



Southern Regional Action Plan to Improve the Quality of Early Care and Education

Survey on the Status of Implementation Efforts

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Goal 1: All children and families will have the benefit of a quality, comprehensive and coordinated early care and education system.

1.1 Public policy at the federal, state and local level will require planning and coordination across major systems to improve quality, including Head Start, state pre-kindergarten, subsidized child care and licensing.

Action taken between July 1, 2003, and June 30, 2004

West Virginia continues its interagency planning and coordination efforts through a state level Advisory Council known as **PIECES (Partners Implementing an Early Care & Education System)**. The PIECES Advisory Council meets every other month to coordinate services for children ages birth to five. PIECES continues to work on implementation of the WV Pre-k program, as well as development and implementation of a plan for children birth to three. The council includes representatives from Head Start, WV Pre-k, Child Care and Licensing, as well as Health, Child Care Resource and Referral agencies, Birth to Three, Pre-school Special Needs, Child Care Provider Associations, parents, business, etc. Representatives address issues and steer the work of several subcommittees that deal with quality issues, curriculum, rules and regulations, professional development, child well-being, technical assistance, infant and toddler initiatives and public awareness. Results include a new Early Learning Standards Framework, revisions to WV Core Knowledge and Core Competencies, and recommended curricula for WV Pre-k programs.

On the local level, county collaborative groups continue to work together on annual plans describing how they will implement the WV Pre-k program and how they will coordinate with community child care centers, Head Start and public school preschool. In 2004, counties submitted their second WV Pre-k plan. This year's plans were only approved if the plans included at least one collaborative classroom for the fall of 2004. Counties are currently underway with these efforts.

The Department of Education established policy/ procedure for calculating the cost of collaborative classrooms and the portion of the cost that can be funded through the school aid funding formula. This formula is effective for the 04-05 school term and enables counties to receive school aid funding for community programs that have contractual agreements with county boards of education.

State level teams consisting of Head Start, Child Care, and WV Pre-k continue to provide technical assistance to counties to implement partnerships through collaborative classrooms for WV Pre-k.

The Head Start Collaboration office has moved and is now co-located with the Division of Early Care and Education (which includes Child Care, Child Care Licensing and Early Care & Education Quality Initiatives) within the Department of Health and Human Resources.

Action taken between January 1, 2001, and June 30, 2003

In March 2002 the WV Legislature passed Senate Bill 247, now WV Code 18-5-44. This legislation called for the implementation of voluntary, universal pre-k for four-year-olds by school year 2012-13. Dual responsibility between the WV Departments of Education and Health and Human Resources was assigned for implementation of the

Pre-k program. Coordination of resources, public school, child care, Head Start and others was mandated. A policy that supports quality early education was established collaboratively. Each county must develop an implementation plan that demonstrates the coordination and maximization of community resources as well as compliance with the program policy. The PIECES Advisory Council was established in May 2002 to support planning and coordination across the systems for the Pre-k as well as for a birth through five system. The Advisory Council and sub-committees are working with state and local public and private schools, agencies, child care and Head Start to develop a comprehensive early childhood system.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Planning and coordination of major early childhood systems efforts occurred through the Governor's Early Childhood Implementation Commission. Efforts were voluntary but collaborative activities included accomplishments such as design of an early care and education professional development system; accreditation mentoring; exemplary early childhood program recognition and consumer education products.

1.2 *Public policy at the federal, state and local level will support families by linking early care and education programs to health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services.*

Action taken between July 1, 2003, and June 30, 2004

In addition to the actions indicated in the last report to the Southern Institute, new efforts are underway to connect early care and education to health coverage and health care through a number of collaborative partnerships. The Division of Early Care & Education within the Department of Health and Human Resources is working with several Health related initiatives including the following:

- A partnership with Public Health on a Provisional Certificate of Immunization to be used by child care providers.
- Participation on the Children's Health Insurance Program's health prevention and promotion task force.
- Participation on WV Health Check's (EPSDT) Medical Advisory Board for further collaboration and understanding between early care and health care professionals.
- Participation on the Child Well Being Committee, a subcommittee of the PIECES advisory council. The Child Well Being Committee completed an extensive review of available resources and issued a report in September 2004 recommending that:
 1. WVDHHR implement a Quality Assurance System including health consultants, technical assistance, staff development and data collection.
 2. PIECES develop a Universal Birth through Five Policy for submission to the legislature that:
 - Reflects recommendations and provides power of law to support collaboration between existing services and programs at state, regional and local levels;
 - Incorporates specific components defined in Health and Safety Infrastructure System Chart to assure that qualities essential to child well being are promoted and supported;

- Provides universal forms for reporting so that information is consistent and can be aggregated across programs for Quality Assurance purposes,
- Establishes state Hotline for Early Care and Education staff and families to provide health and safety information and responsive assistance and;
- Establishes a comprehensive Quality Assurance program to assess, measure and require ongoing quality assurance of programs as measured by ITERS-R, ECERS-R, licensing, accreditation and specific well being outcome measures that includes provision of Technical Assistance, State and Regional Health Consultant positions and coordination and oversight of staff development programs and content.

