

W. Va. Code St. R. T. 78, Series 22, Refs & Annos

§ 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.

W. Va. Code St. R. § 78-22-1

§ 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. — May 2, 2012.

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.

W. Va. Code St. R. § 78-22-2

§ 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.

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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.

W. Va. Code St. R. § 78-22-3

§ 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.

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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 and 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.

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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.

W. Va. Code St. R. § 78-22-4

§ 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.

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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.

W. Va. Code St. R. § 78-22-5

§ 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

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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.

W. Va. Code St. R. § 78-22-6

§ 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.

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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.

W. Va. Code St. R. § 78-22-7

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

7.1. Review.

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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.

W. Va. Code St. R. § 78-22-8

§ 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.

W. Va. Code St. R. T. 78, Series 22, App. A

Appendix 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)	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)	1. The program shall have separate hands-free disposal containers for soiled diapers in addition to the disposal container used by children.	1. Teaching staff supervise infants and toddlers/twos by sight and sound at all times. (3.C.02)
2. Children have an	2. For children who cannot	2. Infants are fed when	2. Teaching staff supervise

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<p>established diaper changing area. (Appendix 78-1 D)</p>	<p>use toilet consistently: disposable diapers are used; diaper changing procedures from Caring For Our Children are posted in that area; area has a hands free disposable container. (5.A.08)</p>	<p>hungry or according to the written plan, but feeding is not used as a form of comfort. (5.B.12)</p>	<p>children primarily by sight. (3.C.04)</p>
<p>3. Meals are served according to USDA guidelines. (16.1; 16.2)</p>	<p>3. Written menus are available to parents. (5.B.15)</p>	<p>3. Small, portable outdoor equipment and toys (for example, riding toys and sandbox toys) shall have a storage space that is utilized for their storage.</p>	
<p>4. Outdoor Activity Equipment and Materials. (13.6; Appendix 78-1 E)</p>	<p>4. Outdoor play space has place available for protection from sunlight. (9.B.0)</p>	<p>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.</p>	
<p>5. Outdoor area is free of equipment which might pose a drowning hazard. (13.6.e.8)</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>5. Adults and children will avoid touching the faucet with just-washed hands.</p>	
<p>6. Center shall have bathrooms for children. (12.4)</p>	<p>6. Bathrooms have barriers to prevent entry of infants/toddlers. (9.C.17)</p>	<p>6. All staff administering medication must have a refresher course every two years.</p>	
<p>7. Appropriate practices for hand washing. (17.1.a)</p>		<p>7. Individualized furniture is used for the feeding of infants and toddlers.</p>	
<p>8. Medication Administration training before giving meds. (15.4.h.7)</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. Children are put to sleep on back. (14.3.a.4)</p>		<p>9. Space designated for children under 35 months does not permit through traffic except for emergency</p>	

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evacuation.

10. Infants are held for bottle-feeding. (16.11.d)

10. The program will have a written policy concerning exposure to air pollution, lead, asbestos, and other contaminants.

11. Outdoor play space is protected by a fence or natural barrier for under school age. (20.4.a.1.A)

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)

12. Safety of food from home.

13. Documentation for children who have special feeding needs. (16.3)

14. Individualized care plan for children with special health care needs, food allergies, or special nutrition needs. (14.1)

15. Clean drinking water available to children throughout the day. (14.2.g; 16.11.f)

16. Program accepts, stores, & serves human milk for feeding. (16.11)

17. Infants less than 6 months are not offered solid food or fruit juices. (16.2.b)

18. Teaching staff familiar with infant. (14.5)

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19. Meals served at regular
established times. (14.2.e;
16.5)

20. Classroom (or visiting)
pets have documentation
from a vet that animal is fully
immunized. (18.2)

21. Equipment and
furnishings for diaper
changing or changing soiled
clothing is away from food
preparation. (Appendix 78-1
D)

