



**APPLICATION
FOR
RENEWAL
OF
CERTIFICATE OF LICENSE OR APPROVAL
TO OPERATE A CHILD CARE CENTER**

**PLEASE RETURN TO YOUR ASSIGNED LICENSING SPECIALIST
USING THE ADDRESS LISTED BELOW**

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Instruction Sheet

Section I Question 1- This is the name and address that appears on the license.

Section I Question 3- This refers to how you registered with the Secretary of State's Office.

Section I Question 5- Infants and toddlers are defined as children 6 weeks to 24 months of age. Children are defined as being 2 to 5 years of age. School age children are defined as being enrolled in Kindergarten and up to 13 years of age.

Section I Question 6- Specify the days you operate and hours you operate. The information is provided to the public and used by Licensing to plan reviews and monitoring visits.

Section II Question 1- This includes maiden names.

Sections III and IV- Please use a star to indicate the members who are parents.

Section VII Number 11- One is the Health Permit and the other is the Food Establishment Inspection Report.

Section VII Number 12- If you participate in the Child and Adult Care Food Program, you may submit verification of enrollment in the program in place of a dietician's menu review.

Market Rate Survey Please complete this form and return with your application. The Department uses this information in determining market information for planning the Child Care Development Fund State Plan.

Keep a complete copy of the application for your records)

I. GENERAL INFORMATION (PLEASE PRINT and USE INK)

1. NAME AND ADDRESS OF CENTER

a. PHYSICAL ADDRESS	b. MAILING ADDRESS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

c. List the Administrative office address and contact if different from above:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Phone: <input type="text"/>
Fax: <input type="text"/>
Email: <input type="text"/>

2. Does or has the applicant own/operate any other child care center in West Virginia, or any other state or country?

Yes No

[If yes, please list by name and location]

<input type="text"/>
<input type="text"/>
<input type="text"/>

3. Has the type of business (legal basis) been changed with the Secretary of State Office or the State Tax Department?

Yes No

If yes, please indicate the date and the FEIN.

<input type="text"/>

4. Name of the executive authorized and employed to report to the Board on matters related to the administration of the center.

5. Are you applying for or requesting a change in capacity? If so, please state the requested capacity and for which age group of children:

AGE RANGE	CAPACITY REQUESTED

6. Please state the days of the week and hours the center is open for child care.

7. Does your facility provide or arrange any form of transportation?

Yes No

(This applies to **any time** transportation is provided, whether it is only for occasional field trips or daily commuting.)

If the facility provides the transportation, please complete the following for each vehicle:

a.

MAKE	MODEL	LICENSE PLATE	SEATING CAPACITY

b. If the transportation is arranged, please describe the arrangement and the type of vehicles used:

II. OWNER INFORMATION for privately owned centers

	Owner 1	Owner 2
Name of Owner:	[[]]	[[]]
Address:	[[]]	[[]]
Aliases used by owner:	[[]]	[[]]
Telephone:	[[]]	[[]]
Cell Phone:	[[]]	[[]]
Fax:	[[]]	[[]]
Email:	[[]]	[[]]
Date of CIB Clearance:	[[]]	[[]]

III. OFFICERS AND MEMBERS OF GOVERNING BOARD

Please indicate with an asterisk parents using the center for child care that are members of the Governing Board. An unincorporated licensee (owner) may act as the governing body, but must appoint a parent advisory committee (see next table).

NAME	TERM	ADDRESS AND TELEPHONE NUMBER	OFFICE HELD

IV. OFFICERS AND MEMBERS OF ADVISORY BOARD

Please indicate with an asterisk the parents currently using the center

NAME	TERM	ADDRESS AND TELEPHONE NUMBER	OFFICE HELD

VI. A. FINANCIAL STATEMENT

You must choose one (1) of the following to attach to the renewal application (please indicate):

Audit of the child care center business within the last 13 months

Previous calendar year's IRS tax return schedules for the child care center business

B. Name and credentials of person(s) who maintains or is responsible for financial records:

VII. ATTACHMENTS TO APPLICATION

NOTE: The following are to be attached to this application as indicated.

(Check the appropriate column for each listed item)

Office Use Only		Previously Submitted (Date)	Enclosed
	1. Resume, three written references, and verification of qualification for each on site director <i>-If changed since last application</i>		
	2. Floor plan with room dimensions, permanent fixtures, toilets and sinks, storage areas, outdoor activity and permanent outdoor activity equipment, fire exits, and utility shut-offs <i>- If changed since last application</i>		
	3. Emergency and disaster plans which include procedures for disasters that are high risk for the facility's geographic area <i>(Example: Facilities in the Kanawha Valley shall have plans for potential chemical disasters.)</i> <i>- If changed since last application</i>		
	4. Copies of information provided to parents (Parent Handbook) <i>- If changed since last application</i>		
	5. Personnel policies, job descriptions, and staffing patterns (Employee Handbook) <i>- If changed since last application</i>		
	6. Staff training plan including the person or staff position responsible for maintaining training data.		
	7. Copy of Worker's Compensation Insurance Policy statement page and Unemployment Compensation Insurance Policy statement page including the effective and expiration dates		
	8. Copy of General Liability Insurance Policy statement page, including the effective and expiration dates		
	9. Copy of business license		
	10. Copies of Fire Marshal's "Fire Safety Inspection Report" which recommends license		
	11. Copies of BOTH of the State Health Department's Reports		
	12. Market Rate Survey		
	13. Provide an assessment of your current food program by a qualified dietician		

IX. DECLARATION AND SIGNATURE

(Official name of center/facility)

hereby applies for a license/approval to continue to operate a child care center. We hereby represent to the West Virginia Department of Health and Human Resources that we are familiar with the standards of child care and services for children formulated by the West Virginia Department of Health and Human Resources and the State Fire Marshal's Office in pursuance of the provisions of West Virginia Code §49-2B, and that if a license or certificate of approval is issued to us, we will conform to standards as the same now exist or may hereafter be amended.

We hereby represent to the West Virginia Department of Health and Human Resources that the statements in this application and its attachments are, to the best of our knowledge, complete and accurate, and are submitted as a basis of judgment in the granting or withholding of such license.

Signature:

Signature:

Owner or Board President

Director or Executive

Date: _____

Date: _____

Taken, subscribed, and sworn to before me this _____ day of _____, 20____

Notary Public

in and for _____ West Virginia

My commission expires on the _____ day of _____, 20____

Market Rate Survey

NAME OF CHILD CARE CENTER _____

Address _____

Center charges by the: Hour Day Week

Enter the amount charged beside the age groups at your center.

AGE RANGE	AMOUNT CHARGED
0 - 24 months	[]
25 - 36 months	[]
37 - 48 months	[]
49 months and over	[]

Do you charge for absent days? Yes No

If Yes, What is your absent policy? Place a check mark beside the policy.

[]	No Charge for Holidays
[]	No Charge for Family Vacation time - up to 5 days allowed annually
[]	No Charge for Family Vacation time - up to 10 days allowed annually
[]	No Charge for Family Vacation time - up to 15 days allowed annually
[]	No Charge for Child Illness - up to 5 days allowed annually
[]	No Charge for Child Illness - up to 10 days allowed annually
[]	No Charge for Child Illness - up to 15 days allowed annually
[]	No Charge for Snow Days
[]	No Charge for Days when Program is not in Operation
[]	No Charge for In-service Days
[]	No Charge for Parent's Choice of up to 5 days annually
[]	No Charge for Parent's Choice of up to 10 days annually
[]	No Charge for Parent's Choice of up to 15 days annually
[]	Other []

Owner / Director Signature

Date