The Committee report can be seen in its entirety at:

<http://www.wvdhhr.org/bcf/ece/pieces>

Action taken between January 1, 2001, and June 30, 2003

Child Care Resource and Referral agency contracts in State Fiscal Year 02/03 and 03/04 expanded CCR& R services to include the following:

- CCR&R agencies will assist families in securing appropriate financial, health, social and family support services through referral and coordination with other local, state and federal programs by:
 - ❖ Conducting an annual assessment of financial, education, social, family support, and health resources available to families and children in each county.
 - ❖ Utilizing the resource list to refer families and children to appropriate agencies.
 - ❖ Coordinating with other agencies in offering services to families and children.
 - ❖ Developing resource booklets and providing copies to parents applying for child care. Resource books shall be updated every two years.
 - ❖ Placing resource lists on-line for access by parents and providers.
- CCR&R agencies will work collaboratively with health organizations and other early childhood entities to offer vision, hearing and developmental screening and immunizations for children according to the following guidelines:
 - ❖ Screening is available twice annually.
 - ❖ Parents are provided with health information and resources.
 - ❖ CCR&R agencies work with existing providers of “health fairs” where possible to avoid duplication of efforts and target counties that do not have these resources for extensive work.

Policy 2525 West Virginia’s Universal Access to Early Education System, effective February 2003, requires that children entering an approved WV Pre-k program be screened for impairments or delays in hearing, vision, speech, language, development and dental health. Local collaborative teams provided assessment data on current availability of screenings in plans due June 2003. Counties are responsible for identifying ways to coordinate among partners and community resources to provide the screenings free of charge to all children entering WV Pre-k.

Policy 2525 West Virginia’s Universal Access to Early Education System, effective February 2003, requires that counties examine and coordinate transportation possibilities for children participating in WV Pre-k.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Child Care Resource and Referral agencies provided parents with information on WV Children's Health Insurance Program. Healthy Child Care West Virginia worked to develop a voluntary system of health consultation for early care and education programs through linkages with health care professionals and child care centers. The WV Legislature funded pilot Starting Points Centers and Home Visiting parent education programs through the Governor's Cabinet on Children and Families. Starting Points Centers create linkages for families and provide parent education.

1.3 Federal, state and local policies and systems will ensure coordinated, seamless transitions for children moving among early care and education programs and into kindergarten.

Action taken between July 1, 2003, and June 30, 2004

- WV Pre-k County Plans were reviewed to make sure transition policies were implemented and that WV Pre-k classrooms were established in a manner that provides continuity for children and reduces the number of transitions children make between programs during a day/week.
- The WV Transition Steering Committee has developed a universal release of information form to be used by early childhood programs. The form, which should comply with all state and federal laws, provides for consistent requests for and releases of confidential medical and assessment data.
- The WV Transition Steering Committee, working in conjunction with an Early Learning Opportunities grantee, is developing a web site that provides a template for collaborative agreements between agencies. Once active, the template guides agency staff through the process. Some of the templates dealing with transition include:
 - Collaborative procedures for transitions into and out of the WV Pre-k System;
 - Transition procedures for Part C to Part B under the Individuals with Disabilities Education Act (IDEA); and
 - Transition procedures from Part C to Early Head Start/Head Start.

Action taken between January 1, 2001, and June 30, 2003

Policy 2525 West Virginia's Universal Access to Early Education System, effective February 2003, requires that county collaborative teams plan supportive transition activities for children moving from WV Pre-k classrooms to Kindergarten. Counties are encouraged to include all community early education partners in these plans, regardless of whether or not they provide approved WV Pre-k classrooms. In this way quality for all community children can be enhanced.

In July 2003, new family child care rules were implemented that require the caregiver to work with parents, the school system, the Birth to Three Program, and other providers to plan for a child's transition to other programs.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Since the early 1990's, the Preschool Special Needs and Birth to Three programs have jointly sponsored a Transitions Steering Team. The team has included child care as a partner. The Steering Team's vision is successful transitions for all children. They have established local early childhood teams in West Virginia counties called Tadpole Teams. They have developed several products designed to assist providers in helping children transition between programs and provide annual training to county teams on transition issues.

Goal 2: Rigorous licensing requirements and/or regulatory processes will be enacted to ensure that children are adequately protected in all early care and education settings.

2.1 States will establish staff-child ratios and maximum group sizes for centers and homes that meet NAEYC¹, NAFCC², APHA³ or AAP⁴ national standards.