22. At least one cot, crib, etc.
for each child that is in care
for more than four hours.
(13.4; 14.3)

23. Cot or mat with blanket
for an ill child. (13.4)

24. Indoor environment
designed so staff can
supervise children without
artificial monitoring devices.
(3.2; 10.1)

25. Adults have comfortable
place to sit, hold, and feed
infants. (13.3)

26. Outdoor environment
includes experiences such as:
running, climbing, balancing,
riding, jumping, crawling,
scooting, and swinging.
(13.6)

27. Walls, floors, and
furnishings are in good repair
and safe with no trash.
(17.2.a)

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28. Stairwells and corridors are well lighted, with emergency lighting. (20.2.f)

29. First aid kits are readily available indoors and outdoors. (19.10; 22.6)

30. Choking hazards are removed.

31. When water supply is a well or other private source; must be determined to be safe for human consumption. (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

1. Guidance is age appropriate. (11.1.b)

Tier II

1. Program staff learn from interest, approaches to learning, child's developmental needs, and the parents concerns and goals for the child. (7.A.08)

Tier III

1. Teaching staff encourage and recognize children's work and accomplishments. (1.B.04)

Tier IV

1. Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. (1.B.09)

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2. No harmful forms of discipline or corporal punishment. (11.4)	2. 33% of program staff has attended minimum of 2 hrs of positive interactions and relationships with children professional development.	2. Teaching staff engage regularly in meaningful and extended conversations with each child. (1.B.15)
3. Written discipline policy. (11.1.a)		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. Fair and consistent rules relevant to children’s ages. (11.1.b)		4. All qualified program staff have attended a minimum of four, Tiers III, professional development hours in positive interactions and relationships.

Curriculum

Tier I	Tier II	Tier III	Tier IV
1. Flexible program. (14.2)	1. Select a curricula or curriculum framework(s). (2.A.02)	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. Written daily routine of Developmentally Appropriate Practices. (14.1)	2. Curricula are linked to WV ELSF.	2. The program’s infant/toddler curricula are linked to the WV Infant/Toddler Early Learning Standards Framework.	
3. Qualified staffs need to provide daily program that reflect core knowledge/core competencies. (14.2)	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)	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.	

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4. Teachers provide time for indoor and outdoor activities. (14.2.b.1)

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)

4. At least 80% of qualified staff in the program are trained to understand, recognize, and be sensitive to diversity within the classroom.

5. Children have opportunities to participate in at least 4 learning centers such as:

5. Lead teachers and administrators working with infants and toddler through the age of 35 months have attended training on continuity of care.

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.

Math/ Number: counting, measuring, comparing quantities, shapes, written numbers.

Nature/ science: collections of natural objects, living things, nature/science books, games, toys, nature/

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science activities.

Technology: computers
with filtered internet access,
tape recorders/ CDs and
cameras.

6. Teachers are trained to
understand and recognize to
be sensitive to diversity.
(3.B.04)

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)

7. Teachers individualize
routine care for infants and
toddlers up thru 35 months.
(3.B.10)

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)

8. Teachers organize space to
offer infants opportunities to
play individually, in pairs,
and in small groups. (3.D.06)

8. Any materials and
activities are made available
outdoors as appropriate.

9. Teachers support children
in learning to participate in
daily cleanup of classroom.
(3.D.08)

10. Teachers use curriculum
in all content and
developmental areas to
support daily plans and
learning experiences. (3.F.01)

11. Teachers identify what
children have learned and
adapt strategies and teaching
to meet their needs. (3.G.02)

12. Teachers interact with

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children in learning centers.
(3.G.10)

13. Dramatic play materials available indoors and outdoors. (9.A.04)

14. Sensory materials available indoors and outdoors. (9.A.04)

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)

Child Observation and Assessment

Tier I

Tier II

Tier III

Tier IV

1. Minimum 2 hrs of staff professional development in child assessment for 33% of qualified staff (Child observation, antidotal notes, etc.)

