized accreditation system, designed specifically for family child care providers. This system was designed by hundreds of providers, parents, and early care and education experts in an effort to create a quality indicator for family child care programs across the country.

3.18 Observation and Assessment Tools-- The Secretary shall, with advice from the QRIS Advisory Council, designate a valid and reliable tool to assess program quality from an assortment of observation tools that have been tested and determined to assess various components of quality.

3.19 Out-Of-School-Time Program -- A child care service which offers activities to children before and after school, on school holidays, when school is closed due to emergencies, and on school calendar days set aside for teacher activities.

3.20 Substitute Staff -- An individual who is present at the center to maintain the staff: child ratio when a qualified staff member is absent.

3.21 Third Party Evaluator-- A formal evaluation conducted by a party with no vested interest in the outcome of the research.

3.22 Tiered Reimbursement-- A system of increased payment rates for children in the subsidy program for child care programs that demonstrate they provide higher quality care.

3.23 Wage Incentives-- Financial incentives to be provided to programs and staff within the programs.

3.24 West Virginia State Training and Registry System (WV STARS)-- A statewide program that tracks education and training information for the early care and education workforce in West Virginia.

§78-22-4. Application and Renewal.

4.1 A child care program shall submit a completed QRIS application as prescribed by the Secretary for advancement to a 2 Star or a 3 Star level.

4.2 A child care program that qualifies for a 4 Star level must submit verification of the accreditation to the Secretary in a process prescribed by the Secretary.

4.3 A child care program that submits an incomplete application or submits an application not prescribed by the Secretary shall be notified that the application is not acceptable.

4.4 A child care program shall submit a QRIS application for renewal of the advanced Star rating on an annual basis or as prescribed by the Secretary. The application for renewal must be submitted at least 60 days prior to the anniversary date of the advanced Star rating in order to avoid a lapse in or ability to participate in incentives.

4.5 The advanced Star rating is non-transferable if the ownership of the program changes. The program must be under the control of the new ownership for 6 months before eligible to apply for an advanced Star rating with the following exception:

4.5.a. A Four Star rated program under the control of new ownership whose national accreditation extends to the new ownership may retain its 4 Star rating. However, eligibility for new incentives will be at the discretion of the Secretary during the initial six months of ownership.

4.6 Any decision regarding a Star rating issued by the Department may be made effective from the date of issuance.

§78-22-5. Program Standards.

5.1 One Star program standards shall be equivalent to current licensing or registration regulations.

5.2 Two and Three Star program standards shall be established by the Secretary with advice from the Quality Rating and Improvement System Advisory Council and will be organized by core knowledge areas or their equivalent.

5.3 Four Star program standards shall be equivalent to national accreditation by the National Association for the Education of Young Children or the National Association for Family Child Care. For licensed out-of-school time programs, Four Star program standards shall be equivalent to accreditation standards set forth by the Council on Accreditation.

5.4 Each Star level shall be progressive and cumulative, provided that any program accredited by the National Association for the Education of Young Children or the National Association for Family Child Care shall automatically be awarded a Four Star status.

5.5 Program standards shall be developed by the Secretary with advice from the Quality Rating and Improvement System Advisory Council and shall go through a public comment process before criteria are finalized.

5.6 Program standards shall be re-evaluated at a minimum of every five (5) years or when there is evidence or data indicating a need for review.

5.7 New standards shall be advertised in advance of implementation and programs given sufficient time to implement additional requirements.

§78-22-6. Accountability Measures.

6.1 Evaluation

6.1.a Child care settings that voluntarily apply for a higher star rating shall be evaluated to determine if the setting meets the additional quality standards established for each type of care at each of three additional levels of quality.

6.1.b Applicants for a two-star rating shall be evaluated through a combination of on-site inspection for compliance with program standards and/or written documentation, and a self-assessment with a valid and reliable observation instrument designated by the Secretary, such as the nationally recognized set of Environmental Rating Scales for different age groups and types of care.

6.1.c Three-star program applicants shall be evaluated on an annual basis, as funding allows, through a combination of on-site inspection for compliance with program standards, written documentation and an on-site evaluation with the designated observation tool by a trained and reliable evaluator.

6.1.d Four- star program applicants must submit documentation that the program has been evaluated by a national accrediting body designated by the Secretary and the QRIS Advisory Council and is nationally accredited and may be evaluated on an annual basis with the designated observation tool by a trained and reliable evaluator.

6.2 Assessment Tools

6.2.a The Secretary shall, with advice from the QRIS Advisory Council, designate valid and reliable tool(s) to assess program quality from an assortment of observation tools that have been tested and determined to assess various components of quality.

6.2.b The QRIS Advisory Council shall conduct periodic surveys of available observation tools to determine continuing effectiveness of the tool(s) being used for observation and self-assessment.

6.3 Evaluators

6.3.a The secretary, with advice from the QRIS Advisory Council, shall establish criteria and a process for approval of evaluators to ensure consistency of program assessments. Evaluators shall have adequate early childhood education, training on the evaluation tool and an inter-rater reliability of 85% on the selected tool.

6.3.b Evaluators shall have their reliability on the designated assessment tool re-assessed every two years using the process established by the Secretary with advice from the QRIS Advisory Council.

6.4 Program Improvement Planning

6.4.a Programs with a two-star rating or higher shall use the results of either an internal self-assessment or an external on-site assessment, as applicable, using the selected evaluation tool to develop a program improvement plan.

6.4.b. Program improvement plans shall be an ongoing tool used by child care programs to continuously improve quality.

§78-22-7. Review, Suspension and Revocation.

7.1 Review

7.1.a An applicant that is not satisfied with a proposed action that affects the quality rating may submit in writing a request for review within 30 days of the date of the appealed action.

7.1.b The QRIS Advisory Council shall develop a subcommittee to review applications in which the program has filed a request for review.

7.1.c The subcommittee shall provide a recommendation to the Director of the Division of Early Care and Education, who shall make the final decision on the outcome of the review.

7.1.d If a review is requested within 15 days of the appealed action, services may be continued or reinstated pending a decision by the Director of the Division of Early Care and Education.

7.2 Suspension and Revocation

7.2.a The star rating of a program may be suspended or revoked for any of the following reasons:

7.2.a.1 The program is ineligible due to licensing status.

7.2.a.2 Accreditation status is revoked by the accrediting body.

7.2.a.3 The program is out of compliance with quality standards.

7.2.a.4 The Secretary deems suspension or revocation is appropriate based on previously established criteria.

§78-22-8. Quality Assurance.

8.1 Evaluating the QRIS

8.1.a. The secretary shall contract with an independent third-party evaluator to assist the Department and the Quality Rating and Improvement System Advisory Council with establishing and evaluating the QRIS and conducting research for quality improvement.

8.2 Access to Data for Evaluation

8.2.a. The independent third party evaluator shall have access to all project data including data in the management information system provided for in section.....of these rules.



Quality Rating and Improvement System Cost Implementation Study

Authors:

Principal Investigator:

Calvin A. Kent

Researcher(s):

Jennifer L. Price

Judy A. Curry

Kent N. Sowards

Prepared for:

West Virginia Legislature

Claude Worthington Benedum Foundation

West Virginia Early Child Care Advisory Council

Quality Rating and Improvement System Committee

Imagine West Virginia

7/31/2011

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OFFICE OF STATE

Center for Business and Economic Research
Marshall University
One John Marshall Drive
Huntington, WV 25755

Phone: (304) 696-2313 • Fax: (304) 696-6088

Acknowledgements:

Claude Worthington Benedum Foundation
West Virginia Legislature
Imagine WV

Disclaimer:

The contents of this report reflect the views of the authors who are responsible for the accuracy of the data presented herein. The views expressed in this report are those of the authors and do not reflect the official policy or position of Marshall University or its governing bodies. The use of trade names, if applicable, does not signify endorsement by the authors.

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QUALITY RATING AND IMPROVEMENT SYSTEM IN WEST VIRGINIA Implementation Cost Study

Executive Summary

The earlier education begins the more effective it is. Research over the past few decades establishes that high quality child care during the earliest years is imperative for those children whose parents are in the workforce and who trust them to the care of others. Unlike most other industrialized nations, neither the states nor the federal government have done more than establish minimal health, safety and educational standards for those who provide child care.

Substantial differences exist between state licensing and national accreditation standards and most child care providers are unable to navigate the accreditation process without guidance. Many states have some type of quality initiatives such as professional development systems or tiered reimbursement. However, these initiatives were often inconsistent and lacked the ability to track outcomes. Oklahoma implemented the first statewide Quality Rating and Improvement System (QRIS) in 1998. Subsequently, 25 additional states have implemented statewide QRIS and many others are considering it "...as a mechanism for organizing child care quality initiatives into one coherent system". (Quality Rating & Improvement System Resource Guide n.d.)

West Virginia is one of those states which are moving toward rectification of this deficiency. The state is committed under Chapter 49-WV2-E of the West Virginia Code to establishing a Quality Rating Improvement System (QRIS) for those facilities which provide child care services. Under a QRIS, day care providers are ranked on the basis of the quality of care, the education and training of staff as well as the facilities they provide. Such a rating system provides important information to parents as well as an incentive for centers to upgrade their offerings. When implemented in other states QRIS has initiated improvements in the care provided.

Since 2006, early childhood leaders, advocates and practitioners in West Virginia have worked together on plans to create a Child Care Quality Rating and Improvement System (QRIS) in the state. A QRIS is designed to rate the quality of an early childhood program and to assist programs to improve their quality. The rating process awards "Stars" for quality, with four Stars indicating the highest quality and one star indicating a minimal acceptable level of quality.

Since child care programs are primarily funded by parent fees, the quality is largely dependent upon the parent's ability and willingness to pay for quality. This means that many child care centers in West Virginia cannot afford to operate a high quality program if dependent solely on parental support. It also means that many families must keep their children out of quality child care in large part due to cost. A QRIS provides financial and program supports to child care programs, enabling them to increase their quality without passing the costs on to parents who cannot afford the corresponding increases in fees.

Currently West Virginia has a limited system for the evaluation of child care facilities. It consists of minimum licensing requirements and establishes three levels of quality based on facilities and staffing. While QRIS can build on this foundation, current programs do not assure quality childcare or provide a means for training and improvement. Some West Virginia governmental regulations exist in the child care market through minimum requirements and licensing standards. This report examines programs already in place, such as Head Start, and looks at other suggested programs for children at all early ages.

In this report specific problems are identified which require the implementation of QRIS

- There are only a small number of child care facilities which have obtained the higher quality rankings.
- Many areas of the state, including those most in need of quality services, have few if any facilities available.
- There is not currently an incentive program to entice centers to upgrade and provide higher quality programs.
- The costs of quality child care are sufficiently high that many lower income as well as middle income families cannot afford to enroll their children.
- Because of low salaries and few, if any, benefits there is extremely high turnover in staff working at existing centers which creates problems for training new staff and program continuity.
- Many of those working in child care lack appropriate education and training because there does not exist a plan with sufficient financing to train and upgrade the educational attainments of those working at all levels in child care centers.
- Insufficient coordination and supervision of center activities exists in West Virginia to insure quality throughout the entire child care system.

Specifically a QRIS represents a significant enhancement in the development of a state's early care and education system. QRIS encourage continuous quality improvement by:

- Increase *quality* of early care and education services. Increase *parents' understanding* and *demand* for higher quality early care and education.
- Expand the *affordability* of child care to a larger number of families.
- Increase *professional development* opportunities, benchmarks, and rewards for a range of early care and education practitioners and providers.
- Create a *cross-sector framework* that can link standards, technical assistance, monitoring, finance, and consumer engagement for programs in a range of settings, including family child care homes, child care centers, school-based programs, Head Start programs, early intervention, and others.
- Develop a roadmap for *aligning many pieces of the early care and education system*, such as child care licensing, prekindergarten and Head Start program oversight, national program accreditation, early learning guidelines, subsidy administration, technical assistance, training, quality initiatives and professional development systems (National Child Care Information Center 2011).

The purpose of this report is to present a comprehensive evaluation of the steps needed to fully implement a QRIS system in West Virginia and the associated costs. This report was prepared as required under legislation passed by the West Virginia Legislature in 2010 (SB 648). The

Center for Business and Economic Research at Marshall University entered into a contract with the Legislature to perform the study. Additional financial support was obtained from the Claude Worthington Benedum Foundation and Imagine West Virginia.

Improving the quality of child care is not without costs and this is appropriately a concern for policy makers. In West Virginia there are a variety of sources, for payment of child care with one of the principal sources being fees charged to parents. Increased costs to parents will impact the utilization of child care facilities. Some parents may choose to drop out of the formal child care system using unlicensed and unregulated providers. Or one of the parents could select to drop out of the workforce to care for the child or children. This will defeat the purpose of establishing a QRIS.

(Blau and Currie 2004) provide the reasons why state government should be involved in helping to cover the costs of child care. Among these is the desire to provide greater equity in the use of child care facilities among family income groups and the promotion of parental employment. It is probably less expensive for a tax paying parent to stay in the workforce then to leave and to receive public transfer payments. Among the future benefits of quality child care for those children who are enrolled are lower crime rates, better health and higher educational achievement.

To minimize the impact of the higher costs associated with QRIS states use a variety of means to subsidize its provision. One is to directly subsidize the costs to providers by a variety of methods. These can be direct payments to centers based on enrollment or reimbursement for facilities and equipment or payment for staff education and training.

A second method, and the one proposed in this report, is to adopt a system of “tiered reimbursement”. The state pays a higher reimbursement rate based on the center’s QRIS rating. The higher the QRIS rating the greater the costs reimbursed for each child enrolled at the facility. Tiered reimbursement is an effective means to incentivize centers to upgrade as well as a means of allowing lower income families to avail themselves of higher quality child care.

Tiered reimbursement is only one of the strategies discussed in this report which will be a component of the West Virginia QRIS system. Tiered reimbursement is most effective when it is part of a package of incentives contained in the QRIS program. Among these are scholarships to provide additional training for all levels of child care workers from entry to managerial level. State provision of supervisors of licensing, training specialists and coordination of the staff at the regional centers

The most common source of funding for QRIS in other states is the Federal Child Care and Development Fund (CCDF), with all but one State relying on this revenue source. (Quality Rating & Improvement System Resource Guide n.d.) Other states have used federal grants and allocations. Included in these are:

- Temporary Assistance for Needy Families
- Social Services Block Grant
- Head Start
- Title IVB Child and Family Services

- Part B and Part C of the Individuals with Disabilities Education Act
- U.S. Department of Education
- American Recovery and Reinvestment Act and other initiatives

West Virginia DHHR has allocated its federal entitlements under these programs to other activities and projects. Funding from these sources would therefore not be available unless funds were reallocated from existing uses. That is not a recommendation of this report.

Other possible funding sources include:

- State general fund
- Dedicated State funding from tobacco settlement funds
- State lotteries or other gaming revenue
- Severance taxes
- Local government revenues
- Private sources, including business and philanthropic contributions

Considering the limitations placed on local governments by law or the State Constitution, there is little capacity to raise significant additional revenue from them. Private donations are not dependable sources of revenue for ongoing programs. Therefore it is likely that some source of funding at the State level will need to be found

Phased in Approach to Funding

A comprehensive QRIS is built over time and is most often seen as "...a dynamic system that requires regular review and revision based on experience and evolving knowledge." (Mitchell 2005) Substantial investments in planning, infrastructure, data collection and analysis are required. One of the first steps in preparing a financial plan involved identification of the functions already being performed in the state which support quality initiatives. Strategically linking these functions to the new system saves considerable time and monetary investment.

Tremendous effort has already been invested by early child care and education stakeholders in designing the QRIS. The next stage, and majority of the infrastructure cost of a QRIS, is to implement staffing for the administration and evaluation of the system. Current providers must be assigned a rating in the new system and plans for improvement established. New staff must be trained and equipped to evaluate programs as the numbers of participants increase.

Progress to This Point – Legislation

The need for a Child Care Quality Rating and Improvement System was demonstrated in the Policy Matters Assessment in 2006. Three areas were selected for improvement including program and child assessment, workforce compensation and the need for a system to rate and improve the quality of child care. In 2007, following an Executive Order by Governor Joe Manchin, the Partners Implementing Early Care and Education System (PIECES) Council formed committees to research best practices and review other state models. From these committees came recommendations on the various components that should be included in a QRIS, a draft of quality standards and recommendations for financial supports.

During the 2009 Legislative session, Senator Robert Plymale, Chair of the Senate Education Committee, introduced legislation to amend Chapter 49 of WV Code to add Section 2-E – Quality Rating and Improvement System. The legislation incorporated many of the recommendations made by the QRIS subcommittee. In addition, the DHHR Secretary was charged with creating a QRIS Advisory Council and submitting legislative rules including a financial plan for implementing a QRIS in the State.

In 2010, DHHR created the QRIS Advisory Council required by §49-2E-1(c). The Council first met in June 2010 and has continued to meet on a quarterly basis. The Council created two subcommittees to work on initial tasks – the Rules Subcommittee and the Finance Subcommittee - and have recently created two other subcommittees - one on Standards and one for Technical Assistance.

The Rules Subcommittee completed a draft set of rules for promulgation per §49-2E-1(b) with the intent of submitting during the 2012 legislative session. The rules include policies required by §49-2E-1(D). The Finance Subcommittee was created to work on the financial plan required in §49-2E-3 collecting data necessary to estimate costs based on a gradual implementation of the system over a 5 - 10 year time span.

In 2011, the Chairs and Vice Chairs of the Senate Education and Health and Human Resource Committees (Senators Robert Plymale, Erik Wells, Dan Foster and Ron Stollings) submitted a letter to the Benedum Foundation supporting CBER’s application for funding to complete the financial plan. In March of 2011, the Benedum Foundation agreed to provide a portion of the funding. In addition, the Legislature directed CBER funding to complete the analysis. Imagine West Virginia also committed funds to the project.

Consequences If Nothing Is Done

Working parents have limited options for quality child care in West Virginia. Fewer than six percent of child care programs in the state are accredited. These accredited programs are mainly located in the urbanized areas surrounding Huntington, Charleston and Martinsburg. Low-income areas are particularly affected when a lack of quality, affordable child care is a significant barrier in the transition from welfare to work.

Quality child care increases school readiness, enables early identification of special needs children. This is summarized by Nobel Prize winning economist James Hickman and his colleagues.

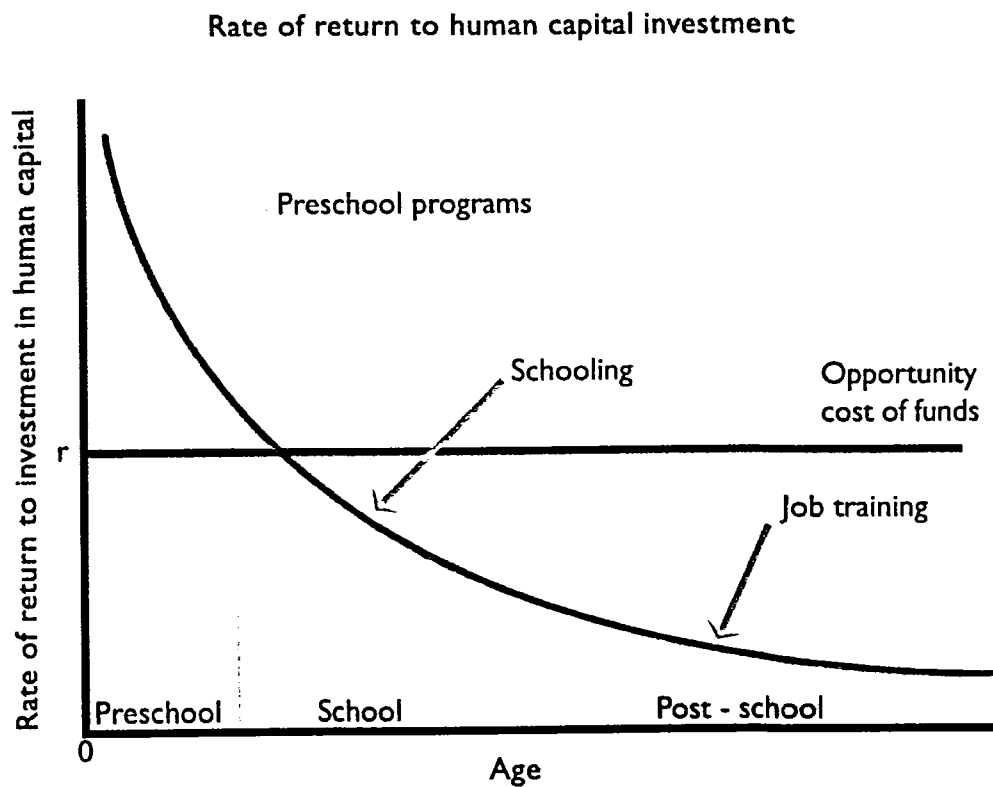
“The future of any society depends on its ability to foster the health and well-being of the next generation. Stated simply, today’s children will become tomorrow’s citizens, workers, and parents. When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. When we fail to provide children with what they need to build strong foundation for healthy and productive lives, we put our future prosperity and security at risk.”

-Knudsen, Heckman, Cameron and Shonkoff (2006)

Decades of research prove that the quality of a child's early learning experiences are essential to later academic and social development. In the past, economic growth has been propelled by investment in physical capital, machines and technology. Too little attention has been paid to developing the intellectual and creative capital of our population.

The evidence is unmistakable; investments in young children, during their earliest years of life, produce great economic returns for individuals and society; and the earlier the investment, the larger the return on that investment, as shown in the graph below.

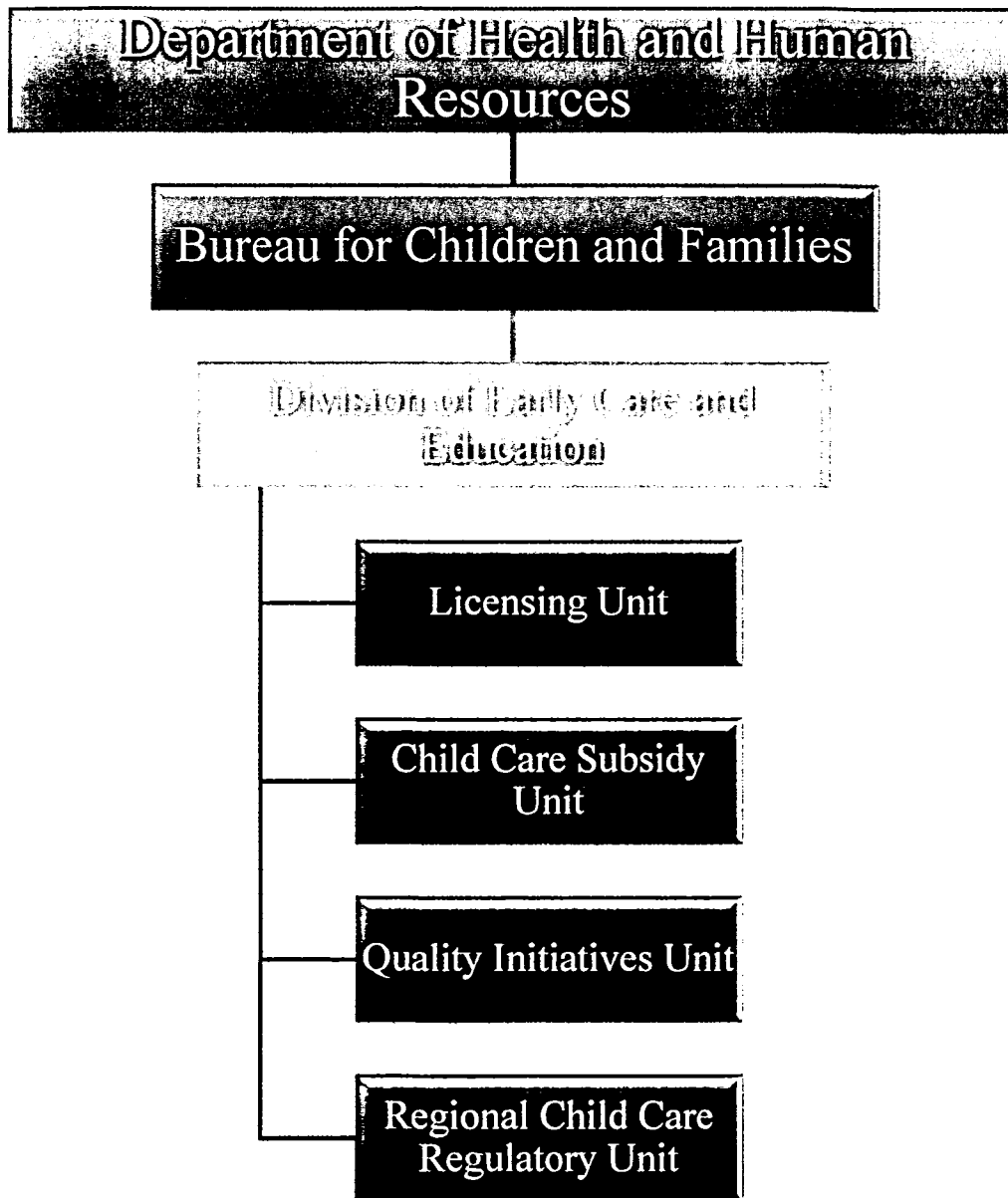
Figure 1 Rate of Return on Human Capital Investment



West Virginia's Current Child Care System

West Virginia's child care program consists of a number of components that are designed to improve the quality, affordability and availability of child care. The three major components are licensing and regulation, provision of subsidies for low income families and quality initiatives. The services are provided by a combination of Department of Health and Human Resources (DHHR) state and local offices and non-profit private agencies that receive grants to perform various activities for the Department. Below is a hierarchy of the various entities within DHHR that contribute to the operation of the child care services.

Figure 2 Child Care Structure in West Virginia



The State Department that receives federal and state child care funding, reports on use of funds and is responsible for overall direction of the child care program. The Bureau Children and Families (BCF) resides within DHHR and manages child care funding, develops budgets, tracks expenditures, manages grants, makes payments and approves all day-to-day operations.

The Division of Early Care and Education (ECE) is located within the BCF and manages programmatic aspects of services, either directly or through local departments or provision of grant funding to private non-profit agencies. Responsibilities are divided between three units:

- The Licensing Unit which

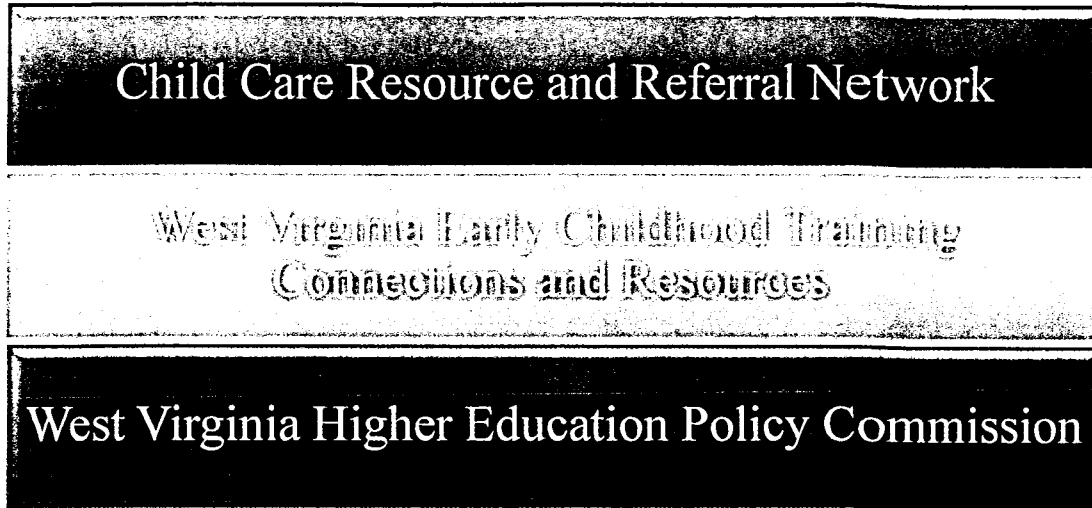
- develops licensing standards for child care centers and out-of-school time centers caring for 13 or more children;
- inspects licensed programs to determine compliance with standards;
- provides technical assistance as needed; and
- issues or denies licenses to operate a child care center.
- The Child Care Subsidy Unit which
 - develops policies and procedures for child care subsidy services, including eligibility for services, payments, and consumer education;
 - oversees the work of six private non-profit child care resource and referral agencies that actually determine eligibility, process payments and provide resource and referral services;
 - develops regulatory requirements and standards for family-based child care services; and
 - provides training, but not oversight, for four regional DHHR units that regulate family child care programs.
- The Quality Initiatives Unit which
 - develops initiatives to improve the quality of care received by children in all regulated child care settings;
 - develops plans for and implements programs designed to improve the child care workforce through professional developments, provision of scholarships and other supports;
 - oversees all professional development activities provided by six child care resource and referral agencies and two other grantees that provide supports for quality improvements, such as scholarships, grants and training and technical assistance.
- Regional Child Care Regulatory Units
 - Four regional units with staff housed in local DHHR offices that are responsible for inspection of family child care settings, including family homes caring for 4-6 children, facilities caring for 7-12 children and relative caregivers or informal providers caring for 3 or fewer children.

As of September 2010, the tiered reimbursement program in the Child Care Subsidy Unit of BCF provided subsidies to approximately 8,499 children under age 5.¹ Of these, fewer than 7 percent are enrolled in Tier III high quality programs. These figures do not represent children in private pay child care.

In addition to DHHR, a number of private non-profit agencies receive grant funding to provide a variety of child care services. The list below shows the various agencies that receive grant funding and the child care services offered.

¹Distinct unduplicated child count as of September 2010. West Virginia Department of Health and Human Resources Bureau for Children and Families.

Figure 3 Child Care Grantee Network



The Child Care Resource and Referral (CCR&R) network in West Virginia consists of six agencies that manage the child care subsidy system and provide quality services including training and technical assistance to child care providers. Each agency provides the same services within separate geographic areas. Currently, 21 offices are operated statewide. CCR&R agencies determine subsidy eligibility, track provider resources and refer providers to families, and process payments to providers.

Quality initiatives include provision of training and professional development for the early childhood workforce, regional conferences, technical assistance, provision of grants to family providers, special infant and toddler classes, resources provided through the TRAILS lending library and consultation services for children with special needs or for behavior issues.

West Virginia Early Childhood Training Connections and Resources (WVECTCR) is a project operated by River Valley Child Development Services that provides a number of provider support services including:

- The State Training and Registry System (STARS) a system that tracks provider training, registers and approves training and offers a training calendar.
- The Teacher Education and Compensation Helps (T.E.A.C.H.®) program offers scholarships to early educators for both associate and baccalaureate degrees.
- The Center Accreditation Support Services (CASS) offer grants and technical assistance to programs seeking national accreditation.
- The Apprentice for Child Development Specialist (ACDS) professional development program that offers a national apprenticeship credential to those completing 300 hours of classroom work and 3,200 to 4,000 hours of on-the-job training.
- The Nurse Consultant Project with three full-time nurses providing consultation including special needs children.
- Celebrating Connections, an annual early childhood conference that attracts almost 2,000 participants annually.

- Behavior Consultation Coordination to guide and oversee the work of behavior consultants working for the CCR&R agencies.
- Facilitation of train-the-trainer sessions for professional development staff in the CCR&R agencies.
- Provision of grants to centers for participating in the Child Care Tiered Reimbursement project.
- Publications such as the Early Childhood Provider Quarterly, Early Learning Standards and other child care brochures.
- Printing of training materials.

The West Virginia Higher Education Policy Commission (WVHEPC) operates a scholarship fund for individuals who have attained an Apprentice for Child Development Specialist (ACDS) credential and desire to pursue a college degree.

IMPLEMENTATION OF A QUALITY RATING AND IMPROVEMENT SYSTEM

Summary of Activities and Program Costs

A successful QRIS must begin with an adequate infrastructure system that includes:

- planning and coordination functions,
- evaluation capabilities,
- management information systems,
- technical assistance and training,
- public education activities,
- resource and referral functions,
- licensing systems, and
- professional development services.

QRIS must be implemented over a period of time. Before the program can reach the centers certain staff must be hired and trained. Procedures and regulations will be promulgated. Systems for monitoring and evaluation should be in place. Center personnel need to be fully informed about the details and expectations of QRIS. The general public and parents in particular must be made aware of the program, how the rating system reflects quality and the costs and subsidies which will be available.

The West Virginia QRIS will be implemented over a five year period. How this is to be done and the costs associated with each year's implementation are provided in the paragraphs that follow. Full detail on yearly plans and how costs were calculated are revealed in the cost summary section and Table 16 on page 90.

Year One - Building Infrastructure

State Level Infrastructure

Building the infrastructure for the QRIS is the primary focus during first year of implementation. Experience in other states with QRIS programs and recommendations from professional groups regarding programs facilities and staffing were used to develop the first year program and costs as well as in subsequent years. The staff described in the plan are in addition to existing staff. The detailed costs by year for QRIS implementation are given on pages 82-91 of the full report.

On a state level, the Division of Early Care and Education will be developing a new Provider Management System to track the numerous components of the QRIS. This will require additional staff.

- Two staff will be employed as anchors/evaluators for the Environment Rating Scales and will attend training provided by the Frank Porter Graham Early Childhood Institute at the University of North Carolina. Once trained, they will begin on-site evaluations at three and four star programs and to provide training to other staff.
- A new Licensing Supervisor and one new licensing specialist will be employed to determine the rating level of participating centers.
- Three new coordinators will be hired to coordinate the work of staff in CCR&R agencies.

- One coordinator will provide training and oversight for technical assistance staff;
- Another will provide training and oversight for new training specialists conducting training for school-age child care programs;
- The third coordinator will collaborate with other professional development providers, including community and technical colleges, to maximize funding for training, scholarships and professional development and imitate online training, evening classes and off-campus programs for child care workers.
- A rate increase for providers elevates base payment rates towards the goal of the 75th percentile of the 2011 market rate.

The Division, with assistance from the QRIS Advisory Council, will be finalizing quality standards, application forms, policies and procedures for each level of the QRIS. The existing Tiered Reimbursement System, which offers \$2-\$4 extra daily in payments for subsidized children to providers who provide written verifications that their program meets higher quality standards, will be transitioned to the new QRIS. The transition will result in an additional level of quality and physical on-site monitoring to verify compliance with standards. In a QRIS, tiered reimbursement is not a program in and of itself, but merely another financial support provided to increase the level of quality.

The existing Tiered Reimbursement System will be transitioned to the new QRIS Star rating system. Division staff will be working with the Division of Grants and Contracts to increase the scope of work for the CCR&R agencies, which will be responsible for a majority of the provider supports in a QRIS, including training and technical assistance and ERS evaluation.

Two new contractors must be selected:

- A contract for an independent third party evaluator, who must have knowledge of the early childhood framework in West Virginia and experience in conducting research. An independent, third-party evaluator is necessary to accurately gauge the progress and effectiveness of the Quality Rating Improvement System (QRIS). The proposed evaluator is expected to have significant demonstrable research experience regarding effective early childhood practices and policies as well as a substantive connection to the legislative and policy arenas of the State. Further, this evaluator should possess an intimate working knowledge of the financing structures of QRIS systems (broadly defined) and in the State in particular. The evaluating entity should be able to provide evidence of long-standing expertise in evaluating early childhood, Pre-K education or other similar systems and their implementation. Staff will work with the independent third party evaluator to develop outcomes and measurements for evaluation of the QRIS.
- A contract for an agency in conjunction with the QRIS Advisory Council to provide a comprehensive consumer awareness campaign and to create a logo, name and identity for the system Staff will continue quarterly meetings of the QRIS Advisory Council.

Child Care Resource and Referral Agencies Infrastructure

The six child care resource and referral agencies (CCR&FA) will be adding new employees and will need to locate space and purchase equipment for these new employees. Each CCR&FA will add the following additional staff:

- One new infant and toddler specialist to provide training for caregivers of infants and toddlers (the two largest CCR&R agencies will each receive two positions).
- One new school-age child care specialist to provide training specifically for caregivers of school-age children.
- One technical assistance specialist to provide on-site assistance to providers to improve their programs, develop professional development plans, provide career advice, help providers in applying for accreditation or to move up a star level in the QRIS system (the two largest CCR&R agencies will each receive two positions).

All new staff will require an introductory course on the Environment Rating Scales, which will be offered as a web-based course; and all require notepads and access to the national ERS Data System. The infant and toddler specialists require additional training from the Program for Infant and Toddler Caregivers (PITC) program provided by West Ed Laboratories of California.

WV Early Childhood Training Connections and Resources (WVECTCR)

WVECTCR is another significant resource for provider supports for early educators. The agency manages the T.E.A.C.H.® scholarship program and the State Training and Registry System (STARS). The registry system;

- Determines career lattice levels for early childhood staff based on education and experience,
- Tracks training and professional development, and approves trainers and training providers. issues incentive grants to center providers
- Manages the Center Accreditation Support System.
- Facilitates training-of-trainers sessions for DHHR and CCR&R professional development staff.

During the first year, they will be facilitating several train-the-trainer sessions for the new positions. The agency will receive additional funding for grants and scholarships in preparation for increased demand for these supports. The estimated cost for year one is \$12,866,498 in addition to funds already in the program.

Year Two - Growing the QRIS

State Level Growth

By year two, the focus will move from implementation and start-up of the necessary infrastructure to launch the QRIS system.

