

West Virginia Department of Health and Human Resources

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

2. Check One: ___ I am of Hispanic, Latino, or Spanish Origin
 ___ I am not of 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. Family Child Care Facility Information

Name of Facility (if different from Owner/Operator)				Phone Number			
Address							
City		State		Zip Code		County	

Directions to the Facility from the nearest major street or highway

5. If your family child care facility is located in a residential home, list the names, social security numbers, and birth dates of all other persons currently living in the home, including part time residents. (Use additional sheet if needed.)

Name	Social Security Number	Birth date	Relationship

6. 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.	

7. I plan to care for _____ children. (This includes any of your own children listed above who are under the age of six)

8. My hours of operation are from _____ to _____

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

G Monday G Tuesday G Wednesday G Thursday G Friday G Saturday G Sunday

10. Describe any experiences and training you have had in care and supervision of children.

11. List names, addresses and phone numbers of any persons who will be responsible for the direct care and supervision of children in your family child care facility.

Name	Address	Phone Number
1.		
2.		
3.		
4.		
5.		

12. 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: _____

13. 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: _____

13. 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 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 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 Health and Human Resources.
- D. I will notify the WV Department of Health and Human Resources 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.

14. 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 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.

15. 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 2B:

- 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 2b.
- 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 Health and Human Resources. Family child care facility providers must reapply at the end of the two year period and are required to display licenses.

16. 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 13, 14, and 15.

(Applicant Signature)

(Date)

17. 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 a Family Child Care Facility License:

- 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).
- 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). You must have all adult household members and facility staff complete an Authorization and Release for Protective Services Record Check and submit these with your other attachments. If you need more forms, please contact your child care regulatory specialist.
- Statements of Criminal Record (ECE-CC-8B). You must have all adult household members and facility staff complete a Statement of Criminal Record and submit these with your other attachments. If you need more forms, please contact your child care regulatory specialist.

In addition to the above, the following are required for Family Child Care Facility License 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 facility since the last application.