1. All staff has a minimum of 2 hours of professional development in child assessment.

2. Implementation of informal child assessment that aligns with programs curriculum goals.

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. Program has a written plan for child developmental assessment that includes purpose, procedures, and uses of the results. (4.A.02)

3. The plan also includes:

Conditions under which children will be assessed,

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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)

4. The program's written assessment plan includes the multiple purposes and uses of assessment including:

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)

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5. All children receive developmental screening that includes:

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)

6. Teachers and other professionals associated with the program use assessment methods and information to design goals:

a. For individual children

b. To guide curriculum

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planning and monitor
 progress. (4.D.04)

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)

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)

Family and Community

Tier I	Tier II	Tier III	Tier IV
1. Plan for on-going communication for parents. (7.6)	1. Daily communication with families.	1. The program will share community information about current family-oriented news and events.	
2. Parent/Guardian visit children.	2. Program staff provides support and information to family members. (7.A.05)	2. The program will provide opportunities for families to develop social connections.	
	3. Program works with families on shared child care giving issues. (7.A.10)	3. 80% of qualified staff have professional development in communicating and building positive relationships with families.	
	4. Families are encouraged to participate in the program at any time during the program’s regular hours. (7.A.11)	4. The program administrator will develop relationships with other community organizations and service that can help support families.	

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- | | |
|--|---|
| <p>5. Program is sensitive to the needs of all families. (7.B.04)</p> | <p>5. The program will participate in transition meetings when a child is transitioning from one program to another.</p> |
| <p>6. 33% of program staff has professional development on communicating and building relationship with families. (7.B.04)</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. Two child conferences offered to parents each year.</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> |
| <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> | |

Program Management

Tier I

Tier II

Tier III

Tier IV

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1. Valid WV License to Operate	1. Regular Child Care Center License	1. Staff receives training to implement program mission.	1. Verification of Accreditation.
2. Group size & ratio: 6wks-1 yr 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) 6-13 yrs 1:12 (24) 6-13 yrs 1:16 (32)	2. Group size & ratio: 6wks-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)	2. The program administrator provides leadership to put into service the program’s mission within the community, local region and at the state level.	
	3. The program has a well-articulated mission and philosophy of program excellence that guides its operation. (10.A.01)	3. Technology based information management systems are in place. (10.B.03)	
	4. Administrator provides leadership to implement the programs mission. (10.A.05)	4. If a program is led or governed by a board of directors, advisory group, council, or other similar group, written policies define their roles and responsibilities along with those of the program staff who work directly with those entities. (10.B.06)	
	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>5. The program has a strategic planning process that outlines actions the program will take to</p> <ul style="list-style-type: none"> <li data-bbox="860 1375 1177 1438"><input type="checkbox"/> Implement the program’s vision and mission <li data-bbox="860 1501 1177 1564"><input type="checkbox"/> Achieve outcomes desired for children <li data-bbox="860 1627 1177 1711"><input type="checkbox"/> Maintain high-quality services to children and families <li data-bbox="860 1774 1177 1894"><input type="checkbox"/> Provide long-term resources to sustain the operation of the program (10.B.07) 	

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6. The program has a strategic planning process. (10.B.07)

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)

7. Procedures address transition planning by administrators, teachers, and families for children transitioning from teacher to teacher, groups, classrooms, or programs. (10.B.08)

7. A written plan will be developed for employee benefits. (10.E.06)

8. Person responsible for program implementation is included in fiscal planning and in operating budget preparation, reconciliation, and review. (10.C.02)

8. The program has written wellness policies to promote wellness and safeguard the health and safety of children and adults. (10.D.01)

9. Staff annually evaluates program. (Program Administrator Scale #14, 3.1)

10. Have a current/appropriate ERS assessment completed by a reliable observer and plan of action developed to work on any identified areas for improvement.

Professionalism

Tier I

Tier II

Tier III

Tier IV

1. Type I Director has a minimum of a CDA Credential and 300 hrs of

1. Director working towards at least a Level V on the WV STARS Career Pathway.

1. The program director has a documented five year professional development

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work experience or 12 college credit hrs in ECE and 300 hrs of work experience.

plan to meet NAEYC qualifications. (10.A.2)

2. Current WV STARS Credential. (8.7)

2. Director has professional development in program assessment such as ITERS-R, ECERS-R, and SACERS; and completes self-assessments.