- The new management information system should be ready for information to transfer from the old system to the new. Staff will be training CCR&R personnel on the new system. Providers will enter information directly into the web-based system.
- The ERS anchors have become experienced evaluators and will attend in-depth training on the Infant and Toddler and Pre-school Environment Scales. Training two new evaluators will be conducted to insure the reliability of the scores for the new staff.
- The first of two base pay increases for child care providers will be implemented and rates will be set at the 75th percentile of 2011 market rate for positions with similar training and experience requirements.

- A second rate increase for providers elevates base payment rates to the 75th percentile of the 2011 market rate.
- A new market rate survey to determine provider fees will be conducted.
- The WAGES™ program will be implemented, which will provide wage supplements for staff working in programs with two or more Stars. Supplements will be phased in over a five-year period, which means the phase-in will carry over into the second five years of the QRIS.
- Two new technical assistance staff and two new ERS evaluators for selected CCR&R agencies to cover areas of need for technical assistance or, in the case of the ERS evaluators, to cover different parts of the state.
- Funding for scholarships and grants will be increased at WVECTCR.
- The third party evaluator will begin collecting data on initial outcomes from the QRIS.

Child Care Resource and Referral Agencies

The child care resource and referral agencies will increase the number of early childhood practitioners attending training courses and needing technical assistance. The infant and toddler specialists will double the amount and comprehensiveness of training available to infant and toddler teachers. The school-age specialists will be doing the same for teachers of children age 5-12. Technical assistance staff will be working with programs and providers, assisting with ERS self-assessments, program improvement planning, applications for accreditation, referrals to other supports, professional development plans and providing advice to practitioners on their practice and their careers. During this year, the following should occur:

- A technical assistance position will be added to two CCR&R agencies experiencing the greatest demand for technical assistance. They will take the new ERS web-based introductory course.
- An ERS evaluator will be added to two CCR&R agencies designed to cover specific geographic regions of the state. They will each attend training offered by the Frank Porter Graham Early Childhood Institute at the University of North Carolina in Chapel Hill and will work with the two state anchors to achieve inter-rater reliability and begin conducting evaluations.
- Conversion to the new Provider Management Information System may take up a considerable amount of time. There will be numerous questions from providers about how to access the new system and how to enter information on their programs in the system.
- CCR&R agencies must find space and purchase equipment for new staff.

West Virginia Early Childhood Training Connections and Resources Growth

WVECTCR will expand the programs it manages that are components of the QRIS, necessitating enhanced funding for several of the program components:

- The T.E.A.C.H.® program will receive increased funding to support the growing number of early educators interested in pursuing a degree due to the incentives offered through the WAGES™ program and scholarship assistance.
- The incentive and accreditation grant programs will receive increased funding to support the growing number of programs interested in participating in the QRIS, those moving up to a new star level and those seeking accreditation.

- The WAGES™ will be implemented through WVECTCR. This new project subsidizes wages to practitioners working in two-star and above programs, having certificates, credentials, or college credit and are at Career Lattice Level 3 or above. Career Levels are available as Appendix 9.
- The training-of-trainers line item will be increased to allow for training for new professional development staff and technical assistance staff in the CCR&R agencies.

The estimated cost for year two is \$12,507,051 in addition to funds already in the program.

Year Three - Reporting on Continuing Progress

State Level Progress

This is the first year for the third party evaluator to make a report on their evaluation of progress to see if modifications are necessary to insure the success of the program. Current efforts continue but some additional efforts are just starting.

- The intake level for eligibility for child care to 160 percent of Federal Poverty Level (FPL), the first in a series of increases designed to take eligibility to 200 percent of FPL. The exit level remains at 185 percent of FPL. This increase allows additional families to afford child care and will cover an estimated 407 additional children.
- An additional licensing specialist is employed to determine the Star ratings for the growing number of centers participating in the QRIS.
- The consumer awareness campaign shifts its focus from encouraging provider participation to providing more materials to families on how to select center care based on the Star level of providers.
- Two additional technical assistance staff will be added along with two new ERS evaluators to selected CCR&R agencies to cover areas of high need for technical assistance or, in the case of the ERS evaluators, to cover different parts of the state.
- Funding for scholarships and grants will be increased at WVECTCR.

CCR&R Progress

The CCR&R agencies continue existing efforts but new staff is added again this year.

- A technical assistance position will be added to two CCR&R agencies experiencing the next greatest demand for technical assistance. They will also take the new ERS web-based introductory course. This makes a total of 12 technical assistance staff statewide.
- Another ERS evaluator will be added to two CCR&R agencies designed to cover specific geographic regions of the state. This makes a total of 4 evaluators in the CCR&R agencies in addition to the two State Anchors.

WV Early Childhood Training Connections and Resources Progress

WVECTCR will employ a coordinator to support the WAGES program. Additional financing is added to the T.E.A.C.H.® scholarship program, the grant incentive program, the Center for Accreditation Support Services (CASS) program and the WAGES program.

The estimated cost for year three is \$15,473,663 in addition to funds already in the program.

Year Four - Results

State Level Results

The initial report by the third party evaluator is available. Based on the report's results, it will be determined what is working well and what isn't. Results will be utilized for changes to policies, procedures and standards as needed.

Two new technical assistance staff and two new ERS evaluators to selected CCR&R agencies will be added to cover areas of high need for technical assistance or, in the case of the ERS evaluators, to strategically cover different parts of the state. Funding for scholarships and grants will be increased at WVECTCR to enhance greater demand for these programs.

State level staff increases the intake level for eligibility for child care to 170 percent of Federal Poverty Level (FPL), the second in the series of increases designed to take eligibility to 200 percent of FPL. The exit level remains at 185 percent of FPFL. This increase means additional families can afford child care and will cover an estimated additional 407 children, which makes a total of over 814 new children in the system.

CCR&R Progress

For the CCR&R agencies new staff is added again this year.

- A technical assistance position will be added to two CCR&R agencies experiencing the next greatest demand for technical assistance. They will also take the new ERS web-based introductory course. This makes a total of 14 technical assistance staff statewide.
- Another ERS evaluator will be added to two CCR&R agencies designed to cover specific geographic regions of the state. This makes a total of six evaluators in the CCR&R agencies in addition to the two State Anchors.

WV Early Childhood Training Connections and Resources Progress

For WVECTCR additional funding is added to the T.E.A.C.H.® scholarship program, the grant incentive program, the CASS accreditation support program and the WAGE\$ program.

The estimated cost for year four is \$18,621,511 in addition to funds already in the program.

Year Five - A New Financial Plan

State Level Results

In the fifth year the Division of Early Care and Education will need funding to update the five-year financial plan. The second five-year plan will continue to expand various components of a graduated implementation, including:

- Increased eligibility for families, possible increases in rates to maintain them at the 75th percentile,
- Provision of health care benefits and evaluation of the need for funding for all other components of the system.

Implementation efforts will continue:

- Grant agreements will once more be altered to add two final technical assistance staff and two final ERS evaluators to selected CCR&R agencies. This will result in 8 ERS evaluators in addition to the two state level anchors and a total of 16 technical assistance staff statewide.
- Funding for scholarships and grants will also be increased at WVECTCR.
- The intake level for eligibility for child care to 180 or 185 percent of Federal Poverty Level (FPL), the second in the series of increases designed to take eligibility to 200 percent of FPL. The exit level remains at 185 percent of FPL. This increase will cover an estimated 406 additional children, which makes a total of 1,220 new children in the system.
- A third licensing specialist is employed to determine the rating levels of the growing number of centers participating in the QRIS.

Provision of Health Care Benefits

This is the last component to be added to the list of improvements for staff and providers and is designed to stabilize the child care workforce by retaining current staff and reducing turnover. Implementation may also depend upon the impact of the Affordable Care Act passed by Congress in 2010, which reforms the provision of health care benefits and may cover much of the current workforce.

The third-party evaluator will complete a second progress report and evaluate the progress and effective of the QRIS. This report should be the first to show program outcomes and could result in analysis and changes to the program in the sixth year of operation.

CCR&R Progress

The CCR&R agencies again this year will require additional personnel.

- A technical assistance position will be added to the two remaining CCR&R agencies. This makes a total of 16 technical assistance staff statewide.
- Another ERS evaluator will be added to two CCR&R agencies. This makes a total of eight evaluators in the CCR&R agencies in addition to the two State Anchors.

WV Early Childhood Training Connections and Resources Progress

Additional amounts are added to the T.E.A.C.H.® scholarship program, the grant incentive program, the CASS accreditation support program and the WAGE\$™ program. The Health Care Benefits Program will be added to the list of QRIS supports provided through WVECTCR, which may mean the addition of a Health Care Benefits Coordinator. Due to the increase in the award of grants and other financial benefits, a fiscal agent will be added to manage the increased numbers. The estimated cost for year five is \$23,467,304 in addition to funds already in the program.

Conclusion

This executive summary provides a capsule look at what will be required for the establishment of a QRIS program in West Virginia. The importance of having a QRIS program has been established. The state gains by having children better prepared for school and in later life more

productive citizens. Parents profit because they can now evaluate the comparative competencies of various child care options and will find child care to be more affordable. The State itself benefits by having more people in the workforce and fewer relying on state welfare programs.

Implementation of a QRIS in West Virginia will be an ongoing process. This financial plan represents the estimated investment for the first five years with an annualized cost of \$16.5 million and a total five year cost of \$82.9 million.

Introduction

Since 2006, early childhood leaders, advocates and practitioners in West Virginia have worked together on plans to create a Child Care Quality Rating and Improvement System (QRIS) in the state. A QRIS is designed to rate the quality of an early childhood program and to assist programs to improve their quality. The rating process awards stars for quality, with four indicating the highest quality and one star indicating a minimal acceptable level of quality.

Since child care programs are funded by parent fees, the quality is largely dependent upon the parent's ability and willingness to pay for quality. This means that many child care centers in West Virginia cannot afford to operate a high quality program if dependent solely on parental support. It also means that many families must keep their children out of quality child care in large part due to cost. A QRIS provides financial and program supports to child care programs, enabling them to increase their quality without passing the costs on to parents who cannot afford the corresponding increases in fees.

The Center for Business and Economic Research (CBER) at Marshall University compiled cost estimates from each component of a QRIS program to form a final comprehensive analysis. This report will assist policy-makers with policy decisions concerning the overall cost and implementation timeline for a QRIS in West Virginia.

Components of a QRIS

CBER conducted analyses on the relevant costs associated with providing the following categories of quality improvement for the early care and education system in West Virginia:

- Tiered reimbursement which provides higher child care reimbursements for subsidized children to providers meeting higher quality standards.
- Wage supplement program that provides annual salary enhancements to caregivers with higher educational levels. Wage supplements reduce staff turnover, which is harmful to children, and increase the level of professional staff with more than a high school diploma.
- Scholarships for caregivers pursuing either an associate or bachelor's degree in an early childhood field.
- Health care benefits from centers for caregivers who are pursuing or who have achieved professional degrees, with part of the cost shared by participants and employers.
- Quality improvement grants in amounts sufficient for substantial improvements.
- Accreditation support to programs such as technical assistance and financial assistance with fees.
- Increased subsidy assistance to support families earning up to 200 percent of Federal Poverty Level. This makes quality child care more affordable for low-income families who may or may not otherwise qualify for assistance.
- A public education campaign designed to inform West Virginia citizens about the newly established QRIS system with a focus on educating consumers to utilize the system in selecting high quality care for their children. Increased public awareness is an integral component in helping parents understand the importance of high quality child care for their children.

Background

Policy Matters Assessment of West Virginia's Early Childhood System (2006)

The impetus for developing a Child Care Quality Rating and Improvement System in West Virginia began with the completion of an assessment of the State's early childhood system, in 2006 and published by **West Virginia Kids Count** the **PIECES Early Childhood Council** and **Vision Shared of West Virginia** collaborated on a project funded by the Claude Worthington Benedum Foundation to complete the *Policy Matters Early Childhood Assessment*, an evaluation tool and process created by national expert, Dr. Sharon Lynn Kagan.²

The study looked at the quality of the state's early childhood settings, the early childhood workforce, the involvement of families and the general public, accountability, financing, governance and coordination of various early childhood programs, education in the early grades, and health and mental health. The assessment was completed using representatives from the various early childhood programs, higher education, and service providers as well as legislators and early childhood care and education advocates.

The assessment showed a number of strengths but also showed a need for improvement in several areas. Three areas were selected for improvement including program and child assessment, workforce compensation and the need for a system to rate and improve the quality of child care. **West Virginia Kids Count** publicized the report and the various partners in the project sought to create political support for improvements in the three areas.³

Governor's Executive Order and Charge to the PIECES Advisory Council (2007)

On October 24, 2007, Governor Joe Manchin issued an Executive Order, which empowered the PIECES Advisory Council "to study the issues of governance as it relates to early care and education, develop standards for a quality early care and education program, and examine the costs of financing a quality early care and education program and to report its progress to the Governor no later than the 30th day of June, 2008." The PIECES Advisory Council formed three committees, researched best practice and reviewed other state models.

Recommendations from PIECES (2008)

The PIECES Advisory Council submitted its report to the Governor in June 2008. One of the major recommendations in the report was to:

"...develop a comprehensive, comparative list of existing quality standards for all of West Virginia's early childhood development partners (Head Start, Child Care, Public Education), develop West Virginia quality standards incorporating the existing quality standards, implement a Quality Rating and Improvement System (QRIS) for child care, and launch an educational campaign to teach people how to participate in the QRIS."
(PIECES Advisory Council 2008)

² Dr. Kagan is the Virginia and Leonard Marx Professor of Early Childhood and Family Policy, Co-Director of the National Center for Children and Families, Associate Dean for Policy at Teachers College, Columbia University, and Professor Adjunct at Yale University's Child Study Center.

³ These efforts resulted in an Executive Order issued in the winter of 2007 by Governor Joe Manchin.

While public school and Head Start programs also provide early childhood services, other providers of child care delivery were determined to be the first priority for quality enhancements. In addition, Head Start and Public Pre-k programs already had their own quality standards. The report recommended that West Virginia's QRIS should:

- Be available to child care programs on a voluntary basis but include incentives to encourage participation;
- Utilize a set of high quality standards broken into at least four incremental steps or levels. The top level of quality would be determined based on the results of the crosswalk/comparison of standards which was being developed by a subcommittee;
- Incorporate a process for objectively assessing quality and maintaining accountability;
- Include a system of training and technical assistance to help improve quality of participating programs;
- Provide financial incentives to encourage participants to reach higher levels of quality; and
- Ensure that public information is available to inform providers, families, and other consumers about what a QRIS is and how to use it in making decisions about care for their children.⁴

The report also proposed a number of financial incentives for programs that participated in the QRIS including:

- Tiered reimbursement, which provides higher child care reimbursements for subsidized children to providers meeting higher quality standards. WV's Department of Health and Human Resources (DHHR) currently offers higher reimbursements for two levels of quality as opposed to three levels which are included in the proposed QRIS.
- A wage supplement program that provides annual salary enhancements to caregivers with higher educational levels. Wage supplements reduce staff turnover, which is harmful to children, and increase the number of professional staff with more than a high school diploma. Costs will vary based on amount of supplements awarded.
- Scholarships for caregivers pursuing either an associate or bachelor's degree in an early childhood field. DHHR currently provides grant funding to the Higher Education Policy Commission to provide scholarships to child care practitioners who have completed the child care apprenticeship program and are working toward degrees in early childhood. The agency also provides grant funds to implement the Teacher Education and Compensation Helps (T.E.A.C.H.®) Scholarship program at West Virginia Early Childhood Training Connections and Resources, which is operated by River Valley Child Development Services. This scholarship fund is available to all child care practitioners.
- Health care benefits for caregivers who are pursuing or who have achieved professional degrees, with portions of the cost paid by participants and employers.
- Increased quality grants sufficient for substantial improvements. DHHR currently offers "mini-grants" ranging from \$250 to \$2,500.
- National (NAEYC or NAFCC) accreditation supports such as technical assistance and financial assistance with fees.

⁴ Ibid, p.31.

Three additional components were proposed to support implementation of a QRIS. These include:

- Increasing subsidy assistance to support families earning up to 200 percent of Federal Poverty Level making quality child care affordable for low-income families.
- Base subsidy payment rates set at the 75th percentile of the market rate.
- A public relations campaign designed to inform West Virginia citizens about the newly established QRIS system with a focus on educating consumers to utilize the system in selecting high quality care for their children. Parents should also understand the impact of high quality care on their children.

National Recommendations for a QRIS

At the same time that the PIECES Advisory Council was making recommendations for West Virginia's QRIS, the *Starting Early, Starting Right Act* (S1155) was introduced in both Houses of Congress and a national agenda was developed for high-quality child care. The Act did not make it through Congress, but the national agenda was endorsed by a number of national advocacy groups. The recommendations and goals from the national agenda⁵ are included below to show similarities between the national agenda and West Virginia's recommendations.

Ensure access to healthy and safe care, which requires

- Additional training for all family and center-based providers
- Developmental screening of children,
- Semi-annual inspections of all settings caring for at least one child
- Subsidy payment rates set at the 75th percentile of market rate
- One-year eligibility periods for families
- Strategies to increase supply of care for special populations

Improving quality to promote early learning

- Developing and implementing a Quality Rating and Improvement System for child care centers and family child care homes, including criteria appropriate for each age group with levels that lead to nationally recognized high standards.
- Providing assistance for education, training, and compensation initiatives to assist providers in meeting and maintaining the criteria for achieving progressively higher rating levels under the QRIS.
- Providing grants and other assistance, including mentoring, to assist child care providers in meeting and maintaining the criteria for achieving progressively higher rating levels under the QRIS.
- Maintaining a statewide network of child care resource and referral programs.
- Inspecting and monitoring child care programs.
- Providing grants to assist child care providers, including those with limited-English-proficiency, in becoming licensed or regulated and in meeting pre-service and ongoing training requirements.
- Offering other assistance to child care providers to strengthen the quality of child care, including support for education and training initiatives tied to compensation.

⁵ "Developing America's Potential: An Agenda for Affordable, High Quality Child Care"

- Providing grants to assist child care providers who are not required to be licensed or registered in receiving appropriate training and support.
- Developing and implementing technological resources to assist low-income families in applying for child care assistance as well as to educate families concerning the range of and quality ratings of various child care providers.⁶

Follow up Report with Quality Standards and Additional Recommendations (2008)

Once the initial report was submitted to the Governor, the PIECES Advisory Council continued its work by creating a QRIS subcommittee to develop the actual quality criteria and supply additional information on financing needs for the program. The Committee worked quickly to submit this additional report prior to the 2009 Legislative Session. The report provided more detail on the various components that should be included in the QRIS, a draft of quality standards and recommendations for financial supports. (PIECES Advisory Council 2008)

Legislation Creating a Quality Rating and Improvement System (2009)

During the 2009 Legislative session, Senator Robert Plymale, Chair of the Senate Education Committee introduced legislation to amend Chapter 49 of WV Code to add Section 2-E – Quality Rating and Improvement System. The legislation incorporated many of the recommendations made in the report submitted by the QRIS subcommittee. In addition, the DHHR Secretary was charged with creating a QRIS Advisory Council and submitting legislative rules including a financial plan for implementing the project, indicating that DHHR could use American Recovery and Reinvestment Act (ARRA) funds to support either a pilot or phased implementation of a QRIS. The legislation passed although no State funding was allocated.⁷

Use of American Recovery and Reinvestment Act Funds (2009-2010)

During 2009-2010, DHHR developed a plan for using the ARRA funding to support some of the one-time-only costs for creation of a QRIS. A summary of ARRA funding uses is included in Appendix 8 and includes:

- Training of trainers on the “Mind in the Making” curricula.
- Development of a 30-hour course on “Resiliency and Attachment”.
- A baseline assessment of the quality of care in child care centers, homes and facilities for use by a third party evaluator.
- Development of a new web-based provider management information system that incorporates tracking of data essential for implementation and evaluation of a QRIS.

Creation of the QRIS Advisory Council (2010)

In 2010, DHHR created the QRIS Advisory Council required by §49-2E-1(c). The Council first met in June 2010 and has continued to meet on a quarterly basis. The Council created two subcommittees to work on initial tasks – the Rules Subcommittee and the Finance Subcommittee

⁶American Federation of State, County and Municipal Employees; Center for Law and Social Policy; The Children’s Project; Early Care and, p. 1; American Federation of State, County and Municipal Employees; Center for Law and Social Policy; The Children’s Project; Early Care and; American Federation of State, County and Municipal Employees; Center for Law and Social Policy; The Children’s Project; Early Care and Federal Policy.

⁷ 2009 SB 498 Effective from passage April 11, 2009.

- and have recently created two other subcommittees - one on Standards and one for Technical Assistance.

The Rules Subcommittee completed a draft set of rules for promulgation per §49-2E-1(b) with the intent of submitting during the 2012 legislative session. The rules include policies required by §49-2E-1(D). The Finance Subcommittee was created to work on the financial plan required in §49-2E-3 collecting data necessary to estimate costs based on a gradual implementation of the system over a 5 - 10 year time span.

The QRIS Committee determined that the financial plan was one of the most critical facets of the project. A recent research project by Rand Education⁸ reviewed systems from five states and made a number of recommendations based on their research. The first recommendation was to obtain adequate financing in advance of implementing a system and to know how that funding will be used. For these reasons, the QRIS Committee was pleased that the Center for Business and Economic Research at Marshall University (CBER), which has conducted a number of reports regarding early childhood issues, had applied for funding from the Claude Worthington Benedum Foundation to support development of the required financial plan.

Funding Provided to the Center for Business and Economic Research for Financial Plan (2011)

In 2011, the Chairs and Vice Chairs of the Senate Education and Health and Human Resource Committees (Senators Robert Plymale, Erik Wells, Dan Foster and Ron Stollings) submitted a letter to the Benedum Foundation supporting CBER's application for funding to complete the financial plan. In March of 2011, the Benedum Foundation agreed to provide a portion of the funding. In addition, the Legislature directed CBER funding to complete the analysis. Imagine West Virginia also committed funds to the project. This report is a result of those commitments.

Basic Components of Quality Rating and Improvement Systems

There are five basic components to all QRIS programs. The federal Office of Child Care (OCC), which encourages and supports state efforts to create QRIS, does not consider a state to be operating a true QRIS unless that system addresses each of the five components. In fact, OCC has incorporated an evaluation of the five components as part of its biennial "State Plan Pre-print."⁹ OCC drafted a set of benchmarks for states to use in developing new systems. The five components are as follows:

- Program Standards
- Accountability Measures
- Practitioner Outreach and Support
- Financial Incentives
- Parent/Consumer Education¹⁰

⁸ "Child-Care Quality Rating and Improvement Systems in Five Pioneer States: Implementation Issues and Lessons Learned", by Gail L. Zellman and Michal Perlman, 2008

⁹ An excerpt from the State Plan is included as Appendix 2 to show the emphasis now being placed by the federal government on improving quality through the operation of QRIS systems.

¹⁰ What's New - 2012-2013 State Plan

http://www.acf.hhs.gov/programs/occ/law/guidance/current/ACF118/draft_plans/fy2012-2013state_plan_v2.pdf

The West Virginia Division of Early Care and Education, Bureau for Children and Families, Department of Health and Human Resources already funds a number of quality initiatives such as:

- Tiered Reimbursement
- Accreditation Grants
- Provider Scholarships

These initiatives will become part of the infrastructure for a larger system and will be incorporated into the QRIS. Additional funding will be required to support missing pieces and strengthen existing ones. This report will provide further detail to show current investments and how they support the QRIS and will also provide estimates of additional funding essential to effectively implement a QRIS in West Virginia.

Standards

Program standards are the core component of any quality rating system and are now specified in State Code, Chapter 49, Article 2-E-2 (a2) which requires:

“Program standards for registered family child care homes and program standards for all licensed programs, including family child care facilities and child care centers, that are each divided into four levels of attributes that progressively improve the quality of child care beginning with basic state registration and licensing requirements at level one, through achievement of a national accreditation by the appropriate organization at level four. Participation beyond the first level is voluntary. The program standards shall be categorized using the West Virginia State Training and Registry System Core Knowledge Areas or its equivalent.”

The quality standards were developed by workgroups established by the PIECES Advisory Council consisting of child care staff in DHHR, practitioners, advocates and other stakeholders. In deciding upon quality standards, the workgroups utilized criteria from other states, recent early childhood and brain research and national accreditation criteria. The workgroups also aligned program standards with the State’s vision for a system that would improve the lives of families and children, enhance children’s school readiness, attract well-trained and highly-educated teachers, and improve the economy. While these goals were a prominent consideration in developing standards, the workgroups were also guided by:

- A desire to implement programs that address critical health care issues for West Virginia citizens, such as dental care, obesity and mental health by starting early in life to establish healthy lifestyles.
- Governor Manchin’s “Five Promises” to children to provide them with caring adults, safe places, a healthy start, an effective education, and opportunities to help others.
- Efforts to incorporate state-specific quality initiatives and products, including WV STARS (State Training and Registry System), the WV Early Learning Standards Framework, the Apprenticeship for Child Development Specialist (ACDS) and WV STARS Core Knowledge/Core Competencies.
- The potential to reduce aggressive behavior based on recent Canadian research that indicates a link between aggression and insecure attachment to their adult caregivers during the early years.

- A desire to ameliorate the impact of child abuse and neglect, which can result in developmental delays and psychiatric disorders such as anxiety, depression and conduct disorder. Research shows that the negative impact of early trauma can be buffered if children have secure attachments to adult safety figures.

Standards for child care programs eligible to participate in the QRIS are included as Appendices 3, 4 and 5. These standards are considered to be a preliminary draft only, as further input is being solicited and may result in changes to ensure effectiveness and applicability.

Infrastructure for Standards

In addition to the standards themselves, a number of decisions were necessary with regard to the infrastructure for the standards. State code now requires the following:

- A four star rating system with four levels/tiers of quality standards.
- Different sets of standards for family child care homes caring for 4-6 children and all other licensed programs including family child care facilities caring for 7-12 children and child care centers and out-of-school-time programs caring for 13 or more children. (This last type of care is new but is covered based on language allowing for other licensed programs to also participate.)
- Requirements for one-star programs will consist of basic licensing requirements, regardless of type of license. This approach is supported by the research done by Rand Education,¹¹ which recommends integrating licensing within a QRIS system.
- Participation beyond one star is voluntary.
- Four star programs will be required to achieve national accreditation.
 - Centers must be accredited through the National Association for the Education of Young Children (NAEYC).
 - Homes and facilities must be accredited by the National Association for Family Child Care (NAFCC).
 - Out-of-school-time programs will require national accreditation through the Council on Accreditation (COA).
- Program standards will be categorized using West Virginia STARS Core Knowledge Areas.

Within this framework, the workgroups also recommended:

- The system utilizes a building block method, in which standards at the lower tier must be met to move to the next tier.
- Programs currently accredited by NAEYC or NAFCC will be grandfathered in and receive a four-star rating 4 and must meet all Tier 1, 2 and 3 standards by the next NAEYC, NAFCC or COA validation visit. (PIECES Advisory Council 2008)

The original PIECES QRIS workgroup established goals for participation rates over a five-year period for each type of child care setting. However, current participation in the state's tiered reimbursement program and the national data, suggest that those original goals were too high. (PIECES Advisory Council 2008) Nationally, participation rates for voluntary systems vary

¹¹ Ibid.

from 2 percent to 69 percent based on the variability of financial and programmatic supports, program standards and requirements and length of time the QRIS has been operating in the state. Rates average about 24 percent, with only three systems showing rates in excess of 30 percent. (Child Trends and Mathematica Policy Research 2010)

While data is limited to two states, those that show participation rates by type of care show higher participation rates for center based care than for home-based care, typically 33 to 46 percent for centers and 10 to 20 percent for homes. (Child Trends and Mathematica Policy Research 2010) Table 1 shows current participation rates in the tiered reimbursement program in West Virginia, a projection of participation over the next five years, and projected participation rates based on annual increases from one percent to five percent. (WVDHHR, Division of Early Care and Education 2011)

Table 1 Current and Projected Participation Rates for QRIS in West Virginia

Type of Care	Number of Programs as of August 2010	Current Participation in Tiered Reimbursement	Annual Increased Rate of Participation	Projected Participation Rate After Five Years
Family Child Care Home	1,855	.3%	1%	5%
Family Child Care Facility	106	7%	5%	25%
Child Care Center	361	14%	5%	25%
Out- of-School-Time Programs	80	NA	3%	15%

Accountability

Consistency and Reliability of Ratings

While standards are the core component of the QRIS, accountability is essential for change to occur. If parents are to rely on the ratings when selecting care, evaluation of programs must be consistent. Staff completing evaluations must also be well-trained, have consistent supervision and interpret standards in a consistent manner. The workgroups recommended the use of two accountability measures - annual determinations of tier level and use of Environmental Rating Scales by trained evaluators. WV Code, Chapter 49, Section 2-E- now requires the following:

“Accountability measures that provide for a fair, valid, accurate and reliable assessment of compliance with quality standards, including, but not limited to:

- (A) Evaluations conducted by trained evaluators with appropriate early childhood education and training on the selected assessment tool and with a demonstrated inter-rater reliability of eighty-five percent or higher. The evaluations shall include an on-site inspection conducted at least annually to determine whether programs are rated correctly and continue to meet the appropriate standards. The evaluations and observations shall be conducted on at least a statistically valid percentage of center classrooms, with a minimum of one class per age group;

- (B) The use of valid and reliable observation and assessment tools, such as environmental rating scales for early childhood, infant and toddler, school-age care and family child care as appropriate for the particular setting and age group;
- (C) An annual self-assessment using the proper observation and assessment tool for programs rated at two stars; and
- (D) Model program improvement planning shall be designed to help programs improve their evaluation results and level of program quality.”

Quality Rating Determinations

Staffing

The Infrastructure Workgroup of the PIECES QRIS Council recommended on-site inspections be conducted at least annually to determine that programs are correctly rated and continue to meet appropriate standards. The workgroup recommended that existing DHHR regulatory and licensing staff determine quality rating levels, investigate complaints and process grievances. DHHR staff already complete on-site inspections annually, making the process less burdensome and reducing travel time and costs.

Licensed Child Care Centers: Eight licensing staff, classified as Health and Human Resource Specialist Seniors, currently regulates approximately 361 licensed centers and 119 Head Start sites. A child care center cares for 13 or more children from infancy through age 13. The Department also plans to add three new positions to license an estimated 200 out-of-school time programs which care for children age 5-13 before and after school or on school holidays during the school year.

The added responsibilities of determining a quality rating will necessitate hiring additional specialists beyond the 11 positions. New positions can be phased in over the next five years, starting with one licensing specialist and a supervisor in year one and adding new positions as needed over the next five years.

Based on the projection of a five percent annual increase in the number of centers and a three percent increase in out-of-school-time programs participating, an additional position may be necessary in year three and perhaps year five of the project as shown in the chart below:

Table 2 Current Licensing Specialists and Projected Number of Positions Needed

FY 2011	2012	2014	2016	Total
Existing Staff	New Positions	New Positions	New Positions	
11 Specialists	1 Specialist	1 Specialist	1 Specialist	14 Specialists
1 Supervisor	1 Supervisor	-	-	2 Supervisors

Family Child Care Homes and Facilities: At present, 32 staff positions are maintained by local DHHR offices (classified as Social Worker IIs) and four regional supervisors are responsible for on-site inspection and regulation of:

- 1,855 family child care providers,¹²
- 106 family child care facilities, and
- 80 school-age child care programs¹³

In addition, the regulatory specialists register 312 informal and relative homes and must inspect five percent of these homes annually. Relative providers may care for any number of related children. Informal providers care for three or fewer children. Both types of providers are exempt from regulation, but may voluntarily register with the state in order to receive federal child care or food program funds.

Based on participation rates for family homes projected to increase only by 1 percent annually and the fact that regulation of school-age child care programs will be transferred to licensing, these staff could potentially assume responsibility for determining quality rating tiers without added staff, at a one percent increase annually, the new cases would amount to approximately 120 programs over the five year period. No new staff is requested for the first five years. However, it may be necessary to re-examine this after the first five years. (Division of Early Care and Education August 2010)

Caseload

The National Association for the Education of Young Children (NAEYC) has issued a position statement indicating that licensing caseloads should ideally be 50 programs per person but should not exceed 75. NAEYC only suggests higher caseloads for small family child care homes if on-site inspections are not required, which is not the case in West Virginia. (National Association for the Education of Young Children 1998). The National Association for Regulatory Administration (NACCRRRA) advocates caseloads of no more than 50-60 programs including centers, facilities and homes (Payne 2011)

The National Association for Child Care Resource and Referral Agencies (NACCRRRA) has established an Oversight Benchmark stating that the ratio of programs to licensing staff does not exceed 50:1. (National Association of Child Care Resource and Referral Agencies 2011) Child care policy requires annual on-site inspection of all family homes caring for four or more children. (Child Care Policy and Procedures 2010) This does not include the 312 informal and relative homes, which are visited on a schedule of five percent annually.

Environment Rating Scales

In addition to the on-site inspections it is proposed that West Virginia use the Environment Rating Scales (ERS) for Early Childhood, Infant/Toddler, School-Age Care and Family Child Care to determine that programs continue to meet the quality criteria. The Environment Rating Scales¹⁴ shown in Appendix ?, are the most prevalent accountability measures utilized by states in determining quality and were adopted for use in West Virginia's Pre-k program. (Mitchell 2005)

¹² Provider numbers are from a point-in-time report in August 2010.

¹³ These programs are not currently licensed but will need to be licensed based on a recent interpretation from the West Virginia Attorney General's office that code does require licensure of these programs.

¹⁴ Developed by Thelma Harms, et. al. at the Frank Porter Graham Institute at the University of North Carolina.

Recent research by Rand Education recommends that states use ERS assessments flexibly by combining self-assessments and independent assessments at various tiers on the QRIS (Zellman and Perlman 2008). Those recommendations are incorporated in West Virginia’s plan. The ERS will be utilized primarily as a tool for developing quality improvement plans and measuring results.

- Family child care homes will be evaluated using the Family Child Care Environment Rating Scales (FCCERS), Revised Edition.
- Child care centers will be evaluated using the Infant and Toddler, Early Childhood (ITERS) or School-Age Child Care Environment Rating Scales (SACCERS), as appropriate, based on the ages of children in the classrooms.
- Family child care facilities will be evaluated using the most appropriate fit based on their enrollment.
- Out-of-school-time programs will be evaluated using the SACCERS.
- Two star programs will do annual ERS self-assessments and three and four star programs will undergo an annual ERS evaluation conducted by reliable evaluators.
- A program improvement plan will be developed at the end of each evaluation, which will be designed to improve the ERS scores.
- Evaluations will be conducted on 50 percent of center classrooms, with a minimum of one class per age group. Research conducted by the Indiana Paths to Quality during a pilot study determined that evaluations will have an 89 percent validity rate based on this percentage.

The following assumptions were used to estimate the cost of utilizing the ERS as an accountability measure:

- Evaluations should be conducted by trained evaluators with a bachelor’s degree in child development/early childhood or related degrees who are classified as Social Service Research Assistants. This job classification was used by Florida in its efforts to cost out their QRIS.
- One evaluator may conduct approximately 100 classroom evaluations annually.
- Staff will require a tablet PC with ERS software and connection to the national ERS Data System at a current cost of \$3,810 per person.
- Training is offered through the University of North Carolina at Chapel Hill and requires a 3-5 day course on each of the scales at a current cost of \$1,225 per person plus travel, followed by an 8-10 day course in each of the scales at a current cost of \$2,000 per person plus travel.
- A minimum of two state level staff should receive in-depth training and serve as “evaluation anchors”, whose job will be to train and then observe and evaluate the other evaluators to ensure inter-rater reliability.
- DHHR surveyed 68 child care centers and projected the following number of classrooms:

Table 3 Estimated Number of Classrooms

Infants to 24 mos.	Toddlers to 36 mos.	Preschool to 60 mos.	School-age 61 mos. & up	Mixed Ages	Total	Average	Estimate for 361 Centers
87	89	174	52	27	429	6.3	2,300

- ERS evaluators may be physically located in Child Care Resource and Referral (CCR&R) offices, which are located in twenty-one offices across the state.
- For the first year, it is recommended employing two state level anchors to evaluate the 30 three and four-star programs and provide training to new training and technical assistance staff and/or providers who will be completing self-assessments. However, additional staff will be needed based on the increasing numbers of program participants over the next five years. The following phase-in of staff will accommodate the increase in numbers of programs needing to be evaluated on the Environment Rating Scales. Due to the large geographic territories covered by the two Mountain Heart CCR&R agencies, two positions are recommended in each of these agencies.

Table 4 Number of Environment Rating Scale Evaluators Needed

FY 2011 Existing Staff	2012 New Positions	2013 New Positions	2014 New Positions	2015 New Positions	2016 New Positions
None	2 Anchors	2 Evaluators	2 Evaluators	2 Evaluators	2 Evaluators
Cumulative Positions	2 Anchors	2 Anchors 2 Evaluators	2 Anchors 4 Evaluators	2 Anchors 6 Evaluators	2 Anchors 8 Evaluators

Program and Provider Outreach and Support

Technical assistance is essential for providers to improve quality. Rand Education research recommends using separate raters and support personnel to avoid conflict of interest that can bias ratings. Effective technical assistance requires coaching and depends on a relationship of trust and acceptance, which can be difficult to achieve when providers know that the person assisting them will also be evaluating them (Zellman and Perlman 2008).

