

West Virginia Department of Health and Human Resources

Child Care Provider Information

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 Health and Human Resources? 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