

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