A recent survey of providers participating in Pennsylvania’s QRIS, Keystone STARS, shows that almost 80 percent of the participating providers felt that technical assistance was helpful, very helpful or essential to increasing quality in their programs. Furthermore, 93 percent of the providers starting out in the QRIS found technical assistance to be helpful, very helpful or essential. Tables 5 and 6 provide the details of that survey. (Pennsylvania Office of Child Development and Early Learning 2010 - 2011)

Table 5 Helpfulness of Technical Assistance by Provider Type

Helpfulness of STARS TA in Increasing Quality (% Overall by Provider Type) Provider Type	Essential	Very Helpful	Helpful	Somewhat Helpful	Not Helpful
Center	85	104	62	40	23
Family	17	25	8	9	5
Group	4	7	3	2	1
Total Respondents	106	136	73	51	29
% of Respondents	26.8%	34.4%	18.5%	12.9%	7.3%

Keystone STARS Provider Survey

Table 6 Helpfulness of Technical Assistance by Provider Type

Helpfulness of STARS TA in Increasing Quality (% by STAR Level)	Essential	Very Helpful	Helpful	Somewhat Helpful	Not Helpful
STAR Level					
Start with STARS	21.4%	50.0%	21.4%	7.1%	0.0%
STAR 1	20.3%	39.2%	21.6%	12.2%	6.8%
STAR 2	30.2%	28.4%	19.0%	11.2%	11.2%
STAR 3	31.2%	32.3%	18.3%	12.9%	5.4%
STAR 4	25.3%	37.4%	15.2%	16.2%	6.1%

Keystone STARS Provider Survey

Based on the above research, it is imperative that technical assistance be available at the start of the program. The following recommendations are being made with regard to technical assistance in West Virginia's QRIS:

- Per §49-2E-3 (B) "Technical Assistance staff would be responsible for career advising, accreditation support services, improvement planning, portfolio development and ERS evaluations for improvement planning only and for ensuring that individualized assistance is available to all participating programs."
- Technical assistance staff should carry caseloads of approximately 25 child care programs. This caseload size is based on a cost study on Florida's QRIS system (Mitchell and Ghazvini 2007)
- Qualifications for staff would include a Bachelor's Degree in Early Childhood/Child Development or related field with a classification as a social service research assistant and eligibility as a certified trainer through WV STARS.
- Training is needed on the ERS and on mentoring and coaching techniques to ensure that technical assistance is effective in increasing classroom quality and improving child outcomes. ERS training may be provided by the State ERS Anchors or through proposed online training to be provided by the University of North Carolina at Chapel Hill.
- For the first year, it is recommended hiring one State Level DHHR position for oversight of technical assistance efforts and eight technical assistance specialists for the six CCR&R agencies-one for each of the four smaller CCR&R agencies and two each for the larger CCR&R agencies which cover large geographic territories of 13 or more counties. As participation increases, additional positions will be needed based on the caseload recommendations. This phased approach also allows time for additional experience to determine if the above caseload recommendations and staffing levels are appropriate.

Table 7 Number of New Technical Assistance Specialists Needed Over Five Years

FY 2011 Existing Staff	2012 New Positions	2013 New Positions	2014 New Positions	2015 New Positions	2016 New Positions
None	1 Technical Assistance Coordinator	2 Technical Assistance	2 Technical Assistance	2 Technical Assistance	2 Technical Assistance

	8 Regional Technical Assistance Specialists	Specialists	Specialists	Specialists	Specialists
Cumulative Positions	1 State TA Coordinator	1 State TA Coordinator	1 State TA Coordinator	1 State TA Coordinator	1 State TA Coordinator
	8 Regional TA Specialists	10 Regional TA Specialists	12 Regional TA Specialists	14 Regional TA Specialists	16 Regional TA Specialists

Educational Support

A primary component of the QRIS is professional development. As such, the state needs to examine existing systems for delivery of training and professional development to maximize their availability, affordability and quality. DHHR already supports a number of professional development efforts, such as full funding for the Apprenticeship for Child Development Specialist (ACDS) training, and funding of training specialists located in the six child care resource and referral agencies.

The added training requirements contained in the standards will increase the demand for training, which will require additional training specialists. Non-credit training is still essential for family providers and center personnel who choose not to pursue a degree and for personnel who already have a degree but need ongoing professional development. A number of educational supports were incorporated within §49-2E-3, which now requires the following:

- §49-2E-3 (C) A person within the department to collaborate with other professional development providers to maximize funding for training, scholarships and professional development. The person filling this position also shall encourage community and technical colleges to provide courses through nontraditional means such as online training, evening classes and off-campus training.
- §49-2E-3 (D) Additional infant and toddler specialists, which will be housed in the CCR&R agencies, to provide high level professional development for staff caring for infants and to provide on-site assistance with infant and toddler issues.
- §49-2E-3 (E) At least one additional training specialist at each of the child care resource and referral agencies to support new training topics and to provide training for school-age child care programs. Training providers such as the child care resource and referral agencies shall purchase new training programs on topics such as business management, the Devereux Resiliency Training and Mind in the Making.

Eight infant and toddler specialists are recommended - one for each CCR&R region with two specialists in the CCR&R agencies in the eastern part of the state, which cover 12-15 counties each. It is problematic and cost prohibitive for one person to cover such large territories. DHHR

used one-time only American Recovery and Reinvestment Act (ARRA) funds to develop the following new training modules:

- A second infant and toddler course called the West Virginia Infant and Toddler Training II Professional Development Program (WVITT II), which consists of 45 hours of training at a one-time development cost of \$131,563,
- Training-of-trainers in Mind in the Making Training, which consists of 12 training modules at a cost of \$50,000,
- A 30-hour training program on Resiliency and Attachment at a cost of \$99,968.
- Qualifications for all training staff would be a bachelor's degree in early childhood or a related field and eligibility as a certified trainer through STARS.
- Eight additional training positions are recommended to provide training for the new courses and to concentrate on training for school-age child care programs, which is a particular need since out-of-school-time programs will now be licensed. One is recommended for each CCR&R region with two specialists in the CCR&R agencies in the eastern part of the state, which cover 12-15 counties each. As indicated earlier, it is difficult for one person to cover such large territories. Since training is an up-front input, new positions will all be added the first year as shown in the chart below.

Figure 3 shows existing staff and proposed new positions to lay the ground work for a quality QRIS in West Virginia.

Contract
Grant for
Provision
of
Consumer
Education

Figure 3 Existing Early Child Care and Proposed Structure with QRIS

DHHR Division of Early Care and Education	
1	QRIS Coordinator
1	Infant and Toddler Training Coordinator
1	Preschool/TRAILS/Family Care Coordinator
1	Behavior Consultant Coordinator
11	Licensing Specialists (includes 3 proposed positions) <u>New Positions</u>
2	State Level ERS Anchors
1	Schoolage Child Care Training Coordinator
1	Professional Development Coordinator
1-3	Licensing Specialists
1	Technical Assistance Coordinator
1	Program Manager-Licensing Supervisor

Contract
Grant for
Program
Evaluation
with State
Research
Partner

WV Early CTCR	Child Care Resource Center	Choices CCR&R	Link CCR&R	Connect CCR&R	MountainHeart North CCR&R	MountainHeart South CCR&R
1 TEACH Coordinator	1 Infant & Toddler Training Specialist 2 Early Childhood Training Specialists 1 Behavior Consultant 1 TRAILS Specialist	1 Infant & Toddler Training Specialist 2 Early Childhood Training Specialists 1 Behavior Consultant 1 TRAILS Specialist	1 Infant and Toddler Training Specialist 2 Early Childhood Training Specialists 1 Behavior Consultant 1 TRAILS Specialist	1 Infant & Toddler Training Specialist 2 Early Childhood Training Specialists 1 Behavior Consultant 1 TRAILS Specialist	1 Infant & Toddler Training Specialist 2 Early Childhood Training Specialist 1 Behavior Consultant 2 TRAILS Specialists	1 Infant & Toddler Training Specialist 2 Early Childhood Training Specialist 1 Behavior Consultant 2 TRAILS Specialists
<u>New Positions</u>	<u>New Positions</u>	<u>New Positions</u>	<u>New Positions</u>	<u>New Positions</u>	<u>New Positions</u>	<u>New Positions</u>
1 WAGES Coordinator 1 Fiscal Agent	1 Infant & Toddler Training Specialist 1 School-Age Training Specialist 1-3 TA Specialists 0-1 ERS Evaluators	1 Infant & Toddler Training Specialist 1 School-Age Training Specialist 1-3 TA Specialists 0-2 ERS Evaluators	1 Infant & Toddler Training Specialist 1 School-age Training Specialist 1-3 TA Specialists 0-2 ERS Evaluators	1 Infant & Toddler Training Specialist 1 School-Age Training Specialist 1-3 TA Specialists 0-2 ERS Evaluators	2 Infant & Toddler Training Specialists 2 School-Age Training Specialists 1-3 TA Specialists 0-2 ERS Evaluators	2 Infant and Toddler Training Specialists 2 School-Age Training Specialists 1-3 TA Specialists 0-2 ERS Evaluators

Consumer Education

The fourth major component of the QRIS is consumer education. Families and all other purchasers of child care need accurate, reliable information about child care quality. Not only do they need to know the centers' ratings, they also need to understand why quality is important and what it means to young children and to the state's long-term economic prosperity.

States with QRIS are successfully employing a variety of communication strategies to educate consumers about centers' ratings. At the same time, many states also conduct multi-faceted public awareness campaigns designed to educate consumers, programs and the general public simultaneously about the benefits of a QRIS.

When outreach goes beyond direct consumers, the QRIS becomes a tool for educating the public about quality early care and education and generating more support for it. (National Child Care Information System n.d.) (Mitchell 2005) State Code §49-2E-3 (2) now requires that the state implement, "a broad public awareness campaign and communication strategies that may include, but are not limited to:

- (A) Brochures, internet sites, posters, banners, certificates, decals and pins to educate parents; and
- (B) Strategies such as earned media campaigns, paid advertising campaigns, e-mail and internet-based outreach, face-to-face communication with key civic groups and grassroots organizing techniques." (West Virginia Legislature n.d.)

With the recent increases in the use of social media, the campaign should also explore the use of social media including Facebook, YouTube, Twitter and webcasts as cost effective ways in which to reach parents who need child care.

In addition to selecting effective communication strategies, the *timing* of a multi-faceted communication strategy is important. Launching a major public awareness campaign before there are enough rated programs will disappoint consumers. Conversely, waiting too long or under-investing in consumer education may fail to stimulate parent demand, (a major driver of program participation) public support, and funding for QRIS. Therefore, the development of a communications strategy must be fully-integrated into the overall implementation strategy for QRIS.

Financial Incentives Linked to Compliance with Standards

The Quality Standards Committee of the PIECES QRIS Committee selected five financial incentives to be provided to programs and to staff within the programs. They include in order of preference:

- Wage supports and benefits;
- Tiered reimbursement for subsidized children;
- Grants for equipment, facilities improvement, educational materials, etc.;
- Scholarships; and
- Accreditation supports.

Section 2-E Chapter 49 of WV Code, provided for “financial assistance for child care programs needed to improve learning environments, attain high ratings and sustain long-term quality without passing additional costs on to families.” The Code provides for but does not limit DHHR to the following financial incentives.

Wages and Benefits

The Infrastructure Workgroup of the QRIS Committee under the PIECES Council selected salary supports as their first priority for financial incentives to be provided in the QRIS. There is a huge gap between pay for teachers in public school and pay for staff in child care centers similarly credentialed. Occupation data from Workforce West Virginia shows entry level salary for child care workers is \$7.79 per hour and the mean is \$8.87.

Data from the STARS Training Registry indicates child care personnel work an average of 35 hours weekly, which equates to a starting salary of \$14,178 and a mean of \$16,143. The Registry data also shows less than 15 percent have medical benefits. While the registry data does show that teacher’s with a bachelor’s degree earn more at an average of \$10.38 per hour (\$18,892 for a 35-hour week), this is still drastically less than public education salaries for personnel with a bachelor’s degree. (WV Early Childhood Training Calendar and Resources 2011)

In contrast, a beginning elementary education teacher starts at \$35,312 and the mean salary is \$44,684 and all have health care and retirements benefits. (Workforce West Virginia 2011) On a national basis, there are several programs designed to increase the pay for child care center personnel. The most widely recognized is the WAGES™ Program, which is a component of North Carolina’s T.E.A.C.H.® Scholarship program. T.E.A.C.H.® also includes a health insurance component. (T.E.A.C.H. Early Childhood Project 2006)

The QRIS legislation provides for:

“wage supports and benefits provided as an incentive to increase child care programs ratings and as an incentive to increase staff qualifications” but does phase in the costs over a five-year period.

The legislation also requires:

“a salary scale for each of the top three rating tiers that varies the salary support based on the education of the care giver and the rating tier of the program. It also made any center eligible who has a two star rating and one person participating in the T.E.A.C.H.® scholarship program or with degree staff to seek assistance with health insurance costs provided costs were shared between the employer and the state. (West Virginia Legislature n.d.)

West Virginia already operates a T.E.A.C.H.® scholarship program. T.E.A.C.H WV is managed by WV Early Childhood Training Connections and Resources (WVECTCR), a project jointly funded by the WV Departments of Education and Health and Human Resources and Head Start. WAGES™ and a health insurance component could be added to the scholarship program provided state funding were made available for that purpose.

The PIECES Advisory Council recommended: (1) that current salaries be increased to 75 percent of comparable salaries in public education for comparable education and experience and (2) that health care benefits be provided. (Placeholder19) An additional staff position at WVECTCR would be required to support these new program components.

According to a report by the National Association for the Education for Young Children, “Despite the growing attention to the importance of quality early education, the compensation (wages and benefits) of early childhood educators, particularly in community-based programs, remains untenable. Many individuals working in the field earn very low wages, and few have health care or retirement benefits sponsored by their employers. As a result, early childhood education programs find it extremely difficult to attract and retain highly educated and skilled staff.

Of the multiple factors associated with turnover, child care compensation is an especially reliable predictor of retention. Educational attainment levels of the worker and the type of establishment are the best predictors of wages. Median hourly wages of child care workers were \$9.12 in May 2008. The middle 50 percent earned between \$7.75 and \$11.30. The lowest 10 percent earned less than \$7.04, and the highest 10 percent earned more than \$13.98.¹⁵ Median hourly wages in the industries employing the largest numbers of child care workers in May 2008 were:

Table 8 May 2008 Child Care Worker Median Hourly Compensation

Other residential care facilities	\$10.56
Elementary and secondary schools	\$10.53
Civic and social organizations	\$8.53
Other amusement and recreation industries	\$8.41
Child day care services	\$8.39

Bureau of Labor Statistics' Occupational Projections and Training Data (2008)

However, there is a distinct disconnect between education and compensation in the child care industry. Extensive disparities exist between state regulations that govern the preparation and continuing education of participants in the child care workforce. (National Research Council and Institute of Medicine 2001)

Additionally, the increased demands at the state and federal levels for higher education credentials without significant linked increases in compensation exacerbate the existing crisis.... However, the inadequate compensation makes it difficult to attract well-educated individuals to the field, resulting in an annual teacher turnover rate estimated to be at least 30 percent, a rate far exceeding most every other industry in our economy.” (Lemoine 2008)

Additional wages would give staff an incentive to support the center directors in increasing the level of quality in the center. Wage supports can also be used to reward staff based on their

¹⁵ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*, Child Care Workers, on the Internet at <http://www.bls.gov/oco/ocos170.htm>

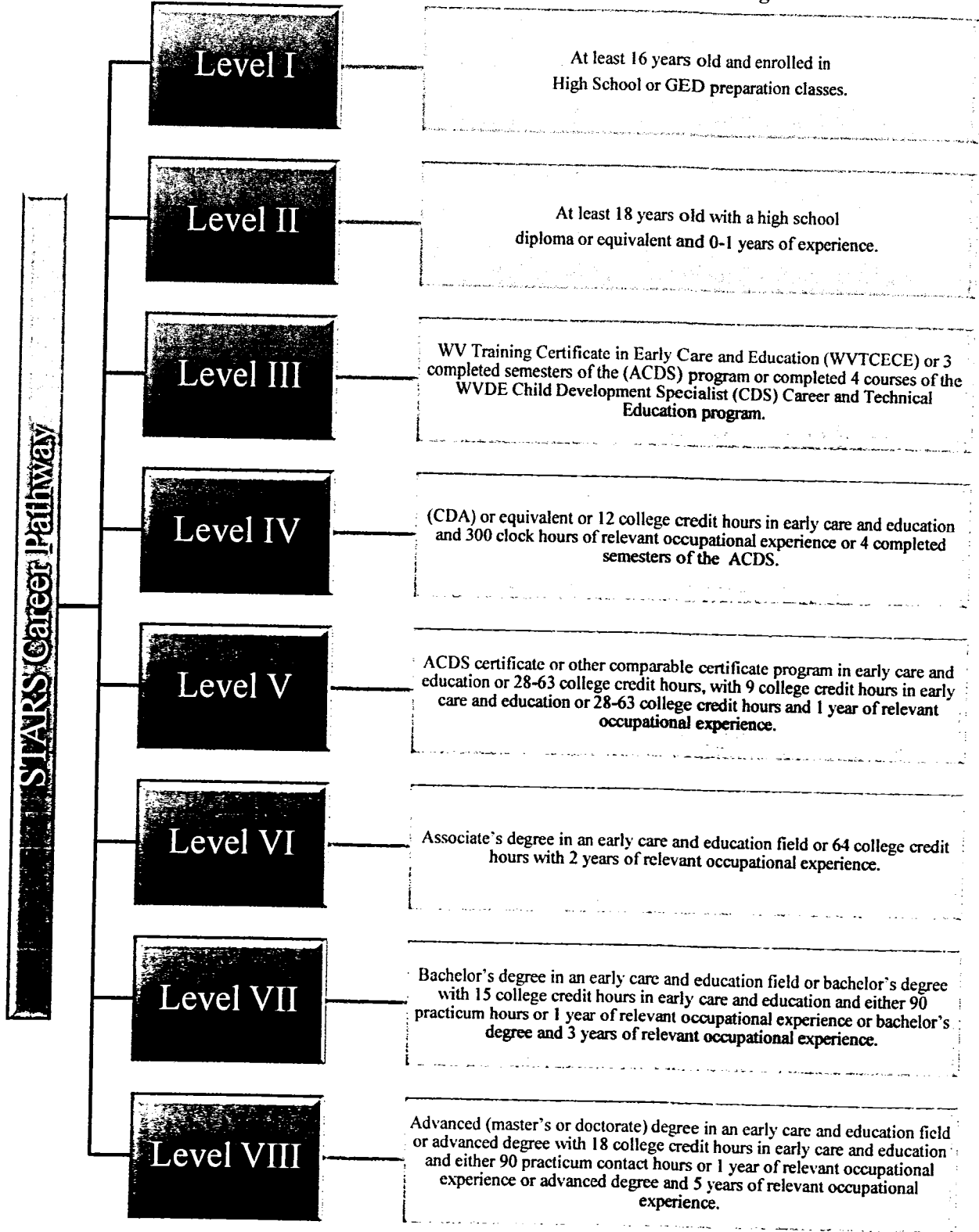
educational levels, providing a career pathway and encouraging staff to seek higher level degrees and reducing staff turnover, which, as previously shown, is a substantial problem in child care settings. These potential benefits are documented in a report completed by the Child Care Services Association in October 2008 on its T.E.A.C.H.® project which combines a package of supports for teachers, including scholarships, wage supports and health care benefits. Turnover rates were reduced for associate degree scholarship participants to 10 percent or less and were reduced to 11-16 percent for those receiving wage supports. (Child Care Services Association, 2008)

According to the National Association for Child Care Resource and Referral Agencies,

“The amount of formal education attained by a provider is the strongest predictor for the provider's ability to engage children in developmentally appropriate activities and positive interactions that better prepare them for school... Despite the important role they play in child development, child care workers are among the lowest paid workers in the United States.....In a field where continuity is of primary importance, the child care workforce experiences an annual job turnover rate of between 25 and 40 percent.”

Significant levels of staff turnover equate to substantial dollars expended on recruitment, training and lost productivity that could be more efficiently utilized elsewhere.

Figure 4 Snapshot of the Child Care Workforce in West Virginia



As can be seen in Figure 5, the majority (61.7 percent) of the child care workforce have not exceeded Level II on the STARS Career Pathway which equates to high school education and little or no experience. Child care staff by position held is shown in Figure 6.

Figure 5 STARS Staff by Registry Level

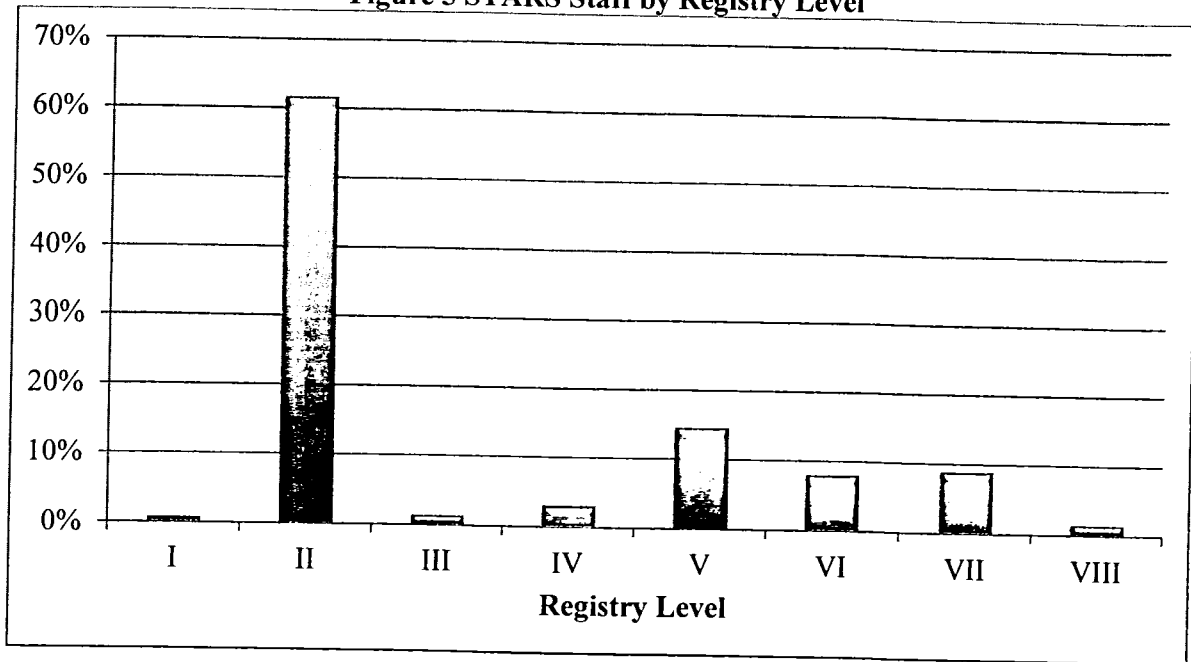


Figure 6 Child Care Staff by Position

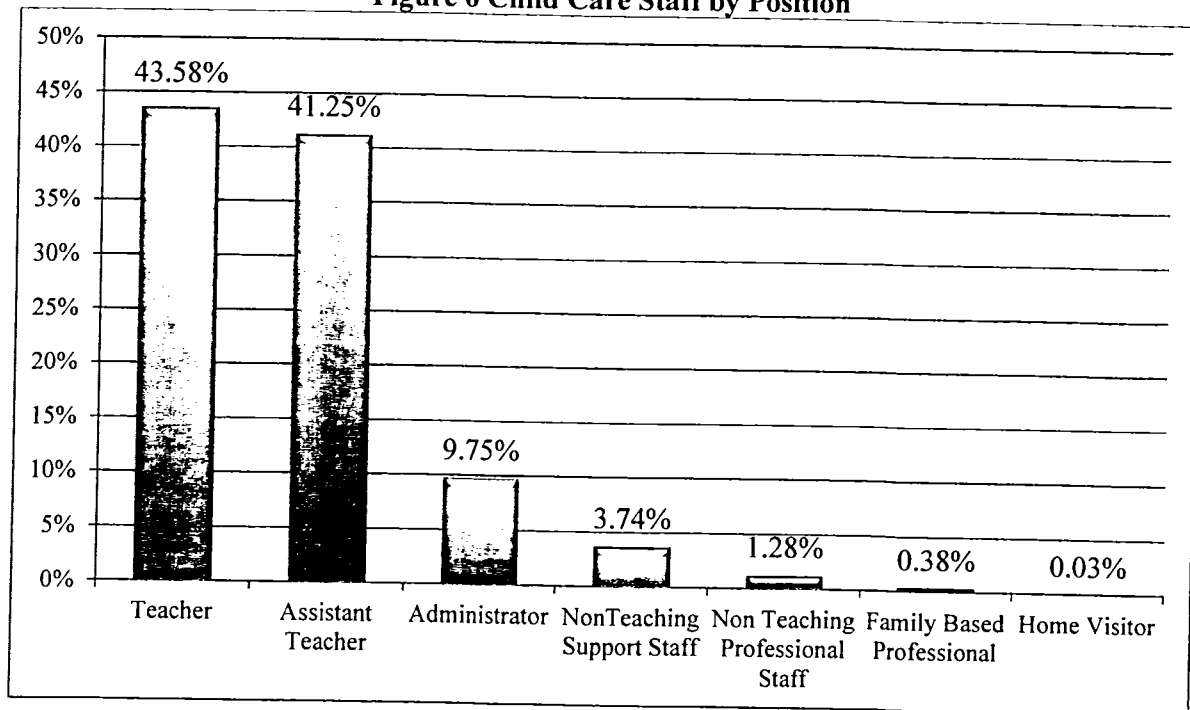


Figure 7 illustrates the composition of educational attainment of the child care workforce in West Virginia. Over 75 percent do not hold an advanced degree (beyond high school). Only 8 percent hold an Associate degree, 8.9 percent have attained a Baccalaureate and 1.5 percent possess a Masters or Doctorate degree.

Figure 7 Education Level

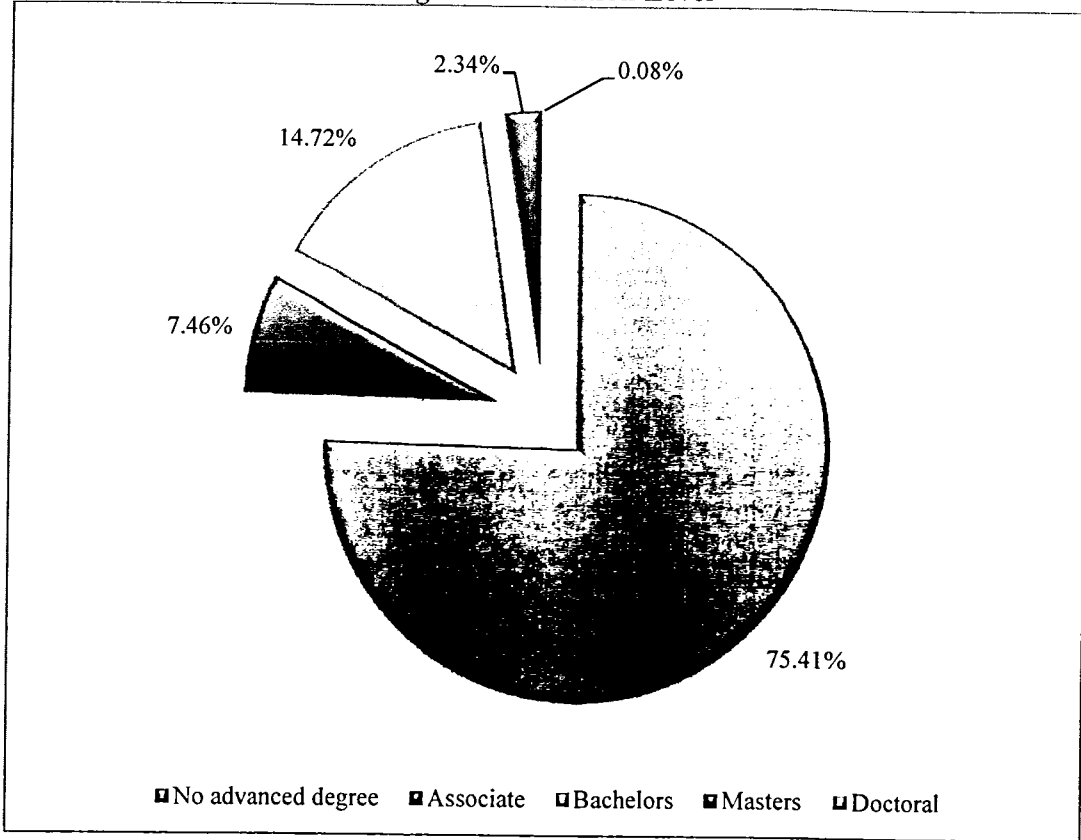


Figure 8 illustrates the available fringe benefits for participants in the child care workforce in West Virginia. Most prevalent are basic benefits such as paid vacation and paid training. Availability of other essential benefits such as health insurance (14.7 percent), dental insurance (10.7 percent) and retirement plans (10.3 percent) is limited. Assistance with college tuition is available for only 3.5 percent through their employers. Over 10 percent of workers report that their employer provides no benefits whatsoever.

Figure 8 Available Benefits for Child Care Workers in West Virginia

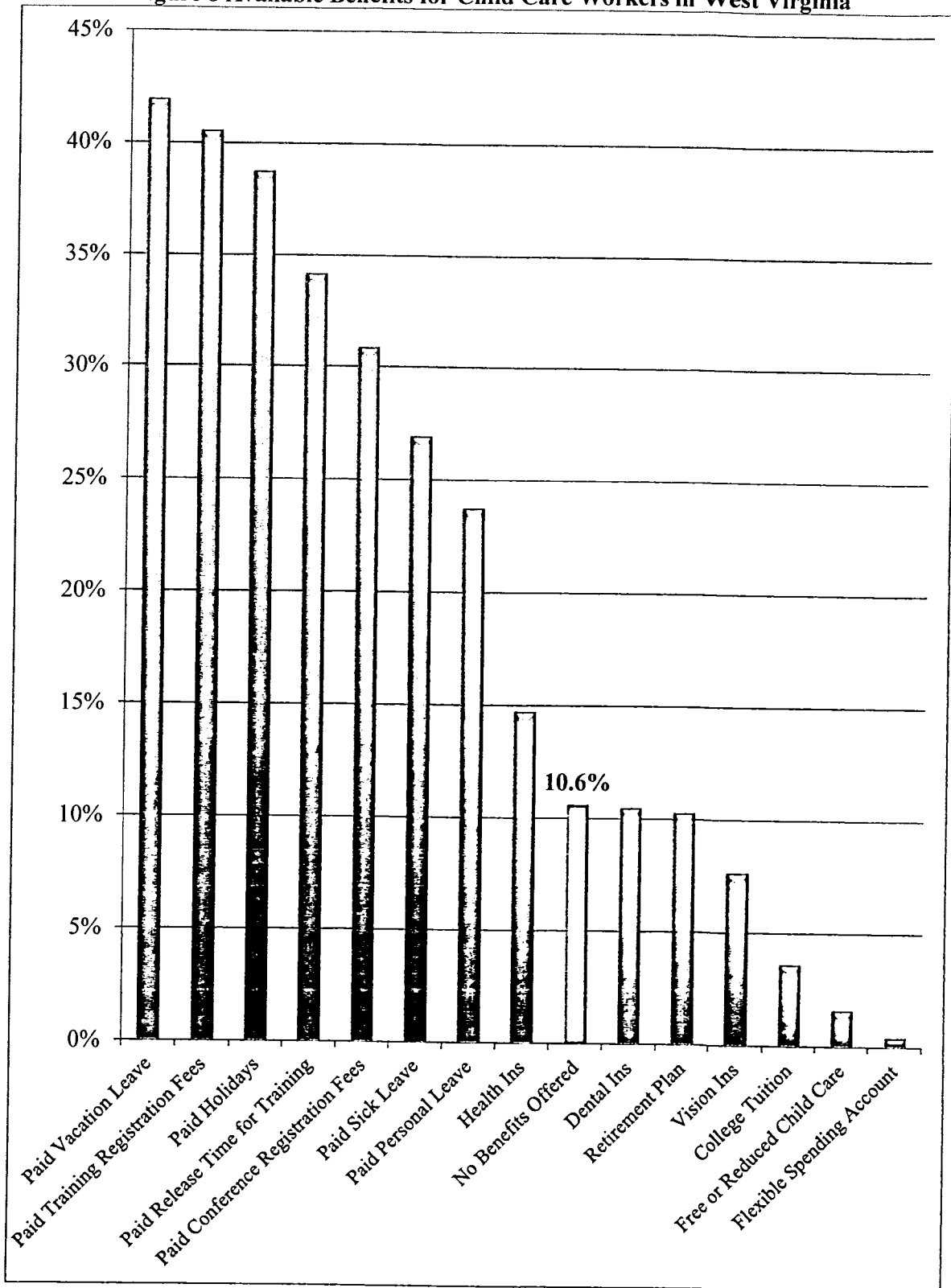
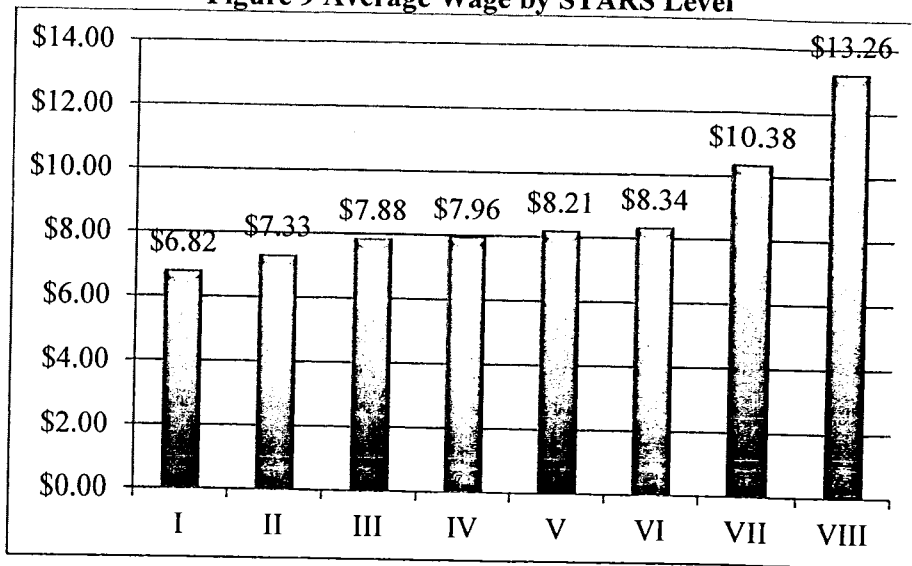


Figure 9 Average Wage by STARS Level



Low wages, lack of benefits and high turnover rates result in high percentages of child care center personnel with only a high school education. Table 9 shows the career level of staff registered on the STARS Career Pathway in 2008 and again in 2011. It should be noted that there has not been a significant increase in education or training levels of the existing child care workforce since 2008. (WV Early Childhood Training Calendar and Resources 2011)

Table 9 STARS Career Pathway Members by Level – 2008 and 2011

Level on Career Pathway	Percent on Pathway	
	2008	2011
Levels 1 & 2 – High School	61.0%	62.5%
Levels 3 & 4 - Child Development Associate/12 hrs College Credit	6.0%	4.5%
Level 5 - ACDS Credential	15.0%	14.6%
Level 6 - Associate Degree	7.0%	8.0%
Level 7 – Bachelor’s Degree	10.0%	8.9%
Level 8 – Master’s Degree	1.0%	1.5%
All Levels	100.0%	100.0%

Unfortunately, the chart above also shows that the state is making no headway in increasing the professional development levels of the child care workforce in spite of ongoing professional development efforts including free community-based training and the provision of scholarships to both two and four year institutions of higher education. The reason for this lack of progress is primarily due to the fact that there is little to no financial benefit attached to increased professional development, so there is little incentive for child care workers to either seek credentials or degrees and even less to stay with their employer once they do increase their education.

According to a Bureau of Labor publication for 2010 to 2011, job openings are numerous, because of the need to replace workers who choose to leave the industry to return to school or

enter a new occupation. Replacement needs are substantial, reflecting dissatisfaction with low wages, relatively meager benefits, and stressful working conditions. (Bureau of Labor Statistics 2010-11). This issue was also documented previously by CBER in 2005. *The Economic Impact of Early Child Development Programs in West Virginia* (Marshall University Center for Business and Economic Research 2005) included survey data regarding employee turnover. Over 43.4 percent of child care centers surveyed indicated that turnover was a significant obstacle to their operation, with pay and other employment being the major reasons for the turnover.

Retention of child care staff with higher educational levels is crucial in increasing educational levels which are so essential in improving the quality of child care services. According to the National Association for the Education of Young Children, “the amount of formal education attained by a provider is the strongest predictor for the provider’s ability to engage children in developmentally appropriate activities and positive interactions that better prepare them for school.... Providers with specialized training are more likely to be nurturing, reinforce early literacy skills, and challenge and enhance children’s learning. In one study of center-based providers, those who had attended training had more positive interactions with children and were less likely to restrict children’s activities and ignore their requests.” (National Association of Child Care Resource and Referral Agencies 2011)

To address the issues of turnover and the need to recruit and retain child care workers with formal education, the QRIS Committee of the PIECES Advisory Council recommended financial incentives in the form of wage supplements and health care benefits for child care workers who increase their educational levels. This recommendation is based on a model initiated in North Carolina by the Child Care Services Association. (T.E.A.C.H. Early Childhood Project 2006), which has demonstrated success in reducing turnover rates in states which have adopted the model. The Committee also suggested that the supplements eventually result in child care salaries that are equivalent to at least 75 percent of public school teacher salaries for comparable educational levels.

