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SECRETARY OF STATE
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ADMINISTRATIVE LAW DIVISION**

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Form #6

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: West Virginia Department of Health and Human Resources TITLE NUMBER: 78

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

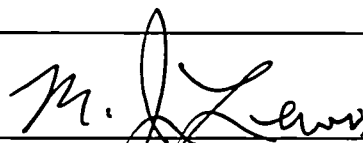
TITLE OF RULE BEING PROPOSED: Child Care Quality Rating and Improvement System

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) SB 245

SECTION 65-5-3(c), PASSED ON March 10, 2012

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE
FOLLOWING DATE: May 2, 2012



Authorized Signature

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

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OFFICE WEST VIRGINIA
SECRETARY OF STATE

SERIES 22

Child Care Quality Rating and Improvement System

§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 W.Va. Code §49-2E et seq.

1.2. Authority. -- W.Va. Code §49-2E

1.3. Filing Date. -- May 2, 2012
" " "

1.4. Effective Date. -- This rule is effective upon the date specified in an emergency rule promulgated by the Department of Health and Human Resources as being the date funding for implementation of the Child Care Quality Rating and Improvement System will become available pursuant to a duly enacted appropriation bill authorizing the expenditure of funds for that purpose.

§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 operated by the Department of Health and Human Resources in accordance with W.Va. Code §49-2E.

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

2.3 Pursuant to W.Va. Code §49-2E-4, no provision of this rule may be construed to require implementation of a quality rating and improvement system unless funds are appropriated therefor. The 'Quality Rating and Improvement System Cost Implementation Study' dated July 31, 2011, prepared and published by the Marshall University Center for Business and Economic Research for the Department of Health and Human Resources and accessible on-line at <http://www.marshall.edu/cber/research/QualityRatingImprovementSystemFINAL.pdf>, is the financial plan submitted by the Secretary of the Department of Health and Human Resources pursuant to Chapter §49-2E-3, and is hereby attached by reference and incorporated into this rule as if fully set forth herein. The 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 or methods of evaluation.

3.2 Apprenticeship for Child Development Specialist (ACDS) Credential-- A registered apprenticeship program that 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 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 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 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 Council on Accreditation (COA) -- An independent, not-for-profit child and family service accrediting organization 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 used 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 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.

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

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

3.21 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.

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

3.23 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 two-star or a three-star level.

4.2 A child care program that qualifies for a four-star level shall submit verification of the accreditation to the Secretary in a process prescribed by the Secretary.

4.3 The Secretary shall notify a child care program that submits an incomplete application or submits an application not prescribed by the Secretary 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 program must submit the application for renewal 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 the new program is 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 four-star rating. However, eligibility for new incentives will be at the discretion of the Secretary during the initial six months of ownership.

4.6 The Secretary may make effective from the date of issuance any decision regarding a star rating issued by the Department.

§78-22-5. Program Standards.

5.1 One-star program standards shall be equivalent to current licensing or registration rules.

5.2 The Secretary shall establish two and three-star program standards with advice from

the Quality Rating and Improvement System Advisory Council. The standards 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 COA.

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 by the Secretary.

5.5 The Secretary, with advice from the Quality Rating and Improvement System Advisory Council, shall develop program standards. Program standards shall go through a public comment process before the criteria are finalized.

5.6 The QRIS Advisory Council shall re-evaluate program standards at a minimum of every five (5) years or when there is evidence or data indicating a need for review.

5.7 The Secretary shall advertise new standards in advance of implementation and programs given sufficient time to implement additional requirements.

5.8 Each participating program must meet the applicable program standards described in Tables A-C of Appendix 78-22 of this rule.

§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 by the Division of Early Care and Education 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 by the Division of Early Care and Education through a combination of on-site inspection for compliance with program standards 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 by the Division of Early Care and Education on an annual basis, as funding allows, through a combination of an on-site inspection for compliance with program standards, written documentation and an on-site evaluation with the designated observation tools by a trained and reliable evaluator.

6.1.d Four-star program applicants shall 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. A trained and reliable evaluator may evaluate the program on an annual basis with the designated observation tool.

6.2 Assessment Tools

6.2.a The Secretary shall, with advice from the QRIS Advisory Council, designate valid and reliable tools 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 the continuing effectiveness of the tools 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 a written request for review within 30 days of the date of the action.