Action taken between July 1, 2003, and June 30, 2004

As of July 1, 2003, West Virginia implemented new child care center regulations which included group sizes. While the staff child ratios do not meet NAEYC guidelines, there has not previously been any limit to the number of children that could be included in a group. The new limits are:

Age	Staff/Child Ratio	Group Size
6 Weeks - 12 Months	4	8
13 Months - 24 Months	4	12
25 - 35 Months	8	16
36 - 47 Months	10	20
48 - 59 Months	12	24
60 Months - School-age)	12	24
School-age	16	32

Action taken between January 1, 2001, and June 30, 2003

New child care center licensing requirements are enacted that include group sizes for all age groups, although ratios for two-year-olds and children over age three continue to exceed NAEYC recommendations.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

West Virginia's staff child ratios for centers met NAEYC standards for infants and toddlers and three-year-olds but did not meet standards for two-year-olds or children over the age of three. There are no group sizes. While the total numbers of children in small and group family homes is consistent with the NAEYC recommendations, the

state does not meet the ratios if infants and toddlers are in care. Secondly, State code only considers children under the age of six in the total as compared to NAEYC recommendations that all children under the age of 12 be counted.

2.2 States will develop and enforce health, fire and safety requirements for all early care and education settings that reflect standards set forth by the APHA and the AAP.

Action taken between July 1, 2003, and June 30, 2004

West Virginia implemented new health and safety requirements as of July 31, 2004, for child care centers and family child care homes. The National Health and Safety Performance Standards were used as a resource in developing the new guidelines, in addition to other resources including rules developed by other states and recommendations from the National Program for Playground Safety. However, the state did not adopt all of the guidelines. State law requires that regulations protect children while not unduly burdening child care centers and parents due to additional costs.

Action taken between January 1, 2001, and June 30, 2003

New child care center and family day care home regulations were promulgated and implemented in July 2003. The state used "Caring for our Children National Health and Safety Performance Standards", which was jointly developed by APHA and AAP as a resource while developing the rules for both small family and center child care programs. While unable to adopt the rules in total, several requirements were implemented based on the recommendations in "Caring for our Children". Some sections of the book were referenced for regulatory staff and providers to reinforce the purpose and intent of the new rules.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Prior to 2001, child care center regulations were in effect that had not been updated since the early 1980's. Family child care home regulations had been in effect since the early 1990's. Group home regulations had been in effect since 1997.

2.3 State law will require strict enforcement of licensing requirements. States will use a range of sanctions that will include license revocation when a provider is unable or unwilling to meet requirements.

Action taken between July 1, 2003, and June 30, 2004

No new action taken.

West Virginia uses corrective action, issuance of provisional licenses and revocation to enforce licensing requirements.

Action taken between January 1, 2001, and June 30, 2003

No action has been taken to revise state law.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

West Virginia Code allows for the following penalties:

- For operating a center without a license- operator may be found guilty of a misdemeanor and punished by imprisonment in jail not exceeding one year or a fine of not more than \$500 or both.
- For operating a group family child care home without a certificate- operator may be found guilty of a misdemeanor and fined not more than \$500.
- If a violation of the rule or code may result in serious harm to children, DHHR may seek injunctive relief against the program operator.
- A license or statement of certification may be revoked or modified to provisional based on evidence of a failure to comply with the provisions of WV Code or any rules promulgated by DHHR.
- DHHR may place limits on the license or certificate which limits the age, sex, type of problems of children in care, intake of additional children or total number of children allowed.

2.4 States will conduct at least three unannounced monitoring visits per year to verify compliance with requirements.

Action taken between July 1, 2003, and June 30, 2004

No new action taken.

West Virginia child care settings and group homes are inspected through either announced or unannounced visits by staff from three entities- the local Health Departments (Sanitation and Food Program), State level licensing specialists and the State Fire Marshall. This usually results in 2-3 visits annually, which may be announced or unannounced. Family child care homes are visited once annually. With the exception of the first visit, visits may be announced or unannounced.

Action taken between January 1, 2001, and June 30, 2003

No change.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

WV Code requires annual visits to licensed child care centers, biennial visits to group family child care homes and visits to a random sample of at least five percent of the registered family child care homes. Visits may be announced or unannounced. Visits comply with state code, but DHHR policy exceeds the requirements for visits, by requiring visits to group family homes and all subsidized family child care homes on an annual basis. Unannounced visits are allowed, but not required.

2.5 States will require that child care providers, early childhood teachers and others who have regular access to children in early childhood settings have federal and state background checks using fingerprinting and screening against the state child abuse registry.

Action taken between July 1, 2003, and June 30, 2004

New licensing requirements effective July 2003 that require CIB and CPS background checks are mentioned in last year's report to the Southern Institute. Since that time, a legal interpretation has limited the use of CPS checks to child care center personnel hired after July 2003 and to findings of abuse or neglect on current staff that occurred after July 2003.

Action taken between January 1, 2001, and June 30, 2003

New licensing requirements are enacted that state a licensed center shall not employ any individual who has received a finding of maltreatment in any child protective services record and staff must sign a release allowing a search of such records.

State DOE policy 2525 requires all programs providing WV Pre-k services, including public schools, Head Start sites and child care centers to meet licensing requirements, including background checks.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Child Care Centers: CIB checks are completed on all licensed child care center directors and staff.