Using the T.E.A.C.H.® model, health care benefits would also be provided for all staff in Tier 2 or above programs whose staff are either participating in the scholarship component or who have attained the ACDS credential or a higher level on the career ladder. The T.E.A.C.H.® model provides for a portion of the cost of health care benefits, but center directors and employees must each pay a portion of the cost, typically one third is paid by each. (T.E.A.C.H. Early Childhood Project 2006)

Tiered Reimbursement

The QRIS infrastructure group recommended, and State Code now includes tiered reimbursement as one of the needed financial supports for child care programs. Code also requires base rates to be set at the 75th percentile of market rate. This is part of the overall cost of the QRIS since centers cannot be expected to improve quality if the base rates are not set at a reasonable amount which matches the best practice recommendation in the Child Care and Development Block Grant regulations. (West Virginia Legislature n.d.)

DHHR currently operates a tiered reimbursement program which offers \$2 per day per child above the base rate at Tier II and \$4 per day per child above the base rate at Tier III, (Sliding Fee Scale for Child Day Care Services 2009) regardless of the type of care at an annual cost of \$813,648 (Family and Children's Tracking System 2009-2010).

Upon implementation of the QRIS tiered reimbursements will be available to all programs with two or more stars. Two star programs will receive \$2 extra daily per child; three star programs will receive \$3 extra daily per child; and four star programs will receive an extra \$4 daily per child. The estimated initial cost of adding the additional tier is approximately \$50,000.

Table 10 Tiered Reimbursement Current and Proposed 75th Percentile Rates

TYPE OF CARE	RATES	INFANT (0-24 months) Day/Month	PRE- SCHOOL (25-36 months) Day/Month	PRE- SCHOOL (37-59 months) Day/Month	KINDERGARTEN TO SCHOOL- AGE 60 months & up Day/ Month
Child Care Center	75 th Percentile	\$29 / \$580	\$26 / \$520	\$25 / \$500	\$24 / \$480
	Current Base Tier I	\$28 / \$560	\$24 / \$480	\$23 / \$460	\$19 / \$380
	Current Tier II	\$30 / \$600	\$26 / \$520	\$25 / \$500	\$21 / \$420
	Proposed 3 Star	\$31 / \$620	\$27 / \$540	\$26 / \$520	\$22 / \$440
	Current Tier III/ Proposed 4 Star Accreditation	\$32 / \$640	\$28 / \$560	\$27 / \$540	\$23 / \$460

The current participation in tiered reimbursement by type of child care setting is shown for Tier II in Figures 10 through 16, and Tier III in Figures 17 through 23. These maps emphasize the lack of quality childcare with only 60 providers participating above Tier I, especially in the more rural parts of the state.