2. All program staff are required to attend professional development regarding the NAEYC Code of Ethics.

3. Program staffs know and use ethical guidelines in their conduct. (6.A.01)

3. The program administrator responds proactively to changing conditions to enhance program quality. (10.A.06)

4. Designate one Lead teacher at the center (other than director) : Level IV working towards Level V on the WV STARS Career Pathway.

5. Program staff has 18 hrs of professional development annually.

6. 33% of all staff has completed CQCE, WVIT, ACDS, or college courses on EC.

7. 33% of all staff has specialized professional development in:

Program Curriculum

Program Assessment (ERS)

Child Assessment

Working with diverse children.

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8. Program staffs evaluate and improve performance based on ongoing reflection and feedback. (6.B.01)

9. Director strengthens their leadership skills, knowledge, and relationships with others and works to improve conditions for children. (6.B.02)

10. Participate in an early childhood conference.

W. Va. Code St. R. T. 78, Series 22, App. B

Appendix B

Family Child Care Facility Quality Standards

Numbering in red indicates location in NAEYC Standards.

Child Growth and Development

Tier I

1. Age/stage appropriate materials.

Tier II

1. The program supports all areas of development: social-emotional, physical, language, and cognitive development (early literacy, math, science, creative expression and art appreciation).

Tier III

1. Teachers use their knowledge of individual children to modify strategies and materials to enhance children's learning. (3.E.04)

Tier IV

2. Teaching staff actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues and by using simple language.

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(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.	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)	1. Staff takes steps to ensure the safety of food brought from home. (5.B.02)	Teaching staff supervise infants and toddlers/ twos by sight and sound at all times. (3.C.02)
2. Safe play space and equipment.	2. Equipment used both indoors and outdoors is developmentally appropriate for the children who use it. (9.A.04)	2. The program supports breastfeeding. (5.B.09)	2. Teaching staff supervise children primarily by sight. (3.C.04)
3. Menus are posted for all meals and snacks. Meals meet USDA guidelines	3. Heavy furniture which is easily tipped such as shelves and entertainment centers are anchored to the wall.	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. High chair safety. (11.11)	4. Climbing equipment, swings, etc. is securely anchored.	4. Teaching staff sit and eat with children and engage them in conversation. Meals are served family style. (3.D.07) (3.D.12)	
5. Checks on napping infants every 15-20 minutes.	5. Toy chests have either safety hinges and air holes or no lid.	5. The indoor and outdoor environment is designed so staff can supervise children by sight and sound at all	

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times without relying on artificial monitoring devices. (9.A.05) (9.B.03)

6. Supervision within sight or hearing.

6. Children's food allergies posted in food prep area. (5.B.05)

6. The program has implemented a written agreement with a health consultant. (5.A.02)

7. 35 sq ft of indoor and 75 sqft of outdoor space per child. (9.B.04) (9.C.01)

7. Provider visually checks on napping infants age 7 months and under every 15 minutes.

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)

8. Safe and sanitary diapering practices. Toilet training health and safety requirements.

8. Facility has a shaded outdoor area. (9.B.06)

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)

9. Separate spaces for infants & toddlers.

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)

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)

10. Medical exams for providers, staff and children.

10. Children brush teeth daily. (5.A.16)

11. Background checks.

11. Provider uses sunscreen to protect children from sunlight. (5.A.07)

12. No use of illegal drugs or alcohol or no mental illness that poses a risk for children.

13. Working utilities.

14. Home in good repair with

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barriers on steps, or raised
platforms.

15. Safe storage of
flammable and poisonous
materials and weapons.

16. Electrical cords/outlets
safe.

17. Prohibition on expansion
gates.

18. Smoking prohibition.

19. Vaccines for pets, pet
safety.

20. Written instructions for
administering medications.

21. Universal precautions.

22. No rodent or insect
infestation.

23. Requirements for first aid
supplies.

24. Use of seatbelts and car
inspected.

25. Back to sleep
requirements.

26. Comfortable and safe
sleeping arrangements.

27. Prohibition on jumpers
and infant walkers.

28. Bathing safety and health

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 practices.

