

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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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).

5

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Provider Tax Identification Reporting Form

Organization/Individual Name: _____

Federal Employer Identification Number (FEIN) or Social Security Number: _____

Business Address: _____

Payment Address: _____

Telephone Number () _____ **Contact person:** _____

☐ **I wish to withdraw because:** _____

☐ **I wish to continue providing services (If you mark this box, you must complete the remainder of the form)**

Pursuant to Internal Revenue Service regulations, Providers must furnish their taxpayer identification number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment.

ENTER YOUR NAME AND ADDRESS EXACTLY AS YOU ENTER THEM ON YOUR IRS INCOME TAX FORMS

1099/Tax Name: _____

1099/Tax Address: _____

Federal Employer Identification Number (FEIN): _____ **or Social Security Number:** _____

List the Type of Service you are Approved/Licensed to provide:

TYPE

COUNTY (IF APPLICABLE)

Type of Business of Provider (Check One) ☐ Individual ☐ Sole Proprietorship ☐ Partnership
☐ Government/Non Profit ☐ Corporation ☐ Public Services Corporation ☐ Estate Trust

Other Tax Account Number(s) (if applicable): _____ **State Sales Tax/Use Tax Number:** _____

State Unemployment Tax Number: _____ **State Corporation Income Tax Number:** _____

State Employers Withholding Tax Number: _____

Under penalties of perjury, I declare that I have examined this request and to the best of my knowledge and belief it is true, correct, and complete.

Name (Print): _____ **Signature:** _____

Date: _____ **Telephone: ()** _____ **Title:** _____

Return to: WVDHHR
Bureau for Children & Families

W-9

West Virginia Department of Human Services

Child Care Provider Information
(Market Rate Survey)

I. Identifying Information.

1. Name _____ 2. SSN or FEIN# _____

3. Name of Center/Facility Director _____

4. Are you accredited? ☐ Yes ☐ No If Yes, with which accrediting body? _____

5. Type of Child Care:

- ☐ Registered Family Child Care Home ☐ Licensed Family Child Care Facility
☐ Out of School Time Program ☐ Licensed Child Care Center

II. Program Information.

1. How much do you charge for each age group?

Age of Child	Per Hour	Per Day	Per Week
Infants (birth to 24 months)	\$	\$	\$
Preschoolers (2 - 3 yrs)	\$	\$	\$
Preschoolers (3-4 yrs)	\$	\$	\$
School Age (5 yrs and up)	\$	\$	\$

2. Do you charge for days when children are not in care? ☐ Yes ☐ No

3. Do you want other parents referred to your home or facility? ☐ Yes ☐ No

4. Are you willing to accept children whose cost of care would be paid or partially paid by the West Virginia Department of Human Services? ☐ Yes ☐ No

5. Check all that apply. Are you:

- ☐ Non-profit ☐ For profit ☐ School-based ☐ Faith-based

6. Are you registered with the WV State Training And Registry System? ☐ Yes ☐ No

7. If not, would you like information about the WV STARS? ☐ Yes ☐ No

8. Days you provide child care:

☐ Monday
☐ Tuesday

☐ Wednesday
☐ Thursday

☐ Friday
☐ Saturday

☐ Sunday

9. Hours you provide care:

Time	From	To
Day		
Evenings		
Overnight		
Before School		
After School		

10. Do you accept children in the following attendance categories? Check all that apply

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> School Year |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Summer Only |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Vacations/Holidays |
| <input type="checkbox"/> Drop In | <input type="checkbox"/> Rotating/ Swing Shift |
| <input type="checkbox"/> Full year | |

III. If willing to accept referrals, please complete the following information.

Yes	No	Please check the appropriate answer
		Do you provide care when the child is ill?
		Do you accept infants? (birth to 12 months)
		Do you accept toddlers (12 months to 36 months)
		Do you accept preschoolers? (Ages 3 to 4)
		If you accept toddlers and/or preschoolers, must they be toilet trained?
		Do you accept school-agers? (Ages 5 and up)
		Do you provide care for children with Special Health Care Needs?
		Do you or your landlord have homeowners insurance?
		Do you provide transportation?
		Do you speak (or sign) any languages other than English? If so, please list:
		Do you provide a smoke free environment?
		Does anyone in your home smoke?
		Do you have indoor pets? If so, please list type:
		Do you have outdoor pets? If so, please list type:

Yes	No	Please check the appropriate answer
		Do you have outdoor play space?
		Do you have a fenced yard?
		Do you have a pool?
		Do you participate in the Child Care Food Program?
		If you do not participate in the Child Care Food Program, are you interested?
		Do you provide breakfast?
		Do you provide a morning snack?
		Do you provide lunch?
		Do you provide an afternoon snack?
		Do you provide dinner?
		Do you provide an evening snack?
		Would you provide for a special diet?
		Do you have any extended or special training? If so, please list:
		What is your education level?
		What is your school district?

Provider Signature

Date