Figure 10 Tier II Participation Statewide

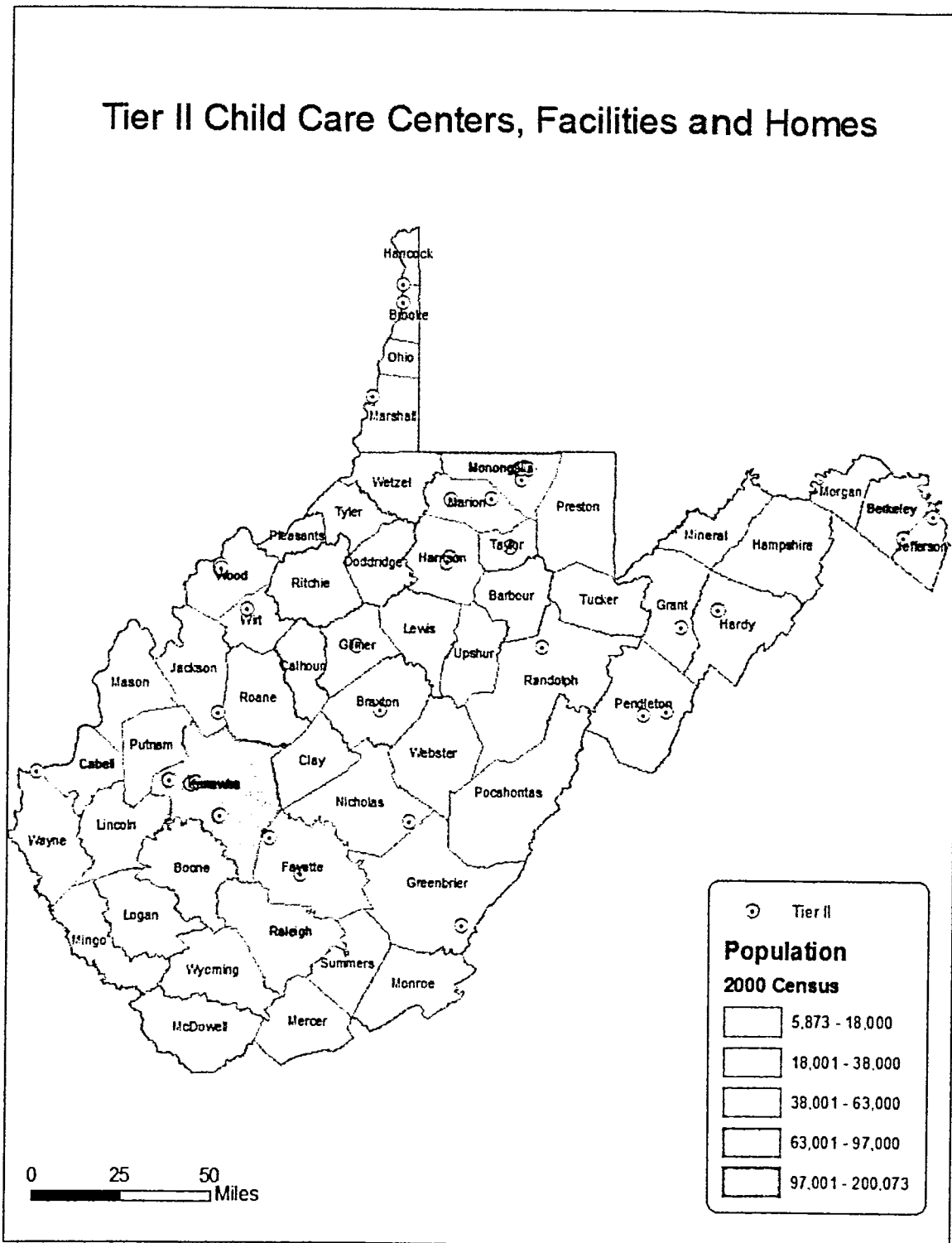


Figure 11 Tier II Participation in Region I

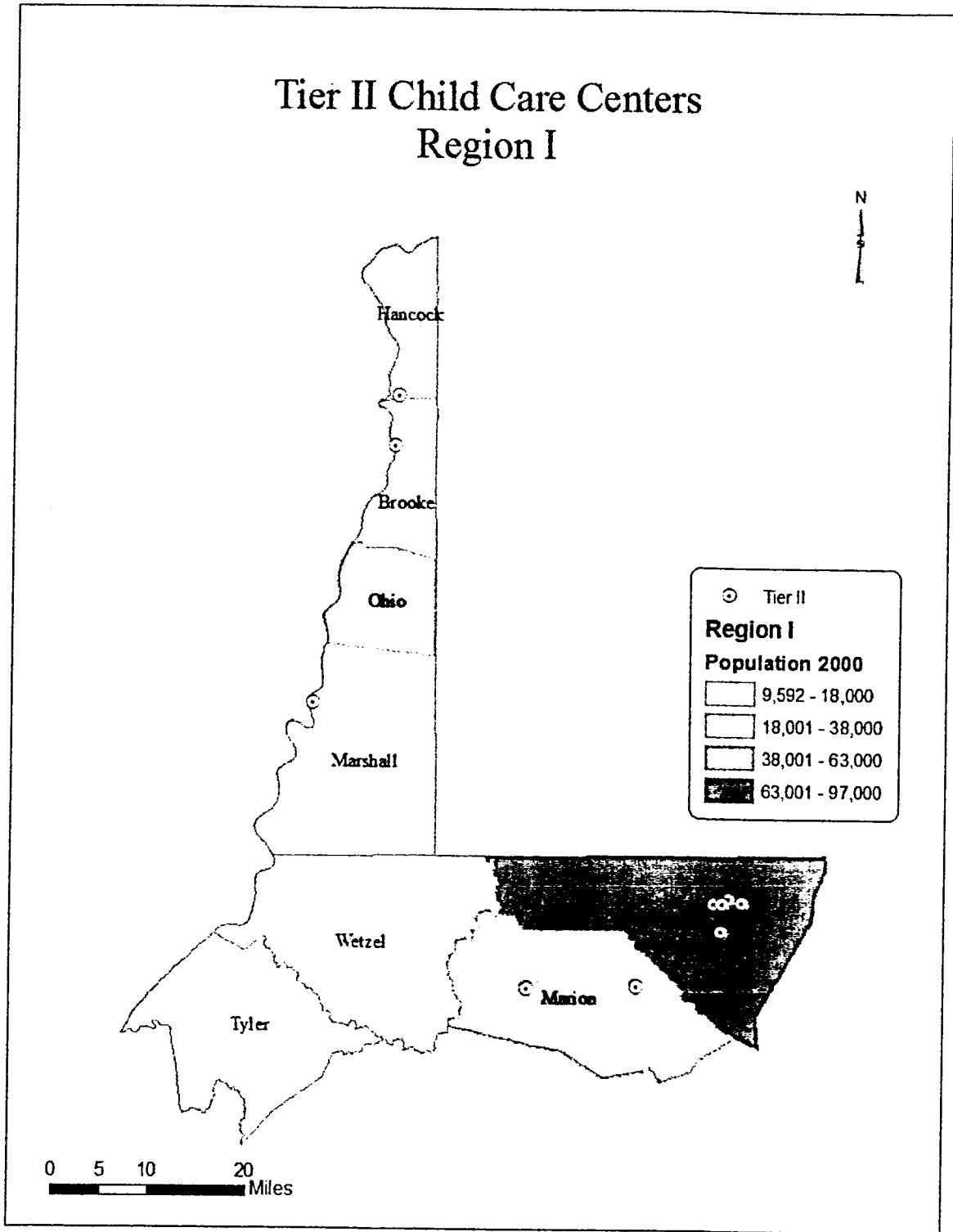


Figure 12 Tier II Participation in Region II

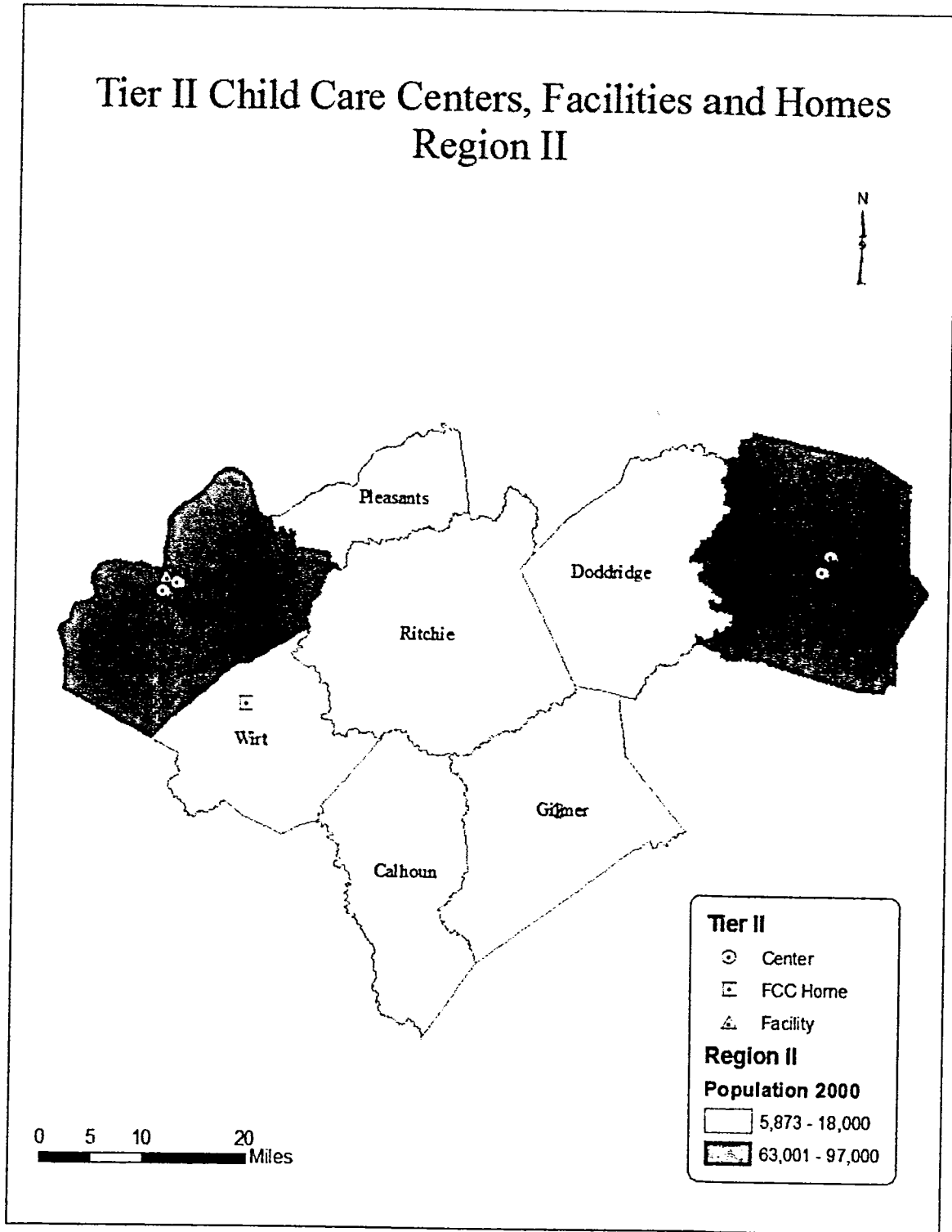


Figure 13 Tier II Participation in Region III

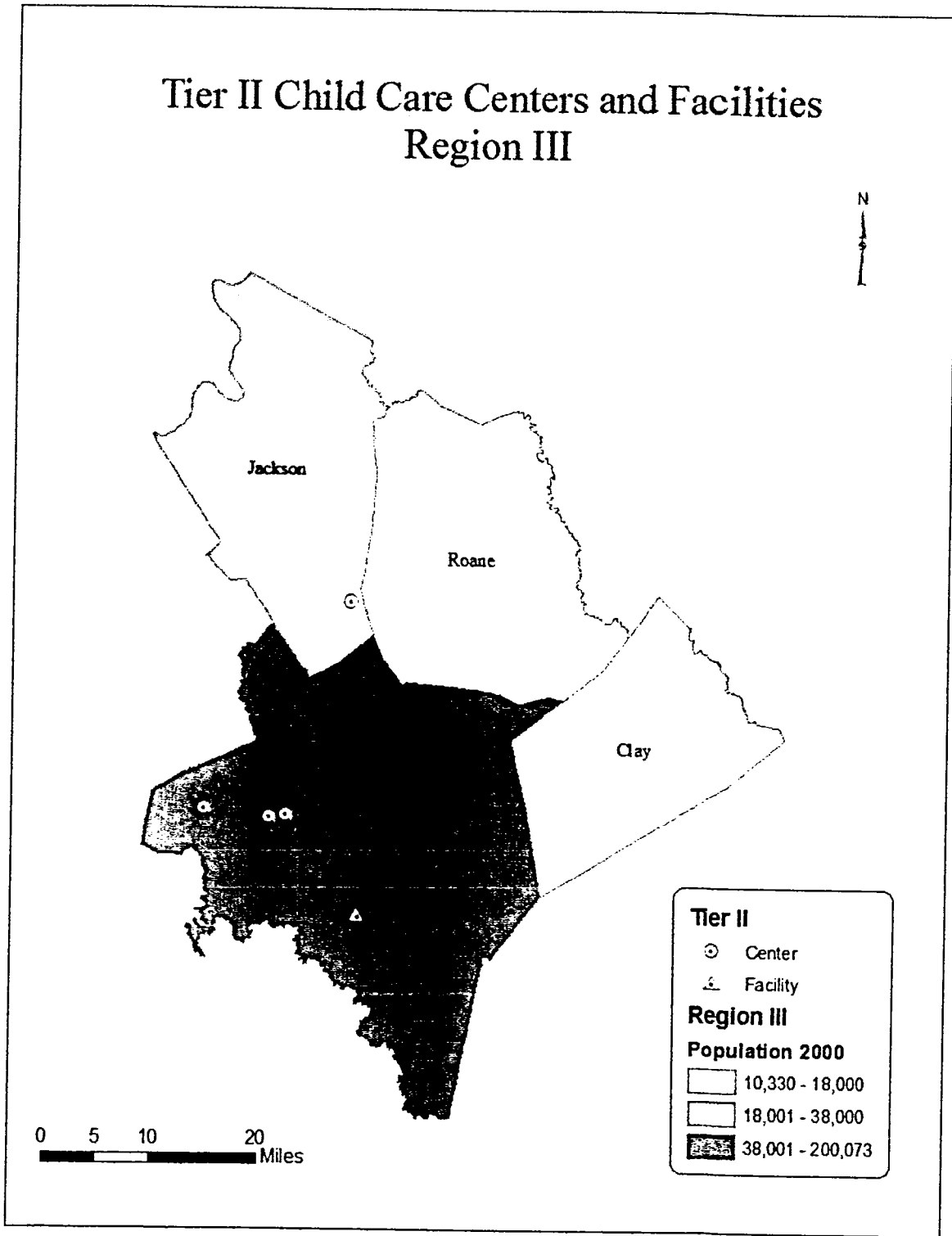


Figure 14 Tier II Participation in Region IV

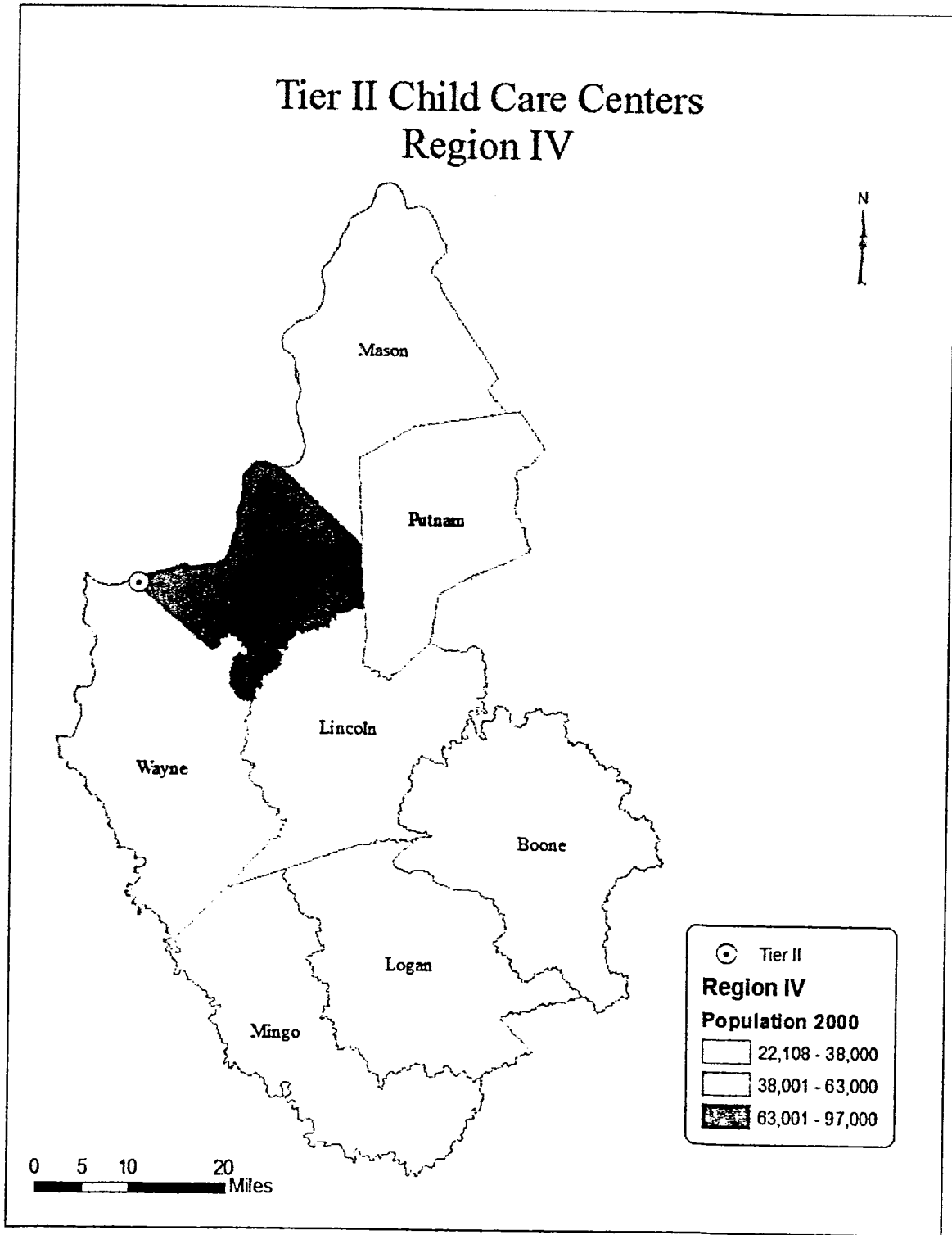


Figure 15 Tier II Participation in Region V

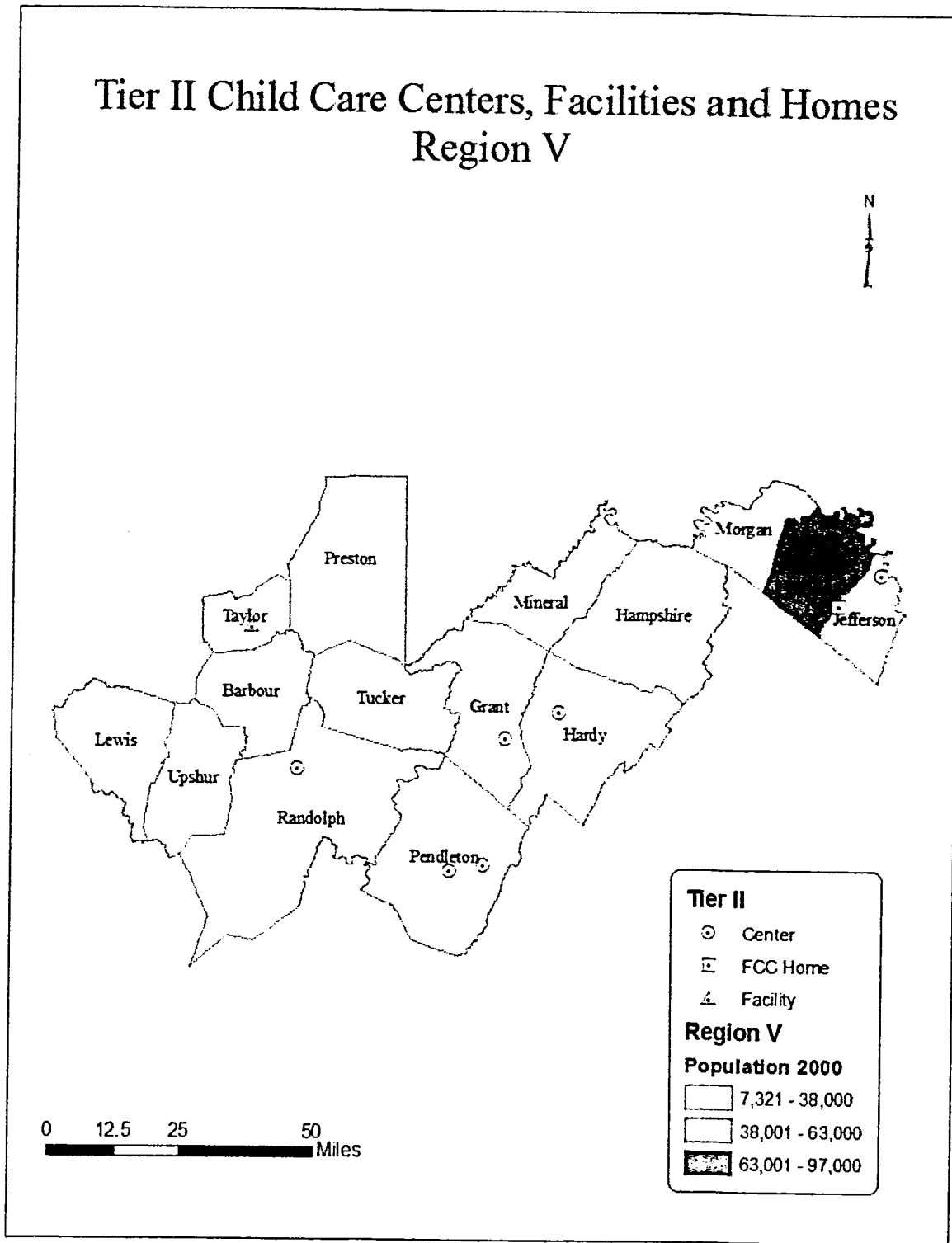


Figure 16 Tier II Participation in Region VI

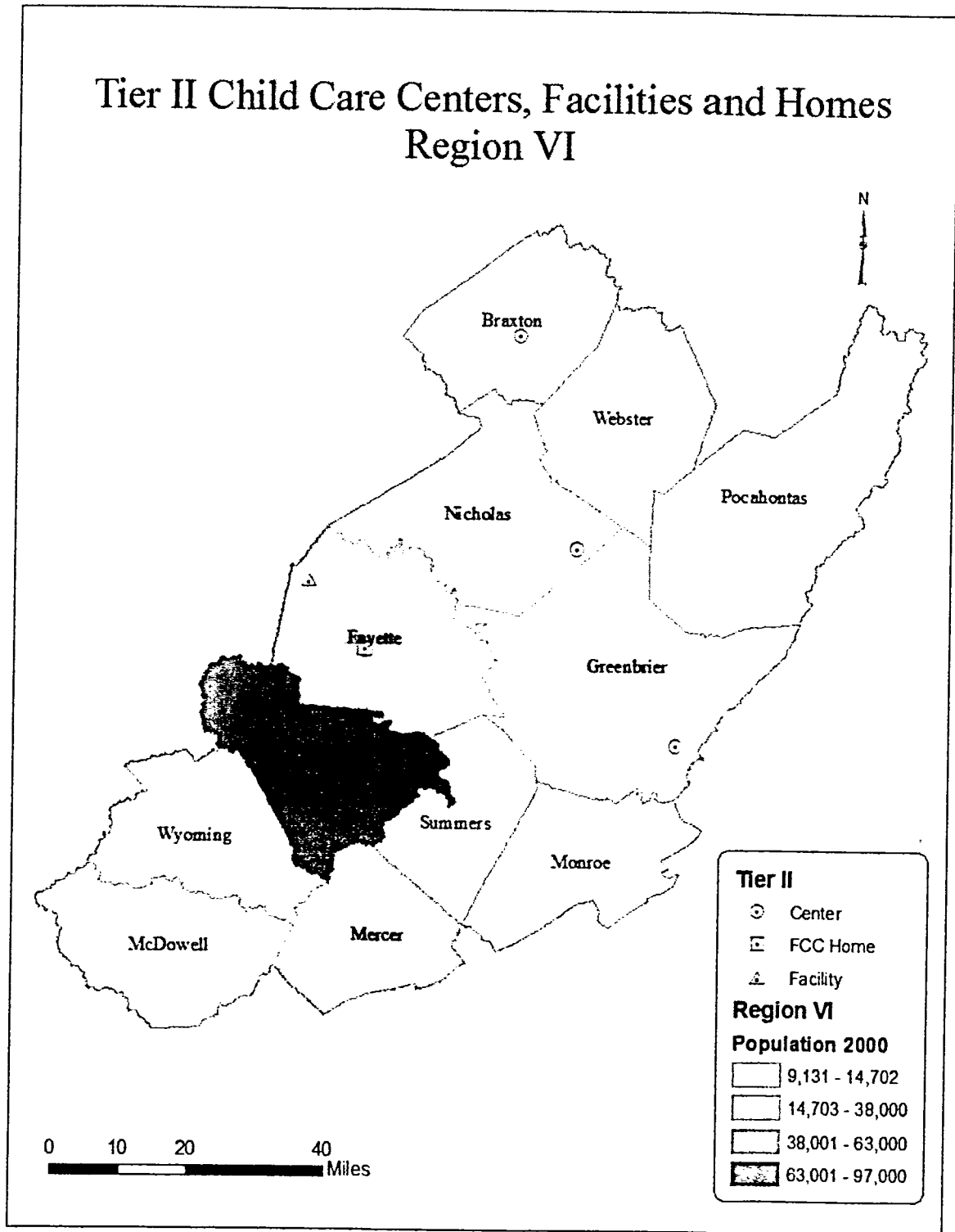


Figure 17 Tier III Participation Statewide

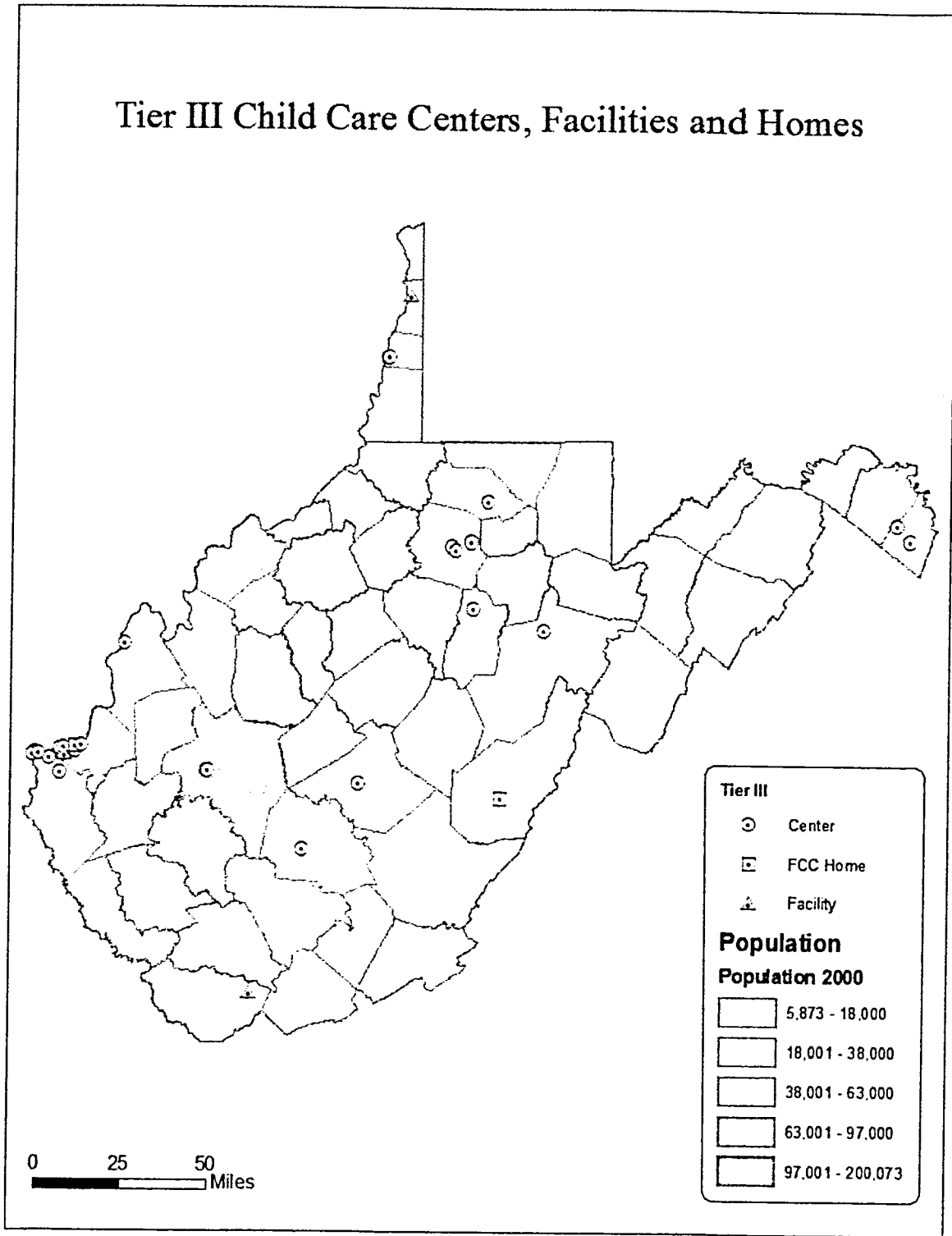


Figure 18 Tier III Participation in Region I

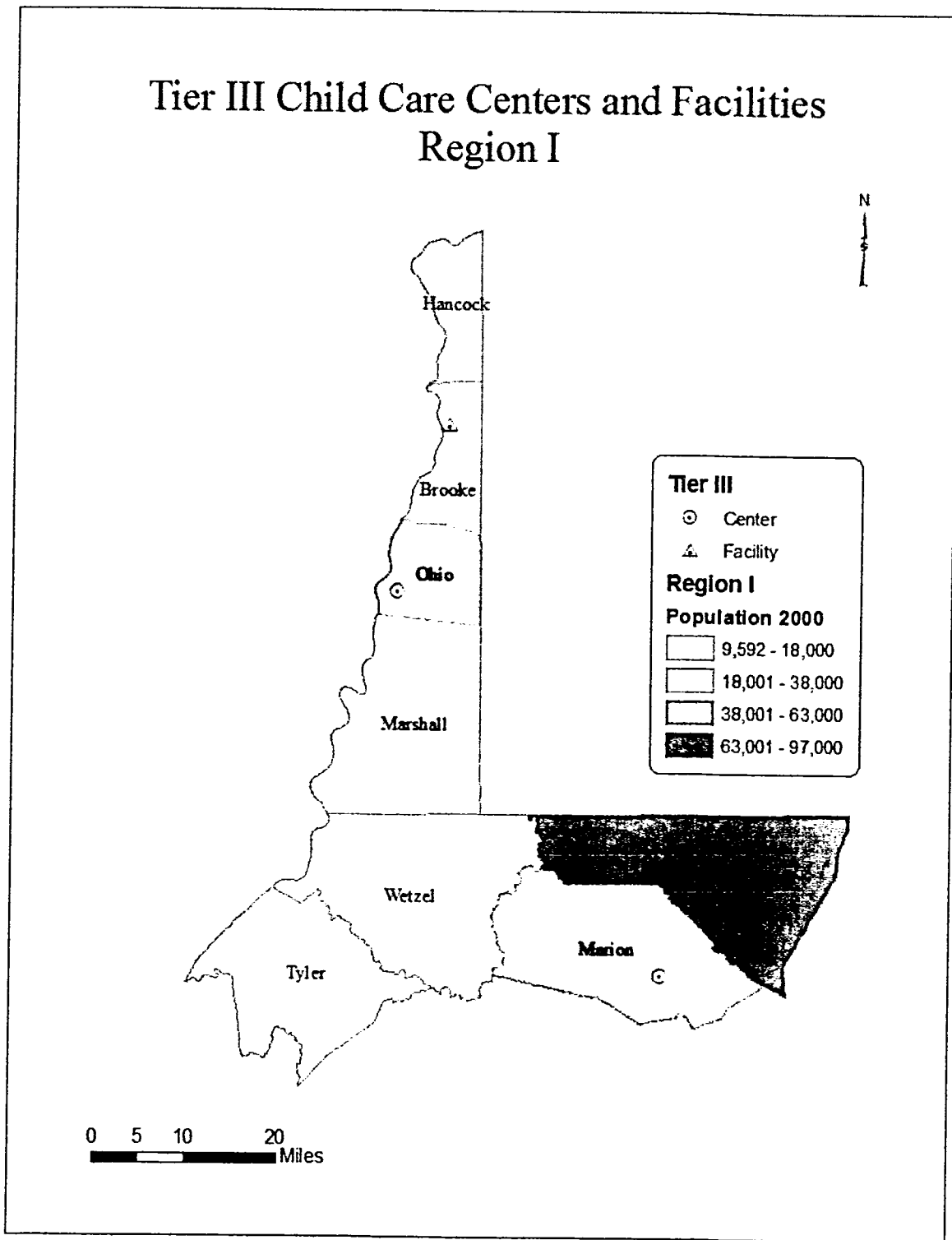


Figure 19 Tier III Participation in Region II

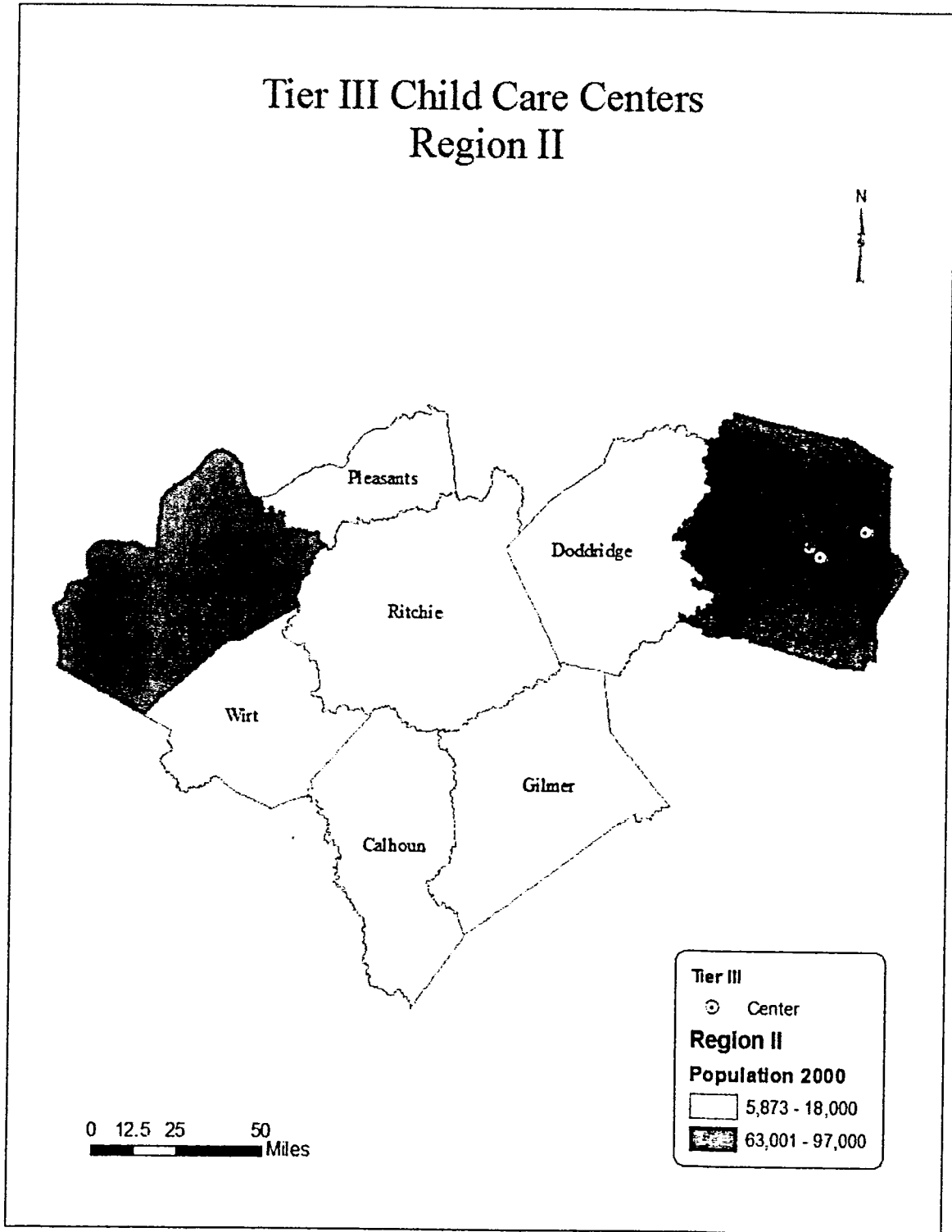


Figure 20 Tier III Participation in Region III

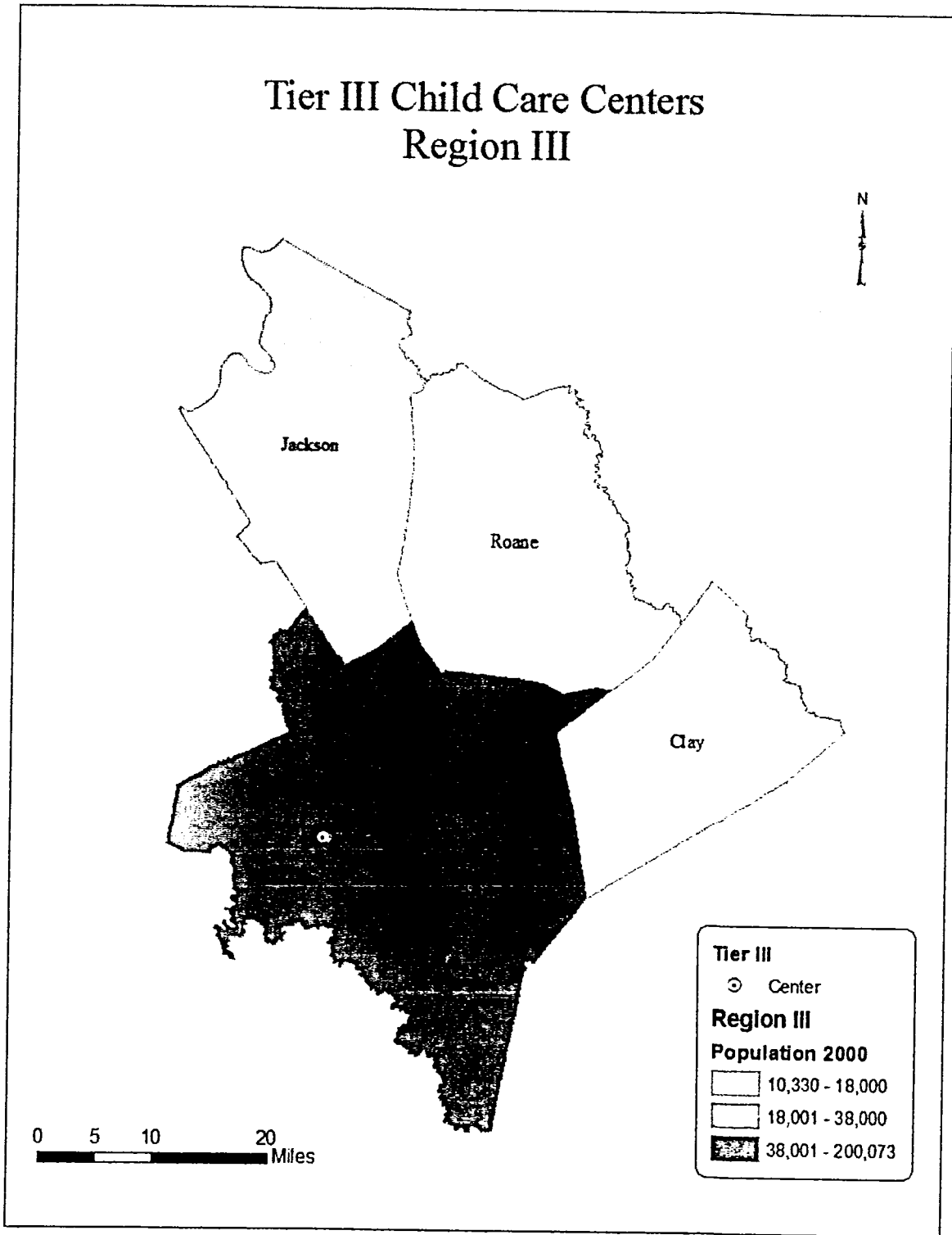


Figure 21 Tier III Participation in Region IV

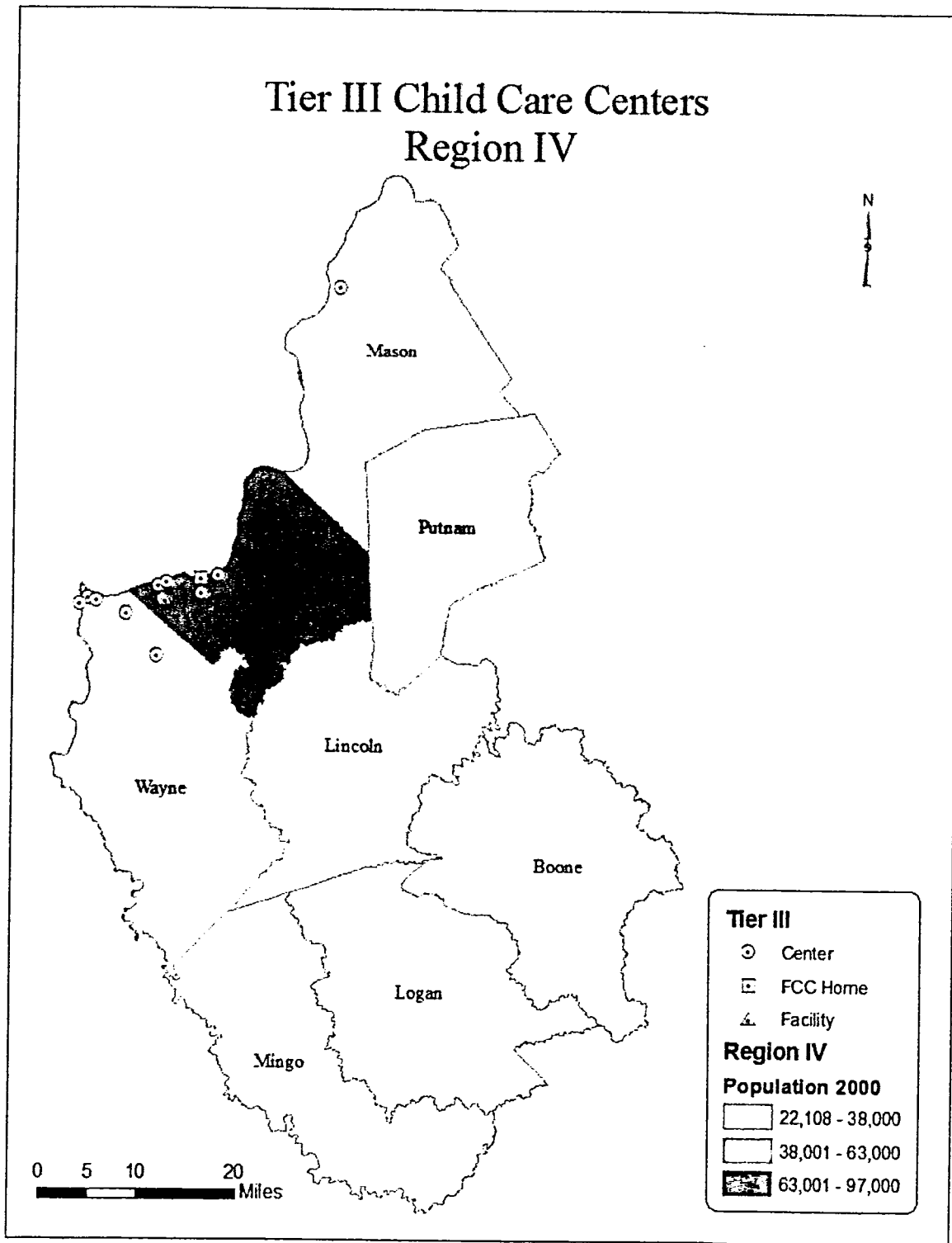


Figure 22 Tier III Participation in Region V

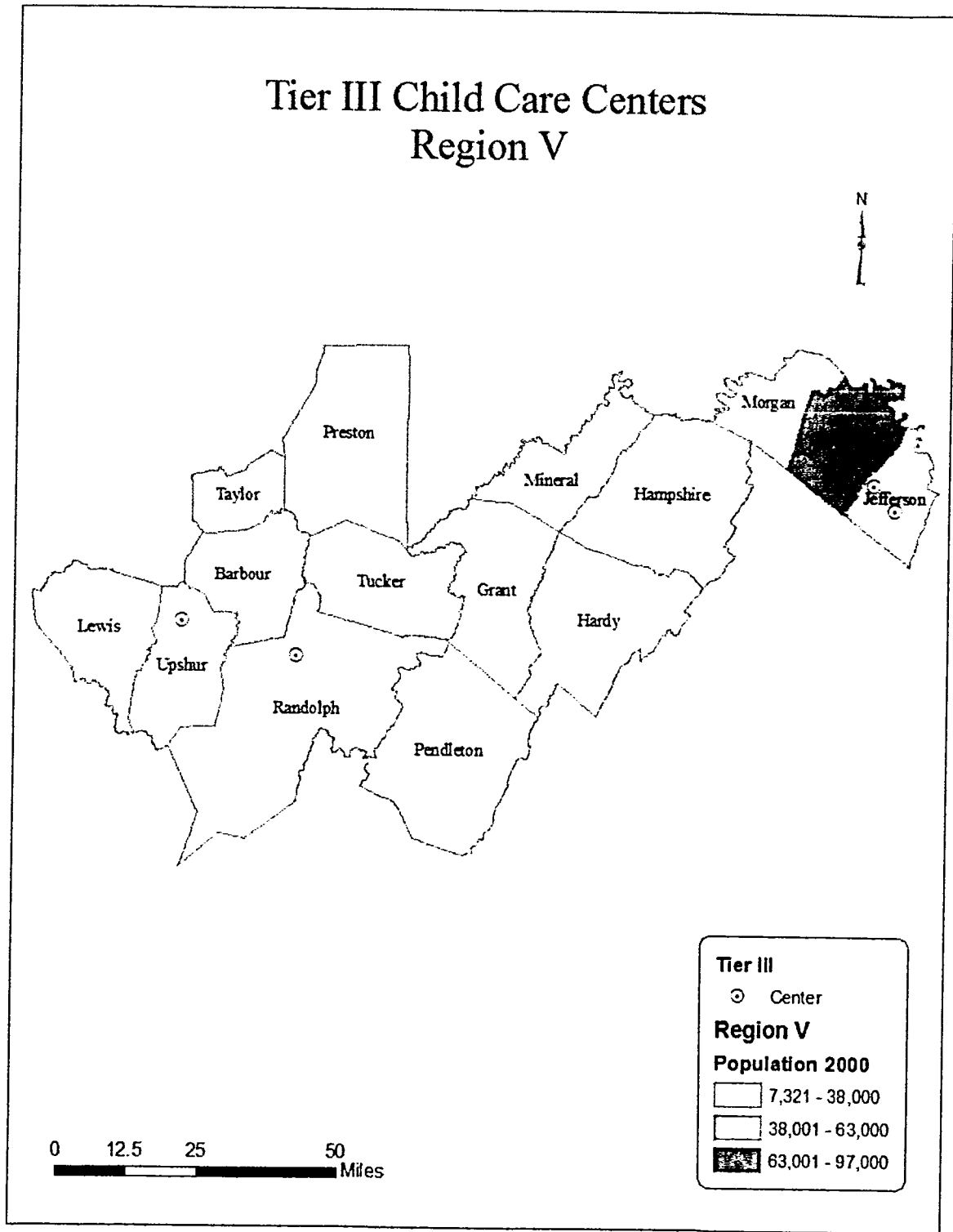
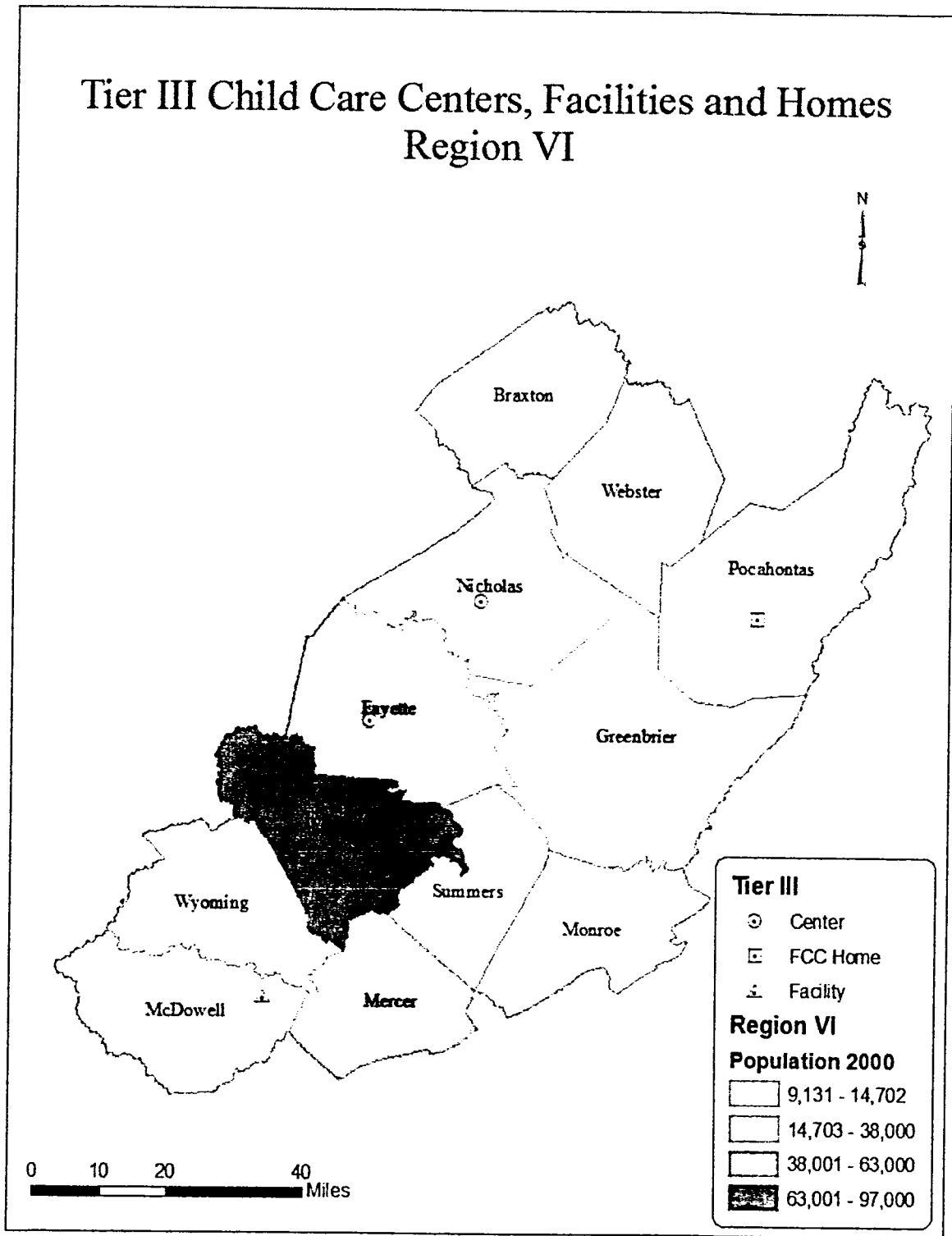


Figure 23 Tier III Participation in Region VI



As for base payment rates, the 75th percentile of the market rate is the rate at which 75 percent of the same type of provider accept as payment. The base payment rate is the daily/monthly rate without incentive payments. The monthly rate is equal to 20 times the daily rate and is paid if a child is in care between 13 to 20 days per month. Incentive payments include extra payment for care during non-traditional hours, increased rates for children with special needs and increase payment tied to quality standards.

The base payment rate is set by DHHR based on biennial market rate surveys and availability of funds. The federal benchmark for payment rates is the 75th percentile of market rate, a rate which allows families to access care at 75 percent of the available providers. The 75th percentile generally varies by type of setting and age of the child. While the goal would be to set rates at the 75th percentile, this has not always been possible, due to lack of funding. The current payment rates are based on the 2009 market rate survey. Rates for children birth to five are at the 75th percentile of the 2009 market rate survey. Rates for school-age children are below the 75th percentile. There was insufficient funding to increase all rates to the 75th percentile.

Separate rates are established for each type of care and for four different age groups within those programs. Differences in costs for different age groups are due primarily to staff/child ratios and the amount of supervision and assistance needed. The ratio for infants and toddlers in child care center is one teacher for each four children. For four-year-olds, the ratio is one teacher for each 20 children. (Child Care Regulatory Requirements 2010) This results in differences in payment rates. The Child Care and Development Fund regulations require a market rate survey be conducted every two years, so the market rate generally increases every two years. (CCDF Final Regulations 1998)

Maintaining subsidy rates at the 75th percentile requires added funding every two years. DHHR spent \$54,276,421 on child care subsidies in the last fiscal year (State of West Virginia 2011) with \$813,648 of that amount spent on tiered reimbursement. (Family and Children's Tracking System 2009-2010) DHHR conducted its last market rate survey in May 2011 and it revealed a number of payment rates that are now less than the 75th percentile. In order to set base rates at the 75th percentile of the market rate, the following daily rate increases are needed:

Table 11 Increases to Subsidy Rates to Maintain 75th Percentile

Category	Increased Amount
School-age children in family child care homes	\$4 daily/\$80 monthly
Pre-school children 2-5 in family child care facilities	\$5 daily/\$100 monthly
School-age children in family child care facilities	\$6 daily/\$120 monthly
Infants and toddlers in centers	\$1 daily/\$20 monthly
Pre-school children age 2-5 in centers-increase	\$2 daily/\$40 monthly
School-age children in centers	\$5 daily/\$100 monthly

A chart showing the current rates and the 75th percentile rates based on the 2011 market rate survey completed in October 2010 is included as Appendix 10.

Scholarships

WV Code also requires the provision of scholarships and establishment of professional development plans for center staff to increase the credentials of center staff over a five-year period. DHHR currently funds two scholarship programs. The first scholarship fund provides over \$100,000 to the Higher Education Policy Commission to assist graduate apprentices who have completed the Apprenticeship for Child Development Specialist (ACDS) program. (Bureau For Children and Families 2011) DHHR also supports the T.E.A.C.H.® scholarship program with approximately \$50,000. This resulted in a total investment of \$157,798 in 2010.

T.E.A.C.H.® scholarships are available to all child care providers. River Valley Child Development Services received an additional \$100,000 in funding for a two-year period from WV Appalachian Electric Power, which broadens the scope of the T.E.A.C.H.® program to include Head Start practitioners. (Appalachian Electric Power 2010)

T.E.A.C.H.® scholarships average approximately \$1,800 annually, since the center director and the recipient must contribute to the cost. The T.E.A.C.H.® program has one employee at present. Additional staff may be necessary as the program grows, particularly if the WAGES™ Program and health care benefits are added.

To meet code requirements 49-2E-3 (C), a goal was established for child care centers to have Professional Development Plans for a five year period that move staff to the following levels:

- **Small Center Directors (up to 30 children):** Licensing requires directors of small centers to have a Child Development Associate (CDA) credential. The goal is for these directors to obtain the Apprenticeship for Child Development Specialist (ACDS) credential. There are an estimated 67 directors of Type 1 centers that will potentially need to obtain ACDS credentials. This training is already covered by resources from the Child Care Development Fund.
- **Medium Center Directors (31 to 60 children):** Licensing requires directors of medium-sized centers to have an ACDS credential. The goal is for these directors to obtain an Associate's Degree in Early Childhood/Child Development. There are an estimated 172 medium centers and directors. Based on the CBER report, 51 percent of all directors have an AA or BA.
- **Large Center Directors (61 or more children):** Licensing requires directors of large centers to hold an Associate's degree with a minimum of 15 hours in early childhood education. The goal is for these directors to obtain a BA in Early Childhood/Child Development or business degree with 18-24 hours of EC/CD. There are 124 large centers and directors. Approximately 49 percent (60 directors) of those will need to obtain a BA.
- **Teachers and Lead Teachers:** Licensing does not require degrees for the approximate 1,735 teachers. The goal is that 50 percent of Teachers and Lead Teachers (868 teachers)

will obtain an AA in ECE/CD plus 25 percent (434 teachers) will be working toward a BA in ECE/CD. This makes a total of 1,302 teachers who potentially need scholarship funding. A small percentage of teachers (10 percent) already hold a BA. (*See basis for teacher numbers below)

- **Assistant Teachers:** The goal for assistant teachers is that 50 percent (821) will work toward an ACDS credential, which would not require additional scholarship assistance.

Grants

Grants to centers are one of the most common financial incentives used in QRIS across states and prove beneficial to programs attempting to improve their services. They are typically used for new and replacement equipment, educational toys, curricula materials, minor remodeling to improve health and safety and costs of professional development. They assist programs in off-setting cost associated with meeting the higher level standards in a QRIS.

Current code mentions two specific grants. The first grant would be an incentive grant awarded based on the type of child care program (center, facility or home) and the level at which the child care program is rated with child care programs having more children and with higher star ratings being awarded a larger grant as opposed to those having fewer children and lower star ratings. Code also provides for grants for helping with the cost of national accreditation to be awarded on an equitable basis. (West Virginia Legislature n.d.) These two forms of grants are outlined in more detail below.

Incentive Grants

Incentive grants encourage centers to participate in a QRIS by assisting with the cost of improvements. The number of programs that will voluntarily participate in a QRIS, and thus be eligible for incentive grants, is estimated based upon current levels of tiered reimbursement and participation levels in other states (see Appendix 1).

The QRIS Committee recommended that a one-star program be given an initial grant to assist with the improvements needed to achieve two-star status. As programs move up each tier, an increased grant amount would be offered, as shown in Table 12. Once centers attain three stars, they would be eligible for a larger grant to assist with increasing capacity or meeting health and safety guidelines. Three or four star centers may only receive this type of grant once in a five-year period. Tables 12 and 13 show the amounts the workgroup is recommending. Larger facility grants for increasing capacity or improving health and safety will be available only for Three Star or higher programs.

Table 12 Incentive Grants for Tier Progression

Star Level	Home	Facility	Small		Medium		Large	
			OOST	Center	OOST	Center	OOST	Center
One	\$250	\$500	\$1,000	\$1,500	\$1,250	\$1,750	\$1,500	\$2,000
Two	\$325	\$650	\$1,150	\$1,650	\$1,400	\$1,900	\$1,750	\$2,250
Three	\$400	\$800	\$1,300	\$1,800	\$1,650	\$2,150	\$1,850	\$2,350
Four	\$500	\$1,000	\$1,500	\$2,000	\$1,750	\$2,250	\$2,000	\$2,500

Out of school time (OOST) programs are those which operate before and after the school day and during summer breaks

Table 13 Larger Facility Grants

STAR LEVEL	HOME	FACILITY	Small		Medium		Large	
			OOST	Center	OOST	Center	OOST	Center
Three and Four	\$1,000	\$2,000	\$2,500	\$3,500	\$4,000	\$5,000	\$6,500	\$7,500

Accreditation Grants

The second recommendation for grants suggests that programs receive assistance with the cost of national accreditation, which is currently a requirement for Tier IV programs. Currently, 24 licensed child care centers (approximately 7 percent) are accredited through the National Association for the Education of Young Children (NAEYC) and one program is accredited by the Council on Accreditation. Four family child care facilities (approximately 4 percent) and two homes (0.1 percent) are accredited by the National Association for Family Child Care (NAFCC). (Bureau for Children and Families 2011)

DHHR currently operates a program through WV Early Childhood and Training Connections and Resources that provides assistance to child care programs seeking national accreditation. The Center Accreditation Support Services (CASS) initiative was designed to provide technical assistance and to cover a portion of the costs of accreditation. For the initial (and renewal applications), CASS covers half of all costs.

Costs vary depending on the size of the facility and type of accreditation toward which NAEYC provides some scholarship funding. The percentage of costs covered has recently been reduced, as CASS previously paid two thirds of the cost for application. Additional funding is needed if the number of programs seeking accreditation increases, as the state only budgets \$6,000 for CASS. This fund should also be increased by the third year of operation to cover potential costs for out-of-school-time programs to become accredited. (WV Training Connections and Resources 2010, 2011)

NAFCC charges the following amounts for accreditation as shown in Table 14. (National Association for Family Child Care 2011):

Table 14 NAFCC Fee Schedule

	Member	Non-Member
Self-Study Enrollment Fee	\$300	\$425
Accreditation Application Fee	\$500	\$700
Annual Renewal Fee	\$150	\$225
Accreditation Package	\$900	\$1,275

Table 15 demonstrates the current costs for NAEYC accreditation (National Association for the Education of Young Children 2011)

Table 15 NAEYC Fee Schedule

	Level 1 (10 to 60 children)	Level 2 (61 to 120 children)	Level 3 (121 to 240 children)	Level 4 (241 to 360 children)	Each additional 120 children
Step 1 Enrollment in Self Study	\$425	\$525	\$650	\$775	Add \$100
Step 2 Application / Self- Assessment	\$200	\$275	\$350	\$425	Add \$75
Steps 3 & 4 Candidacy / Site Visit (paid at candidacy)	\$650	\$775	\$950	\$1,150	Add \$

Application to become an accredited after school program is a four (4) year commitment with a total non-refundable cost of \$2,650 (this does not include site visit costs which are billed separately.) Costs for COA accreditation are as follows (Council on Accreditation 2009):

- \$250 application fee payable with the submission of application for Accreditation.
- \$1,200 accreditation fee payable with the submission of signed Accreditation Agreement.
- \$1,200 accreditation fee payable within sixty (60) days of signing the Accreditation Agreement.
- An additional \$200 payable annually with submission of the Maintenance of Accreditation (MOA) reports.

Automation System Needs

The most critical need for a QRIS system other than personnel is a management information system. West Virginia Code 49-2E-3 (3) calls for the implementation of an internet-based management information system that meets the following requirements. The system shall:

- (A) Allow for multiple agencies to access and input data;
- (B) Provide the data necessary to determine if the quality enhancements result in improved care and better outcomes for children;
- (C) Allow access by DHHR subsidy and licensing staff, child care resource and referral agencies, the agencies that provide training and scholarships, evaluators and the child care programs;

- (D) Include different security levels in order to comply with the numerous confidentiality requirements;
- (E) Assist in informing practice; determining training needs; and tracking changes in availability of care, cost of care, changes in wages and education levels; and
- (F) Provide accountability for child care programs and recipients and assure funds are being used effectively;

At present, there is no single system that allows for the above requirements to be met. Instead, there are multiple systems designed to perform stand-alone functions for several of the initiatives outlined in this report. One tracks child care subsidy and one tracks the STARS workforce registry. Another will be used for Environment Rating Scales evaluations and yet a fourth system is used for the T.E.A.C.H.® scholarship program. The child care subsidy system and provider regulatory functions are now combined with the child welfare database, the Family and Children's Tracking System (FACTS). This number of separate IT programs results in long waits for systems changes and for receipt of information.

Due to the length of time it takes to make changes to the FACTS system, which is now considered a legacy system, and the desire to allow providers to input data into the system and track additional information related to the proposed QRIS, a new web-based data system is the best solution.

If the state were to remain with the current system, the additional changes needed to track the various quality initiatives contained within the QRIS proposal would likely face extreme delays. The wait is due to numerous, more critical changes, (such as changes to child welfare programs that are necessitated by federal mandates that could result in funding losses unless programmatic changes are made) and a limited number of personnel.

A new web-based provider management system that can track provider regulatory functions as well as track QRIS quality activities is essential. A web-based system could allow for multiple agencies to access/input data and could provide the data necessary to determine if the quality enhancements result in improved care and better outcomes for children. The system could allow access by DHHR subsidy and licensing staff, Child Care Resource & Referral (CCR&R) agencies, the agencies that provide training and scholarships, evaluators or even child care providers themselves, based on differing security levels.

Information from the database could also assist in informing practice, determining training needs, tracking changes in availability of care, cost of care, changes in wages and educational levels. A strong data system provides accountability for service providers and recipients and assures funds are being used effectively. One option might also be to use a data warehouse or similar system to store information that could be accessed for reporting purposes.

DHHR is already planning a web-based system to manage the child care subsidy system and has sufficient funding to pay for the initial development of a new Provider Management System. An RFP has been drafted to solicit proposals from outside DHHR for the new system, and a minimum and maximum budget have been assigned. According to DHHR staff, funding is not set aside, however, until a contract is approved by State Purchasing. (Rosen 2011)

While initial development is covered, ongoing funding is needed to maintain the Provider Management system in terms of Help Desk functions, processing of changes and updates, completing of reports and data corrections and other essential maintenance functions.

The current RFP for a new Provider Management System, which is still going through the approval process, requires the system to contain functionality necessary to manage the various components of a Quality Rating and Improvement System for regulated child care providers as described in WV Code, Chapter 49, Article 2-E. The RFP also indicates that the system will include the applications for quality tier status, quality rating checklists, information from other interfaces and the ability to track financial and programmatic supports. (Bureau for Children and Families 2010)

The proposed system will either contain or link to all the information necessary to determine the quality tier status, deliver and track quality incentives and evaluate outcomes as it relates to participation in the QRIS. Up-to-date work force and professional development data is necessary and the system should provide for sharing of information between other systems and databases, including the child care eligibility application, the Environment Rating Scales (ERS) data system, the WV State Training and Registry System (STARS) and the T.E.A.C.H.® Scholarship database.

Work force and professional development data is essential and the system should provide for sharing of information between other systems and databases, including the child care eligibility application, the Environment Rating Scales (ERS) data system, the WV State Training and Registry System (STARS) and the T.E.A.C.H.® Scholarship database.

The proposed system will also

- Generate reports, such as lists of providers by tier levels, CCR&R region, type of provider, size of center, and workers assigned to the center.
- Track scores on Environment Rating Scales, including averages, sorted by the above criteria and by tier level; amount and type of technical assistance by the above criteria and hours of service provided; and financial incentives, including grants, bonuses, salary supplements and scholarships and total funding for all financial supports provided, sorted by the above criteria.
- Maintain historical data on all providers and
- More efficient data collection for use by a third-party evaluator to determine the effectiveness of the system.

Providers would have access to information about the QRIS system, be able to apply on line, enter and update information on their program and their staff, request technical assistance on line, including technical and financial assistance with national accreditation. All such information could be accessed and entered securely saving time for both staff and providers.

Amounts for grants and other financial assistance could be tracked. Currently, there is no tracking of grants awarded to providers, so providers could receive multiple grants and the

duplicate expense would not be noticed. This would allow for stricter oversight of expenditures by the state. (Bureau for Children and Families 2010)

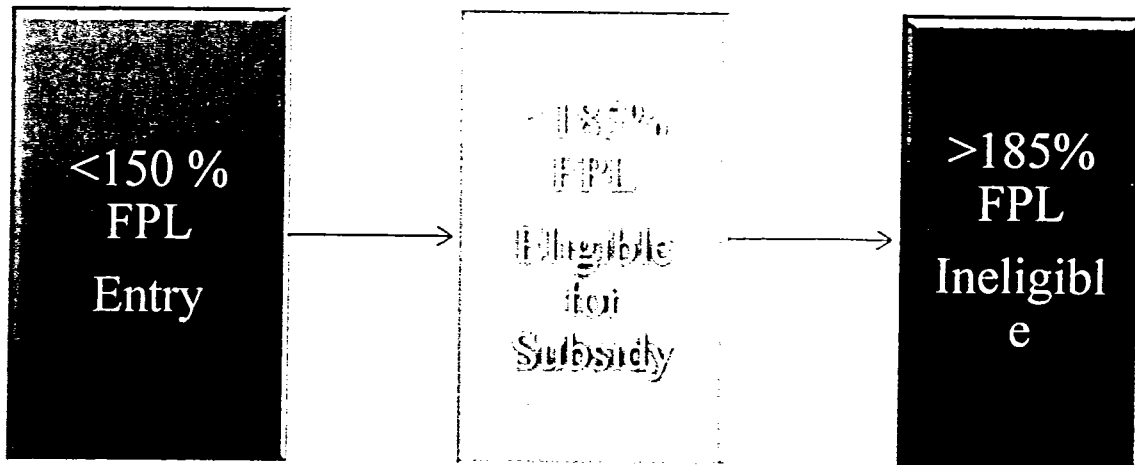
DHHR is planning to implement a new web based information system but this will not be available in the first few years of the proposed QRIS. An initial data management system is necessary to track

- workforce credentials and training
- facility evaluations, ratings and compliance

Eligibility Levels for Families

Boosting the quality of child care could potentially drive market prices beyond what middle-income parents can afford without some form of financial assistance. The PIECES Advisory committee recommended setting eligibility limits for financial assistance at 200 percent of Federal Poverty Level (FPL) and this recommendation was incorporated in code. Current eligibility guidelines are set at 150 percent of FY 2009 FPL to begin receipt of assistance which then continues until income exceeds 185 percent of FPL. (Sliding Fee Scale for Child Day Care Services 2009)

Figure 24 Current Subsidy Eligibility Guidelines



FY 2011 FPL guidelines were released in January 2011 but as of the publication of this report, eligibility guidelines have not been changed. (2011 HHS Poverty Guidelines 2011) The QRIS Advisory Council recommended that increased eligibility be phased in over a five year period, beginning in year 3, by increasing the intake level by 10 percent annually. The exit level increases to <200 FPL by the end of the fourth year. Eligibility is determined by monthly income and reviewed every six months.

Figure 25 Proposed FPL Eligibility Increases

2014	<160% FPL Entry	>185% FPL Exit
2015	<170% FPL Entry	>185% Exit
2016	<180% FPL Entry	>190% Exit
2017	<190% FPL Entry	>200% Exit
2018	<200% FPL Entry	>200% Exit

To calculate the additional number of children who will take advantage of eligibility from an increase in the allowable Federal Poverty Level (FPL) from 150 percent to 185 percent in years three through five, CBER employed the following calculation:

- **Step 1.** The U.S. Census Bureau Population Estimates Series indicated that the 2009 West Virginia population for all children under the age of 14, roughly coinciding with the infant through school age population served through early care to 'school-age', was 296,627.
- **Step 2.** The U.S. Census Bureau also provides an estimate that 3.6% of all families with children have incomes between 150 and 185 percent of the FPL. Thus, 3.6% percent of the under 14 population in West Virginia (assuming an equal distribution within that income grouping) would equate to roughly 10,679 children.
- **Step 3.** Using the estimate of a 20% uptake rate for electing to use a child care option, gives us approximately 2,136 children that are expected to be newly eligible for child care subsidy.
- **Step 4.** Again relying upon the equal distribution assumption in Step 2, we divide the 2,136 children into three groups, each 'coming on board' for years three through five of the detailed financial plan. This gives us 712 children per year.
- **Step 5.** Employing an estimate of \$4,260 per child gives us an anticipated subsidy in Year 3 of \$3,033,120.
- **Step 6.** In Year 4, those first 712 children will remain in the program in addition to another 712 children. Thus, the \$3,033,120 in Year 4 must also be expended in Year 4 as well as the \$3,033,120 for the children newly eligible. This gives us a total of \$6,066,240 in Year 4.
- **Step 7.** The same calculation carried out in Step 6 must be repeated in Step 7 to account for the children for Years 1 and 2. This gives us a Year 5 total of \$9,099,360.

