

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  
 Unlicensed School-age 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