Group Family Child Care and Small Family Child Care Homes: CIB checks and checks of state child and adult abuse and neglect records are completed on all caregivers, family members and staff.

2.6 States will ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state's child abuse reporting laws.

Action taken between July 1, 2003, and June 30, 2004

New child care center regulations effective July 2003 require that staff members in child care centers have training in child abuse recognition and prevention within six (6) months of employment.

Action taken between January 1, 2001, and June 30, 2003

New rules for child care centers which were effective July 1, 2003, require staff to be trained in abuse recognition and prevention prior to employment in a summer recreation camp and within six months of employment in a licensed center.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

None of the licensing or regulatory requirements mandate education in recognizing signs of child abuse and neglect.

2.7 States will have a well-trained regulatory workforce with average caseloads between 50 and 75 per staff person⁵ and a system capable of providing technical assistance.

Action taken between July 1, 2003, and June 30, 2004

Caseloads for child care center licensing specialists decreased to an average of 89 cases per specialist due to additional staff. Caseloads for specialists regulating family child care have decreased due to decreasing numbers of providers. Caseloads average 95-100.

Action taken between January 1, 2001, and June 30, 2003

No action has been taken. Since public schools and Head Start sites offering WV Pre-k services will need to meet licensing requirements, the Division of Early Care & Education is exploring methods of meeting the demands of an increasing caseload for licensing staff.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

West Virginia increased its licensing staff based on a recommendation of 75 centers per staff person. However, increased numbers of centers and a trend that saw Head Start programs seeking licensure as day care centers resulted in caseloads that are higher than 75 centers. CCDF funding was used to contract with NARA to do four days of training on their new licensing curriculum.

2.8 States will ensure parental right of access to their child's early care and education facilities.

Action taken between July 1, 2003, and June 30, 2004

No new action taken. Parents continue to have access to their child's early care & education facilities.

Action taken between January 1, 2001, and June 30, 2003

Revised rules for child care centers require that parents have access to the center whenever his or her child is in care.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Rules for group family child care home and small family child care homes require parent be given access to his or her child at any time. Contracts with providers participating in the subsidy system require parents to be given unlimited access to their children.

Goal 3: States will support development of quality early care and education programs for all children.

3.1 States will provide all early care and education providers with resources to help them improve the quality of care and education they deliver, such as technical assistance and training, accreditation support, grants to meet health and safety requirements and grants to support family child care home networks.

Action taken between July 1, 2003, and June 30, 2004

In addition to the resources indicated in last year's report, the following activities have been added:

- Efforts are underway to build the capacity in counties to effectively utilize the ECERS-R as one aspect of program evaluation for WV Pre-k classrooms.
- West Virginia's "One Step At a Time" infant and toddler training program is undergoing a revision and update by a team of nationally known consultants.
- A training and resource manual for Medication Administration has been developed and is being reviewed by the West Virginia Board of Examiners for Registered Professional Nurses.
- A technical assistance website is available for WV Pre-k at www.wvdhhr.org/oss/pieces/ta. The website includes guidance documents including the WV-Pre-k policy, a list of approved curricula, the Early Learning Standards Framework, the current county plan format and other information useful to counties in preparing their annual plan.
- A continuing education college level course was developed and instruction provided for WV Pre-k classroom teachers (public school, Head Start and child care) to support the implementation of approved curriculum, assessment and early learning standards.
- CCR&R agencies were provided with additional funding to purchase appropriate resource materials to provide training related to children ages birth to three; to distribute the resource materials to training participants to support developmentally appropriate care for children ages birth to three; and to purchase materials for the TRAILS project related to children ages birth to three.

Action taken between January 1, 2001, and June 30, 2003

During State Fiscal Year 03/04 small grants available to family child care providers to help meet new requirements in family child care home regulations. Technical assistance is being offered to counties for development and implementation of WV Pre-k through a collaborative team. Above mentioned initiatives are ongoing.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

The WV Apprenticeship for Child Development Specialist program began in 1991 in Cabell County in WV and now is close to a statewide program. The program is a collaboration with the US Department of Labor, WV Departments of Health and Human Resources and Education and River Valley Child Development Services. Apprentices receive four, fifteen week semesters of in class instruction that is paired with on the job training experience.

The WV Early Childhood Training Connections and Resources is a collaborative effort of WV Birth to Three, WV Department of Education, and the WV Department of Health and Human Resources. The WVECTCR provides support and coordination to a variety of training and technical assistance opportunities. The WV Provider Quarterly is published and distributed to provide information on opportunities in the state. A website of early childhood resources is maintained.

A collaborative lending library with numerous resources and assistive technology was created for the early childhood community.

The Center Accreditation Support System provides financial support for the cost of NAEYC Self Study and Validation Visit as well as offering mentoring support for Directors pursuing accreditation.

The Child Development Scholarship program was established to provide financial support to graduates of the Apprenticeship for Child Development Specialist program to pursue undergraduate degrees.

Annual collaborative state conference, Celebrating Connections was established.