- **Step 8.** Adding the cost estimate totals for Years 3, 4, and 5 produces a total estimate of increasing FPL eligibility from 150 percent to 185 percent of \$18,198,720.

Evaluation

According to the Administration for Children & Families (ACF) compendium of Quality Rating Systems (QRS)¹⁶ programs report, the use of evaluation in a QRS program is a growing trend among states. These evaluations are connecting the purposes of the QRS to its outcomes (Tout, et al. 2010). ACF reported that 18 states use evaluation as a measure of their QRS program. These evaluations take the form of either ongoing evaluation, accounting for half of the 18 states, or periodic evaluation. Among the major goals for all state evaluations are to record how the state enacts their QRS, if those actions are valid in achieving their goals and if those goals are leading to real outcomes for the child, the family, the community and the QRS institution.

The evaluation of a QRS program is generally either conducted through an internal or external contractor. The majority of states (15) select only an external contractor while three states chose a combination of external and internal while two states chose an internal contractor. The most common types of external contractors selected by states included universities, generally in-state, or research organizations such as RAND. Although the contractors and types of evaluations vary from state to state and each state has the ability to choose how it is evaluated, there are a number of commonalities that occur in the evaluation.

The first commonality is the questions used in the evaluation tend to revolve around the subjects of implementation, validation, quality improvement and child outcomes (Tout, et al. 2010). Other less common evaluation questions revolve on the issues of how poverty affects the program, the importance of parent involvement, the benefits and drawbacks of cost in higher tiers, and higher level education techniques such as authentic assessment.¹⁷

The published reports for the majority of states report findings in the categories of implementation, validity of the rating system, quality improvement, and child outcomes. These reports have been a part of QRS rating since North Carolina conducted the first QRS evaluation in 2001. States with less history with QRS have also issued first year and short term reports which focus more on the implementation of the QRS rather than the outcomes due to the lack of time following implementation of the program (Tout, et al. 2010). Existing documentation of these reports could provide West Virginia with a framework to develop its own process of evaluation and how that evaluation would take shape.

An ongoing evaluation of WV's proposed QRIS is essential to determine that it is indeed improving quality. Based on the scope of the investment, it is critical that the increased expenditures positively impact quality and improve developmental outcomes for children. A contract with an independent third-party evaluator is recommended and indicated in State code.

¹⁶ The proposed QRIS system in WV includes an "Improvement" component.

¹⁷ "...Engaging and worthy problems or questions of importance, in which students must use knowledge to fashion performances effectively and creatively. The tasks are either replicas of or analogous to the kinds of problems faced by adult citizens and consumers or professionals in the field." Wiggins, G. P. (1993). *Assessing student performance*. San Francisco: Jossey-Bass Publishers.

The contractor will work with DHHR and with the QRIS Advisory Council to establish viable measures and would have access to data available in the proposed database.

An evaluation of the current level of quality was the first step in establishing the baseline for conducting further evaluation. DHHR used ARRA funding to support the costs. The study was conducted by West Virginia University. More detail on selected outcomes from the baseline assessment is provided in the following section.

Another method of evaluation is to establish child and provider outcome and develop measures to evaluate those outcomes. The contractor, in collaboration with the QRIS committee, would develop measureable outcomes for children that are developmentally appropriate, such as improved school readiness, improved health and fitness, less aggressive behavior, and better social and emotional skills. Outcomes for providers and teaching staff might consist of increased educational levels, improved practice and increased salaries. Recent research indicates that a reasonable cost for a system evaluation would be 5 to 10 percent of the total cost of the program.

The Projected Cost of Implementing a QRIS in West Virginia

Baseline Assessment

An evaluation of the current level of quality was the first step in establishing the baseline for conducting further evaluation. DHHR used \$629,355 in ARRA funding to support the costs. (Bureau For Children and Families 2011) The baseline assessment was conducted by West Virginia University (WVU) and called for staff to conduct Environment Rating Scales (ERS) on a reliable percentage of providers and to track the results in a database for use by DHHR, the QRIS Advisory Council and the third-party evaluator. The ERS provide scores for both process and structural quality. Once programs achieve three stars, they will undergo annual assessments using the ERS, in an effort to provide the on-going tracking of improvements.

WVU released its findings on the level of quality in May 2011. (Warash, et al. 2011) The report includes a number of findings regarding quality of care in West Virginia. Based upon the sample data provided, quality appears to vary based on a number of criteria including type of care, location (rural versus urban), areas of quality measured (i.e., health and safety, activities, provider-child interactions), quality tier level in the tiered reimbursement system, and educational level of teachers and directors.

In completing the Environment Rating Scales, as employed in the WVU study, evaluators assign a score between 1 and 7 to each component of the scale based upon whether or not the program complies with select criteria. Scores at certain levels can be interpreted as shown below (Gillian Pugh 5th Edition - 2010):

- 1 = Inadequate
- 3 = Minimal
- 5 = Good
- 7 = Excellent

The type of care (delineated as to Family Child Care Home, Family Child Care Facilities, or Child Care Centers) indicated variation along the ERS from just above minimal to below good.

To put these scores in perspective, WV Pre-k programs that score below 5 (or 'Good' on the ERS) on any component are required to implement a corrective action plan

The WVU study indicated problems with using the list provided by DHHR from FACTS to contact providers. Their first recommendation addressed that issue. WVU stated, "DHHR is the agency overseeing child care centers and homes in West Virginia, and the first priority is to obtain accurate records. Where the problem lies is not as significant as that it is a major limitation to quality. This needs to be rectified." This comment speaks to the need for a better provider management system than is currently available.

The second concern outlined in the WVU report was the poor quality in family child care homes. Their recommendation is, "to look at the "inspection" system, not so much at the guidelines and requirements as they are updated periodically, but at the personnel doing the inspections. This baseline has shown that better prepared directors with education in the field have better scores; it would seem that personnel who have the same type of qualifications would be more capable of doing authentic inspections and also provide guidance for improvement."

The finding outlined in the WVU report only serve to reinforce the needs of child care programs in West Virginia, including the lack of resources, the poorly compensated and educated workforce and the need for better enforcement of standards.

Summary of Current Investments

DHHR currently invests in early child care through a variety of programs and both federal and state funding sources such as CCDF and TANF. Over \$53 million is expended annually for financial assistance for subsidy eligible children in the state. An additional \$800,000 supported quality initiatives in the tiered reimbursement program. These amounts, while substantial, are not sufficient to meet program costs outlined in this report. It should be noted that over 90 percent of these monies are federal funds with only 10 percent coming from the State. By comparison, public elementary and secondary education is funded with approximately 60 percent state, 30 percent local and only 10 percent federal monies.

For fiscal year 2009-2010, WVDHHR allocated approximately \$5.4 million in state agency staffing, \$3.2 million to Child Care Resource and Referral Agencies and \$700,000 in scholarships and grants to support quality initiatives in the state. State funding for Pre-k also supports many types of programs.

Figure 26 State Level

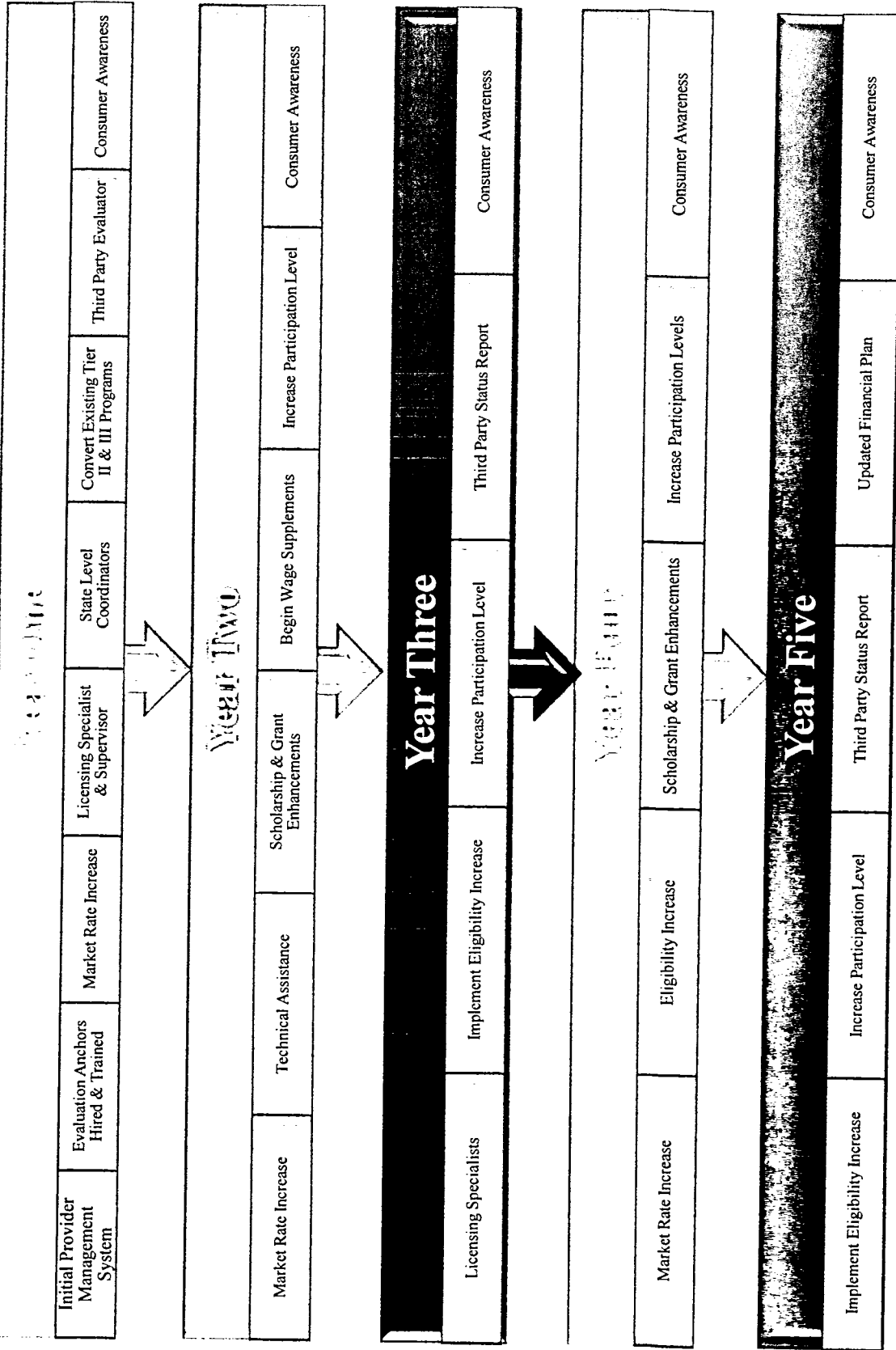


Figure 27 Child Care Resource & Referral Agency Level

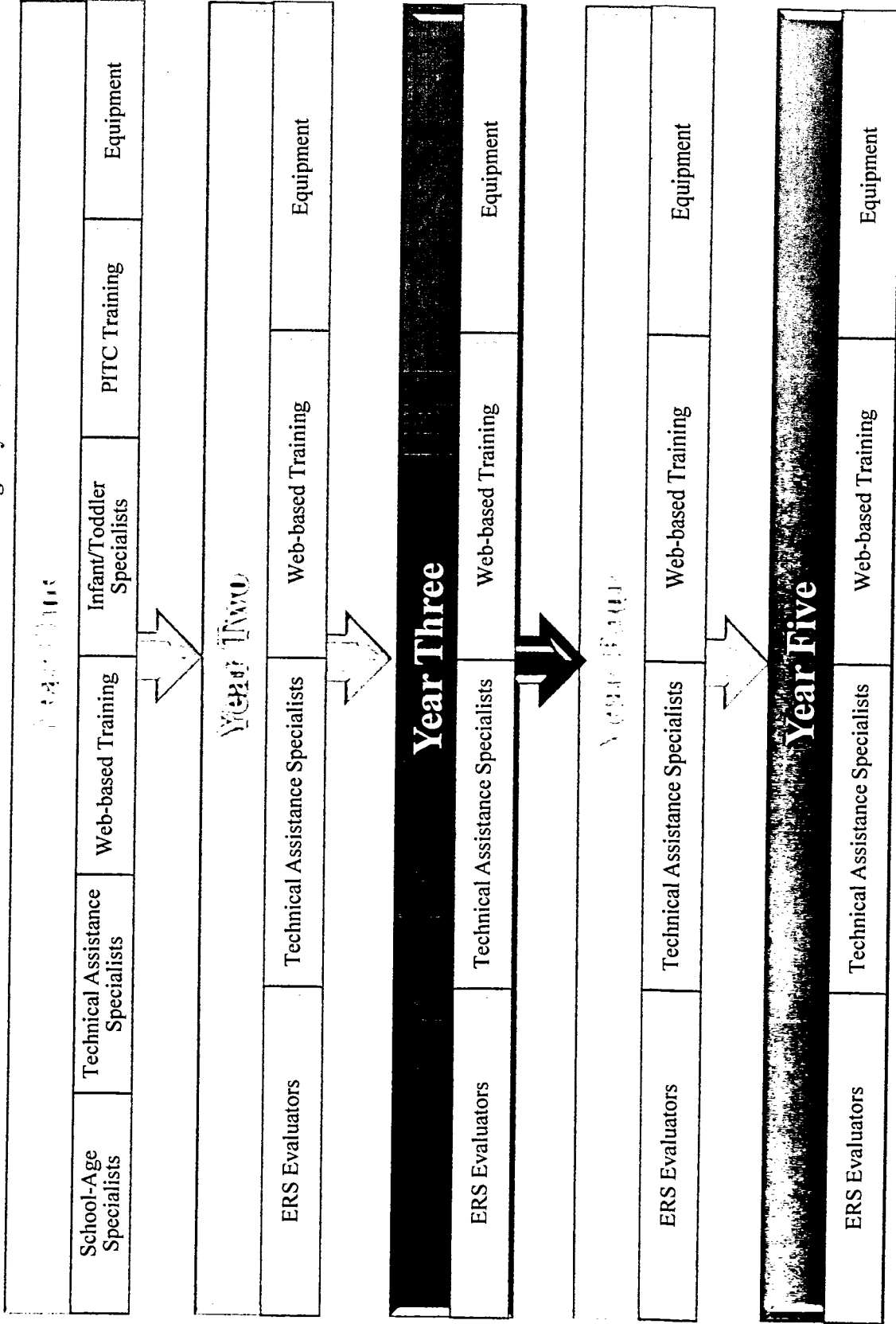
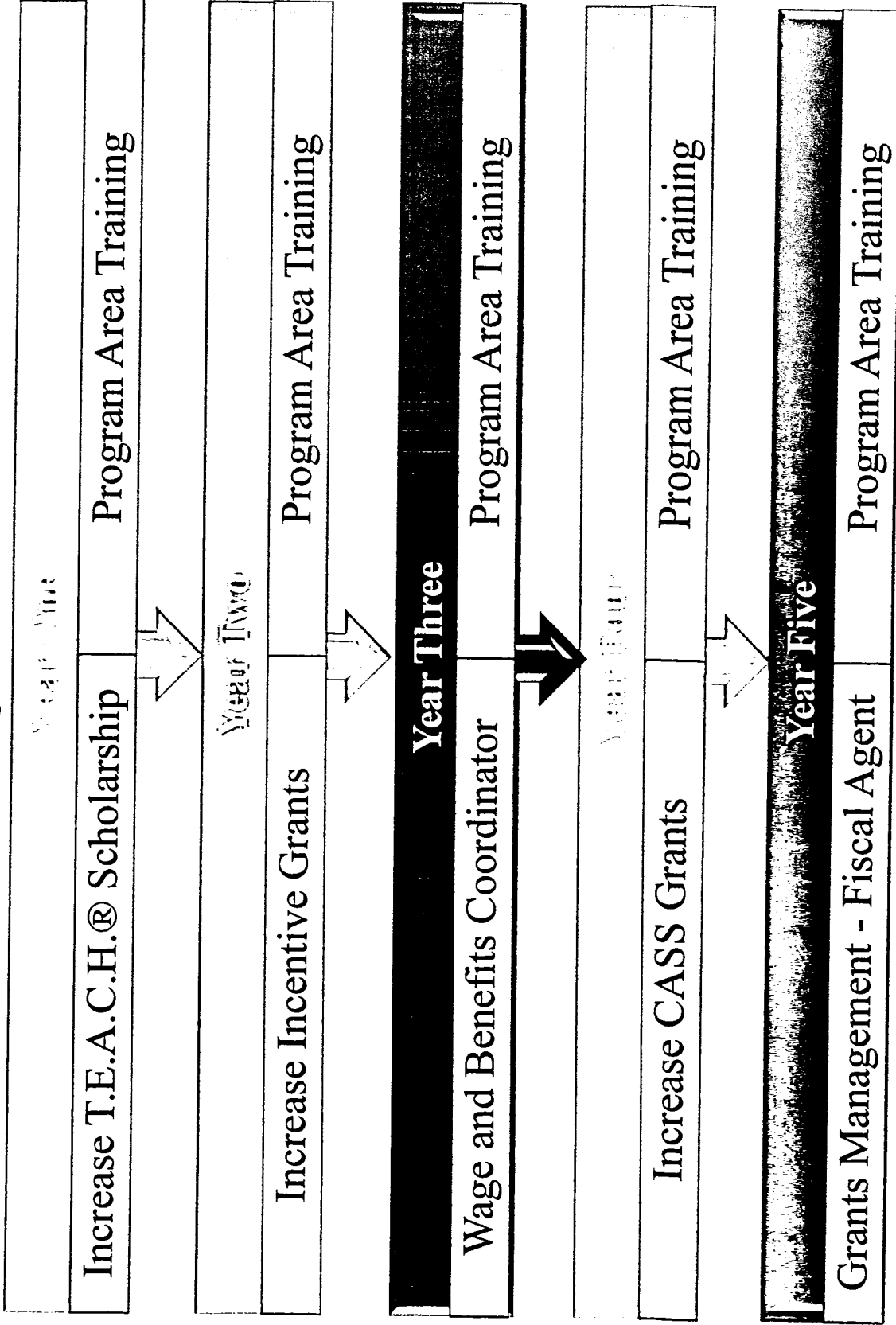


Figure 28 Training Connections & Resources



Funding

The most common source of funding for QRIS is the Federal Child Care and Development Fund (CCDF), with all but one state relying on this revenue source. (Quality Rating & Improvement System Resource Guide n.d.) Other possible sources include Federal funds from:

- Temporary Assistance for Needy Families
- Social Services Block Grant
- Head Start
- Title IVB Child and Family Services
- Part B and Part C of the Individuals with Disabilities Education Act
- U.S. Department of Education
- ARRA and other initiatives
- State general funds and dedicated State funding from tobacco settlement funds or lotteries
- Local government revenues
- Private sources, including business and philanthropic contributions

Year One - Building Infrastructure

State Level Infrastructure

Building the infrastructure for the QRIS is the primary focus during first year of implementation. Experience in other states with QRIS programs and recommendations from professional groups regarding programs facilities and staffing were used to develop the first year program and costs as well as in subsequent years. The staff mentioned as being needed each year is additional staff to those already involved and those which is added each year.

On a state level, the Division of Early Care and Education will be developing a new Provider Management System to track the numerous components of the QRIS. To do this new staff are required.

- Two staff will be employed as anchors/evaluators for the Environment Rating Scales and will attend training provided by the Frank Porter Graham Early Childhood Institute at the University of North Carolina. Once trained, they will begin on-site evaluations at three and four star programs and to provide training to other staff.
- A new Licensing Supervisor and one new licensing specialist will be employed to determine the rating level of participating centers.
- Three new coordinators will be hired to coordinate the work of staff in CCR&R agencies.
 - One coordinator will provide training and oversight for technical assistance staff;
 - Another will provide training and oversight for new training specialists conducting training for school-age child care programs;
 - The third coordinator will collaborate with other professional development providers, including community and technical colleges, to maximize funding for training, scholarships and professional development and imitate online training, evening classes and off-campus programs for child care workers.
- A rate increase for providers elevates base payment rates towards the 75th percentile of the 2011 market rate.

The Division, with assistance from the QRIS Advisory Council, will be finalizing quality standards, application forms, policies and procedures for each level of the QRIS. The existing Tiered Reimbursement System, which offers \$2-\$4 extra daily in payments for subsidized children to providers who provide written verifications that their program meets higher quality standards, will be transitioned to the new QRIS. The transition will result in an additional level of quality and physical on-site monitoring to verify compliance with standards. In a QRIS, tiered reimbursement is not a program in and of itself, but merely another financial support provided to increase the level of quality.

The existing Tiered Reimbursement System will be transitioned to the new QRIS Star system. Division staff will be working with the Division of Grants and Contracts to increase the scope of work for the CCR&R agencies, which will be responsible for a majority of the provider supports in a QRIS, including training and technical assistance and ERS evaluation.

Two new contractors must be selected:

- A contract for an independent third party evaluator, who must have knowledge of the early childhood framework in West Virginia and experience in conducting research. An independent, third-party evaluator is necessary to accurately gauge the progress and effectiveness of the Quality Rating Improvement System (QRIS). The proposed evaluator is expected to have significant demonstrable research experience regarding effective early childhood practices and policies as well as a substantive connection to the legislative and policy arenas of the State. Further, this evaluator should possess an intimate working knowledge of the financing structures of QRIS systems (broadly defined) and in the State in particular. The evaluating entity should be able to provide evidence of long-standing expertise in evaluating early childhood, Pre-K education or other similar systems and their implementation. Staff will work with the independent third party evaluator to develop outcomes and measurements for evaluation of the QRIS.
- A contract for an agency in conjunction with the QRIS Advisory Council to provide a comprehensive consumer awareness campaign and to create a logo, name and identity for the system. Staff will continue quarterly meetings of the QRIS Advisory Council.

Child Care Resource and Referral Agencies Infrastructure

The six child care resource and referral agencies (CCR&FA) will be employing new employees and will need to locate space and purchase equipment for the new employees. Each CCR&FA will be employing the following additional staff:

- One new infant and toddler specialist to provide training for caregivers of infants and toddlers (the two largest CCR&R agencies will each receive 2 positions).
- One new school-age child care specialist to provide training specifically for caregivers of school-age children.
- One technical assistance specialist to provide on-site assistance to providers to improve their programs, develop professional development plans, provide career advice, help providers in applying for accreditation or to move up a star level in the QRIS system (the two largest CCR&R agencies will each receive two positions).

All new staff will require an introductory course on the Environment Rating Scales, which will be offered as a web-based course; and all require notepads and access to the national ERS Data

System. The infant and toddler specialists require additional training from the Program for Infant and Toddler Caregivers (PITC) program provided by West Ed Laboratories of California.

WV Early Childhood Training Connections and Resources (WVECTCR)

WVECTCR is another significant resource for provider supports for early educators. The agency manages the T.E.A.C.H.® scholarship program and the State Training and Registry System (STARS). The registry system;

- Determines career lattice levels for early childhood staff based on education and experience,
- Tracks training and professional development, and approves trainers and training providers. issues incentive grants to center providers
- Manages the Center Accreditation Support System.
- Facilitates training-of-trainers sessions for DHHR and CCR&R professional development staff.

During the first year, they will be facilitating several train-the-trainer sessions for the new positions. The agency will receive additional funding for grants and scholarships in preparation for increased demand for these supports. The estimated cost for year one is \$12,866,497 in addition to funds already in the program.

Year Two - Growing the QRIS

State Level Growth

By year two, the focus will move from implementation and start-up of the necessary infrastructure to launch the QRIS system.

- The new management information system should be ready for information to transfer from the old system to the new. Staff will be training CCR&R personnel on the new system Providers will enter information directly into the web-based system.
- The ERS anchors have become experienced evaluators and will attend in-depth training on the Infant and Toddler and Pre-school Environment Scales. Training two new evaluators will be conducted to insure the reliability of the scores for the new staff.
- The first of two base pay increases for child care providers will be implemented and rates will be set at the 75th percentile of 2011 market rate for positions with similar training and experience requirements.
- A second rate increase for providers elevates base payment rates to the 75th percentile of the 2011 market rate.
- A new market rate survey to determine provider's fees will be conducted.
- The WAGES program will be implemented, which will provide wage supplements for staff working in programs with two or more Stars. Supplements will be phased in over a five-year period, which means the phase-in will carry over into the second five years of the QRIS.
- Two new technical assistance staff and two new ERS evaluators for selected CCR&R agencies to cover areas of need for technical assistance or, in the case of the ERS evaluators, to cover different parts of the state.
- Funding for scholarships and grants will be increased at WVECTCR.
- The third party evaluator will begin collecting data on initial outcomes from the QRIS.

Child Care Resource and Referral Agencies

The child care resource and referral agencies are experiencing growth in the number of early childhood practitioners attending training courses and needing technical assistance. The infant and toddler specialists will double the amount and comprehensiveness of training available to infant and toddler teachers. The school-age specialists will be doing the same for teachers of children age 5-12. Technical assistance staff will be working with programs and providers, assisting with ERS self-assessments, program improvement planning, applications for accreditation, referrals to other supports, professional development plans and providing advice to practitioners on their practice and their careers. During this year, the following should occur:

- A technical assistance position will be added to two CCR&R agencies experiencing the greatest demand for technical assistance. They will take the new ERS web-based introductory course.
- An ERS evaluator will be added to two CCR&R agencies designed to cover specific geographic regions of the state. They will each attend training offered by the Frank Porter Graham Early Childhood Institute at the University of North Carolina in Chapel Hill and will work with the two state anchors to achieve inter-rater reliability and begin conducting evaluations.
- Conversion to the new Provider Management Information System may take up a considerable amount of time. There will be numerous questions from providers about how to access the new system and how to enter information on their programs in the system.
- Again, CCR&R agencies must find space and purchase equipment for new staff.

West Virginia Early Childhood Training Connections and Resources Growth

WVECTCR will expand the programs it manages that are components of the QRIS, necessitating enhanced funding for several of the program components:

- The T.E.A.C.H.® program will receive increased funding to support the growing number of early educators interested in pursuing a degree due to the incentives offered through the WAGE\$ program and scholarship assistance.
- The incentive and accreditation grant programs will receive increased funding to support the growing number of programs interested in participating in the QRIS, those moving up to a new star level and those seeking accreditation.
- The WAGE\$™ will be implemented through WVECTCR. This new project subsidizes wages to practitioners working in two-star and above programs having certificates, credentials, or college credit and are at Career Lattice Level 3 or above. Career Levels are available as Appendix 9.
- The training-of-trainers line item will be increased to allow for training for new professional development staff and technical assistance staff in the CCR&R agencies.

The estimated cost for year two is \$12,507,051 in addition to funds already in the program.

Year Three - Reporting on Continuing Progress

State Level Progress

This is the first year for the third party evaluator to make a report on their evaluation of progress to see if modifications are necessary to insure the success of the program. Current efforts continue but some additional efforts are just starting.

- A second rate increase for providers elevates base payment rates to the 75th percentile of the 2011 market rate.
- State level staff increases the intake level for eligibility for child care to 160 percent of Federal Poverty Level (FPL), the first in a series of increases designed to take eligibility to 200 percent of FPL. The exit level remains at 185 percent of FPL. This increase allows additional families to afford child care and will cover an estimated 720 additional children.
- An additional licensing specialist is employed to determine the Star ratings for the growing number of centers participating in the QRIS.
- The consumer awareness campaign shifts its focus from encouraging provider participation to providing more materials to families on how to select center care based on the Star level of providers.
- Two additional technical assistance staff will be added along with two new ERS evaluators to selected CCR&R agencies to cover areas of high need for technical assistance or, in the case of the ERS evaluators, to cover different parts of the state.
- Funding for scholarships and grants will be increased at WVECTCR.

CCR&R Progress

The CCR&R agencies continue existing efforts but new staff is added again this year.

- A technical assistance position will be added to two CCR&R agencies experiencing the next greatest demand for technical assistance. They will also take the new ERS web-based introductory course. This makes a total of 12 technical assistance staff statewide.
- Another ERS evaluator will be added to two CCR&R agencies designed to cover specific geographic regions of the state. This makes a total of 4 evaluators in the CCR&R agencies in addition to the two State Anchors.

WV Early Childhood Training Connections and Resources Progress

WVECTCR will employ a coordinator to support the WAGES program. Additional financing is added to the T.E.A.C.H.® scholarship program, the grant incentive program, the Center for Accreditation Support Services (CASS) program and the WAGES program. The estimated cost for year three is \$15,473,663 in addition to funds already in the program.

Year Four - Results

State Level Results

The initial report by the third party evaluator is available. Based on the report's results, it will be determined what is working well and what isn't. Results will be utilized for changes to policies, procedures and standards as needed.

Two new technical assistance staff and two new ERS evaluators to selected CCR&R agencies will be added to cover areas of high need for technical assistance or, in the case of the ERS evaluators, to strategically cover different parts of the state. Funding for scholarships and grants will be increased at WVECTCR to enhance greater demand for these programs.

State level staff increases the intake level for eligibility for child care to 170 percent of Federal Poverty Level (FPL), the second in the series of increases designed to take eligibility to 200

percent of FPL. The exit level remains at 185 percent of FPFL. This increase means additional families can afford child care and will cover an estimated additional 720 children, which makes a total of over 1,400 new children in the system.

CCR&R Progress

For the CCR&R agencies new staff is added again this year.

- A technical assistance position will be added to two CCR&R agencies experiencing the next greatest demand for technical assistance. They will also take the new ERS web-based introductory course. This makes a total of 14 technical assistance staff statewide.
- Another ERS evaluator will be added to two CCR&R agencies designed to cover specific geographic regions of the state. This makes a total of six evaluators in the CCR&R agencies in addition to the two State Anchors.

WV Early Childhood Training Connections and Resources Progress

For WVECTCR additional funding is added to the T.E.A.C.H.® scholarship program, the grant incentive program, the CASS accreditation support program and the WAGES program.

The estimated cost for year four is \$18,621,511 in addition to funds already in the program.

Year Five - A New Financial Plan

State Level Results

In the fifth year the Division of Early Care and Education will need funding to update the five-year financial plan. The second five-year plan will continue to expand various components of a graduated implementation, including:

- Increased eligibility for families, possible increases in rates to maintain them at the 75th percentile,
- Provision of health care benefits and evaluation of the need for funding for all other components of the system.

Implementation efforts will continue:

- Grant agreements will once more be altered to add two final technical assistance staff and two final ERS evaluators to selected CCR&R agencies. This will result in 8 ERS evaluators in addition to the two state level anchors and a total of 16 technical assistance staff statewide.
- Funding for scholarships and grants will also be increased at WVECTCR.
- State level staff increases the intake level for eligibility for child care to 180 or 185 percent of Federal Poverty Level (FPL), the second in the series of increases designed to take eligibility to 200 percent of FPL. The exit level remains at 185 percent of FPL. This increase will cover an estimated 720 additional children, which makes a total of 2,100 new children in the system.
- A third licensing specialist is employed to determine the rating levels of the growing number of centers participating in the QRIS.

Provision of Health Care Benefits

This is the last component to be added to the list of improvements for staff and providers and is designed to stabilize the child care workforce by retaining current staff and reducing turnover. Implementation may also depend upon the impact of the Affordable Care Act passed by Congress in 2010 (Health Care Reform, 2010), which reforms the provision of health care benefits and may cover much of the current workforce.

The third-party evaluator will complete a second progress report and evaluate the progress and effectiveness of the QRIS. This report should be the first to show program outcomes and could result in analysis and changes to the program in the sixth year of operation.

CCR&R Progress

The CCR&R agencies again this year will require additional personnel.

- A technical assistance position will be added to the two remaining CCR&R agencies. This makes a total of 16 technical assistance staff statewide.
- Another ERS evaluator will be added to two CCR&R agencies. This makes a total of eight evaluators in the CCR&R agencies in addition to the two State Anchors.

WV Early Childhood Training Connections and Resources Progress

Additional amounts are added to the T.E.A.C.H.® scholarship program, the grant incentive program, the CASS accreditation support program and the WAGES program. The Health Care Benefits Program will be added to the list of QRIS supports provided through WVECTCR, which may mean the addition of a Health Care Benefits Coordinator. Due to the increase in the award of grants and other financial benefits, a fiscal agent will be added to manage the increased numbers. The estimated cost for year five is \$23,467,304 in addition to funds already in the program.

Cost Summary

Table 16 shows the breakdown of cost estimates by major category for the proposed QRIS. Staffing costs include the addition of positions at the State DHHR, Grantee CCR&R and WVECTCR levels as well as associated benefit and support expenses. All State level positions were based on midpoints of current salary levels for associated job descriptions of DHHR Specialist Senior and Program Manager I where applicable. Grantee level positions mirror BLS median data for comparable positions in the state. Benefit rates and support costs reflect current state and Grantee contract data.

Equipment and training costs reflect current system requirements (both software and hardware) for each position and the related training, travel and per diem expenses for out-of-state travel to appropriate training in North Carolina and California.

Tiered reimbursement estimates account for the initial increases of adding a “star level” to the existing system in year one and for later increases in estimated enrollment. Market rate increases are based on the DHHR market rate studies from 2004 to 2010 which indicate approximately \$6.5 million needed to bring subsidy rates to the 75th percentile of the current market rate. This increase was split equally across years one and two. Additional amounts were not budgeted as

another market rate study must be completed in two years. Revision of the estimates for any further increases to market rates may be necessary at that time.

Salary enhancements for child care workforce members with higher education and/or training and certification were derived from current wage and education levels reported in STARS. Healthcare benefits are not introduced until year five and the amount of \$1.5 million should be viewed as tentative based on the implementation schedule of the QRIS at that point.

Grants to providers begin at the current level of \$250,000 with an increase of \$50,000 per year for the remaining four years of the plan to enable for expansion of current services. Evaluation expenses are estimated at 10 percent of program costs, based on available research for comparable statewide systems of this magnitude.

Table 16 Five Year Cost Estimate Summary

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Staffing Cost (5 year period)	\$1,705,190	\$1,904,120	\$2,170,141	\$2,369,071	\$2,635,092	\$10,783,615
Competitive Salary Increase for Grantees	\$420,021	\$420,021	\$420,021	\$420,021	\$420,021	\$2,100,105
Notepad PC with ERS software, extra battery, keyboard and stylus kit	\$182,700	\$135,400	\$150,600	\$165,800	\$181,000	\$815,500
Training at UNC and California for IT Specialists	\$95,896	\$101,936	\$12,240	\$12,240	\$12,240	\$234,552
Tiered Reimbursement	\$400,000	\$700,000	\$1,000,000	\$1,300,000	\$1,600,000	\$5,000,000
Market Rate Increases	\$3,250,000	\$6,500,000	\$6,500,000	\$6,500,000	\$6,500,000	\$29,250,000
Wage supplement - salary enhancement to caregivers with higher education.	\$0	\$250,000	\$650,000	\$1,200,000	\$1,800,000	\$3,900,000
Scholarships	\$200,000	\$350,000	\$500,000	\$650,000	\$800,000	\$2,500,000
Health Care benefits for caregivers with professional degrees	\$0	\$0	\$0	\$0	\$1,500,000	\$1,500,000
Subsidy Eligibility moved to 200% FPL	\$0	\$0	\$1,733,820	\$3,467,640	\$5,201,460	\$10,402,920
Management information system- new web-based data system plus annual maintenance	\$5,500,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$9,500,000
Evaluation to determine the effectiveness of system. (5% of program cost)	\$612,690	\$595,574	\$736,841	\$886,739	\$1,117,491	\$3,949,335
Grants to Providers	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$1,750,000
Public Relations campaign (QRIS Committee)	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$1,250,000
Program Cost (Years 1-5)	\$12,866,497	\$12,507,051	\$15,473,663	\$18,621,511	\$23,467,304	\$82,936,027
Subtotal before evaluation	\$12,253,807	\$11,911,477	\$14,736,822	\$17,734,772	\$22,349,813	\$77,486,692

Appendix 1 Examples of QRIS in Other States and D.C.

