West Virginia Department of Human Services

Instruction Sheet for Application to Operate a Registered Family Child Care Home, Informal Family Child Care Home, or Relative Family Child Care Home

A. Please check either: Registered Family Child Care, Informal Care, or Relative Care: child care providers have submitted an application, and read the State's rules.

- Family Child Care - care for 4-6 children, who are not related to you, in your home for compensation.
- Informal Care - care for 1-3 children for compensation, of whom at least one is not related to you. You must register in order to receive reimbursement from the Child and Adult Care Food Program or to participate in the child care subsidy program.
- Relative Care - care for any number of children that are all related to you. You must register to receive reimbursement from the Child and Adult Care Food Program and/or the child care subsidy program.

B. If this is the first time you have applied for registration, or if your registration has expired, check "initial application." If you have a current certificate of registration, check "renewal application."

C. Please complete all information.

Question Number	Instruction
1	If you receive mail at an address that is different from the location of your home, you must state a physical address for your home.
2 & 3	Federal reporting standards require data collection on race and ethnicity.
4	Be sure to list everyone in your home, including part time residents.
5	List all children for whom you provide care, if this is a renewal.
6 - 13	Be sure to answer questions 6 – 13.

Sections D, E, and F - Please read each statement carefully.

G. All attachments must be completed and returned as indicated before the application can be considered.

- You must have all adult household members complete an Authorization and Release for Protective Services Record Check. If you need more forms, please contact the local WV Department of Human Services Family Child Care Regulatory staff, or they can be downloaded from the website https://bfa.wv.gov/bfa-early-care-and-education/provider-background-check-information

- Applicants must return the application and attachments to eceproviders@wv.gov or
  WV Department of Human Services/ Division of Early Care and Education
  350 Capital St., Room B-18
  Charleston, WV 25301

H. You must sign and date the application. If you have any questions, please contact your local WV Department of Human Services Family Child Care Regulatory staff.

West Virginia Department of Human Services

Application to Operate a Registered Family Child Care Home, Informal Family Child Care Home, or Relative Family Child Care Home

Please read the following statements carefully before completing and signing.

A. I am applying for registration as: ☐ Registered Family Child Care ☐ Informal Care ☐ Relative Care

B. This is: ☐ An Initial Application ☐ A Renewal Application

C. Provider Information

1. General Information

Name: _____

Previous/Maiden Name (include all previous married names, nicknames, and aliases):

_____

Date of Birth: _____ Social Security #: _____

Phone Number: _____ Phone Type: _____

Email: _____

Physical Address: _____
Street Address

_____ _____ _____ _____
City State Zip Code County

Mailing Address (if different): _____
Street Address

_____ _____ _____ _____
City State Zip Code County

Directions to my home: _____

_____

2. Check One:
   - ☐ Hispanic, Latino, or Spanish Origin
   - ☐ Not Hispanic, Latino, or Spanish Origin

3. Race: (check all that apply)

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

4. Do you provide any other service such as foster care or adult care in your home?

   ☐ Yes ☐ No

5. Are you employed outside of your home? ☐ Yes ☐ No

6. Do you receive benefits from the WV Department of Human Services such as Food Stamps or TANF? ☐ Yes ☐ No

7. Will you care only for children related to you? ☐ Yes ☐ No

8. I plan to care for _____ children

9. My hours of operation are from _____ to _____.

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

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

11. WV STARS Registration Number: _____

12. List everyone in your home, including part time residents. List the birth date and relationship for persons under the age of 18 years. (Use additional sheet if needed.)

Name	Birth date	Relationship

13. List all children for whom you provide care including private pay or those you care for at no charge.

Name	Birth date	Relationship

14. Number of children listed above that are private pay: _____

D. Certification

I CERTIFY THAT:

1. I have read the (check one):
   - ☐ Family Child Care Home Registration Requirements
   - ☐ Informal and Relative Family Child Care Home Requirements

2. 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 home and during investigations of complaints related to the care of children in my home.

3. 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.

4. I will notify the WV Department of Human Services if I move to another address, change phone numbers, or stop providing child care.

5. I will keep information regarding the children and families that receive services in my home confidential in accordance with state and federal law.

E. Understanding

1. I understand that I am responsible for knowing the requirements to operate my type of family child care home and agree to remain in compliance with these requirements while children are in care.

2. I understand that the Certificate of Registration is not transferrable to another address.

3. I understand that the Certificate of Registration may be revoked if I materially violate any provision of state law or any terms or conditions of the registration certificate issued, or fail to maintain established health and safety requirements of child care, or commit or permit practices harmful to children in care.

4. 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 registered child care home.

5. 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.

6. 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.

F. Provisions of State Law

Your signature also indicates that you have read and understand the following provisions of WV State Code, Chapter 49, Article 2:

1. An informal family child care provider shall care for no more than 3 children at any one point in time. A provider caring for 4 or more children is no longer considered to be informal and must meet the requirements for registered family child care homes.

2. A relative family child care provider may care for an unlimited number of children as long as all children in care are related to the caregiver.

3. Family child care providers shall care for no more than 6 children at any one point in time. Any provider caring for 7 or more children is considered to be a family child care facility. Any facility which operates without a license is guilty of a misdemeanor, and, upon conviction, shall be fined not more than $500.

4. 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.

5. A Certificate of Registration 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. Child care providers must reapply at the end of the two year period and are required to display registration certificates.

G. Attachments

Please indicate by checking the box next to the ***completed*** attachments you have included.

1. Family Child Care Home Only

a.) The following attachments are required for those applying for an *INITIAL* registration as a Family Child Care Home:

☐ Child Care Provider Information Form (ECE-CC-7)
☐ Tax Identification Form - W-9
☐ Authorization and Release for Protective Services Record Check (ECE-CC-8A)

b.) The following attachment is required for a Family Child Care Home *RENEWAL* registration:

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

2. Informal and Relative Family Child Care Homes Only

a.) The following attachments are required for an Informal or Relative Family Child Care Homes *INITIAL* registration:

☐ Child Care Provider Information Form (ECE-CC-7)
☐ Tax Identification Form - W-9
☐ Authorization and Release for Protective Services Record Check (ECE-CC-8A)

b.) The following attachment is required for an Informal or Relative Family Child Care *RENEWAL* registration:

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

H. 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 D, E, and F.

_____ _____
Applicant Signature Date

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 Servces? ☐ **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		
Evenings		
Overnight		
Before School		
After School		

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

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

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