7.1.b The QRIS Advisory Council shall appoint 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 The Director of the Division of Early Care and Education may continue or reinstate services if a review is requested within 15 days of the final decision.

7.2 Suspension and Revocation

7.2.a The Secretary may suspend or revoke the star rating of a program for any of the following reasons:

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

7.2.a.2 Accreditation status was revoked by the accrediting body;

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

7.2.a.4 The Secretary determines 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.

Title 78
Legislative Rules
Department of Health and Human Resources
Division of Human Services

Series 22
Child Care Quality Rating and Improvement System

Appendices

- 78-22 A: Child Care Center Quality Standards
- 78-22 B: Family Child Care Facility Quality Standards
- 78-22 C: Family Child Care Home Quality Standards

Appendix 78-22 A:

Child Care Center Quality Standards

Numbering in green indicate location in Licensing.
 Numbering in blue indicate location in NAEYC Standards.

Child Growth and Development			
Tier I	Tier II	Tier III	Tier IV
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			
Tier I	Tier II	Tier III	Tier IV
1. Children's Health Assessment updated at least every 2 yrs for children under the age of 6 yrs.(15.2.b) 2. Children have an established diaper changing area (Appendix 78-1 D) 3. Meals are served according to USDA guidelines (16.1; 16.2) 4. Outdoor Activity Equipment and Materials (13.6: Appendix 78-1 E) 5. Outdoor area is free of equipment which might pose a drowning hazard. (13.6.e.8) 6. Center shall have bathrooms for children (12.4)	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) 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)	1. The program shall have separate hands-free disposal containers for soiled diapers in addition to the disposal container used by children. 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) 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. 4. When use of 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.	1. Teaching staff supervise infants and toddlers/twos by sight and sound at all times. (3.C.02) 2. Teaching staff supervise children primarily by sight. (3.C.04)

<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>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 form a vet that animal is fully immunized. (18.2)</p>	<p>3. Written menus are available to parents (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>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 practices and written health policies.(5.A.02)</p>	
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<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>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.</p>			
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(19.1)			
32. All rooms are heated, cooled, and ventilated. (5.3)			
33. No smoking permitted. (20.1.a)			
34. Facilities are free from harmful animals, insect pests, and poisonous plants.(21.2)			
35. Toxic materials are stored in original containers in locked room or cabinet. (20.3.b)			
36. Fire extinguisher in center and staff trained.			

Positive Interactions and Relationships

Tier I	Tier II	Tier III	Tier IV
1. Guidance is age appropriate. (11.1.b) 2. No harmful forms of discipline or corporal punishment.(11.4) 3. Written discipline policy (11.1.a) 4. Fair and consistent rules relevant to children's ages. (11.1.b)	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) 2. 33% of program staff has attended minimum of 2 hrs of positive interactions and relationships with children professional development.	1. Teaching staff encourage and recognize children's work and accomplishments. (1.B.04) 2. Teaching staff engage regularly in meaningful and extended conversations with each child. (1.B.15) 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) 4. All qualified program staff have attended a minimum of four, Tiers III, professional development hours in positive interactions and relationships.	1. Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. (1.B.09)

Curriculum

Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Flexible program (14.2) 2. Written daily routine of Developmentally Appropriate Practices (14.1) 3. Qualified staffs need to provide daily program that reflects core knowledge/ core competencies. (14.2) 4. Teachers provide time for indoor and outdoor activities. (14.2.b.1) 	<ol style="list-style-type: none"> 1. Select a curricula or curriculum framework(s) (2.A.02) 2. Curricula are linked to WV ELSF 3. Lesson Plans provide for: play, teacher-initiated learning, creative expression, large-group, small group, and child – initiated activity, and individualized learning. (2.A.11) 4. 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) 5. Children have opportunities to participate in at least 4 learning centers such as: <ul style="list-style-type: none"> ▪ Art: drawing materials, paints, 3-D materials, collage, tools. ▪ Books/library: fantasy, factual, about people, animals, science, cultures, abilities. ▪ Building blocks and accessories: unit blocks, large hollow blocks, homemade blocks, toy people, animals, vehicles, road signs. ▪ Dramatic/pretend play: housekeeping, different kinds of work, fantasy, leisure. ▪ Writing. 	<ol style="list-style-type: none"> 1. 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. 2. The program’s infant/toddler curricula are linked to the WV Infant/Toddler Early Learning Standards Framework. 3. 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. 4. At least 80% of qualified staff in the program are trained to understand, recognize, and be sensitive to diversity within the classroom. 5. Lead teachers and administrators working with infants and toddler through the age of 35 months have attended training on continuity of care. 6. 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) 	