State	Name of QRS	Date QRS Launched	Number of Participating Programs	Number of Levels of QRS	Frequency of Quality Rating	Percent of Classrooms Assessed at Each Site	Frequency of classroom assessment	Staffing Pattern for QRS Administration	Density: Percent of Participating Programs out of Total
Arkansas	Better Beginnings	2010	420 (Approx.)	3	3 Years	100%	3 Years		Not Included
Colorado	Qualistar Colorado	1999 (Statewide in 2001)	498 Centers 71 Homes	4	2 Years	100%	2 Years	Qualistar Early Learning 1	Approximately 20%
Delaware	Delaware Stars for Early Success	2009	113 Centers 40 Homes	5	3 Years	50%	3 Years	Stars Evaluation Coordinator	8%
D.C.	Going for the Gold	2000	204 Centers 77 Homes	3	>2 Years	At least 1 class per program	1 Year	Office of the State Superintendent of Education in the District of Columbia	Approximately 50-60%
Idaho	IdahoSTARS	2010	40 Centers	5	3 Years	Not Specified	1 Year	Idaho Department of Health and Welfare	Not Included
Illinois	Quality Counts	2007	414 Centers 230 Homes	4	3 Years	Random Selection	3 Years	Illinois Department of Human Services	Not Included
Indiana	Paths to Quality	2008	399 Centers 1121 Homes	4	1 Year	Not Specified	1 Year	Indiana Family and Social Services Administration	Not Included
Iowa	Iowa Child Care Quality Rating System	2006	469 Centers 792 Homes	5	2 Years	Self Assessment	2 Years	Iowa Department of Human Service	18%

State	Name of QRS	Date QRS Launched	Number of Participating Programs	Number of Levels of QRS	Frequency of Quality Rating	Percent of Classrooms Assessed at Each Site	Frequency of classroom assessment	Staffing Pattern for QRS Administration	Density: Percent of Participating Programs out of Total
Kentucky	Stars for Kids Now	2002	644 Centers 116 Homes	4	1 Year per Level	Random Selection	1 Year per Level	Division of Childcare	26%
Louisiana	Quality Start Child Care Rating System	2007	643 Centers	5	2 Years	Random Selection	1 Year	Louisiana Department of Social Services- Division of Childcare	34%
Maine	Quality for ME	2008	324 Centers 335 Homes	4	3 Years	Not Specified	3 Years	Maine Department of Health and Human Services	Not Included
Maryland	Childcare Tiered Reimbursement System	2001	48 Centers 95 Homes	4	1 Year	50%	2 Years	State Department of Ed. Early Childhood Development Division	<2%
Mississippi	Quality Step System	2009	340 Centers	5	2 Years	2 per center	6 Months	Office for Children and Youth Mississippi Department of Human Services	19%
New Hampshire	Quality Rating System	2006	75 Centers 6 Homes	3 Tiers	1 or 3 Year determined by rating	Not Specified	Not Specified	Child Development Bureau	7%

State	Name of QRS	Date QRS Launched	Number of Participating Programs	Number of Levels of QRS	Frequency of Quality Rating	Percent of Classrooms Assessed at Each Site	Frequency of classroom assessment	Staffing Pattern for QRS Administration	Density: Percent of Participating Programs out of Total
New Mexico	Look for the STARS - AIM High	2005	714 Centers 346 Homes	5	1 Year	100%	1 Year	Children, Youth, and Families Department, Office of Child Development within the Early Childhood Services Division	69% (2-5 Star)
North Carolina	Star Rated License System	1999	4014 Centers 2591 Homes	5	3 Years	33%	3 Years	North Carolina Department of Health and Human	100% of Licensed Programs (75% Centers, 69% Homes in 2-5 Stars)
Ohio	Step Up to Quality	2006	915 Centers	3	1 Year	100%	1 Year	Ohio Department of Job and Family Services Bureau of Child Care and Development	24%
Oklahoma	Reaching for the Stars	1998	1771 Centers 2846 Homes	4	2 Years	1 Class per age group	3 Years	Oklahoma Department of Human Services	100%
Pennsylvania	Keystone Stars	2003	3162 Centers 1257 Homes	4	1 Year	33%	1 Year	Office of Early Development and Learning, Joint Office of Department of Public Welfare and the Department of Education	60%

State	Name of QRS	Date QRS Launched	Number of Participating Programs	Number of Levels of QRS	Frequency of Quality Rating	Percent of Classrooms Assessed at Each Site	Frequency of classroom assessment	Staffing Pattern for QRS Administration	Density: Percent of Participating Programs out of Total
Tennessee	Star Quality Child Care Program	2001	1840 Centers 931 Homes	3	1 Year	33%	1 Year	Tennessee Department of Human Services	100%
Vermont	Step Ahead Recognition System	2004	132 Centers 126 Homes	5	1 Year	100%	1 Year	Child Development Division of the Department for Children and Families of the Agency of Human Services Learning Partners, Inc	24% (10% Homes, 46% Centers)
1 Non Profit Organization									
2 With the exception of Colorado, all QRS leads are State Agencies									

Examples of QRIS in Other States and D.C. (continued)

State or District	Percentage of Participating Programs at Each Star/Step Level	Funding Sources Linked to Program QRS Levels
Arkansas	Not Included	
Colorado	<p>Centers:</p> Provisional - 1% 1 Star - 21% 2 Stars - 5% 3 Stars - 57% 4 Stars - 16%	<p>Homes:</p> Provisional - 10% 1 Star - 9% 2 Stars - 32% 3 Stars - 34% 4 Stars - 15%
Delaware	Level 1 - 79% Level 2 - 16% Level 3 - 2% Level 4 - 0 Level 5 - 3%	State General Fund Federal Child Care Development Fund United Way Fund
D.C.	<p>Centers:</p> Bronze - 43% Silver - 22% Gold - 35%	<p>Homes:</p> Bronze - 75% Silver - 12% Gold - 13%
Idaho	Not Included	State Funding
Illinois	<p>Centers:</p> 1 Star - 12% 2 Stars - 32% 3 Stars - 56% 4 Stars 0%	<p>Licensed Family Child Care</p> 1 Star - 19% 2 Stars - 6% 3 Stars - 75% 4 Stars - 0%
Indiana	Level 1 - 75% Level 2 - 12% Level 3 - 6% Level 4 - 7%	<p>Licensed Exempt FCC:</p> Tier 1 - 65% Tier 2 - 19% Tier 3 - 16%

State or District	Percentage of Participating Programs at Each Star/Step Level	Funding Sources Linked to Program QRS Levels
Iowa	Level 1 - 17% Level 2 - 43% Level 3 - 22% Level 4 - 12% Level 5 - 6%	State Funding
Kentucky	Level 1 - 33% Level 2 - 46% Level 3 - 19% Level 4 - 2%	State Childcare and Development Fund Tobacco Settlement Fund
Louisiana	1 Star - 76% 2 Stars - 19% 3 Stars - 2% 4 Stars 3% 5 Stars - <1%	State Childcare and Development Fund
Maine	Centers: Step 1 - 24% Step 2 - 5% Step 3 - 6% Step 4 - 14% FCC Step 1 - 35% Step 2 - 7% Step 3 - 4% Step 4 - 5%	State Childcare and Development Fund
Maryland	Level 1 - 90% Level 2 - 3% Level 3 - 2% Level 4 - 5%	State Childcare and Development Fund
Mississippi	Not Included	State Funding
New Hampshire	Not Included	State Childcare and Development Fund
New Mexico	2 Stars - 46% 3 Stars - 4% 4 Stars - 6% 5 Stars - 13%	State Childcare and Development Fund State Funding

State or District	Percentage of Participating Programs at Each Star/Step Level	Funding Sources Linked to Program QRS Levels
North Carolina	<p>Centers:</p> <ul style="list-style-type: none"> 1 Star - 24% 2 Stars - 8% 3 Stars - 21% 4 Stars - 20% 5 Stars - 27% <p>Homes:</p> <ul style="list-style-type: none"> 1 Star - 30% 2 Stars - 21% 3 Stars - 18% 4 Stars - 18% 5 Stars - 13% 	State Childcare and Development Fund
Ohio	<ul style="list-style-type: none"> 1st Step - 55% 2nd Step - 33% 3rd Step - 12% 	State Childcare and Development Fund
Oklahoma	<ul style="list-style-type: none"> 1 Stars - 47% 1 Star Plus - 6% 2 Stars - 42% 3 Stars - 4% 	State Childcare and Development Fund State Funding
Pennsylvania	<p>Start with Stars - 19%</p> <ul style="list-style-type: none"> Star 1 - 43% Star 2 - 20% Star 3 - 8.5% Star 4 - 9.5% 	State Childcare and Development Fund
Tennessee	<ul style="list-style-type: none"> 0 Star - 18% 1 Star - 2% 2 Stars - 20% 3 Stars - 60% 	State Childcare and Development Fund
Vermont	<ul style="list-style-type: none"> STAR 1 - 5% STAR 2 - 12% STAR 3 - 26% STAR 4 - 34% STAR 5 - 23% 	State Childcare Development Fund Private Foundation Funding
2 With the exception of Colorado, all QRS leads are State Agencies		

Appendix 2 Child Care Program Acronyms

ACDS – Apprentice for Child Development Specialist - a training program created in WV for people employed in early childhood education programs which offers an apprenticeship credential to people completing 300 hours of training and 3200 – 4000 hours of on-the-job-training (offered through WVECTCR, a program of River Valley Child Development Services with primary funding from DHHR).

ACF - Administration for Children and Families - a federal agency funding state, territory, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families.

BCF – Bureau for Children and Families- the Bureau within DHHR with responsibility for a number of services for families and children including but not limited to child protective services, foster care, child care, food stamps, and Temporary Assistance to Needy Families (TANF).

CASS - Center Accreditation Support Services - a program offering financial and technical assistance to centers and homes seeking national accreditation through the National Association for the Education of Young Children, the National Association for Family Child Care or the Council on Accreditation. (Offered through WVECTCR, a program of River Valley Child Development Services with primary funding from DHHR)

CCDF - Child Care and Development Fund - the primary source of federal funding for child care provided to improve the affordability, availability and quality of child care services in the states.

CDA- Child Development Associate Program – a national early childhood credentialing program for people working in early childhood programs used primarily by Head Start employees and offered by the Council for Professional Recognition. Components include a set of competencies for four types of early educators, training requirements, and assessment.

CCR&R-Child Care Resource and Referral – programs designed to support parents seeking child care by tracking providers offering child care services and making referrals to parents. In West Virginia, CCR&R agencies provide a statewide infrastructure for delivery of child care services including determination of eligibility for subsidy payments, processing of payments for subsidized care and training and technical assistance for providers.

COA- Council on Accreditation - an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). Originally known as an accrediting body for family and children's agencies, COA currently accredits over 45 different service areas. COA accreditation will be accepted for school-age child care programs.

DHHR - Department of Health and Human Resources- the agency in West Virginia responsible for administering child care funding and services.

ECE- Early Care and Education- used for the Division within DHHR which is assigned responsibility for child care services.

ECERS-R – Early Childhood Environmental Rating Scale- Revised Version- a thorough revision of the ECERS, designed to assess group programs for preschool-kindergarten aged children, from 2 through 5 years of age. Total scale consists of 43 items.

ELSF - Early Learning Standards Framework - content standards and learning criteria for children 3-5 years that outline what children in this age group should know, understand or be able to do. The WV ELSF was designed to guide professionals in supporting the learning of young children.

ERS - Environment Rating Scale – assessment tools for early childhood and child care program quality, consisting of four separate scales based on age of child and/or setting and assessing these programs in the following areas: *Physical Environment; Basic Care; Curriculum; Interaction; Schedule and Program Structure;* and *Parent and Staff Education*. Training on the scale is provided and inter-rater reliability is required. WV will use this tool primarily to provide improvement goals for child care programs.

FACTS – Family and Children’s Tracking System – the management information system used to manage programs offered through the Bureau for Children and Families including programs such as child protective services, foster care, adult family care, and child care.

FCCERS-R – Family Child Care Environmental Rating Scale- A thorough revision of the FDCRS, designed to assess family child care programs conducted in a provider’s home. Total scale consists of 38 items.

ITELS or ITELSF – Infant and Toddler Early Learning Standards Framework – content standards and learning criteria for children birth to age 3 that outline what children in this age group should know, understand or be able to do. The WV ITELSF was designed to guide professionals in supporting the learning of very young children.

ITERS-R – Infant and Toddler Environmental Rating Scale – Revised - A thorough revision of the ITERS, designed to assess group programs for children from birth to 2 ½ years of age. Total scale consists of 39 items.

ITQUIP – Infant and Toddler Quality Improvement Project – a small pilot project offered by the infant and toddler specialists in CCR&R agencies, which offers a small grant of \$300 and 12 months of technical assistance to improve care selected infant and toddler classrooms in child care centers.

NAEYC – National Association for the Education of Young Children - a national professional organization dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8. NAEYC is a leading voice for early childhood education to policy makers throughout the country and its conferences provide one of the best professional development

experiences in the early childhood field. NAEYC acts as an accrediting body for center-based programs serving young children and an accrediting body for associate, baccalaureate and graduate degree level programs. In addition, NAEYC offers a number of publications, establishes a number of public policy statements regarding early childhood services, and provides support for state affiliates of the national association.

NAFCC- National Association for Family Child Care - a non-profit organization dedicated to promoting quality child care by strengthening the profession of family child care. NAFCC provides advocacy and support for family child care, supports local affiliates of the national association, serves as an accrediting body for both small and large family child care settings, and supports the diversity of family child care through training, state and local associations, and public education.

NCCIC – National Child Care Information Center - a service offered through the federal Office of Child Care designed to provide comprehensive technical assistance and information services about early and school-age care and education geared toward Child Care and Development Fund Administrators, their partners, and other key policymakers.

OCC – Office of Child Care - the agency within the Administration for Children and Families that is responsible for the CCDF Funds that support low-income working families through child care financial assistance and promote children's learning by improving the quality of early care and education and afterschool programs. The Office of Child Care was established in September 2010 and replaces the former Child Care Bureau.

PBS- Positive Behavior Support - See WV PBS.

QRIS - Quality Rating and Improvement System- a systemic approach to assess, improve, and communicate the level of program quality in child care settings. The level of program quality is generally communicated as a rating shown through the award of stars, much as restaurants and hotels are rated.

R&R- Resource and Referral – abbreviated version of CCR&R. See CCR&R.

SACCERS - School Age Child Care Environmental Rating Scale - Designed to assess before and after school group care programs for school-age children, 5 to 12 years of age. The total scale consists of 49 items, including 6 supplementary items for programs enrolling children with disabilities.

SNAP - Supplemental Nutrition Assistance Program - the new name for the federal *Food Stamp Program*. The new name reflects changes that include a focus on nutrition and an increase in benefit amounts.

STARS – State Training and Registry System – West Virginia’s Early Childhood Professional Development System includes core training competencies, a voluntary personnel/training registry for all early childhood providers, a training/trainer approval process, a career pathway with eight levels, and a certificate for 120 hours of approved training.

TACSEI- Technical Assistance Center for Social and Emotional Intervention - formerly the Center for Evidence-Based Practice: Young Children with Challenging Behavior (CEBP) became the Technical Assistance Center on Social Emotional Intervention for Young Children. TACSEI continues and expands of the work of CEBP by moving the extensive research CEBP conducted and synthesized on effective practices into actual, everyday practice. The result is that decision makers, caregivers and service providers have an enhanced awareness of, understanding of, and ability to use evidence-based practices to improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities. TACSEI provided technical assistance to WV in implementing WV PBS. See WV PBS for further information.

TANF – Temporary Assistance for Needy Families - federal program providing financial assistance to needy families by granting states, territories and tribes the federal funds and flexibility to develop and implement their own welfare programs. The assistance is time-limited and promotes work, responsibility and self-sufficiency.

TEACH WV- Training Education and Compensation Helps Scholarship Program West Virginia – the West Virginia affiliate of a national project of Child Care Services Association that offers scholarships to early childhood professionals.

TRAILS – Traveling Resource and Information Library System - mobile resource outreach program which provides the CR&R agencies with vans equipped with resources of interest to early childhood providers such as educational toys, infant equipment, curricula materials, educational resources for providers, and assistive technology for children with special needs.

WAGES™ - education-based salary supplements to low-paid teachers, directors and family child care providers.

WVECTCR – West Virginia Early Childhood Training Connections and Resources - statewide program designed to provide professional development opportunities for the early care and education community and funded jointly by the Departments of Education and Health and Human Resources. Also referred to as “Training Connections”, the program provides training, houses the STARS database, facilitates the annual “Celebrating Connections” conference, prints and distributes the WV Early Childhood Provider Quarterly, supports the TEACH scholarship program and the Center Accreditation Support Project, administers the ACDS program and supports a number of efforts for Pre-school Special Needs and WV Birth to Three programs.

WVIT- West Virginia Infant and Toddler Professional Development Program - comprehensive, competency-based program developed for trainers, administrators and caregivers to improve the quality of early care and education to children birth to age three. The program consists of a pre and post assessments with ITERS and 45 clock hours of training.

WVIT-II - West Virginia Infant and Toddler Professional Development Program II- an advanced level training program for staff who desire more in-depth training in the care of children age birth to age three. Includes training on positive behavior support.

WV PBS- West Virginia Positive Behavior Support – a training and technical assistance effort being piloted in West Virginia and developed for trainers, administrators and caregivers to

support children's positive social and emotional development based on the tiered pyramid model. The pyramid model starts with an effective workforce trained in evidence-based practices and builds on that with high quality supportive environments for children combined with nurturing and responsive relationships. These support positive social and emotional development and behavior for all children. For children with special needs or social emotional delays, the model provides supports for targeted social emotional supports and finally intensive intervention. The training and technical assistance are designed to implement the model in early childhood programs.

WV STARS - see STARS

Appendix 3 Family Child Care Quality Standards

Numbering in red indicates location in NAEYC Standards.

Tier I	Tier II	Tier III	Tier IV
Program Management			
<ol style="list-style-type: none"> 1. Valid WV Certificate of Registration 2. Records kept in easily accessible files 3. Certificate publicly displayed 4. Records and information about children and families kept in confidence. 5. Training records maintained. 6. Sign in and out sheets maintained 7. Records maintained for 2 years. 8. Reporting to DHHR of child abuse and neglect, changes in household or major accidents or illnesses. 	<ol style="list-style-type: none"> 1. The program has developed a Parent Contract that includes hours of operation, supplies needed, vacation policy, and parent communication policy. 2. The program uses at least one community support service per quarter, such as TRAILS, Child and Adult Food Program (CACFP), libraries, behavior consultant, museum, etc. 3. The program has liability insurance. 	<ol style="list-style-type: none"> 1. Begin NAFCC application process. 2. The provider has had a FCCERS-R assessment completed by a reliable rater. 3. The provider along with an ERS technical assistance staff has used their FCCERS-R score to develop an improvement plan. 4. The program has developed a written policy that supports the Parent Contract for the following: (5.19) 5. Substitutes, illness, medication administration, guidance and discipline, and toilet training. 6. The program uses at least two community support service per quarter, such as TRAILS, CACFP, libraries, behavior consultant, museums, Birth to Three, community centers, humane society, etc. 7. Your substitute provider must have a current a current CPR/First Aid certification. 	<ol style="list-style-type: none"> 1. NAFCC standards must be achieved in addition to the following: 2. The provider has a current FCCERS-R review on file. 3. The program has developed a Parent Handbook that includes items listed in tier II and III, as well as information about: <ol style="list-style-type: none"> a. Mandated reporting <i>and</i> universal precautions. 4. The program uses at least three community support service per quarter. Examples listed in previous tiers. 5. Your substitute provider must obtain two (2) hours of professional development each year.

		<p>8. Your substitute provider has acquired a physical/TB test with a negative result. (5.34)</p> <p>9. Your substitute understands the routines and special needs of the children in your care. (5.34 paraphrased)</p>	
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Health, Safety and Nutrition

<p>1. Evacuation plan and fire drills with adequate exits.</p> <p>2. Safe play space and equipment.</p> <p>3. Meals meet USDA guidelines.</p> <p>4. Supervision within sight or hearing</p> <p>5. Frequent observation of children in cribs and playpens.</p> <p>6. Medical exams for providers and children.</p> <p>7. Background checks.</p> <p>8. Working utilities.</p> <p>9. Home in good repair with barriers on steps, or raised platforms.</p> <p>10. Safe storage of flammable and poisonous materials and weapons.</p>	<p>1. The program has an emergency preparedness plan that includes what to do in the event of severe weather or hazardous conditions such as chemical leaks.</p> <p>2. The play equipment used both indoors and outdoors in the program is safe and developmentally appropriate for the children who use it.</p> <p>3. Heavy furniture which is easily tipped, such as shelves and entertainment centers, are anchored to the wall.</p> <p>4. Climbing equipment, swings, etc. are securely anchored into place.</p> <p>5. The program's toy chests have either safety hinges and air holes, or no lid.</p> <p>6. The provider has menus posted and children's food allergies posted in the food preparation area.</p> <p>7. The provider is alert to</p>	<p>1. The provider helps children, as they are able, to learn their full names, addresses, phone numbers, and how to dial 911 or the local emergency number.</p> <p>2. The provider helps children understand dangerous situations and the reasons for fire safety rules. The provider involves children age 3 and over in discussions about their safety. (4.24)</p> <p>3. If a child has been diagnosed as having a special health care need, the provider understands the condition, follows all prescribed treatments, and works with parents and other specialists as needed. (4.69)</p>	
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<p>11. Electrical cords/outlets safe.</p> <p>12. Safe heating and cooling devices.</p> <p>13. Smoke detectors and CO detectors if gas is used.</p> <p>14. Smoking prohibition.</p> <p>15. Vaccines for pets, pet safety.</p> <p>16. Written instructions for administering medications.</p> <p>17. Safe water supply</p> <p>18. Universal precautions</p> <p>19. Safe food storage.</p> <p>20. Sanitation requirements for garbage, bathrooms, dishes, and home</p> <p>21. No rodent or insect infestation.</p> <p>22. Water safety for pools and hot tubs</p> <p>23. Posting of emergency information.</p> <p>24. Requirements for first aid supplies</p> <p>25. Use of seatbelts and car inspected.</p>	<p>napping infants and visually checks on them at a minimum of every 15 minutes.</p>		
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26. Back to sleep requirements			
27. Safe and sanitary diapering practices			
28. Comfortable and safe sleeping arrangements			
29. Bathing safety and health practices.			

Child Growth and Development

1. Age/ stage appropriate materials.	1. The program supports all areas of development, including social-emotional, physical, cognitive, language/communication, and creative expression.	1. The program shares with parents the areas of development and their importance through handouts from training, conferences, or newsletters. 2. The provider has attended a minimum of two (2) hours of professional development in Child Growth and Development.	1. NAFCC standards must be achieved in addition to the following: a. The provider has attended a minimum of four (4) hours of professional development in Child Growth and Development.
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Positive Interactions and Relationships

1. Guidance is age appropriate 2. No harmful forms of discipline or corporal punishment. 3. Hold, cuddle, talk and sing to infants and	1. The program provider has attended a minimum of two (2) hours of professional development in positive interactions and relationships with children. 2. The provider posts written rules in simple	1. The program provider has attended a minimum of four (4) hours of professional development in positive interactions and relationships with children. 2. The program uses positive guidance, appropriate for the developmental	1. NAFCC standards must be achieved in addition to the following: 2. The program provider has attended a minimum of six (6) hours of professional development in positive interactions and relationships with children.
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<p>toddlers.</p> <p>4. Fair and consistent rules relevant to children's ages</p>	<p>language that children can understand.</p> <p>3. The program has a written positive guidance policy in addition to simple rules.</p>	<p>abilities of each child, which is used to help children gain self-control and take responsibility for their own behavior. (3.29)</p> <p>3. The provider takes time every day for meaningful conversation with each child. (3.60)</p> <p>4. The provider takes an interest in and responds positively to babies' vocalizations and imitates their sounds.</p>	<p>3. Provider reacts quickly to solve problems in a comforting and supportive way.</p> <p>4. Provider shows respect for children. For example, making eye contact and listening attentively.</p>
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Curriculum

<p>1. Age appropriate daily routine with:</p> <ul style="list-style-type: none"> ▪ Regular meal/nap times ▪ Indoor/outdoor play ▪ Quiet/active play ▪ Practice self-help skills ▪ Age appropriate books read to kids <p>2. Use of arts and crafts, building blocks, balls and riding toys, large muscle equipment, manipulative toys, and science materials and dress-up clothes for dramatic play.</p>	<p>1. At least two (2) of the following learning centers are provided to children in the program?</p> <p>a. Art (drawing materials, paints, 3-D materials, collage, tools);</p> <p>b. Library (books for all age groups);</p> <p>c. Building Blocks and accessories (unit blocks, homemade blocks, toy people, animals, vehicles, road signs);</p> <p>d. Dramatic/Pretend Play (housekeeping, different kinds of work, fantasy, leisure);</p> <p>e. Writing;</p> <p>f. Math/Numbers (counting, measuring, comparing, quantities, shapes, written</p>	<p>1. At least three (3) of the learning centers listed in Tier II are provided to children in the program, with an additional 30 minutes focused on math or science.</p> <p>2. The provider offers several activities appropriate for the abilities and interests of the children. (3.1. paraphrased)</p> <p>3. The provider reads to children for at least 15 minutes during each half day, or all the children are able to read. Books are used to stimulate conversation that expands</p>	<p>1. NAFCC standards must be achieved in addition to the following:</p> <p>2. At least four (4) of the learning centers listed in Tier II are provided to children in the program, with and additional 30 minutes focused on math and science.</p> <p>3. The program provider uses the <i>WVELSF</i> standards when planning.</p>
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	<p>numbers);</p> <p>g. Nature/Science (collections of natural objects, living things, nature/science books, games, toys, and activities);</p> <p>h. Technology (computers with educational programs, filtered internet access, tape recorders, CDs, and cameras).</p> <p>2. Children in the program have access to books all day that are appropriate for the different ages of the children in care.</p> <p>3. Children are offered at least 30 minutes each day for activities that they choose on their own.</p> <p>4. Active gross motor activities are available to children in the program at least 30 minutes of each day.</p> <p>5. Fine motor activities are available to children in the program for at least 30 minutes daily, such as writing, art, and scribbling.</p>	<p>upon children's interests and imagination, to build vocabulary, or to introduce new ideas and information. (3.64)</p> <p>4. The provider allows children who can read independently to spend at least ½ hour in each ½ day engaged in literacy activities (such as reading, writing, listening to stories, or performing plays).</p> <p>5. The provider teaches children to take care of books as needed. (3.65 paraphrased)</p> <p>6. The provider has implemented a nationally recognized family child care curriculum, such as <i>Creative Curriculum for FCC, High Scope</i>.</p>	
Child Observation and Assessment			
	1. The family child care provider receives a	1. The provider receives professional	1. NAFCC standards must be achieved in addition to the

	<p>minimum of two (2) hours of professional development in child observation and assessment.</p> <p>2. The family child care provider has implemented informal child assessment that aligns with the goals of the program</p>	<p>development in curriculum planning to meet individual needs of the children.</p> <p>2. The provider has established and implemented a system to document observations of each child's developmental progress, interest and needs, anecdotal records, etc.</p>	<p>following:</p> <p>2. The provider will plan to meet the individual needs of the children based from observations. (3.4 paraphrased)</p> <p>3. The provider will share documented observations with the parent on an annual basis.</p>
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Family and Community

<p>1. Work with the parents, school system and Birth to Three to plan for child's transition to other programs.</p> <p>2. Discuss and agree upon positive methods of guidance with parents.</p> <p>3. Discuss and agree with child's parent for a schedule for toilet training.</p> <p>4. Provide parents with guidelines for immunizations and periodicity schedules</p> <p>5. Notify parents in advance on use of substitutes and on field trips that require transportation.</p> <p>6. Written permission for administering medications, water play, field trips.</p>	<p>1. The family child care provider has at least one (1) method of family involvement such as a family bulletin board, family surveys, family newsletters, and/or family activities.</p> <p>2. The family child care provider has a system in place for individual family communications that includes:</p> <p style="margin-left: 20px;">a. daily communication for families with children under age 3, and</p> <p style="margin-left: 20px;">b. weekly communication for those with children over age 3.</p>	<p>1. The provider will plan an annual parent day or conduct an annual survey. Although parent participation is encouraged, it is never required. (1.27 paraphrased)</p> <p>2. The provider encourages parents to visit any time their children are present. She is available to parents by telephone when children are present, or regularly checks for phone messages. (1.9)</p> <p>3. The provider respects diverse family styles and recognizes the strengths of each family. (1.11)</p> <p>4. The provider individualizes the child care program, within reason, to respond to a parent's specific requests, preferences, and values. (1.12)</p>	<p>1. NAFCC standards must be achieved in addition to the following:</p> <p>2. The provider will plan an annual parent day and conduct an annual survey. Although parent participation is encouraged, it is never required.</p>
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Professionalism			

<p>1. Age 18</p> <p>2. First aid with rescue breathing/choke-saving within 6 mos.</p> <p>3. 8 clock hours annually</p> <p>4. 2 other hrs. health and safety training and 4 hrs other training within 12 mos.</p> <p>5. Training in Core Knowledge/Core Competencies</p> <p>6. Able to read and write</p>	<p>1. The family child care provider permits an early intervention specialist to enter the home to provide services to a special needs child and to assure the environment is appropriate for the child.</p> <p>2. The family child care provider is registered on the WV STARS Career Pathway.</p> <p>3. The family child care provider has current CPR and First Aid certifications.</p> <p>4. The family child care provider has ten (10) hours of approved training annually, encompassing a minimum of two (2) Core Knowledge/Core Competency areas.</p> <p>5. The family child care provider has attended training on the Family Child Care Environmental Rating Scale-Revised (FCCERS-R) training</p> <p>6. The family child care provider has completed a self-assessment of their program using the FCCERS-R.</p> <p>7. The family child care provider has completed one (1) of the following:</p> <p>a) One semester of Apprentice for Child Development Specialist (ACDS), or</p> <p>b) The Family Child Care modules, or</p>	<p>1. The provider has developed a plan to advance on the WV STARS Career Pathway, if applicable.</p> <p>2. The provider has twelve (12) hours of approved training annually, encompassing a minimum of three (3) Core Knowledge/Core Competency areas.</p> <p>3. The provider has completed two (2) of the following:</p> <p>a. 2 semesters of Apprentice for Child Development Specialist (ACDS),</p> <p>b. the Family Child Care modules,</p> <p>c. WV Infant and Toddler Training (WVIT),</p> <p>d. a 3 hour college course in Early Childhood,</p> <p>e. CQCE training, or</p> <p>f. 80 hours of credit toward the WV Early Childhood Certificate.</p> <p>4. The provider knows how to detect signs of child abuse and neglect, understands the responsibility to report suspicious cases to child protective services, and, if appropriate, files a report. (5.11)</p> <p>5. The provider is actively involved with other providers or a related professional group, if available. (5.8)</p>	<p>1. NAFCC standards must be achieved in addition to the following:</p> <p>2. The provider has advanced on the WV STARS Career Pathway by at least one (1) level, if applicable.</p> <p>3. The provider has fifteen (15) hours of approved training annually, encompassing a minimum of four (4) Core Knowledge/ Core Competency areas.</p> <p>4. The provider has completed three (3) of the following:</p> <p>a. 4 semesters of Apprentice for Child Development Specialist (ACDS),</p> <p>b. the Family Child Care modules,</p> <p>c. WV Infant and Toddler Training (WVIT),</p> <p>d. a 3 hour college course in Early Childhood,</p> <p>e. CQCE training, or</p> <p>f. Completion of the WV Early Childhood Certificate.</p> <p>5. The provider has created a five year professional development plan.</p> <p>6. The provider has participated in a state/regional level initiative.</p>
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	<p>c) WV Infant and Toddler Training (WVIT), or</p> <p>d) One 3 hour college course in Early Childhood,</p> <p>e) CCQCE training, or</p> <p>f) 40 hours of credit toward the WV Early Childhood Certificate.</p> <p>8. The family child care provider has completed training on:</p> <p>a. Sudden Infant Death Syndrome (SIDS), and</p> <p>b. Child Abuse and Neglect, and</p> <p>c. Medication Administration.</p> <p>9. The family child care provider participates in an early childhood conference at least once a year.</p>		
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Appendix 4 Family Child Care Facilities

Numbering in red indicates location in NAEYC Standards.

Tier I	Tier II	Tier III	Tier IV
Child Growth and Development			
<p>1. Age/ stage appropriate materials.</p>	<p>1. The program supports all areas of development: social-emotional, physical, language, and cognitive development (early literacy, math, science, creative expression and art appreciation).</p>	<p>1. Teachers use their knowledge of individual children to modify strategies and materials to enhance children's learning. (3.E.04)</p> <p>2. Teaching staff actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues and by using simple language. (3.E.07)</p> <p>3. Teaching staff use varied vocabulary and engage in sustained conversations with children about their experiences (3.F.07)</p> <p>4. Teachers have and use a variety of teaching strategies that include a broad range of approaches and responses. (3.G.01)</p>	

Health, Safety, and Nutrition			
<p>1. Evacuation plan and record of fire drills are posted.</p> <p>2. Safe play space and equipment.</p> <p>3. Menus are posted for all meals and snacks. Meals meet USDA guidelines.</p> <p>4. High chair safety 11.11</p> <p>5. Checks on napping infants every 15-20 minutes.</p> <p>6. Supervision within sight or hearing</p> <p>7. 35 sq ft of indoor and 75 sq ft of outdoor space per child (9.B.04) (9.C.01)</p> <p>8. Safe and sanitary diapering practices. Toilet training health and safety requirements</p> <p>9. Separate spaces for infants &</p>	<p>1. Program has an emergency preparedness plan that includes what to do in event of severe weather or hazardous conditions such as chemical leaks. (10.D.08)</p> <p>2. Equipment used both indoors and outdoors is developmentally appropriate for the children who use it. (9.A.04)</p> <p>3. Heavy furniture which is easily tipped such as shelves and entertainment centers are anchored to the wall.</p> <p>4. Climbing equipment, swings, etc is securely anchored.</p> <p>5. Toy chests have either safety hinges and air holes or no lid.</p> <p>6. Children's food allergies posted in food prep area. (5.B.05)</p> <p>7. Provider visually checks on napping infants age 7 months and under every 15 minutes</p> <p>8. Facility has a shaded outdoor area. (9.B.06)</p> <p>9. For children who cannot</p>	<p>1. Staff takes steps to ensure the safety of food brought from home. (5.B.02)</p> <p>2. The program supports breastfeeding. (5.B.09)</p> <p>3. Staff serve only formula and infant food that comes to the facility in factory-sealed containers, except for human milk. (5.B.10)</p> <p>4. Teaching staff sit and eat with children and engage them in conversation. Meals are served family style. (3.D.07) (3.D.12)</p> <p>5. The indoor and outdoor environment is designed so staff can supervise children by sight and sound at all times without relying on artificial monitoring devices. (9.A.05) (9.B.03)</p> <p>6. The program has implemented a written agreement with a health consultant. (5.A.02)</p> <p>7. A program that allows ill children or</p>	<p>1. Teaching staff supervise infants and toddlers/twos by sight and sound at all times. (3.C.02)</p> <p>2. Teaching staff supervise children primarily by sight. (3.C.04)</p>

<p>toddlers.</p> <p>10. Medical exams for providers, staff and children</p> <p>11. Background checks</p> <p>12. No use of illegal drugs or alcohol or no mental illness that poses a risk for children</p> <p>13. Working utilities</p> <p>14. Home in good repair with barriers on steps, or raised platforms.</p> <p>15. Safe storage of flammable and poisonous materials and weapons.</p> <p>16. Electrical cords/outlets safe</p> <p>17. Prohibition on expansion gates.</p> <p>18. Smoking prohibition.</p> <p>19. Vaccines for pets, pet safety.</p> <p>20. Written instructions for administering medications</p>	<p>use toilet consistently: diaper changing procedures from Caring For Our Children are posted in that area; area has a hands free disposable container (5.A.08)</p> <p>10. Children brush teeth daily. (5.A.16)</p> <p>12. Provider uses sunscreen to protect children from sunlight. (5.A.07)</p>	<p>staff to remain in the program implements plans that have been reviewed by a health consultant (5.A.04)</p> <p>8. Program refrains from the use of alcohol-based hand rubs in lieu of hand washing as it is not recommended for early education settings, due to not being as effective as hand washing. (5.A.09)</p> <p>9. The routine and frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the Cleaning and Sanitation Frequency Table from Caring for Our Children, 2nd edition. (5.C.01)</p>	
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<p>21. Universal precautions</p> <p>22. No rodent or insect infestation.</p> <p>23. Requirements for first aid supplies</p> <p>24. Use of seatbelts and car inspected.</p> <p>25. Back to sleep requirements</p> <p>26. Comfortable and safe sleeping arrangements</p> <p>27. Prohibition on jumpers and infant walkers.</p> <p>28. Bathing safety and health practices.</p> <p>29. Inspections by the Fire Marshall and Health Department</p>			
Positive Interactions and Relationships			
1. Guidance is age	1. Provider has attended	1. Attend a professional	1. Teaching staff never use

<p>appropriate.</p> <p>2. Written discipline policy</p> <p>3. No harmful forms of discipline or corporal punishment.</p> <p>4. Fair and consistent rules relevant to children's ages.</p>	<p>minimum of 2 hrs of positive interactions and relationships with children professional development.</p> <p>2. Provider posts written rules in simple language that children can understand. (1.A.05)</p> <p>3. Provider has a written positive guidance policy in addition to simple rules. (10.B.08)</p>	<p>development on Self-Regulation of children. (1.F)</p> <p>2. Teaching staff support children as they practice social skills and build friendships by helping them enter into, sustain, and enhance play. (1.C.03)</p> <p>3. Quarterly parental meeting (individual or group) related to current topics of early childhood development and cultural competence. (combining 1.A)</p> <p>4. Teaching staff give one-on-one attention to infants when engaging in caregiving routines. (1.B.12)</p> <p>5. Teaching staff talk frequently with children and listen to children with attention and respect. (1.B.15)</p> <p>6. Teaching staff counter potential bias and discrimination while in care and by working with parents. (1.D.01)</p> <p>7. Utilizes Behavioral Consultants to help develop individualized programs for</p>	<p>physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. (1.B.09)</p>
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		children, if needed. (1.E)	
Curriculum			
<p>1. Age appropriate daily routine is posted and includes:</p> <p>a. Regular meal/nap times</p> <p>b. Indoor/outdoor play</p> <p>c. Quiet/active play</p> <p>d. Practice self-help skills</p> <p>2. Age appropriate books read to kids</p> <p>3. Use of arts and crafts, building blocks, balls and riding toys, large muscle equipment, manipulative toys, and science materials and dress-up clothes for dramatic play.</p> <p>4. Limited time for TV and video games and prohibition of violent or sexual</p>	<p>1. Select a curricula or curriculum framework(s) (2.A.01)</p> <p>2. Curricula are linked to WV ELSF (Birth to Five)</p> <p>Various types of books are available to children all day which can include: <i>fantasy and factual information; stories about people, animals, and science; books that reflect different cultures and abilities.</i> (2.E)</p> <p>Provision of 3 of the following learning centers: <i>Art: drawing materials, paints, 3-D materials, collage materials, tools</i> (2.) Library (2.E) Building blocks and accessories; unit blocks, large hollow blocks, homemade blocks, toy people, animals, vehicles, and road signs. Dramatic/pretend play: housekeeping, different kinds of work, fantasy, leisure (2.1.)</p> <p>Writing (2.E) Math/ Number: <i>counting, measuring, comparing quantities, recognizing shapes, familiar with written</i></p>	<p>Implementation of the selected curricula or curriculum framework.</p> <p>Children have opportunities to be read to in an engaging manner and have opportunity to retell and reenact events in storybooks. (2.E.04)</p> <p>Provision of 6 of the learning centers.</p> <p>Program staff use their knowledge of the community and the families it serves as an integral part of the curriculum and the children's learning experiences. (3.B.01)</p>	