A 45-hour course, One Step at a Time, was developed for infant/toddler caregivers. The course is offered through the Child Care Resource and Referral agencies.

Additional supports described below as part of the Child Care Resource and Referral agencies in West Virginia.

3.2 States will have Child Care Resource and Referral networks to deliver quality early care and education enhancement support services to providers, such as outreach, training and technical assistance.

Action taken between July 1, 2003, and June 30, 2004

In addition to the many support services indicated in previous reports, the following changes have been implemented:

- Each Child Care Resource and Referral (CCR & R) is expected to develop a training plan that outlines their plan to provide training and technical assistance to meet the unique needs of their region. The plans are to be developed through the use of a collaborative group that included providers, regulatory staff, state level staff, as well as CCR & R staff. Expected outcomes include greater coordination among CCR & R training staff to provide opportunities that support the transfer of learning to the workplace; more effective use of resources; increased responsiveness to providers needs; and a greater ability to provide individualized technical assistance to caregivers.
- Efforts are underway to establish a system for CCR & R training staff to provide training and technical assistance to providers using the ECERS-R; ITERS-R; and FDCRS. Consistent modules for use throughout the state have been developed by trainers to support improvements based on the ECERS-R sub-scales.

Action taken between January 1, 2001, and June 30, 2003

In addition to the below activities, several new activities were added in 2001.

Each R&R agency is required to participate in a project called TRAILS, which is the acronym for Traveling Resource and Information Library System. Eight vans are purchased and equipped with books, educational toys, assistive technology for children with special needs and infant and toddler equipment which are loaned to providers during on-site visits. The vans are staffed with an early childhood specialist and an aid, who are to provide technical assistance as far as curriculum and activities for children.

Each R&R is required to employ a "Behavior Support Specialist" to provide consultation and technical assistance regarding behavior, discipline and working with children with special needs. This includes evaluation of child behavior, as well as interactions between child and teacher and provision of positive suggestions to improve the environment.

Each R&R was asked to employ a family child care mentor to supervise family child care providers that participate in the Apprentice for Child Development Associate program. As of 2003, this position is being phased out and the programs have been asked to treat the training staff as a team and to carve out one full-time infant and toddler position from the team. The specialist is to provide a 48-hour course on infants and toddlers called "One Step at a Time".

In 2003, funding was provided to purchase curricula material to be used with specific training given to providers.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

West Virginia has statewide child care resource and referral agencies that provide a number of support services to providers, including outreach, training and technical assistance. The six agencies each have two training specialists to provide training and technical assistance to providers. Each does a quarterly newsletter for providers to inform them of available resources and recent information on best practice in child care. A central library houses resources and some R&R agencies have toy lending libraries.

3.3 States will implement a rating system to recognize providers for incremental levels of quality.

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

Currently the PIECES Advisory Council is examining opportunities for a voluntary rating system.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

In 2000 subsidy policy implemented an additional \$4.00/day/child for care in an accredited center or family child care home.

3.4 States will implement tax and other incentives to develop and expand early care and education programs that demonstrate a higher level of quality.

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

3.5 States will use a formal mechanism to seek parental input in program evaluations and will use that information in making policy decisions related to early care and education programs.

Action taken between July 1, 2003, and June 30, 2004

The state is now conducting extensive reviews of its CCR&R agencies, with plans to review each agency every two years. A questionnaire is being sent on a random basis to parents served by the R&R agency being reviewed. The questionnaire seeks opinions on access, timeliness and quality of the resource and referral services offered.

Action taken between January 1, 2001, and June 30, 2003

DHHR has done some on-line research of program evaluation materials but has not moved beyond that point.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

3.6 States will identify and support the use of effective research based curricula.

Action taken between July 1, 2003, and June 30, 2004

- An evaluation tool was developed to review early childhood curriculum and assessment systems for WV Pre-k classrooms. A number of curricula were approved after evaluation of the following areas: philosophy; content, standards and objectives; assessment; individualization, guidance, families, learning environment; daily schedule and routine; planning and materials safety. A list of approved curricula for WV Pre-k classrooms is now available. All WV Pre-k classrooms must implement one of the approved curriculum and assessment systems.
- Early learning guidelines, entitled the WV Early Learning Standards Framework (WV ELSF) were adopted by the West Virginia Board of Education in February 2004 and became effective June 1, 2004. The WV ELSF is for use with three- to five-year-olds, regardless of setting.
- For more information on the above actions, please see the WV Pre-k Technical Assistance Web Site at <http://www.wvdhhr.org/oss/pieces/ta/>
- West Virginia has hired a consultant to revise its infant and toddler training course. The consultant agreement indicates that the " Training content must reflect the philosophy of infant and toddler care supported by nationally recognized organizations/programs such as ZERO TO THREE and the Program for Infant and Toddler Caregivers."