	<ul style="list-style-type: none"> ▪ Math/ Number: counting, measuring, comparing quantities, shapes, written numbers. ▪ Nature/ science: collections of natural objects, living things, nature/science books, games, toys, nature/ science activities ▪ Technology: computers with filtered internet access, tape recorders/ CDs and cameras. <p>6. Teachers are trained to understand and recognize to be sensitive to diversity (3.B.04)</p> <p>7. Teachers individualize routine care for infants and toddlers up thru 35 months (3.B.10)</p> <p>8. Teachers organize space to offer infants opportunities to play individually, in pairs, and in small groups. (3.D.06)</p> <p>9. Teachers support children in learning to participate in daily cleanup of classroom. (3.D.08)</p> <p>10. Teachers use curriculum in all content and developmental areas to support daily plans and learning experiences. (3.F.01)</p> <p>11. Teachers identify what children have learned and adapt strategies and teaching to meet their needs. (3.G.02)</p> <p>12. Teachers interact with children in learning</p>	<p>7. 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>8. Any materials and activities are made available outdoors as appropriate.</p>	
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	<p>centers. (3.G.10)</p> <p>13. Dramatic play materials available indoors and outdoors. (9.A.04)</p> <p>14. Sensory materials available indoors and outdoors. (9.A.04)</p> <p>15. 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>		
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Child Observation and Assessment

Tier I	Tier II	Tier III	Tier IV
	<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. 3. Program has a written plan for child developmental assessment that includes purpose, procedures, and uses of the results. (4.A.02) 	<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 administered tests. (4.A.01) 3. The plan also includes: <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 adapting teaching practices and the environment, ▪ Planning program improvement, and ▪ Communicating with families. (4.A.03) <p>5. 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 needed, and ensuring that the referrals are followed up. This criterion is an emerging practice. (4.C.01) <p>6. Teachers and other professionals associated</p>	
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		<p>with the program use assessment methods and information to design goals:</p> <p>a. For individual children b. To guide curriculum planning and monitor progress. (4.D.04)</p> <p>7. 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>8. 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>	
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Family and Community

Tier I	Tier II	Tier III	Tier IV
<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</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>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>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>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 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

Tier I	Tier II	Tier III	Tier IV
<p>1. Valid WV License to Operate</p> <p>2. Group size & ratio: 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: 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>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</p>	<p>1. Verification of Accreditation.</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 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>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 desired for children ▪ 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>	
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		10. 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.	
Professionalism			
Tier I	Tier II	Tier III	Tier IV
<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>7. 33% of all staff has specialized professional</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>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 78-22 B:

Family Child Care Facility Quality Standards

Numbering in red indicates location in NAEYC Standards.

Child Growth and Development			
Tier I	Tier II	Tier III	Tier IV
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 use their knowledge of individual children to modify strategies and materials to enhance children’s learning. (3.E.04) 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) 3. Teaching staff use varied vocabulary and engage in sustained conversations with children about their experiences (3.F.07) 4. Teachers have and use a variety of teaching strategies that include a broad range of approaches and responses. (3.G.01)	
Health, Safety, and Nutrition			
Tier I	Tier II	Tier III	Tier IV
1. Evacuation plan and record of fire drills are posted. 2. Safe play space and equipment. 3. Menus are posted for all meals and snacks. Meals meet USDA guidelines. 4. High chair safety 11.11	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) 2. Equipment used both indoors and outdoors is developmentally appropriate for the children who use it. (9.A.04) 3. Heavy furniture which is easily tipped such as	1. Staff takes steps to ensure the safety of food brought from home. (5.B.02) 2. The program supports breastfeeding. (5.B.09) 3. Staff serve only formula and infant food that comes to the facility in factory-sealed containers, except for human milk. (5.B.10) 4. Teaching staff sit and eat with children and engage them in conversation. Meals are	1. Teaching staff supervise infants and toddlers/ twos by sight and sound at all times. (3.C.02) 2. Teaching staff supervise children primarily by sight. (3.C.04)

