



**RENEWAL APPLICATION
FOR
A CERTIFICATE OF LICENSE OR APPROVAL
TO OPERATE A
CHILD CARE CENTER
OUT-OF-SCHOOL TIME PROGRAM**

PLEASE RETURN TO:

**Licensing Secretary
West Virginia Department of Human Services
Division of Early Care and Education
350 Capitol Street Room B-18
Charleston, WV 25301**

****Keep a complete copy of this application for your records****

I. INFORMATION (PLEASE PRINT)

1.

a. PHYSICAL ADDRESS	b. MAILING ADDRESS
OST Center:	Name:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

c. Name and contact information of the Owner of the physical structure and property where the center is located (if leased or rented space, you must provide a copy of the lease or rental agreement):

Name:
Address:
Phone:
Fax:
Email:

d. List the Administrative office address and contact if different from 1.b. above:

Contact:
Address:
Phone:
Fax:
Email:

e. FEIN Number -

2. Does or has the applicant own/operate any other agency or program in West Virginia, or any other state or country?

_____ Yes _____ No
If yes, please give name(s) and location(s)

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3. Has an agency or program that you have owned, operated, or directed in this state or any other state, or country, ever been refused a license or had a license revoked?

____ Yes ____ No
(If yes, please list the program and explain)

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4. Business Organization Name, Date, and Type

Name: ____

(Check all that apply)

TYPE	Date
Corporation – Domestic	
Corporation – Foreign	
Corporation - Domestic & Foreign	
Limited Liability Company	
Limited Partnership	
Limited Liability Partnership	
City/Municipal/County Government	Instead of date, please list entity:
Unincorporated	
Not for Profit	
Other: Please state type	

5. Name and title of the staff person authorized and employed to report to the Board on matters related to the administration of the center.

6. Are you requesting a change in the capacity of this site? Please provide the total you are seeking if you are requesting a change.

Number of Children _____ Age Range _____

7. Does the program serve WV Pre-k students?

____ Yes ____ No

8. Please indicate the days of the week and hours the program will be open for child care services.

Days	Hours

9. Will your facility provide or arrange any form of transportation? (This applies to any time transportation is provided, whether it is only for occasional field trips or daily commuting.)

____ Yes ____ No

If the facility provides the transportation, please complete the following for each vehicle:

a.

MAKE	MODEL	LICENSE PLATE	SEATING CAPACITY

b. *If the facility arranges the transportation, please describe:*

10. Is the center covered by a general liability insurance policy? (See attachment #13.)

____ Yes ____ No

11. Does the applicant operate more than one out-of-school time program site?

____ Yes ____ No

II. OWNER INFORMATION for PRIVATELY OWNED CENTERS (*attach an additional sheet with the information in this section for each owner*)

	Owner 1	Owner 2
Name of Owner:		
Address:		
Aliases used by owner:		
Telephone:		
Cell Phone:		
Fax:		
Email:		
Date of CIB/FBI Clearance:		

III. OFFICERS AND MEMBERS OF GOVERNING BOARD

NAME	TERM	ADDRESS AND TELEPHONE NUMBER	OFFICE HELD

IV. OFFICERS AND MEMBERS OF ADVISORY BOARD

NAME	TERM	ADDRESS	Telephone and email address

V. STAFFING INFORMATION (attach additional sheets as necessary)

EMPLOYEE NAME	DOB	JOB TITLE	Back ground checks complete Yes or No	EDUCATION / CERTIFICATIONS	DATE OF HIRE	Number of months Previous Experience in School age Programs	Date CPR/First-aid Certificate expires	TB Risk Assessment (DATE)
		Director						

VI. FINANCIAL STATEMENT

You must choose one (1) of the following to attach to the renewal application (please indicate):

☐ Audit of the child care center business within the last 13 months

☐ Previous calendar year's IRS tax return schedules for the child care center business

B. Name and credentials of person(s) who maintains or is responsible for financial records:

VII. ATTACHMENTS TO APPLICATION

NOTE: The following are to be attached to this application as indicated.