Action taken between January 1, 2001, and June 30, 2003

Policy 2525 West Virginia's Universal Access to Early Education System, effective February 2003, requires that WV Pre-k programs used an approved curriculum that supports the curriculum and assessment standards in the policy. The PIECES Quality Initiatives and Curriculum Committee is currently in a review and approval process to select the approved curricula. This list will be available in a voluntary manner for all programs for children ages 3-5. A similar list will be developed for infant and toddler curricula in the near future.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

Goal 4: Staff in early care and education settings will be appropriately credentialed and adequately compensated.

4.1 States will maintain a professional development system that ensures, at a minimum, providers in early care and education settings meet standards set forth by NAEYC, NAFCC, APHA or AAP.

Action taken between July 1, 2003, and June 30, 2004

In addition to the information reported previously about the WV State Training and Registry System (STARS), the following actions have been taken:

- A process was established within the West Virginia Department of Education to allow teachers in WV Pre-k classrooms in community settings to receive a permit to teach while continuing their education towards certification. Specific requirements must be met.
- The Core Knowledge/Core Competencies for the WV professional development system was revised to update content and provide linkages to the WV Early Learning Standards Framework and to the NAEYC standards for professional preparation of teachers.

Action taken between January 1, 2001, and June 30, 2003

In 2001 WV began to implement the WV State Training And Registry System (STARS), a professional development system for early care and education. It is a voluntary credentialing and tracking system. WV STARS includes core competencies; career pathway based on education and experience; a credentialing system; trainer approval and training registration along with tracking of training attendance.

New child care center regulations were effective July 1, 2003, that includes higher expectations for child care center staff educational levels that support the WV STARS Career pathway levels. This will support the institutionalization of the Career Pathway.

Policy 2525 West Virginia's Universal Access to Early Education System, effective February 2003, requires that teachers in WV Pre-k classrooms hold an appropriate certification or endorsement in early childhood, pre-k or birth to pre-k. Aides in WV Pre-k classrooms must attain at least a Level V on the WV STARS pathway within five years of employment. Level V is a Child Development Specialist Certificate received upon completion of the Apprenticeship for Child Development Specialist or equivalent.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

4.2 States will require approved ongoing annual professional development for staff, appropriate to their education levels and job requirements, as specified in APHA and AAP. States will provide and implement a professional development system that verifies trainers, approves training and tracks the training of participants.

Action taken between July 1, 2003, and June 30, 2004

As indicated above, West Virginia continues to operate the STARS system, which does have a component to track training and to approve trainers. The following actions have been taken to improve the system and to increase use of the system.

- New child care center and family child care home regulations were implemented in July 2003 that increased the number of hours of ongoing annual professional development, although not to the level recommended by APHA/AAP. Child care center staff must now have 15 hours of training annually and home providers must have eight hours annually.
- New Core Knowledge/Core Competencies were proposed that divide competencies into three levels, progressing from an awareness and understanding level to integration and on to analysis and evaluation. Training specialists will identify the competency and the level at which training is provided.
- The trainer approval component of the system is in the process of revision to incorporate various levels of trainers, as well. Changes will require a bachelor's degree for a certified trainer and add an affiliate trainer, a master level trainer and a specialty trainer for persons having expertise in areas other than early childhood, such as first aid, CPR, medication administration, etc.

Action taken between January 1, 2001, and June 30, 2003

In 2001 West Virginia began to implement the WV STARS trainer approval and training registration system. Individuals apply to be approved trainers. Approval is based on education, practical experience and training experience. Approved trainers then register their individual training and provide an agenda and core competency area.

The WV STARS registry tracks training for those that are voluntarily registered on the pathway. To maintain credentialed status on the pathway, 45 clock hours of training must be completed over a three-year period.

In July 2003 new child care center regulations became effective. These regulations require 15 clock hours of continuing education annually for child caregivers.

Caregivers of infants and toddlers must have within six months of employment 40 hours of training in quality infant/toddler caregiving.

New family child care home and family child care facilities regulations require 8 clock hours annually of continuing education for providers in addition to current CPR instruction.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

- 4.3 *The federal government and states will provide universally available, comprehensive scholarships to early care and education providers who are pursuing a CDA or two- or four-year degree in child development, early childhood education, early childhood special education or child care administration. Scholarships will address the costs of tuition, fees and books and will support components such as travel costs, paid release time and child care.***

Action taken between July 1, 2003, and June 30, 2004

- The PIECES Advisory Council is developing a strategic plan for early care and education. The plan identifies both long and short term goals. One short term goal that has been identified is the need for increased scholarship funding for early care and education providers. A public awareness campaign is being developed through WV Kids Count to promote the need for this action.
- As of 2004, 219 students have received scholarships through the Child Development Scholarship Fund, a small scholarship program for persons who complete West Virginia's Apprentice for Child Development Specialist (ACDS) training program.
- Students are also being referred to the Higher Education Adult Part-Time Student (HEAPS) Grant Program

Action taken between January 1, 2001, and June 30, 2003

The scholarship program is ongoing.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

The Child Development Scholarship program was implemented to support individuals completing the Apprenticeship for Child Development Specialist program to pursue two- or four-year undergraduate degrees. Recipients receive financial support for 3 hour college class and limited funds for books, transportation, or child care costs.