<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 & 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>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 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>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 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>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>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 Departme</p>			
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Positive Interactions and Relationships

Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Guidance is age appropriate. 2. Written discipline policy 3. No harmful forms of discipline or corporal punishment. 4. Fair and consistent rules relevant to children's ages. 	<ol style="list-style-type: none"> 1. Provider has attended minimum of 2 hrs of positive interactions and relationships with children professional development. 2. Provider posts written rules in simple language that children can understand. (1.A.05) 3. Provider has a written positive guidance policy in addition to simple rules. (10.B.08) 	<ol style="list-style-type: none"> 1. Attend a professional development on Self-Regulation of children. (1.F) 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) 3. Quarterly parental meeting (individual or group) related to current topics of early childhood development and cultural competence. (combining 1.A) 4. Teaching staff give one-on-one attention to infants when engaging in caregiving routines. (1.B.12) 5. Teaching staff talk frequently with children and listen to children with attention and respect. (1.B.15) 6. Teaching staff counter potential bias and discrimination while in care and by working with parents. (1.D.01) 7. Utilizes Behavioral Consultants to help develop individualized programs for children, if needed. (1.E) 	<ol style="list-style-type: none"> 1. Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. (1.B.09)

Curriculum

Tier I	Tier II	Tier III	Tier IV
<p>1. Age appropriate daily routine is posted and includes:</p> <p>a. Regular meal/nap times b. Indoor/outdoor play c. Quiet/active play 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 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>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>4. 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>5. Provision of 3 of the following learning centers:</p> <ul style="list-style-type: none"> ▪ Art: <i>drawing materials, paints, 3-D materials, collage materials, tools</i> (2.J) ▪ Library (2.E) ▪ Building blocks and accessories; <i>unit blocks, large hollow blocks, homemade blocks, toy people, animals, vehicles, and road signs.</i> ▪ Dramatic/pretend play: <i>housekeeping, different kinds of work, fantasy, leisure</i> (2.L) ▪ Writing (2.E) ▪ Math/ Number: <i>counting, measuring, comparing quantities, recognizing shapes, familiar with written numbers.</i> (2.F) ▪ Nature/ science: <i>collections of natural objects, living things, nature/ science books, games, toys,</i> ▪ <i>nature/ science activities.</i> (2.G) ▪ Technology: <i>computers with filtered internet access, tape recorders/ CDs and cameras.</i> (2.H) <p>6. Children have individualized storage area. (9.A.02)</p>	<p>1. Implementation of the selected curricula or curriculum framework.</p> <p>2. 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>3. Provision of 6 of the learning centers.</p> <p>4. 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. (8.B.01)</p>	

Child Observation and Assessment			
Tier I	Tier II	Tier III	Tier IV
	<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 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) 	

Family and Community

Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Information is shared with parents regarding child's accomplishments and any problems that arise. 	<ol style="list-style-type: none"> 1. Document two methods of family involvement such as: Family bulletin board, Family survey, Family Newsletter 2. Family individual communications system-daily for children under 3 and weekly for children over 3. (7.B.05) (7.B.06) 3. Develop a parent contract. 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 	<ol style="list-style-type: none"> 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) 2. Program staff uses a variety of mechanisms such as family conferences or home visits to promote dialogue with families. (7.B.01) 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) 	

	Health centers. (8.B.02)	<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>	
Program Management			
Tier I	Tier II	Tier III	Tier IV
1. Valid WV Certificate of License	<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</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>

		<p>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 improvement.</p>	
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Professionalism

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

packet.	<ul style="list-style-type: none"> ▪ 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 78-22 C:

Family Child Care Home Quality Standards

Program Management			
Tier I	Tier II	Tier III	Tier IV
<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. 8. Your substitute provider has acquired a physical/TB test with a negative result. (5.34) 9. Your substitute understands the routines and special needs of the children in your care. (5.34 paraphrased) 	<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.

