

# West Virginia Department of Health and Human Resources REGISTRATION for TEMPORARY CRISIS CHILD CARE CENTER

## A. <u>Who Needs To Register</u>

Any child care program that currently holds a regular license or certificate of registration or other programs providing temporary critical child care during the COVID-19 crisis.

### B. <u>Program Information</u>

Section B. is the information WV DHHR BCF Division of Early Care and Education needs to register the temporary crisis child care center.

1. This is (check one):

Licensed Child Care Center	Provider (FACTS) ID:
Registered Family Child Care Facility	Provider (FACTS) ID:
Registered Family Child Care Home	Provider (FACTS) ID:
Pop-up Child Care Center	
Drop-in Child Care Center	

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

PHYSICAL ADDRESS	MAILING ADDRESS
Program Name:	Program Name:
Street:	Street:
City:	City:
County:	County:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

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

ontact Name:	
ddress:	
ione:	
X:	
nail:	

4. Ages and Number of Children you Will Serve (check all age groups to be served and anticipated number):

AGE	NUMBER
Infants (6wks-24	
mos,)	
Toddler (2-4)	
Preschool (4-5)	
School-Age (5-13)	

- 5. Requested capacity: \_
- 6. Anticipated number of children that will be served daily:
- 7. What days/Times will you operate?

DAYS	TIMES (Start Time and End Time)	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- 8. Does the program have materials and equipment to meet the needs of all ages of children in care?
  - □ Yes
  - $\Box$  No, our program may need assistance with this
- 9. Does the program have needed sanitation and diapering supplies?
  - □ Yes
  - $\Box$  No, our program may need assistance with this
- 10. Does the program have the ability to serve breakfast, lunch, snacks and dinner if applicable?
  - □ Yes
  - $\Box$  No, our program may need assistance with this
- 11. Does the program have staff that are at least 18 years of age and have basic background check results on file?
  - □ Yes
  - $\Box$  No, our program may need assistance with this
- 12. Has the space being used been approved by the Health Department and Fire Marshal?
  - □ Yes (please attach the Health Department and Fire Marshal reports)
  - $\hfill\square$  No, our program may need assistance with this

#### C. <u>Registration Submission</u>

To submit the registration information:

- 1. Email the document to <u>ECEProviders@wv.gov</u> or
- Save completed document and mail to: West Virginia Department of Health & Human Resources Division of Early Care & Education 350 Capital Street, room B-18 Charleston, WV 25301

### **D.** Certification

I understand that a Temporary Crisis Child Care Center may only operate until the Governor of West Virginia rescinds the Pandemic State of Emergency. I understand that if I am a currently licensed or registered child care program, the program has to have been issued a regular child care license.

Signature:

**Owner/Director/Agency/Business Representative** 

Date:

**Contact Phone:** 

PLEASE MAINTAIN A COPY FOR YOUR RECORDS

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