- 4.4 *States will work with educational institutions to ensure that coursework is accessible in order to meet the early care and education workforce training needs, such as courses offered at night, on weekends, in accelerated formats, on-line and in various languages. Courses will address the varying educational levels of the workforce.***

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

The PIECES Professional Development Committee and Articulation Workgroup continue to examine and develop additional mechanisms to support the early childhood community's educational needs.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

A group of higher education professionals, the Higher Education Consortium, began meeting to discuss higher education issues in relation to early care and education.

4.5 *The federal government and states will provide financial incentives that reward completion of approved levels of professional development.*

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

4.6 *The federal government and states will provide college loan forgiveness programs for persons earning an approved degree who work for a specified period of time in early care and education programs.*

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001,)

No action taken.

Action taken between January 1, 2001 and June 30, 2003

No action taken.

4.7 *States will work toward a system whereby staff with approved degrees or credentials will receive employment benefits and compensation at comparable levels to the state's public education system.*

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

The legislation of WV Pre-k has joined in a collaborative manner the public school and early childhood communities. This offers new opportunities for the ability of teachers of children in WV Pre-k classrooms to access higher wages and benefits similar to or as a part of the public education system.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

4.8 *States will ensure meaningful agreements and processes to enable the transfer of credits between and among approved two- and four-year degree programs.*

Action taken between July 1, 2003, and June 30, 2004

- West Virginia has developed a state level Professional Development Committee under the PIECES Advisory Council, whose task includes articulation. In 2004, an Articulation Work Group was developed to research best practice in this area and to develop a model program for articulation of credit within the early care and education field.
- In May 2004, the Department of Education, the Higher Education Policy Commission and the Division of Early Care and Education jointly agreed to fund a consultant who would develop a model career ladder for all educational levels, including early childhood, elementary and secondary education. The purpose of the project was to develop a seamless model for the preparation of professional educators and para-professionals (including aides) for child care, Head Start, Early Childhood, Elementary and Secondary positions through a seamless sequence of courses that provide multiple entry and exit points. The model should provide linkages that encourage student entry into higher education from multiple pathways, as well as enhance student mobility between higher education institutions. Work did not start on the project until after June 30th, 2004.

Action taken between January 1, 2001, and June 30, 2003

Work is currently being completed on a revised curriculum for the ACDS program that would allow for articulation in a 2+2 format to lead to a birth through pre-k certification at Marshall University.

Concord College is currently working on articulation of AA in Occupational Development into the Bachelor's programs.

The Articulation Workgroup of the PIECES Advisory Council continues to address a variety of articulation issues in the state.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

As the Apprenticeship for Child Development Specialist (ACDS) program grew in West Virginia articulation agreements for 28-33 college credit hours for completion of the ACDS in state community colleges towards an AA in Occupational Development were signed. Individuals have been able to complete AA degrees as well as Bachelor Board of Regents degrees through these agreements.

The Higher Education Consortium worked on a matrix to support cross institution articulation.

Goal 5: Families will have the information to make well-informed decisions about the quality of their child's care and education and to be actively involved in their child's care and education.

- 5.1 States will support Child Care Resource and Referral networks that are easily accessible to parents and that provide information on child development, quality indicators, provider choices, vacancies and linkages to additional information.**

Action taken between July 1, 2003, and June 30, 2004

No new action. As indicated in the previous report, the state is covered by child care resource and referral agencies that are required to maintain such information.

Action taken between January 1, 2001, and June 30, 2003

Child Care Resource and Referral agencies continue to provide services. As of July 2003, grant agreements were amended to require the following activities:

- Offer families information on early childhood resources and on current research in early care and education by January 1, 2004. Information may be provided through:
 - Pamphlets and handouts
 - Videos in waiting rooms
 - Telephone audio recordings
 - Web sites and links to research and information
- Update CCR&R web sites by June 30, 2004 to refer/link parents to resources and educational information. CCR&R agencies shall also provide information to parents encouraging involvement in their child's educational development, including:
 - Enhancement of the parent's ability to make good educational choices for their children, either in child care, Head Start, or WV Pre-K.
 - Assisting parents to support their child's educational development through age appropriate activities. CCR&R may meet this requirement by providing links to web sites that provide activities.
 - Provision of information on child development and parenting skills.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

In the early 1990's, West Virginia started contracting with child care resource and referral agencies to manage the child care subsidy program and provide consumer education designed to provide parents with information on:

- Child care options,
- Selection of quality programs for their children,
- Indicators of child abuse or neglect and health and safety issues, and
- Available resources.

Child Care Resource and Referral Services were established statewide prior to 2001.

5.2 States will support early care and education providers in promoting parental involvement and in seeking parental input into the development and improvement of their programs.**Action taken between July 1, 2003, and June 30, 2004**

New child care center licensing rules effective July 2003 require centers to have either a governing body with at least one parent or a parent advisory council. Centers must also provide parents with opportunities to volunteer their time to the center, to serve in an advisory capacity or to complete questionnaires about aspects of the center's operation.