Health, Safety and Nutrition

Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Evacuation plan and fire drills with adequate exits. 2. Safe play space and equipment. 3. Meals meet USDA guidelines. 4. Supervision within sight or hearing 5. Frequent observation of children in cribs and playpens. 6. Medical exams for providers and children. 7. Background checks. 8. Working utilities. 9. Home in good repair with barriers on steps, or raised platforms. 10. Safe storage of flammable and poisonous materials and weapons. 11. Electrical cords/outlets safe. 12. Safe heating and cooling devices. 13. Smoke detectors and CO detectors if gas is used. 14. Smoking prohibition. 15. Vaccines for pets, pet safety. 16. Written instructions for administering medications. 	<ol style="list-style-type: none"> 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. 2. The play equipment used both indoors and outdoors in the program is safe and developmentally appropriate for the children who use it. 3. Heavy furniture which is easily tipped, such as shelves and entertainment centers, are anchored to the wall. 4. Climbing equipment, swings, etc. are securely anchored into place. 5. The program's toy chests have either safety hinges and air holes, or no lid. 6. The provider has menus posted and children's food allergies posted in the food preparation area. 7. The provider is alert to napping infants and visually checks on them at a minimum of every 15 minutes. 	<ol style="list-style-type: none"> 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. 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) 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>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>26. Back to sleep requirements</p> <p>27. Safe and sanitary diapering practices</p> <p>28. Comfortable and safe sleeping arrangements</p> <p>29. Bathing safety and health practices.</p>			
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Child Growth and Development

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

Positive Interactions and Relationships

Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Guidance is age appropriate 2. No harmful forms of discipline or corporal punishment. 3. Hold, cuddle, talk and sing to infants and toddlers. 4. Fair and consistent rules relevant to children's ages 	<ol style="list-style-type: none"> 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 language that children can understand. 3. The program has a written positive guidance policy in addition to simple rules. 	<ol style="list-style-type: none"> 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 abilities of each child, which is used to help children gain self-control and take responsibility for their own behavior. (3.29) 3. The provider takes time every day for meaningful conversation with each child. (3.60) 4. The provider takes an interest in and responds positively to babies' vocalizations and imitates their sounds. 	<ol style="list-style-type: none"> 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. 3. Provider reacts quickly to solve problems in a comforting and supportive way. 4. Provider shows respect for children. For example, making eye contact and listening attentively.

Curriculum

Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Age appropriate daily routine with: <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 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. 	<ol style="list-style-type: none"> 1. At least two (2) of the following learning centers are provided to children in the program: <ul style="list-style-type: none"> ▪ Art (drawing materials, paints, 3-D materials, collage, tools); ▪ Library (books for all age groups); ▪ Building Blocks and accessories (unit blocks, homemade blocks, toy people, animals, vehicles, road signs); ▪ Dramatic/Pretend Play (housekeeping, different kinds of 	<ol style="list-style-type: none"> 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. 2. The provider offers several activities appropriate for the abilities and interests of the children. (3.1. paraphrased) 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 upon children's interests and imagination, to build 	<ol style="list-style-type: none"> 1. NAFCC standards must be achieved in addition to the following: 2. At least four (4) of the learning centers listed in Tier II are provided to children in the program, with an additional 30 minutes focused on math and science. 3. The program provider uses the <i>WVELSF</i> standards when planning.