29. Inspections by the Fire
 Marshall and Health
 Department.

Positive Interactions and Relationships

Tier I	Tier II	Tier III	Tier IV
1. Guidance is age appropriate.	1. Provider has attended minimum of 2 hrs of positive interactions and relationships with children professional development.	1. Attend a professional development on Self-Regulation of children. (1.F)	1. Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. (1.B.09)
2. Written discipline policy.	2. Provider posts written rules in simple language that children can understand. (1.A.05)	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. No harmful forms of discipline or corporal punishment.	3. Provider has a written positive guidance policy in addition to simple rules. (10.B.08)	3. Quarterly parental meeting (individual or group) related to current topics of early childhood development and cultural competence. (combining 1.A)	
4. Fair and consistent rules relevant to children’s ages.		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)	

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7. Utilizes Behavioral Consultants to help develop individualized programs for children, if needed. (1.E)

Curriculum

Tier I	Tier II	Tier III	Tier IV
<p>1. Age appropriate daily routine is posted and includes:</p>	<p>1. Select a curricula or curriculum framework(s). (2.A.01)</p>	<p>1. Implementation of the selected curricula or curriculum framework.</p>	
<p>a. Regular meal/nap times</p>			
<p>b. Indoor/outdoor play</p>			
<p>c. Quiet/active play</p>			
<p>d. Practice self-help skills.</p>			
<p>2. Age appropriate books read to kids.</p>	<p>2. Curricula are linked to WV ELSF (Birth to Five).</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. 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>3. 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>3. Provision of 6 of the learning centers.</p>	
<p>4. Limited time for TV and video games and prohibition of violent or sexual content.</p>	<p>4. Provision of 3 of the following 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>	

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Art: *drawing materials, paints, 3-D materials, collage materials, tools* (2.J)

Library (2.E)

Building blocks and accessories; *unit blocks, large hollow blocks, homemade blocks, toy people, animals, vehicles, and road signs.*

Dramatic/pretend play: *housekeeping, different kinds of work, fantasy, leisure* (2.L)

Writing (2.E)

Math/ Number: *counting, measuring, comparing quantities, recognizing shapes, familiar with written numbers.* (2.F)

Nature/ science: *collections of natural objects, living things, nature/science books, games, toys,*

nature/ science activities. (2.G)

Technology: *computers with filtered internet access, tape recorders/CDs and cameras.* (2.H)

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.

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6. Children have
 individualized storage area.
 (9.A.02)

Child Observation and Assessment

Tier I	Tier II	Tier III	Tier IV
	<p>1. Staff receive minimum of 2 hrs training in child assessment/observation.</p> <p>2. Implementation of informal child assessment that aligns with programs curriculum goals. (4.B.05)</p>	<p>1. Staff receive minimum of 6 hrs of training in implementing an assessment system that aligns with the curriculum goals.</p> <p>2. The program has a written plan for assessment that describes assessment purposes, procedures, and uses of the results. (4.A.01)</p> <p>3. Staff shares an understanding of the purposes, values, and uses, of assessment in their program and can explain these to others. (4.B.06)</p> <p>4. 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)</p>	

Family and Community

Tier I	Tier II	Tier III	Tier IV
<p>1. Information is shared with parents regarding child’s accomplishments and any</p>	<p>1. Document two methods of family involvement such as: Family bulletin board, Family</p>	<p>1. Program staff establish intentional practices to foster strong reciprocal</p>	

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problems that arise.

survey, Family Newsletter.

relationships with familie
 from the first contact and
 maintain them over time.
 (7.A.06)

2. Family individual
 communications system-daily
 for children under 3 and
 weekly for children over 3.
 (7.B.05) (7.B.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. Develop a parent contract.

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)

4. Utilizes community
 resources such as: doctors,
 dentists, musicians, baker,
 quilter, health
 consultants,behavior
 consultant or use of two
 community support services
 per quarter, such as TRAILS,
 CACFP, Libraries, or
 Community Health centers.
 (8.B.02)

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)

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)

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

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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)

Program Management

Tier I	Tier II	Tier III	Tier IV
1. Valid WV Certificate of License.	1. Regular certificate of license.	1. The program has a written statement of philosophy. (2.A.01)	1. Verification of Accreditation.
	2. Program has a mission statement and program goals and objectives.	2. Develop a plan including staff and parents to measure progress toward the program goals and objectives.	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.
	3. Program has implemented a business plan that includes the program’s mission and goals, and management operations, marketing, and finance information.	3. Technology-based information management systems are in place. (10.B.03)	
		4. The work environment for staff is comfortable and clean and is in good repair. The work environment includes:	
		<input type="checkbox"/> A place for adults to take a break from children;	
		<input type="checkbox"/> An adult-sized bathroom; and	
		<input type="checkbox"/> A secure place for staff to store their personal belongings .	

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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.

Professionalism

Tier I	Tier II	Tier III	Tier IV
1. Operator has a GED or HS diploma.	1. All Staff credentialed with WV STARS Career Pathway.	1. Owner/ Operator has completed Level IV and has a professional development plan towards at least Level VI.	1. At least one staff member who has a certificate of satisfactory completion of pediatric first aid training is always present with each group of children. (5.A.03)
2. Operator & staff is certified in CPR or first aid with rescue breathing/choke-saving.	2. Current First Aid/CPR for all staff. (5.A.03)	2. All staff have completed one of the following: <input type="checkbox"/> ACDS Certification, <input type="checkbox"/> College credits in EC, <input type="checkbox"/> The WV Training Certificat in Early Care and Education	2. Infants placed to sleep on their backs unless otherwise ordered by a physician. (5.A.12)
3. Operator completes 15 clock hours of training annually and staff complete 12 hours annually.	3. 18 hours of professional development annually for directors and 15 for staff.	3. The provider has participated in a state/regional level initiative. (8.C.05)	
4. Training in Core Knowledge/Core Competencies in all areas over a 4-year period.	4. Owner/Operator attends ERS training and completes self-assessment.		
5. Operators must have 15 clock hours of pre-service training or a CDA or 3 hrs credits in early childhood.	5. Owner/ Operator have a professional development plan showing work toward at least Level III on the Career Pathway.		

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6. Staff must have orientation/SIDS & SBS self study packet.

6. All staff has completed training on SIDS, Shaken Baby, Child Abuse and Neglect, and Medication Administration.

7. Owner/operator has completed training on and is using the WV ELSF for children 3-5 years of age.

8. All staff has completed one of the followin:

1 semester of ACDS,

FCC modules,

CQCE modules,

WVIT,

3 hr. college course in EC,

40 hours of credit toward the WV Early Childhood Certificate

9. Participation in an Early Childhood Conference (8.C.01)

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Appendix C

Family Child Care Home Quality Standards

Program Management

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Tier I	Tier II	Tier III	Tier I
1. Valid WV Certificate of Registration.	1. The program has developed a Parent Contract that includes hours of operation, supplies needed, vacation policy, and parent communication policy.	1. Begin NAFCC application process.	1. NAFCC standards must be achieved in addition to the following:
2. Records kept in easily accessible files.	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.	2. The provider has had a FCCERS-R assessment completed by a reliable rater.	2. The provider has a current FCCERS-R review on file.
3. Certificate publicly displayed.	3. The program has liability insurance.	3. The provider along with an ERS technical assistance staff has used their FCCERS-R score to develop an improvement plan.	3. The program has developed a Parent Handbook that includes items listed in tier II and III, as well as information about: a. Mandated reporting <i>and</i> universal precautions.
4. Records and information about children and families kept in confidence.		4. The program has developed a written policy that supports the Parent Contract for the following: (5.19)	4. The program uses at least three community support service per quarter. Examples listed in previous tiers.
5. Training records maintained.		5. Substitutes, illness, medication administration, guidance and discipline, and toilet training.	5. Your substitute provider must obtain two (2) hours of professional development each year.
6. Sign in and out sheets maintained.		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.	