Action taken between January 1, 2001, and June 30, 2003

Policy 2525 West Virginia's Universal Access to Early Education System, effective February 2003, requires meaningful parent involvement in the WV Pre-k program. This may include a variety of methods and mechanisms depending on the community.

New child care center licensing rules effective July 1, 2003,, require centers to:

- Have a governing body that includes at least one parent or to have a parent advisory committee;
- Provide parents opportunities to volunteer at the center assisting in program activities, sharing in educational activities or special events or participating in program and policy development by serving on the advisory board or parent advisory committee or just completing questionnaires about aspects of the center's operation and programs.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

Goal 6: Quality early care and education programs will be financially accessible to all children.

6.1 *Federal and state governments will adjust the child care tax credit expense limits to accurately reflect the cost of quality care.*

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

6.2 *States with income taxes will establish refundable child and dependent care tax credits.*

Action taken between July 1, 2003, and June 30, 2004

No action taken

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

6.3 *State and federal child and dependent care tax credit income-eligibility and expense limits will be indexed for inflation.*

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

6.4 *Federal, state, local and private funds will be sufficient to meet 100% of the need for direct early care and education financial aid, based on initial eligibility levels at 85% of the state median income. Federal law will allow and states will implement redetermination policies that allow families to retain early care and education financial aid until they reach 100% of state median income.*

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

6.5 *Federal and state governments should develop policies and systems to assure families receiving financial aid pay no more than 10% of their gross income for early care and education.*

Action taken between July 1, 2003, and June 30, 2004

No new action taken. At least 96% of eligible families pay 10% or less of their gross income in fees. Only families with three or more children at higher income levels pay more than ten percent.

Action taken between January 1, 2001, and June 30, 2003

As of March 2002, the state was forced to reduce costs of the subsidy certificate system. As a result, co-payments were increased by approximately fifty percent. Even with the increase, at least 96% of eligible families pay less than 10% of their income in fees. Only families with 3 children in care whose income falls within the upper income ranges have fees in excess of 10% of income.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Prior to 2001, no subsidized family paid more than 10% of their gross income as a co-payment.

- 6.6 States will set payment rates at no less than the 75th percentile based on a market rate survey conducted every two years for each level and type of care. Annual inflation adjustments to payment rates will be made between market surveys.**

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

New market rate surveys were conducted in 2001 and 2003. Funds have not been available to increase “base” rates which are, in general, below the 75th percentile of the 2003 market rates. However, accredited programs are eligible for an extra \$4 per day incentive rate. Based on this tiered rate schedule, all accredited child care programs are eligible to be paid a rate that is equal to or more than the 75th percentile of the 2003 market rate.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

In October 2000, the state set its base rates at the 75th percentile of the local market rate as determined by the 1999 market rate survey.

- 6.7 States will implement payments to providers commensurate with the quality-rating level achieved by the early care and education programs.**

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No additional action has been taken. The state does plan to develop a quality rating system but at present, there are insufficient funds to increase payments.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

An incentive rate of \$4 extra per day is provided to accredited child care programs.

- 6.8 States will examine the financing of quality early care and education in their state and work toward providing payment rates that recognize the cost commensurate with the standards set forth in this action plan.**

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

6.9 States will design and aggressively implement outreach initiatives to provide families with easy-to-understand early care and education financial aid information and application assistance.

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

Goal 7: States will ensure that accountability is built into all systems, programs and activities undertaken to achieve the goals of this action plan.

7.1 States will convene appropriate stakeholders to develop written strategic plans for improving the quality of early care and education programs in the state. These plans will include key goals, quantifiable measures of progress and program outcomes for all quality enhancement activities.

Action taken between July 1, 2003, and June 30, 2004

In June 2004, key early care and education stakeholders were convened for a one day session to begin work on an early care and education strategic plan. The session was led by national consultant, Abby Thorman. Short and long term priorities were identified. Short term priorities are being summarized in a policy brief for distribution to legislators and the early care and education community. Additional work will be ongoing to further refine the strategic plan.

Action taken between January 1, 2001, and June 30, 2003

The PIECES Advisory Council was convened in May 2002 to work on a plan for the birth through five system. Accountability was identified as a desired outcome of the Council's work. Additional work on the strategic plan will occur over 2004.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

7.2 States will collect and analyze data and produce written annual reports on progress toward identified goals. Reports will be made readily available to the public.

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

7.3 States will use data and annual reports to make continuous policy improvements and evaluate quality enhancement activities.

Action taken between July 1, 2003, and June 30, 2004

No action taken.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

¹ NAEYC – National Association for the Education of Young Children

² NAFCC – National Association of Family Child Care

³ APHA – American Public Health Association

⁴ AAP – American Academy of Pediatrics

⁵ American Public Health Association & American Academy of Pediatrics. 2002. *Caring for our children: National health and safety performance – Guidelines for out-of-home child care programs*. Washington, DC: American Public Health Association.