<p>content.</p> <p>5. Infant and toddler requirements- freedom to crawl or walk, age appropriate toys and self-care habits, expression through talk and imaginative play, attention to emotional and physical needs, continuity of care.</p>	<p><i>numbers.</i> (2.F) <i>Nature/ science: collections of natural objects, living things, nature/ science books, games, toys, nature/ science activities.</i> (2.G) <i>Technology: computers with filtered internet access, tape recorders/ CDs and cameras.</i> (2.H) Children have individualized storage area. (9.A.02)</p>		
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Child Observation and Assessment

	<ol style="list-style-type: none"> 1. Staff receive minimum of 2 hrs training in child assessment/observation 2. Implementation of informal child assessment that aligns with programs curriculum goals. (4.B.05) 	<ol style="list-style-type: none"> 1. Staff receive minimum of 6 hrs of training in implementing an assessment system that aligns with the curriculum goals. 2. The program has a written plan for assessment that describes assessment purposes, procedures, and uses of the results. (4.A.01) 2. Staff shares an understanding of the purposes, values, and uses, of assessment in their program and can explain these to others. (4.B.06) 3. Family members are 	
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		<p>provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year. (4.E.02) (7.B.03)</p>	
Family and Community			
<p>1. Information is shared with parents regarding child's accomplishments and any problems that arise.</p>	<p>1. Document two methods of family involvement such as: Family bulletin board, Family survey, Family Newsletter</p> <p>2. Family individual communications system-daily for children under 3 and weekly for children over 3. (7.B.05) (7.B.06)</p> <p>3. Develop a parent contract.</p> <p>4. Utilizes community resources such as: doctors, dentists, musicians, baker, quilter, health consultants, behavior consultant or use of two community support services per quarter, such as TRAILS, CACFP, Libraries, or Community Health centers. (8.B.02)</p>	<p>1. Program staff establish intentional practices to foster strong reciprocal relationships with families from the first contact and maintain them over time. (7.A.06)</p> <p>2. Program staff uses a variety of mechanisms such as family conferences or home visits to promote dialogue with families (7.B.01)</p> <p>3. To better understand the cultural backgrounds of children, families, and the community, program staff participates in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families. (7.A.04)</p>	

		<p>4. Program staff uses established linkages with other early education programs and/or local elementary schools to help families prepare for and manage their children's transitions between programs. (7.C.06)</p> <p>5. To help families with their transitions to other programs or schools, staff provide basic general information on enrollment procedures and practices, visiting opportunities, and program options. (7.C.07)</p> <p>6. Program staff maintains a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what families request. They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development. (8.A.01)</p>	
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Program Management			
<p>1. Valid WV Certificate of License</p>	<p>1. Regular certificate of license.</p> <p>2. Program has a mission statement and program goals and objectives</p> <p>3. Program has implemented a business plan that includes the program's mission and goals, and management operations, marketing, and finance information.</p>	<p>1. The program has a written statement of philosophy. (2.A.01)</p> <p>2. Develop a plan including staff and parents to measure progress toward the program goals and objectives</p> <p>3. Technology-based information management systems are in place. (10.B.03)</p> <p>4. The work environment for staff is comfortable and clean and is in good repair. The work environment includes:</p> <ul style="list-style-type: none"> ▪ A place for adults to take a break from children; ▪ An adult-sized bathroom; and ▪ A secure place for staff to store their personal belongings. <p>5. Have a current/ appropriate ERS assessment completed by a reliable observer and a plan of action developed to work on any identified areas for</p>	<p>1. Verification of Accreditation.</p> <p>2. Have a current/ appropriate ERS assessment completed by a reliable observer and a plan of action developed to work on any identified areas for improvement.</p>

		improvement.	
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Professionalism

<ol style="list-style-type: none"> 1. Operator has a GED or HS diploma 2. Operator & staff is certified in CPR or first aid with rescue breathing/choke-saving. 3. Operator completes 15 clock hours of training annually and staff complete 12 hours annually 4. Training in Core Knowledge/Core Competencies in all areas over a 4-year period. 5. Operators must have 15 clock hours of pre-service training or a CDA or 3 hrs credits in early childhood. 	<ol style="list-style-type: none"> 1. All Staff credentialed with WV STARS Career Pathway 2. Current First Aid/CPR for all staff. (5.A.03) 3. 18 hours of professional development annually for directors and 15 for staff. 4. Owner/Operator attends ERS training and completes self-assessment. 5. Owner/ Operator have a professional development plan showing work toward at least Level III on the Career Pathway. 6. All staff has completed training on SIDS, Shaken Baby, Child Abuse and Neglect, and Medication Administration. 7. Owner/ operator has completed training on and is using the WV ELSF for children 3-5 years of age. 	<ol style="list-style-type: none"> 1. Owner/ Operator has completed Level IV and has a professional development plan towards at least Level VI. 2. All staff have completed one of the following: <ul style="list-style-type: none"> o ACDS Certification o College credits in EC o The WV Training Certificate in Early Care and Education 3. The provider has participated in a state/regional level initiative. (8.C.05) 	<ol style="list-style-type: none"> 1. At least one staff member who has a certificate of satisfactory completion of pediatric first aid training is always present with each group of children. (5.A.03) 2. Infants placed to sleep on their backs unless otherwise ordered by a physician. (5.A.12)
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<p>6. Staff must have orientation/ SIDS & SBS self study packet.</p>	<p>8. All staff has completed one of the following:</p> <ul style="list-style-type: none"> • 1 semester of ACDS, • FCC modules, • CQCE modules, • WVIT • 3 hr. college course in EC • 40 hours of credit toward • the WV Early Childhood Certificate <p>9. Participation in an Early Childhood Conference (8.C.01)</p>		
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Appendix 5 Child Care Center Quality Standards

Numbering in green indicate location in Licensing.

Numbering in blue indicate location in NAEYC Standards.

Tier I	Tier II	Tier III	Tier IV
Child Growth and Development			
1. Age/ stage appropriate materials.	1. The program supports all areas of development: social-emotional, physical, language, and cognitive development (early literacy, math, science, creative expression and art appreciation).	1. Teachers demonstrate their knowledge of content and developmental areas by creating experiences that engage children in purposeful and meaningful learning related to key curriculum. (3.G.14)	
Health, Safety, and Nutrition			
<p>1. Children's Health Assessment updated at least every 2 yrs for children under the age of 6 yrs.(15.2.b)</p> <p>2. Children have an established diaper changing area (Appendix 78-1 D)</p> <p>3. Meals are served according to USDA guidelines (16.1; 16.2)</p> <p>4. Outdoor Activity Equipment and Materials (13.6; Appendix 78-1 E)</p> <p>5. Outdoor area is free of equipment which</p>	<p>1. Program updates child health records every 6 months for children under the age of 2; updates records every 2 yrs over the age of 2. (5.A.01)</p> <p>2. For children who cannot use toilet consistently: disposable diapers are used; diaper changing procedures from Caring For Our Children are posted in that area; area has a hands free disposable container (5.A.08)</p> <p>3. Written menus are available to parents</p>	<p>1. The program shall have separate hands-free disposal containers for soiled diapers in addition to the disposal container used by children.</p> <p>2. Infants are fed when hungry or according to the written plan, but feeding is not used as a form of comfort. (5.B.12)</p> <p>3. Small, portable outdoor equipment and toys (for example, riding toys and sandbox toys) shall have a storage space that is utilized for their storage.</p> <p>4. When use of</p>	<p>1. Teaching staff supervise infants and toddlers/twos by sight and sound at all times. (3.C.02)</p> <p>2. Teaching staff supervise children primarily by sight. (3.C.04)</p>

<p>might pose a drowning hazard. (13.6.e.8)</p> <p>6. Center shall have bathrooms for children (12.4)</p> <p>7. Appropriate practices for hand washing(17.1.a)</p> <p>8. Medication Administration training before giving meds(15.4.h.7)</p> <p>9. Children are put to sleep on back (14.3.a.4)</p> <p>10. Infants are held for bottle-feeding (16.11.d)</p> <p>11. Outdoor play space is protected by a fence or natural barrier for under school age(20.4.a.1.A)</p> <p>12. Safety of food from home</p> <p>13. Documentation for children who have special feeding needs (16.3)</p> <p>14. Individualized care plan for children with special health care needs, food allergies, or special nutrition needs (14.1)</p>	<p>(5.B.15)</p> <p>4. Outdoor play space has place available for protection from sunlight. (9.B.0)</p> <p>5. Any permanent body of water is enclosed by a 4 ft high fence (such as a lake, pool, creek, river, etc.) (9.C.12)</p> <p>6. Bathrooms have barriers to prevent entry of infants/toddlers(9.C.17)</p>	<p>equipment or when participation in a special activity requires use of protective gear such as helmets, the protective gear must be designed for use in that activity.</p> <p>5. Adults and children will avoid touching the faucet with just-washed hands.</p> <p>6. All staff administering medication must have a refresher course every two years.</p> <p>7. Individualized furniture is used for the feeding of infants and toddlers</p> <p>8. Fifty percent (50%) of the activity area in space designated for infants is soft flooring or flooring with soft covering.</p> <p>9. Space designated for children under 35 months does not permit through traffic except for emergency evacuation.</p> <p>10. The program will have a written policy concerning exposure to air pollution, lead, asbestos, and other contaminants.</p> <p>11. Child Care Nurse Health Consultant visits the program at least every two years to observe program practices and reviews and makes recommendations about the program's</p>	
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<p>15. Clean drinking water available to children throughout the day (14.2.g; 16.11.f)</p> <p>16. Program accepts, stores, & serves human milk for feeding (16.11)</p> <p>17. Infants less than 6 months are not offered solid food or fruit juices. (16.2.b)</p> <p>18. Teaching staff familiar with infant (14.5)</p> <p>19. Meals served at regular established times. (14.2.e; 16.5)</p> <p>20. Classroom (or visiting) pets have documentation from a vet that animal is fully immunized. (18.2)</p> <p>21. Equipment and furnishings for diaper changing or changing soiled clothing is away from food preparation (Appendix 78-1 D)</p> <p>22. At least one cot, crib, etc. for each child that is in care for more than four hours. (13.4; 14.3)</p> <p>23. Cot or mat with blanket for an ill child. (13.4)</p>		<p>practices and written health policies.(5.A.02)</p>	
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<p>24. Indoor environment designed so staff can supervise children without artificial monitoring devices. (3.2; 10.1)</p>			
<p>25. Adults have comfortable place to sit, hold, and feed infants. (13.3)</p>			
<p>26. Outdoor environment includes experiences such as: running, climbing, balancing, riding, jumping, crawling, scooting, and swinging. (13.6)</p>			
<p>27. Walls, floors, and furnishings are in good repair and safe with no trash. (17.2.a)</p>			
<p>28. Stairwells and corridors are well lighted, with emergency lighting(20.2.f)</p>			
<p>29. First aid kits are readily available indoors and outdoors. (19.10; 22.6)</p>			
<p>30. Choking hazards are removed</p>			
<p>31. When water supply is a well or other private source; must be determined to be safe for human consumption. (19.1)</p>			
<p>32. All rooms are heated,</p>			

<p>cooled, and ventilated. (5.3)</p> <p>33. No smoking permitted. (20.1.a)</p> <p>34. Facilities are free from harmful animals, insect pests, and poisonous plants.(21.2)</p> <p>35. Toxic materials are stored in original containers in locked room or cabinet. (20.3.b)</p> <p>36. Fire extinguisher in center and staff trained.</p>			
<p>Positive Interactions and Relationships</p>			
<p>1. Guidance is age appropriate. (11.1.b)</p> <p>2. No harmful forms of discipline or corporal punishment.(11.4)</p> <p>3. Written discipline policy (11.1.a)</p> <p>4. Fair and consistent rules relevant to children's ages. (11.1.b)</p>	<p>1. Program staff learn from parents: child's interest, approaches to learning, child's developmental needs, and the parents concerns and goals for the child. (7.A.08)</p> <p>2. 33% of program staff has attended minimum of 2 hrs of positive interactions and relationships with children professional development.</p>	<p>1. Teaching staff encourage and recognize children's work and accomplishments. (1.B.04)</p> <p>2. Teaching staff engage regularly in meaningful and extended conversations with each child. (1.B.15)</p> <p>3. Teaching staff facilitate an infant's social interaction when he or she is interested in looking at, touching, or vocalizing to others. (1.C.04)</p>	<p>1. Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. (1.B.09)</p>

		4. All qualified program staff have attended a minimum of four, Tiers III, professional development hours in positive interactions and relationships.	
Curriculum			
<p>1. Flexible program (14.2)</p> <p>2. Written daily routine of Developmentally Appropriate Practices (14.1)</p> <p>3. Qualified staffs need to provide daily program that reflects core knowledge/ core competencies. (14.2)</p> <p>4. Teachers provide time for indoor and outdoor activities. (14.2.b.1)</p>	<p>Select a curricula or curriculum framework(s) (2.A.02)</p> <p>Curricula are linked to WV ELSF</p> <p>Lesson Plans provide for: play, teacher-initiated learning, creative expression, large-group, small group, and child -initiated activity, and individualized learning. (2.A.11)</p> <p>Children become familiar with print through: items labeled with child's name, materials are labeled, print is used to describe rules and routines, print is connected to spoken words. (2.E.03)</p> <p>Children have opportunities to participate in at least 4 learning centers such as: Art: <i>drawing materials, paints, 3-D materials, collage, tools.</i> Books/library: <i>fantasy, factual, about people,</i></p>	<p>The program is currently using selected curricula for infants/ toddlers and preschool; and staff has participated in two hours of professional development on selected curricula.</p> <p>The program's infant/toddler curricula are linked to the WV Infant/Toddler Early Learning Standards Framework.</p> <p>Infants, toddlers and twos have opportunities to participate in at least four of the learning centers; three year olds and up have opportunities to participate in at least six learning centers; and school age children have access to technology centers.</p> <p>At least 80% of qualified staff in the program are trained to understand, recognize, and be sensitive to diversity within the classroom.</p>	

	<p><i>animals, science, cultures, abilities.</i> Building blocks and accessories: <i>unit blocks, large hollow blocks, homemade blocks, toy people, animals, vehicles, road signs.</i> Dramatic/pretend play: <i>housekeeping, different kinds of work, fantasy, leisure.</i> Writing. Math/ Number: <i>counting, measuring, comparing quantities, shapes, written numbers.</i></p> <p>Nature/ science: <i>collections of natural objects, living things, nature/science books, games, toys, nature/science activities</i> Technology: computers with filtered internet access, tape recorders/ CDs and cameras.</p> <p>Teachers are trained to understand and recognize to be sensitive to diversity (3.B.04)</p> <p>Teachers individualize routine care for infants and toddlers up thru 35 months (3.B.10)</p> <p>Teachers organize space to offer infants opportunities to play individually, in pairs, and in small groups. (3.D.06)</p> <p>Teachers support children in learning to participate in daily cleanup of classroom. (3.D.08)</p> <p>Teachers use curriculum</p>	<p>Lead teachers and administrators working with infants and toddler through the age of 35 months have attended training on continuity of care.</p> <p>The schedule provides children learning opportunities, experiences, and projects that extend over the course of several days and incorporates time for play, self-initiated learning, creative expression, large-group, small-group and child-initiated activity. (2.A.11)</p> <p>Children have varied opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity, and mastery. (2.B.04)</p> <p>Any materials and activities are made available outdoors as appropriate.</p>	
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	<p>in all content and developmental areas to support daily plans and learning experiences. (3.F.01)</p> <p>Teachers identify what children have learned and adapt strategies and teaching to meet their needs. (3.G.02)</p> <p>Teachers interact with children in learning centers. (3.G.10)</p> <p>Dramatic play materials available indoors and outdoors. (9.A.04)</p> <p>Sensory materials available indoors and outdoors. (9.A.04)</p> <p>Clearly defined place for families to gather information on the daily schedule and upcoming events; and where families can sign in/ out and gather information on child's day. (9.A.09)</p>		
Child Observation and Assessment			
	<ol style="list-style-type: none"> 1. Minimum 2 hrs of staff professional development in child assessment for 33% of qualified staff (Child observation, antidotal notes, etc.) 2. Implementation of informal child assessment that aligns with programs curriculum goals. 	<ol style="list-style-type: none"> 1. All staff has a minimum of 2 hours of professional development in child assessment. 2. Program uses assessments to support children's learning, using a variety of methods such as observations, checklists, rating scales, and individually 	

	<p>3. Program has a written plan for child developmental assessment that includes purpose, procedures, and uses of the results. (4.A.02)</p>	<p>administered tests. (4.A.01)</p> <p>3. The plan also includes:</p> <ul style="list-style-type: none"> • Conditions under which children will be assessed, • Timelines associated with assessments that occur throughout the year, • Procedures to keep individual child records confidential, • Ways to involve families in planning and implementing assessments, and • Methods to effectively communicate assessment information to families. (4.A.02) <p>4. The program's written assessment plan includes the multiple purposes and uses of assessment including:</p> <ul style="list-style-type: none"> • Arranging for developmental screening, and referral for diagnostic assessment when indicated, • Identifying children's interests and needs, • Describing the developmental progress and learning of children, • Improving curriculum and 	
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		<p>adapting teaching practices and the environment,</p> <ul style="list-style-type: none"> • Planning program improvement, and • Communicating with families. (4.A.03) <p>4. All children receive developmental screening that includes:</p> <ul style="list-style-type: none"> • The timely screening of all children within three months of program entry, • Screening instruments that meet professional standards for standardization, reliability, and validity. • Screening instruments that have normative scores available on a population relevant for the child being screened; • Screening of children's health status and their sensory, language, cognitive, gross-motor, fine-motor, and s/e development • A plan for evaluating the effectiveness of the screening program, and • Using the results to make referrals to appropriate professionals, when 	
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		<p>needed, and ensuring that the referrals are followed up. This criterion is an emerging practice. (4.C.01)</p> <p>5. Teachers and other professionals associated with the program use assessment methods and information to design goals:</p> <ul style="list-style-type: none"> a. For individual children b. To guide curriculum planning and monitor progress. (4.D.04) <p>6. Family members are provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year. (4.E.02)</p> <p>7. Teachers, families, and relevant specialists have regular opportunities to participate in two-way communication conferences to discuss each child's progress, accomplishments, and difficulties in the classroom and at home as well as to plan learning activities. (4.E.03)</p>	
Family and Community			

<p>1. Plan for on-going communication for parents (7.6)</p> <p>2. Parent/Guardian visit children</p>	<p>1. Daily communication with families</p> <p>2. Program staff provides support and information to family members. (7.A.05)</p> <p>3. Program works with families on shared child care giving issues. (7.A.10)</p> <p>4. Families are encouraged to participate in the program at any time during the program's regular hours. (7.A.11)</p> <p>5. Program is sensitive to the needs of all families (7.B.04)</p> <p>6. 33% of program staff has professional development on communicating and building relationship with families. (7.B.04)</p> <p>7. Two child conferences offered to parents each year.</p> <p>8. Program staff encourages families to raise concerns and work collaboratively to find solution. (7.C.02)</p>	<p>1. The program will share community information about current family-oriented news and events.</p> <p>2. The program will provide opportunities for families to develop social connections.</p> <p>3. 80% of qualified staff have professional development in communicating and building positive relationships with families.</p> <p>4. The program administrator will develop relationships with other community organizations and services that can help support families.</p> <p>5. The program will participate in transition meetings when a child is transitioning from one program to another.</p> <p>6. The primary caregiver for each child will plan or encourage programming that considers the child's abilities, familial characteristics and culture.</p> <p>7. The program shall have a parent advisory committee that is open to participation of currently enrolled families. The advisory</p>	
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	<p>9. Utilizes community resources such as: doctors, dentists, musicians, baker, quilter, health consultants, Community Health Centers, others (8.B.04)</p> <p>10. Use of Community Resource Directory. (8.A.01)</p>	<p>committee will provide the center administration with feedback about all aspects of the program and will be given the opportunity to plan family centered events either at the program or in the community.</p>	
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Program Management

<p>1. Valid WV License to Operate</p> <p>2. Group size & ratio:</p> <p>6wks-1yr 1:4 (8) 1- 2 yrs 1:4 (12) 2-3 yrs 1:8 (16) 3-4 yrs 1:10 (20) 4-5 yrs 1:12 (24) 5-6 yrs 1:12 (24) 6-13 yrs 1:16 (32)</p>	<p>1. Regular Child Care Center License</p> <p>2. Group size & ratio:</p> <p>6 wks - 1 yr 1:4 (8) 1 - 2 yrs 1:4 (12) 2 - 3 yrs 1:7 (14) 3 - 4 yrs 1:10 (20) 4 - 5 yrs 1:12 (24) 5 - 6 yrs 1:12 (24) 6 - 13 yrs 1:16 (32)</p> <p>3. The program has a well-articulated mission and philosophy of program excellence that guides its operation. (10.A.01)</p> <p>4. Administrator provides leadership to implement the programs mission. (10.A.05)</p> <p>5. Program is in good standing by its regulatory body; can document all certifications, approvals, and corrections of violations and deficiencies. (10.B.04)</p> <p>6. The program has a strategic planning</p>	<p>1. Staff receives training to implement program mission.</p> <p>2. The program administrator provides leadership to put into service the program's mission within the community, local region and at the state level.</p> <p>3. Technology based information management systems are in place. (10.B.03)</p> <p>4. If a program is led or governed by a board of directors, advisory group, council, or other similar group, written policies define their roles and responsibilities along with those of the program staff who work directly with those entities. (10.B.06)</p> <p>5. The program has a strategic planning process that outlines actions the program will take to</p> <ul style="list-style-type: none"> • Implement the program's vision and mission • Achieve outcomes 	<p>1. Verification of Accreditation.</p>
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	<p>process. (10.B.07)</p> <p>7. Procedures address transition planning by administrators, teachers, and families for children transitioning from teacher to teacher, groups, classrooms, or programs. (10.B.08)</p> <p>8. Person responsible for program implementation is included in fiscal planning and in operating budget preparation, reconciliation, and review. (10.C.02)</p>	<p>desired for children</p> <ul style="list-style-type: none"> • Maintain high-quality services to children and families • Provide long-term resources to sustain the operation of the program(10.B.07) <p>6. Financial policies and the procedures to implement them provide evidence of sound fiscal accountability using standard accounting practices. Operating budgets are prepared annually, and there is at least quarterly reconciliation of expenses to budget. A system exists to review or adjust the budget if circumstances change. (10.C.01)</p> <p>7. A written plan will be developed for employee benefits. (10.E.06)</p> <p>8. The program has written wellness policies to promote wellness and safeguard the health and safety of children and adults. (10.D.01)</p> <p>9. Staff annually evaluates program. (Program Administrator Scale #14, 3.1)</p> <p>10. Have a current/</p>	
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		appropriate ERS assessment completed by a reliable observer and a plan of action developed to work on any identified areas for improvement.	
Professionalism			
<p>1. Type I Director has a minimum of a CDA Credential and 300 hrs of work experience or 12 college credit hrs in ECE and 300 hrs of work experience</p> <p>2. Current WV STARS Credential (8.7)</p>	<p>1. Director working towards at least a Level V on the WV STARS Career Pathway.</p> <p>2. Director has professional development in program assessment such as ITERS-R, ECERS-R, and SACERS; and completes self-assessments.</p> <p>3. Program staffs know and use ethical guidelines in their conduct. (6.A.01)</p> <p>4. Designate one Lead teacher at the center (other than director): Level IV working towards Level V on the WV STARS Career Pathway</p> <p>5. Program staff has 18 hrs of professional development annually.</p> <p>6. 33% of all staff has completed CQCE, WVIT, ACDS, or college courses on EC.</p>	<p>1. The program director has a documented five year professional development plan to meet NAEYC qualifications. (10.A.2)</p> <p>2. All program staff are required to attend professional development regarding the NAEYC Code of Ethics.</p> <p>3. The program administrator responds proactively to changing conditions to enhance program quality. (10.A.06)</p>	

	<p>7. 33% of all staff has specialized professional development in:</p> <ul style="list-style-type: none"> ▪ Program Curriculum ▪ Program Assessment (ERS) ▪ Child Assessment ▪ Working with diverse children. <p>8. Program staffs evaluate and improve performance based on ongoing reflection and feedback. (6.B.01)</p> <p>9. Director strengthens their leadership skills, knowledge, and relationships with others and works to improve conditions for children. (6.B.02)</p> <p>10. Participate in an early childhood conference.</p>		
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Appendix 6 Current Quality Incentives

Family Child Care Home			Family Child Care Facility			Child Care Centers and Out-of-School-Time Programs		
Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
In operation at least 6 mos.	Meet Tier 2 standards	Accredited and meets Tier 2 & 3 standards	Have a regular license	Meet Tier 2 standards	Accredited and meets Tier 2 & 3 standards at renewal	Have a regular license	Meet Tier 2 standards	Accredited and meets Tier 2 & 3 standards at renewal
Eligible for technical assistance	Eligible for technical assistance	Eligible for technical assistance	Eligible for technical assistance	Eligible for technical assistance	Eligible for technical assistance	Eligible for technical assistance	Eligible for technical assistance	Eligible for technical assistance
Internal (self) assessment with FCCERS-R	External assessment with FCCERS-R	External assessment with FCCERS-R	Internal (self) assessment with most appropriate ERS	External assessment with most appropriate ERS	External assessment with most appropriate ERS	Internal (self) assessment with ITERS-R, ECERS-R, SACERS	External assessment with ITERS-R, ECERS-R, SACERS	External assessment with ITERS-R, ECERS-R, SACERS
Eligible for start-up grant of \$250			Eligible for start-up grant of \$500			Eligible for start-up grants: <u>Centers</u> T-1-\$1500 T-2-\$1750 T-3-\$2000 <u>School-age</u> T-1-\$1000 T-2-\$1250 T-3-\$1500		
Receives \$325 when Tier 2 met.	Receives \$400 when Tier 3 met.	Receives \$500 when Tier 4 met.	Receives \$650 when Tier 2 met.	Receives \$800 when Tier 3 met.	Receives \$1000 when Tier 4 met.	Receives amts below when Tier 2 is met. <u>Centers</u> T-1-\$1650 T-2-\$1900 T-3-\$2250 <u>School-age</u> T-1-\$1150 T-2-\$1400 T-3-\$1750	Receives amts below when Tier 3 is met. <u>Centers</u> T-1-\$1800 T-2-\$2150 T-3-\$2350 <u>School-age</u> T-1-\$1300 T-2-\$1650 T-3-\$1850	Receives amts below when Tier 4 is met. <u>Centers</u> T-1-\$2000 T-2-\$2250 T-3-\$2500 <u>School-age</u> T-1-\$1500 T-2-\$1750 T-3-\$2000
Tiered Pay of \$2 extra daily	Tiered Pay of \$3 extra daily	Tiered Pay of \$4 extra daily	Tiered Pay of \$2 extra daily	Tiered Pay of \$3 extra daily	Tiered Pay of \$4 extra daily	Tiered Pay of \$2 extra daily	Tiered Pay of \$3 extra daily	Tiered Pay of \$4 extra daily

	Eligible for additional \$1000 once in 5 years	Eligible for additional \$1000 once in 5 years		Eligible for additional \$2000 once in 5 years	Eligible for additional \$2000 once in 5 years		Eligible for amounts below every 5 years <u>Centers</u> T-1-\$3,500 T-2-\$5,000 T-3-\$7,500 <u>School-Age</u> T-1-\$2,500 T-2-\$4,000 T-3-\$6,500	Eligible for amounts below every 5 years <u>Centers</u> T-1-\$3,500 T-2-\$5,000 T-3-\$7,500 <u>School-Age</u> T-1-\$2,500 T-2-\$4,000 T-3-\$6,500
		Eligible for accreditation payment of 1/2 of total cost & renewal at 1/2 of the cost*			Eligible for accreditation payment of 1/2 of total cost & renewal at 1/2 of the cost*			Eligible for accreditation payment of 1/2 of total cost & renewal at 1/2 of the cost*
			Staff eligible for salary supports based on education	Staff eligible for salary supports based on education	Staff eligible for salary supports based on education	Staff eligible for salary supports based on education	Staff eligible for salary supports based on education	Staff eligible for salary supports based on education
Scholarships of \$1800 annually	Scholarships of \$1800 annually	Scholarships of \$1800 annually	Scholarships of \$1800 annually	Scholarships of \$1800 annually	Scholarships of \$1800 annually	Scholarships of \$1800 annually	Scholarships of \$1800 annually	Scholarships of \$1800 annually
Health care benefits for TEACH participants	Health care benefits for TEACH participants	Health care benefits for TEACH participants	Health care benefits for TEACH participants	Health care benefits for TEACH participants	Health care benefits for TEACH participants	Health care benefits for TEACH participants	Health care benefits for TEACH participants	Health care benefits for TEACH participants

* Accreditation grants currently cover half the cost. This proposal would increase that to two thirds.

Appendix 7 Payment Rates for Child Care Programs Eligible to Participate in a QRIS

PROPOSED CHILD CARE RATE STRUCTURE - 2012 (Child Care Policy and Procedures 2010) (Family and Children's Tracking System 2011)

TYPE OF CARE	RATES	INFANT (0-24 months) Day/Month	PRE- SCHOOL (25-36 months) Day/Month	PRE- SCHOOL (37-59 months) Day/Month	KINDERGARTEN TO SCHOOL-AGE 60 months & up Day/ Month
FAMILY CHILD CARE	75 th Percentile	\$20 / \$400	\$20 / \$400	\$20 / \$400	\$20 / \$400
	Current Rate Tier 1	\$20 / \$400	\$20 / \$400	\$20 / \$400	\$16 / \$320
	Tier 2 Rate	\$22 / \$440	\$22 / \$440	\$22 / \$440	\$18 / \$360
	Proposed Tier 3 Rate	\$23 / \$460	\$23 / \$460	\$23 / \$460	\$19 / \$380
	Tier 4 -Accreditation	\$24 / \$480	\$24 / \$480	\$24 / \$480	\$20 / \$400
FAMILY CHILD CARE FACILITY	75 th Percentile	\$25 / \$500	\$25 / \$500	\$25 / \$500	\$24 / \$480
	Current Rate	\$25 / \$500	\$20 / \$400	\$20 / \$400	\$18 / \$380
	Current Tier 2 Rate	\$27 /\$540	\$22 / \$440	\$22 / \$440	\$22 / \$440
	Proposed Tier Rate 3	\$28 / \$560	\$23 / \$460	\$23 / \$460	\$23 / \$460
	Current Tier 4 Rate - Accreditation	\$29 /\$580	\$24 / \$480	\$24 / \$480	\$24 / \$480
CHILD CARE CENTER	75 th Percentile	\$29 / \$580	\$26 / \$520	\$25 / \$500	\$24 / \$480
	Current Rate	\$28 / \$560	\$24 /\$480	\$23 / \$460	\$19 / \$380
	Current Tier 2 Rate	\$30 / \$600	\$26 / \$520	\$25 / \$500	\$21 / \$420
	Proposed Tier Rate	\$31 / \$620	\$27 / \$540	\$26 / \$520	\$22/ \$440
	Current Tier 4 Rate - Accreditation	\$32 / \$640	\$28 / \$560	\$27 / \$540	\$23/ \$460

In order to set base rates at the 75th percentile of the market rate, the following daily rate increases are needed:

- School-age children in family child care homes – increase of \$4 daily.
- Pre-school children 2-5 in family child care facilities – increase of \$5 daily.
- School-age children in family child care facilities – increase of \$6 daily.
- Infants and toddlers in centers-increase of \$1 daily
- Pre-school children age 2-5 in centers-increase of \$2 daily
- School-age children in centers-increase of \$5 daily

Appendix 8 One Time Expenditures Assumed by DHHR Using ARRA Funds

Accountability Measures- Baseline Assessment -\$629,355

DHHR provided ARRA funding as a grant to a state university to conduct a baseline assessment of the quality of care in child care centers, family child care facilities and family child care homes. The project required the use of Environment Rating Scales to assess quality in the various settings and results will be used to conduct an analysis of changes in the overall quality of child care based on the interventions provided by the various quality supports. (WV Department of Health and Human Resources 2010)

Professional Development Modules

DHHR supported the development of three new professional development modules for use in child care and provided training and covered costs for an additional nationally known training program. (WV Department of Health and Human Resources 2010)

- “Mind in the Making”- DHHR contracted with the Families and Work Institute to purchase materials and training of trainers on “Mind in the Making”- 12 training modules that demonstrate to caregivers how to work with children based on current brain research at a cost of \$55,000.
- On Line Pre-Service Modules- DHHR provided grant funds to a state community and technical college to develop a 45 hour on line course for pre or in-service training of caregivers. The training is designed to allow new employees to obtain a good introduction to early childhood at a cost of \$63,927
- Child Resiliency and Attachment Modules- DHHR provided grant funding to the company that produces Mr. Rogers Neighborhood to develop 30 hours of training to providers in the area of resiliency and attachment, which are critical elements contributing to the emotional and social health of young children at a cost of \$99,968.
- West Virginia Infant and Toddler Training II – DHHR granted funds to a nationally known consultant to develop an enhanced professional development program for infant and toddler caregivers. This is a follow-up to WVIT I and will consist of 45 hours of training for caregivers at a cost of \$131, 563.

Appendix 9 STARS Career Pathway

	Requirements	Abilities
Level I	At least 16 years old and enrolled in High School or GED preparation classes.	Conform to Core Knowledge and Core Competencies for Early Care and Education Professionals by following supervisory direction and instruction.
Level II	At least 18 years old with a high school diploma or equivalent and 0-1 years of experience.	Understand and practice Core Knowledge and Core Competencies with direction and instruction or through sponsorship/affiliation with a professional organization or qualified mentor.
Level III	WV Training Certificate in Early Care and Education (WVTCECE) which includes completion of 120 clock hours of registered training through WV STARS or 120 completed training hours required for the Child Development Associate (CDA) credential or equivalent or 3 completed semesters of the Apprenticeship for Child Development Specialist (ACDS) program or completed 4 courses of the WVDE Child Development Specialist (CDS) Career and Technical Education program.	Practice programming that conforms to Core Knowledge and Core Competencies.
Level IV	Child Development Associate (CDA) credential or equivalent or 12 college credit hours in early care and education and 300 clock hours of relevant occupational experience or 4 completed semesters of the Apprenticeship for Child Development (ACDS) program.	Practice and implement programming that conforms to Core Knowledge and Core Competencies.
Level V	Apprenticeship for Child Development Specialist (ACDS) certificate or other comparable certificate program in early care and education or 28-63 college credit hours, with 9 college credit hours in early care and education or 28-63 college credit hours and 1 year of relevant occupational experience.	Plan and adapt programming which conforms to Core Knowledge and Core Competencies.
Level VI	Associate's degree in an early care and education field or associate's degree with 12 college credit hours in early care and education courses or associate's degree and 2 years of relevant occupational experience or 64 college credit hours with 12 college credit hours in early care and education courses or 64 college credit hours with 2 years of relevant occupational experience.	Make curricular decisions that conform to Core Knowledge and Core Competencies.
Level VII	Bachelor's degree in an early care and education field or bachelor's degree with 15 college credit hours in early care and education and either 90 practicum hours or 1 year of relevant occupational experience or bachelor's degree and 3 years of relevant occupational experience.	Develop, select, and evaluate the early childhood program; apply theory into practice.
Level VIII	Advanced (master's or doctorate) degree in an early care and education field or advanced degree with 18 college credit hours in early care and education and either 90 practicum contact hours or 1 year of relevant occupational experience or advanced degree and 5 years of relevant occupational experience.	Directly involved in the activities of state, regional and/or national groups; contribute to the formation, evaluation & implementation of policies within the field.

Appendix 10 Child Care Market Rate Trends

MARKET RATE COMPARISONS

TYPE OF CARE	AGE OF CHILD	2006	2008	2011
FAMILY CHILD CARE HOME	0-24 months	\$20	\$20	\$20
	25-36 months	\$20	\$20	\$20
	37-60 months	\$20	\$20	\$20
	61 months & up	\$20	\$20	\$20
FAMILY CHILD CARE FACILITY	0-24 months	\$20	\$25	\$25
	25-36 months	\$20	\$20	\$25
	37-60 months	\$20	\$20	\$25
	61 months & up	\$20	\$20	\$24
CHILD CARE CENTER	0-24 months	\$25	\$28	\$29
	25-36 months	\$21	\$24	\$26
	37-60 months	\$20	\$23	\$25
	61 months & up	\$20	\$22	\$24

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