(Check the appropriate column for each listed item)

Office Use Only		Previously Submitted (Date)	Enclosed
	1. Resume, three written professional references, and verification of qualification for the director. <i>-Change in the director must be reported immediately</i>		
	2. Floor plan with room dimensions, permanent fixtures, toilets and sinks, storage areas, fire exits, and utility shut-offs and outdoor area. <i>- If changed since last application</i>		
	3. Emergency and disaster plans which include procedures for disasters that are high risk for the facility's geographic area including an evacuation plan. (Example: Facilities in the Kanawha Valley shall have plans for chemical disasters.) (Evacuation plans must be submitted to the county emergency coordinator on an annual basis.) <i>- If changed since last application.</i>		
	4. Copy of information provided to parents including a grievance procedure. <i>- If changed since last application</i>		
	5. A copy of the Administrative Manual (see section 6.3 of the regulations) <i>- If changed since last application</i>		
	6. Copy of business license		
	7. Charter of Incorporation, if applicable. <i>- If changed since last application</i>		
	8. Copy of Worker's Compensation Insurance Policy statement page and Unemployment Compensation Insurance Policy statement page including the effective and expiration dates.		
	9. Copy of General Liability Insurance Policy statement page/declaration page, including the effective and expiration dates and agent contact information. An application will not be approved without liability insurance.		
	10. Copy of Fire Marshal's "Fire Safety Inspection Report" which recommends license.		
	11. Copy of the State Health Department's Reports or Health Permits for the facility being used including the food service permit if applicable.		
	12. Market Rate Survey		
	13. Verification that your nutrition plan meets the current Dietary Guidelines for Americans or proof that your program participates in the Child and Adult Care Food Program.		
	14. If the applicant does not own the facility housing the program, attach a copy of the contract, rental or lease agreement the applicant has for the use of the facility.		

VIII. DECLARATION AND SIGNATURE

(Official name of center/program)

hereby applies for a license/approval to operate an out-of-school time child care center. We hereby represent to the West Virginia Department of Human Services that we are familiar with the standards of child care and services for children formulated by the West Virginia Department of Human Services and the State Fire Marshal's Office in pursuance of the provisions of West Virginia Code §49-2B, and that if a license or certificate of approval is issued to us, we will conform to standards as the same now exist or may hereafter be amended.

We hereby represent to the West Virginia Department of Human Services that the statements in this application and its attachments are, to the best of our knowledge, complete and accurate, and are submitted as a basis of judgment in the granting or withholding of such license.

Signature: _____

Signature: _____

Owner or Board President

Director or Executive

Date: _____

Date: _____

Taken, subscribed, and sworn to before me this _____ day of _____, 20____

Notary Public

in and for _____ West Virginia

My commission expires on the _____ day of _____, 20____

West Virginia Department of Human Services

Child Care Provider Information (Market Rate Survey)

I. Identifying Information.

1. Name [Click here to enter text.](#)
2. Name of Center/Facility Director [Click here to enter text.](#)
3. Are you Accredited? ☐ Yes ☐ No If Yes, with which accrediting body? [Click here to enter text.](#)
4. 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
 ☐ Wednesday
 ☐ Friday
 ☐ Sunday
☐ Tuesday
 ☐ Thursday
 ☐ Saturday

9. Hours you provide care:

Time	From	To
Day	Click here to enter text.	Click here to enter text.
Evenings	Click here to enter text.	Click here to enter text.
Overnight	Click here to enter text.	Click here to enter text.
Before School	Click here to enter text.	Click here to enter text.
After School	Click here to enter text.	Click here to enter text.

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

- ☐ Full Time
 ☐ School Year
☐ Part Time
 ☐ Summer School
☐ Temporary
 ☐ Vacations/Holidays
☐ Drop In
 ☐ Rotating/Swing Shift
☐ Full Year

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

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

Yes	No	Please check the appropriate answer.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have outdoor play space?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a fenced yard?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a pool?
<input type="checkbox"/>	<input type="checkbox"/>	Do you participate in the Child Care Food Program?
<input type="checkbox"/>	<input type="checkbox"/>	If you do not participate in the Child Care Food Program, are you interested?
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide Breakfast?
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide a morning snack?
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide lunch?
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide an afternoon snack?
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide dinner?
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide an evening snack?
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide for a special diet?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any extended or special training? If so, please list: Click or tap here to enter text.
		What is your education level? Click or tap here to enter text.
		What is your school district? Click or tap here to enter text.

Date

Provider Signature