

WV Tiered Reimbursement Application for Nationally Accredited Child Care Programs

The WV Tiered Reimbursement Application for Tier III Child Care Programs is intended only for licensed childcare programs to submit an accreditation certificate of achieving or maintaining National Accreditation status. Applications submitted using this form for the purpose of achieving Tier II status or which include documentation from a national accrediting body not recognized by the WV Tiered Reimbursement System will not be considered for review.

Rate Type	Infant (0-24 Months) Day	Toddler (25-36 Months) Day	Pre-School (37-59 Months) Day	School-Age (60 Months and Up) Day
Tier I	\$39	\$37	\$35	\$32
Tier II	\$42	\$40	\$38	\$35
Tier III	\$45	\$43	\$41	\$38

Tier III Child Care Program Application Documentation Requirements

- Complete and submit page 2 of the WV Tiered Reimbursement Application for Tier III Child Care Programs.
- Attach a copy of your childcare program's accreditation certificate from one of the national accrediting bodies recognized by the WV Tiered Reimbursement System. Currently, the approved accrediting bodies are;
 - National Association for the Education of Young Children (**Accreditation+ level for Tier III status/rates**)
 - <https://www.naeyc.org/accreditation>
 - National Association for Family Child Care
 - <https://nafcc.org/accreditation/>

Keep a copy of this application and supporting documentation for your records. Material submitted to the West Virginia Department of Human Services (Department), Division of Early Child Care and Education will not be returned to you after review. Do not submit original documents.

Access to Monitor Documentation File: All Tier III childcare programs shall fully cooperate and assist the WV Department of Human Services (Department) or its representative(s) with respect to the monitoring responsibilities and activities deemed necessary and appropriate by the Department at its sole discretion. The childcare provider shall allow the performance of onsite monitoring reviews by the Department or its representatives, and agrees to provide any technical assistance, reports, records, documentation and to comply with all requests for information as deemed necessary and appropriate by the Department, at its sole discretion, to fulfill its monitoring responsibilities and objectives. The Department or its authorized representatives shall be given full and complete access to all information and personnel related to the performance of this agreement to ensure program activities and cost are consistent with goals and objectives of the Department.

The Department and its Inspector General, State Auditors, program monitors, or any duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of the childcare provider, in order to make audits, examinations, excerpts, transcripts and copies of such documents.

Tiered Reimbursement Policy and Procedures: <https://bfa.wv.gov/media/7011/download?inline>

Submit Tier III Child Care Program Reimbursement Application and documentation to:

West Virginia Department of Human Services
Division of Early Care and Education
Attn: Jaime Price
350 Capitol Street, Room B-18
Charleston, WV 25301
Email: Jaime.L.Price@wv.gov Phone: (304) 637-5560



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APPLICATION/RENEWAL APPLICATION FOR TIER III CHILD CARE PROGRAMS

Program Name: _____ Program Type: Center ☐ Facility ☐ Home ☐

Phone Number: _____ Email Address: _____

FEIN# _____ County: _____

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Program Director: _____

Program Owner: _____

Signature of Representative Submitting Application: _____

SELF-CERTIFYING STATEMENTS- Review, sign, and date to acknowledge the following:

- I attest that the childcare program meets the standards needed to fulfill the requirements set forth by the national accrediting body recognized by the WV Tiered Reimbursement System to receive Tier III designation.
- I acknowledge the childcare program must meet WV Child Care Licensing and/or Regulatory requirements in addition to the higher Tier III standards, which go above and beyond state minimum requirements.
- I acknowledge the childcare program is subject to monitoring visits at the department's discretion at any time as indicated on the previous page.
- I acknowledge that if monitoring visits are deemed necessary and conducted, the childcare program is required to cooperate with follow-up visits conducted by the Quality Improvement Specialist to create a Quality Improvement Support Plan to address any identified areas of non-compliance of the national accrediting body's standards and/or WV state licensing and regulatory requirements.
- I acknowledge that while this application does not require documentation for all standards, the program is responsible for implementing and maintaining Tier III standards and is expected to be able to provide evidence of such at any time.
- I acknowledge if the program loses accreditation status, I must immediately notify the WV Tiered Reimbursement/QRIS Coordinator in writing by e-mail or regular mail, as the program will no longer be eligible for higher subsidy rates. Failure to do so may result in repayment of overpaid childcare payments received by my program.
- I acknowledge that it is my responsibility to review the WV Tiered Reimbursement System's Policy and Procedures found at: <https://bfa.wv.gov/media/7011/download?inline>.
- I understand that if my program is placed on a Provisional License exceeding 30 days, it will return to Tier I status.

I, _____, hereby certify my childcare program meets the required national accrediting body quality standards for Tier III of the WV Tiered Reimbursement System. I further understand failure to comply with any monitoring and subsequent support visits as well as maintaining the required documentation on-site may result in the loss of the extra per day per child reimbursement rates provided as an incentive for meeting higher quality standards.

Owner/Director Signature: _____ Date: _____

For DoHS Use Only:

Approved by:

Denied by:

Date:

Date: