

West Virginia Department of Human Services

Application to Operate a Family Child Care Facility

- ☐ Initial Application
☐ Renewal Application

Instructions: Please complete each section carefully. If you receive mail at an address that is different from the location of your home or facility, you must state a physical address for your home. For questions 2 and 3, Federal reporting standards require data collection on race and ethnicity. You must sign and date the application, and all attachments must be completed and returned as indicated before the application can be considered. If you have any questions, please contact your child care regulatory specialist.

1. Owner/Operator Information

Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____

Street Address

City State Zip Code County

Mailing Address: _____

Street Address

City State Zip Code County

Check One: ☐ I am of Hispanic, Latino, or Spanish Origin
☐ I am not of Hispanic, Latino, or Spanish Origin

Race: (check all that apply)

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black/ African American
☐ Native Hawaiian/other Pacific Islander
☐ White

Describe any experiences and training you have had in care and supervision of children:

Have you been *registered or licensed* to care for children in West Virginia? ☐ Yes ☐ No

A. If yes, when were you licensed or registered? _____

B. At what location? City: _____ County: _____

C. What kind of license or registration did you have?

- ☐ Child Care Center
- ☐ Family Child Care Home
- ☐ Foster Care
- ☐ Adult Care
- ☐ Other: _____

Have you been *registered or licensed* to care for children in any other state? ☐ Yes ☐ No

A. If yes, when were you licensed or registered? _____

B. At what location? City: _____ State: _____

C. What kind of license or registration did you have?

- ☐ Child Care Center
- ☐ Family Child Care Home
- ☐ Foster Care
- ☐ Adult Care
- ☐ Other: _____

2. Family Child Care Facility Information:

Name of Facility (if different from Owner/Operator): _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____

Street Address

City

State

Zip Code

County

Mailing Address: _____

Street Address

City

State

Zip Code

County

Directions to the Facility from the nearest major street or highway: _____

My hours of operation are from _____ to _____

Put a check by all days that you provide child care:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

I plan to care for _____ children. *(This includes any of your own children listed above who are under the age of six)*

Employees:

1.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____

Street Address

City

State

Zip Code

County

Mailing Address: _____

Street Address

City

State

Zip Code

County

Check One: ☐ I am of Hispanic, Latino, or Spanish Origin
☐ I am not of Hispanic, Latino, or Spanish Origin

Race: (check all that apply)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/ African American
- ☐ Native Hawaiian/other Pacific Islander
- ☐ White

Job Title: _____ WV STARS Registration Number: _____

2.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____

Street Address

City

State

Zip Code

County

Mailing Address: _____

Street Address

City

State

Zip Code

County

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☐ I am not of Hispanic, Latino, or Spanish Origin

Race: (check all that apply)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/ African American
- ☐ Native Hawaiian/other Pacific Islander
- ☐ White

Job Title: _____ WV STARS Registration Number: _____

3.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____

Street Address

City	State	Zip Code	County
------	-------	----------	--------

Mailing Address: _____

Street Address

City	State	Zip Code	County
------	-------	----------	--------

Check One: ☐ I am of Hispanic, Latino, or Spanish Origin
☐ I am not of Hispanic, Latino, or Spanish Origin

Race: (check all that apply)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/ African American
- ☐ Native Hawaiian/other Pacific Islander
- ☐ White

Job Title: _____ WV STARS Registration Number: _____

4.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____

Street Address

City

State

Zip Code

County

Mailing Address: _____

Street Address

City

State

Zip Code

County

Check One: ☐ I am of Hispanic, Latino, or Spanish Origin

☐ I am not of Hispanic, Latino, or Spanish Origin

Race: (check all that apply)

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/ African American

☐ Native Hawaiian/other Pacific Islander

☐ White

Job Title: _____ WV STARS Registration Number: _____

5.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____
Street Address

City State Zip Code County

Mailing Address: _____
Street Address

City State Zip Code County

Check One: ☐ I am of Hispanic, Latino, or Spanish Origin
☐ I am not of Hispanic, Latino, or Spanish Origin

Race: (check all that apply)
☐ American Indian/Alaskan Native
☐ Asian
☐ Black/ African American
☐ Native Hawaiian/other Pacific Islander
☐ White

Job Title: _____ WV STARS Registration Number: _____

Household:

If your family child care facility is located in a residential home, list the names, and birth dates of all other persons currently living in the home, including part time residents. (Use additional sheet if needed.)

1.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Relationship to Owner: _____

2.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Relationship to Owner: _____

3.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Relationship to Owner: _____

4.Name: _____

Previous or Maiden Name (Include all previous married names, nicknames, and aliases):

Birth Date: _____ Social Security Number: _____

Phone Number: _____ Phone Type: _____

Email: _____

Relationship to Owner: _____

Children in Care:

Please enter the names and birth dates of children currently in your care.

Name	Birth Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

3. Certification

Please read each statement carefully. Your signature at the end of this form indicates that you have read and understand the following:

- A. I have read the family child care facility rules and meet all requirements for licensing. I agree to remain in compliance with regulations while children are in care.
- B. I will cooperate with the WV Department of Human Services as it conducts a reasonable inquiry into my child care activities, the facility, and the program. I will cooperate during inspections of my facility and during investigations of complaints related to the care of children in my home.
- C. I will disclose all names and any nicknames or aliases that I have or have used so that a comprehensive background check can be completed by the WV Department of Human Services.
- D. I will notify the WV Department of Human Services if I move to another address, change phone numbers, lose my liability insurance, or stop providing child care.
- E. I will keep information regarding the children and families that receive services in my home confidential in accordance with state and federal law.
- F. I certify that neither I, nor any member of my household or any staff person has been convicted of, indicted for, or admitted guilt to any crime except those listed:

- G. I certify that neither I nor any member of my household or any staff person has been determined to have committed child or adult abuse or neglect, either as the result of criminal or civil proceedings and/or the results of investigations conducted by department staff in accordance with the provisions of WV Code.

4. Understanding

Please read each statement carefully. Your signature at the end of this form indicates that you have read and understand the following:

- A. I understand that I am responsible for knowing the licensing requirements for family child care facilities and agree to remain in compliance with these requirements while children are in care.
- B. I understand that a license is not transferable to another address.
- C. I understand that the license may be revoked if I materially violate any provision of state law or any terms or conditions of the license issued, or fail to maintain established health and safety requirements of child care, or commit or permit practices harmful to children in care.
- D. I understand that I may be required to enter into a corrective action plan to correct any non-compliance with child care requirements as a condition of remaining a licensed family child care facility.
- E. I understand that intentional failure to disclose accurate information or an intentional statement of false or inaccurate information may result in the denial of my application or result in negative action against me.
- F. I understand that any policy of the WV Department of Human Services that affects my provision of child care services will be made accessible to me within a reasonable time frame upon my request.

5. Provisions of State Law

Please read each statement carefully. Your signature at the end of this form indicates that you have read and understand the following provisions of WV State Code, Chapter 49, Article 2:

- A. I understand that I may not care for no more than 12 children at any one time, as indicated by the license, and that to operate a family child care facility without a license constitutes a misdemeanor under WV Code, Chapter 49, Article 2.
- B. If a violation may result in serious harm to children under care, the commissioner may seek injunctive relief through proceedings instituted by the attorney general, or the appropriate county prosecuting attorney, in the circuit court of Kanawha County or in the circuit court of the county where children live.
- C. A license is effective for a period of up to two years from the date of issuance, unless revoked based on failure to comply with the provisions of state code or rules promulgated by the WV Department of Human Services. Family child care facility providers must reapply at the end of the two year period and are required to display licenses.

6. Declaration and Signature

I declare that any information provided in this application and its attachments are, to the best of my knowledge and ability, true and correct. I certify that I have read and understood sections 3, 4, and 5.

(Applicant Signature)

(Date)

7. Attachments

Please indicate by placing an x or checkmark by the **completed** attachments you have included. The following attachments are required for those applying for an **INITIAL** Family Child Care Facility License:

- ☐ Child Care Provider Information Form (ECE-CC-7).
- ☐ Tax Identification Form - W-9.
- ☐ Authorization and Release for Protective Services Record Check (ECE-CC-8A).
- ☐ Fire Marshal Inspection Report
- ☐ Health Department Permit
- ☐ Copy of Liability Insurance on the child care program

The following attachment is required for Family Child Care Facility License **RENEWAL**:

- ☐ Child Care Provider Information Form (ECE-CC-7).