



West Virginia Department of Health and Human Resources
REGISTRATION
 for
OUT OF SCHOOL TIME PROGRAMS
 at
LICENSED CHILD CARE CENTERS

A. Who Needs To Register

An out-of school time program is a child care service which offers activities to children before and after school, on school holidays, when school is closed due to emergencies, and on school calendar days set aside for teacher activities. All out-of-school time programs operating within the state are required to register with the West Virginia Department of Health and Human Resources (DHHR) on an annual basis in accordance with §49-2-113(h).

Section B. is the information DHHR needs to register the out-of-school time program.

B. Program Information *(The program information in section B will be public information and will be published unless the Department receives written instruction not to publish)*

1. This is *(check one)*:

<input type="checkbox"/>	<input type="checkbox"/>	Initial Registration		
<input type="checkbox"/>	<input type="checkbox"/>	Renewal Registration <i>(provide #)</i>		

Renewal registrants may indicate “no change” for items that have not changed since the last registration submission unless the item is marked with an asterisk (). Items with an asterisk require submission of the most current information.*

2. Name, location and contact information for the program:

a. PHYSICAL ADDRESS	b. MAILING ADDRESS
*OST Center: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
County: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Phone: <input style="width: 80%;" type="text"/>	Phone: <input style="width: 80%;" type="text"/>
Fax: <input style="width: 80%;" type="text"/>	Fax: <input style="width: 80%;" type="text"/>
Email: <input style="width: 80%;" type="text"/>	Email: <input style="width: 80%;" type="text"/>

3. Business Address for Agency/Business/Person Operating the Program:

Contact:	
Address:	
Phone:	
Fax:	
Email:	

Do you operate more than one out-of-school time site? Yes No
If yes, please attach a sheet with the information from B. 1, 2, 4 and 5 for each site.

4. Ages of Children Served in your Out of School Time Program:| |

5. *Average Number of Children Served on a daily basis in your Out of School Time Program:| |

6. Explain your calendar of operation for the Out of School Time Program (hours, days and months of operation):

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7. Please state the Agency/Business/Person's mission statement and goals for the operation of the Program:

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8. Does the program have a Board of Directors or an Advisory Board? Yes No

9. Does the Agency/Business/Person operate the program as a non-profit? Yes No

C. Information to Determine Licensure/Exemption Status

Certain out-of-school programs are exempt from licensing. The following ARE exempt:

- Any program that does not serve children under the age of 13:
- Any program that has been awarded a grant by the West Virginia Department of Education to provide out-of-school time programs to kindergarten through twelfth grade students when the program is monitored by the West Virginia Department of Education; or
- Any program serving children six years of age or older and meets all of the following requirements, or is an out-of-school time program that is affiliated and in good standing with a national Congressionally chartered organization and meets all of the following requirements:
 - The program is located in a facility that meets all health and fire codes;
 - The program performs state and federal background checks on all volunteers and staff;
 - The program’s primary source of funding is not from fees for service; and
 - The program has a formalized monitoring system in place.

To aid the Department in determining if the program(s) listed on this registration form requires a license(s), please answer the following questions in the column titled “Item”:

ITEM	(These columns for DHHR use)	
	INDICATES EXEMPT STATUS? YES	NO
1 Does the agency accept reimbursement through the WV DHHR Child Care Program (payment invoice submitted to the local Child Care Resource and Referral agency)? ___Yes ___No yes, what is your provider/facility number? *If		
2 The program(s) listed is a 21 st Century Community Learning Center (grant awarded through the West Virginia Department of Education): ___Yes ___No *If yes, please attach confirmation of the current grant and skip to Section D.	<i>Confirmation attached</i>	
3 The program(s) listed receives a grant from and is monitored by the West Virginia Department of Education: ___Yes ___No *If yes, please attach confirmation of the current grant and skip to Section D.	<i>Current grant attached</i>	
4 The program(s) listed is a Boys and Girls Club: ___Yes ___No If yes, please attach confirmation of the Charter from the National Organization and skip to Section D.	<i>Initial requires proof of charter</i>	
5 Does the agency collect fees for the out-of-school time services? ___Yes ___No *If yes, please attach the total fees collected for the previous year and the previous year’s total operational expenditures for those services.		

6	<p>Does the agency perform background checks on all staff and volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain the process. (For example, “All staff and volunteers are required to submit results from a WV State Police CIB record check.” Or, “The agency obtains background check results from Commercial Search on all volunteers and employees before they work with children.”)</p>	<p><i>Initial requires description of process</i></p>	
7	<p>The program site(s) listed is inspected by the State Fire Marshal or local Fire authority to determine safe occupancy of the site: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If yes, please attach evidence of the most recent inspection(s).</p>	<p><i>Recent inspection must be attached</i></p>	
8	<p>The program site(s) listed is inspected by the local Health Department and has a current Health Permit to operate: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If yes, please attach a copy of the current health permit(s).</p>	<p><i>Requires permit</i></p>	
9	<p>How is the program evaluated to determine if it meets the goals stated above (see response for B.7)?</p> <p style="text-align: center;">*Please attach the most recent evaluation.</p>	<p><i>Requires description of a formalized method of evaluation with the agency’s stated goals.</i></p>	

D. Budget

Example:

FEES FOR OUT-OF-SCHOOL TIME SERVICES	
1. Number of Children	20
2. Fee per child per week	\$150
3. Number of weeks in operation	36
4. Total (1 x 2)	\$108,000

OPERATIONAL EXPENDITURES	
1. Materials	\$2,000
2. Personnel	\$3,600
3. Other: food for snacks	\$3,600
4. Total (1 + 2 + 3)	\$9,200

FEES FOR OUT-OF-SCHOOL TIME SERVICES	
1. Number of children	
2. Fee per child per week	
3. Number of weeks in operation	
4. Total (1x2)	

OPERATIONAL EXPENDITURES	
1. Materials	
2. Personnel	
3. Other: food for snacks	
4. Total (1+2+3)	

D. Registration Submission

To submit the registration information:

1. Print document and mail to:
 Kara Kerns
 Licensing Specialist
 West Virginia Department of Health and Human Resources
 4285 Cedar Lakes Rd.
 Ripley, WV 25271

OR

2. Save completed document and email to:
Kara.L.Kerns@wv.gov

E. Certification

We hereby represent to the West Virginia Department of Health and Human Resources that the statements in this registration are, to the best of our knowledge, complete and accurate, and are submitted as a basis for registration.

Signature:

Signature:

Owner or Board President

Director, Executive or other Associated Person

Date: _____

Date: _____

Contact #: _____

Contact #: _____



PLEASE MAINTAIN A COPY FOR YOUR RECORDS

The Department will send written confirmation of your registration and licensure/exemption status.