	<p>work, fantasy, leisure);</p> <ul style="list-style-type: none"> ▪ Writing; ▪ Math/Numbers (counting, measuring, comparing, quantities, shapes, written numbers); ▪ Nature/Science (collections of natural objects, living things, nature/science books, games, toys, and activities); ▪ Technology (computers with educational programs, filtered internet access, tape recorders, CDs, and cameras). <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>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>	
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Child Observation and Assessment			
Tier I	Tier II	Tier III	Tier IV
	<ol style="list-style-type: none"> 1. The family child care provider receives a minimum of two (2) hours of professional development in child observation and assessment. 2. The family child care provider has implemented informal child assessment that aligns with the goals of the program 	<ol style="list-style-type: none"> 1. The provider receives professional development in curriculum planning to meet individual needs of the children. 2. The provider has established and implemented a system to document observations of each child's developmental progress, interest and needs, anecdotal records, etc. 	<ol style="list-style-type: none"> 1. NAFCC standards must be achieved in addition to the following: 2. The provider will plan to meet the individual needs of the children based from observations. (3.4 paraphrased) 3. The provider will share documented observations with the parent on an annual basis.
Family and Community			
Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Work with the parents, school system and Birth to Three to plan for child's transition to other programs. 2. Discuss and agree upon positive methods of guidance with parents. 3. Discuss and agree with child's parent for a schedule for toilet training. 4. Provide parents with guidelines for immunizations and periodicity schedules 5. Notify parents in advance on use of substitutes and on field trips that require transportation. 6. Written permission for administering medications, water play, field trips. 	<ol style="list-style-type: none"> 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. 2. The family child care provider has a system in place for individual family communications that includes: <ol style="list-style-type: none"> a. daily communication for families with children under age 3, and b. weekly communication for those with children over age 3. 	<ol style="list-style-type: none"> 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) 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) 3. The provider respects diverse family styles and recognizes the strengths of each family. (1.11) 4. The provider individualizes the child care program, within reason, to respond to a parent's specific requests, preferences, and values. (1.12) 	<ol style="list-style-type: none"> 1. NAFCC standards must be achieved in addition to the following: 2. The provider will plan an annual parent day and conduct an annual survey. Although parent participation is encouraged, it is never required.

Professionalism

Tier I	Tier II	Tier III	Tier IV
<ol style="list-style-type: none"> 1. Age 18 2. First aid with rescue breathing/choke-saving within 6 mos. 3. 8 clock hours annually 4. 2 other hrs. health and safety training and 4 hrs other training within 12 mos. 5. Training in Core Knowledge/Core Competencies 6. Able to read and write 	<ol style="list-style-type: none"> 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. 2. The family child care provider is registered on the WV STARS Career Pathway. 3. The family child care provider has current CPR and First Aid certifications. 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. 5. The family child care provider has attended training on the Family Child Care Environmental Rating Scale-Revised (FCCERS-R) training 6. The family child care provider has completed a self-assessment of their program using the FCCERS-R. 7. The family child care provider has completed one (1) of the following: <ol style="list-style-type: none"> a. One semester of Apprentice for Child Development Specialist (ACDS), 	<ol style="list-style-type: none"> 1. The provider has developed a plan to advance on the WV STARS Career Pathway, if applicable. 2. The provider has twelve (12) hours of approved training annually, encompassing a minimum of three (3) Core Knowledge/Core Competency areas. 3. The provider has completed two (2) of the following: <ol style="list-style-type: none"> a. 2 semesters of Apprentice for Child Development Specialist (ACDS), b. The Family Child Care modules, c. WV Infant and Toddler Training (WVIT), d. One 3 hour college course in Early Childhood, e. CQCE training, or f. 80 hours of credit toward the WV Early Childhood Certificate. 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) 5. The provider is actively involved with other providers or a related professional group, if available. (5.8) 	<ol style="list-style-type: none"> 1. NAFCC standards must be achieved in addition to the following: 2. The provider has advanced on the WV STARS Career Pathway by at least one (1) level, if applicable. 3. The provider has fifteen (15) hours of approved training annually, encompassing a minimum of four (4) Core Knowledge/ Core Competency areas. 4. The provider has completed three (3) of the following: <ol style="list-style-type: none"> a. 4 semesters of Apprentice for Child Development Specialist (ACDS), The Family Child Care modules, b. WV Infant and Toddler Training (WVIT), c. One 3 hour college course in Early Childhood, d. CQCE training, or e. Completion of the WV Early Childhood Certificate. 5. The provider has created a five year professional development plan. 6. The provider has participated in a state/regional level initiative.

	<p>or</p> <ul style="list-style-type: none"> b. The Family Child Care modules, or c. WV Infant and Toddler Training (WVIT), or d. One 3 hour college course in Early Childhood, e. CCQCE training, or f. 40 hours of credit toward the WV Early Childhood Certificate. <p>8. The family child care provider has completed training on:</p> <ul style="list-style-type: none"> a. Sudden Infant Death Syndrome (SIDS), and b. Child Abuse and Neglect, and c. Medication Administration. <p>9. The family child care provider participates in an early childhood conference at least once a year.</p>		
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