

West Virginia Department of Health and Human Resources

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: Family Child Care, Informal Care, or Relative Care. “Registered” child care providers have submitted an application, read the State’s rules, and completed a checklist stating that they meet those 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.
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.
- If you are attending provider enrollment through a Child Care Resource and Referral agency, ask the R&R to give you with a copy of page six of the application, to help as you complete the forms at home.
 - You must have all adult household members complete an Authorization and Release for Protective Services Record Check and a Statement of Criminal Record and submit these with your other attachments. If you need more forms, please contact the local WV Department of Health and Human Resources child care staff.
 - Applicants must return the attachments to the county office of the WV Department of Health and Human Resources.
- H. You must sign and date the application. If you have any questions, please contact your local WV Department of Health and Human Resources child care staff.

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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: Family Child Care Informal Care Relative Care

B. This is: An Initial Application A Renewal Application

C. Provider Information

1. General Information

Name		Birth Date	
Previous or Maiden Name	Include all previous married names, nicknames and aliases		
Social Security #		Phone #	
Physical Address			
	Street Address	City	State
		Zip Code	County
Mailing address (if different from above)			
	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. 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	Social Security Number	Birth date	Relationship

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

Name	Birth date	Relationship

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

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

- Yes No

8. Are you employed outside of your home? Yes No

9. Do you receive benefits from the WV Department of Health and Human Resources such as Food Stamps or TANF? Yes No

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

11. I plan to care for _____ children.

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

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

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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 Health and Human Resources 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 Health and Human Resources.
4. I will notify the WV Department of Health and Human Resources 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 Health and Human Resources 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 B:

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 Health and Human Resources. 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 registration as a Family Child Care Home:

- Child Care Provider Medical Report (ECE-CC-3C) A copy must be returned within 30 days of submitting the application or a similar health exam from a licensed health care provider must be attached if one has been completed within 6 months prior to submitting the application. The original is maintained by the applicant.
- Child Care Provider Information Form (ECE-CC-7)
- Registration Requirements for Family Child Care Homes Checklist (ECE-CC-9)
- First Aid/Choke Saving Verification or statement of plan to obtain within six months
- Tax Identification Form - W-9
- Authorization and Release for Protective Services Record Check (ECE-CC-8A)
- Statements of Criminal Record (ECE-CC-8B)

b.) In addition to the above, the following are required for Family Child Care Home Registration renewal:

- Documentation of approved training attended in the past two years
- Statement of any changes that have occurred to or in the family child care home since the last application.

2. Informal and Relative Family Child Care Homes Only

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

- Health and Safety Requirements for Informal Family Child Care Providers checklist (ECE-CC-6IR)
- Copy of statement of good health (ECE-CC-3B) from a licensed health provider. The original is maintained by the applicant.
- Tax Identification Form - W-9
- Authorization and Release for Protective Services Record Check (ECE-CC-8A)
- Statements of Criminal Record (ECE-CC-8B)

b.) In addition to the above, the following is required for renewal of approval:

- Statement of independent study performed in the past two years

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