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7. Records maintained for 2 years.

7. Your substitute provider must have a current a current CPR/First Aid certification.

8. Reporting to DHHR of child abuse and neglect, changes in household or major accidents or illnesses.

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)

Health, Safety and Nutrition

Tier I

Tier II

Tier III

Tier IV

1. Evacuation plan and fire drills with adequate exits.

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.

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. Safe play space and equipment.

2. The play equipment used both indoors and outdoors in the program is safe and developmentally appropriate for the children who use it.

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. Meals meet USDA guidelines.

3. Heavy furniture which is easily tipped, such as shelves and entertainment centers, are anchored to the wall.

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)

4. Supervision within sight or hearing.

4. Climbing equipment, swings, etc. are securely anchored into place.

5. Frequent observation of children

5. The program's toy chests have

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in cribs and playpens.

either safety hinges and air holes,
or no lid.

6. Medical exams for providers and children.

6. The provider has menus posted and children's food allergies posted in the food preparation area.

7. Background checks.

7. The provider is alert to napping infants and visually checks on them at a minimum of every 15 minutes.

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.

17. Safe water supply.

18. Universal precautions.

19. Safe food storage.

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20. Sanitation requirements for garbage, bathrooms, dishes, and home.

21. No rodent or insect infestation.

22. Water safety for pools and hot tubs.

23. Posting of emergency information.

24. Requirements for first aid supplies.

25. Use of seatbelts and car inspected.

26. Back to sleep requirements.

27. Safe and sanitary diapering practices.

28. Comfortable and safe sleeping arrangements.

29. Bathing safety and health practices.

Child Growth and Development

Tier I

1. Age/ stage appropriate materials.

Tier II

1. The program supports all areas of development, including social-emotional, physical, cognitive, language/communication, and creative expression.

Tier III

1. The program shares with parents the areas of development and their importance through handouts from training, conferences, or newsletters.

Tier IV

1. NAFCC standards must be achieved in addition to the following:

a. The provider has attended

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a minimum of four (4) hours
 of professional development
 in Child Growth and
 Development.

2. The provider has attended
 a minimum of two (2) hours
 of professional development
 in Child Growth and
 Development.

Positive Interactions and Relationships

Tier I	Tier II	Tier III	Tier IV
1. Guidance is age appropriate.	1. Guidance is age appropriate.	1. The program provider has attended a minimum of four (4) hours of professional development in positive interactions and relationships with children.	1. NAFCC standards must be achieved in addition to the following:
2. No harmful forms of discipline or corporal punishment.	2. No harmful forms of discipline or corporal punishment.	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)	2. The program provider has attended a minimum of six (6) hours of professional development in positive interactions and relationships with children.
3. Hold, cuddle, talk and sing to infants and toddlers.	3. Hold, cuddle, talk and sing to infants and toddlers.	3. The provider takes time every day for meaningful conversation with each child. (3.60)	3. Provider reacts quickly to solve problems in a comforting and supportive way.
4. Fair and consistent rules relevant to children’s ages.	4. Fair and consistent rules relevant to children’s ages.	4. The provider takes an interest in and responds positively to babies’ vocalizations and imitates their sounds.	4. Provider shows respect for children. For example, making eye contact and listening attentively.

Curriculum

Tier I	Tier II	Tier III	Tier IV
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1. Age appropriate daily routine with:

Regular meal/nap times

Indoor/outdoor play

Quiet/active play

Practice self-help skills

Age appropriate books read to kids

1. At least two (2) of the following learning centers are provided to children in the program:

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 work, fantasy, leisure);

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).

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.

1. NAFCC standards must be achieved in addition to the following:

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<p>2. Use of arts and crafts, building blocks, balls and riding toys, large muscle equipment, manipulative toys, and science materials and dress-up clothes for dramatic play.</p>	<p>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>2. The provider offers several activities appropriate for the abilities and interests of the children. (3.1. paraphrased)</p>	<p>2. At least four (4) of the learning centers listed in Tier II are provided to children in the program, with and additional 30 minutes focused on math and science.</p>
	<p>3. Children are offered at least 30 minutes each day for activities that they choose on their own.</p>	<p>3. The provider reads to children for at least 15 minutes during each half day, or all the children are able to read. Books are used to stimulate conversation that expands upon children’s interests and imagination, to build vocabulary, or to introduce new ideas and information. (3.64)</p>	<p>3. The program provider uses the <i>WVLSF</i> standards when planning.</p>
	<p>4. Active gross motor activities are available to children in the program at least 30 minutes of each day.</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. Fine motor activities are available to children in the program for at least 30 minutes daily, such as writing, art, and scribbling.</p>	<p>5. The provider teaches children to take care of books as needed. (3.65 paraphrased)</p>	
		<p>6. The provider has implemented a nationally recognized family child care curriculum, such as <i>Creative Curriculum for FCC, High Scope</i>.</p>	

Child Observation and Assessment

Tier I

Tier II

Tier III

Tier IV

1. The family child care provider receives a minimum of two (2) hours of

1. The provider receives professional development in curriculum planning to meet

1. NAFCC standards must be achieved in addition to the following:

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professional development in child observation and assessment.	individual needs of the children.	
2. The family child care provider has implemented informal child assessment that aligns with the goals of the program.	2. The provider has established and implemented a system to document observations of each child’s developmental progress, interest and needs, anecdotal records, etc.	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
1. Work with the parents, school system and Birth to Three to plan for child’s transition to other programs.	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.	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)	1. NAFCC standards must be achieved in addition to the following:
2. Discuss and agree upon positive methods of guidance with parents.	2. The family child care provider has a system in place for individual family communications that includes: a. daily communication for families with children under age 3, and b. weekly communication for those with children over age 3.	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)	2. The provider will plan an annual parent day and conduct an annual survey. Although parent participation is encouraged, it is never required.
3. Discuss and agree with child’s parent for a schedule		3. The provider respects diverse family styles and	

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for toilet training.

recognizes the strengths of each family. (1.11)

4. Provide parents with guidelines for immunizations and periodicity schedules.

4. The provider individualizes the child care program, within reason, to respond to a parent’s specific requests, preferences, and values. (1.12)

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.

Professionalism

Tier I

Tier II

Tier III

Tier IV

1. Age 18.

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.

1. The provider has developed a plan to advance on the WV STARS Career Pathway, if applicable.

1. NAFCC standards must be achieved in addition to the following:

2. First aid with rescue breathing/choke-saving within 6 mos.

2. The family child care provider is registered on the WV STARS Career Pathway.

2. The provider has twelve (12) hours of approved training annually, encompassing a minimum of three (3) Core Knowledge/Core Competency areas.

2. The provider has advanced on the WV STARS Career Pathway by at least one (1) level, if applicable.

3. 8 clock hours annually.

3. The family child care provider has current CPR and First Aid certifications.

3. The provider has completed two (2) of the following:

3. The provider has fifteen (15) hours of approved training annually, encompassing a minimum of four (4) Core Knowledge/Core Competency areas.

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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. 2 other hrs. health and safety training and 4 hrs other training within 12 mos.

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.

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)

4. The provider has completed three (3) of the following:

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.

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5. Training in Core Knowledge/Core Competencies.	5. The family child care provider has attended training on the Family Child Care Environmental Rating Scale-Revised (FCCERS-R) training.	5. The provider is actively involved with other providers or a related professional group, if available. (5.8)	5. The provider has created a five year professional development plan.
6. Able to read and write.	6. The family child care provider has completed a self-assessment of their program using the FCCERS-R.		6. The provider has participated in a state/regional level initiative.
	7. The family child care provider has completed one (1) of the following:		
	a. One semester of Apprentice for Child Development Specialist (ACDS), or		
	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.		
	8. The family child care provider has completed training on:		
	a. Sudden Infant Death Syndrome (SIDS), and		
	b. Child Abuse and Neglect,		

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and

c. Medication
Administration.

9. The family child care
provider participates in an
early childhood conference at
least once a year.