

SITE INFORMATION

Reactivate due to: Name Change Address change
 Previously on FDCH Program (keep original Provider ID#)

INSTRUCTIONS: Complete a form for each Family Day Care Home Provider

Sponsoring Agency	Provider Name:				WVDHHR Exp. Date:	
	Address:				Provider Type (circle):	
	Phone #:				T1A T1S T1C T2 T2M	
	County:					
TOTAL # CHILDREN _____	# TIER 1 CHILDREN _____		# PROVIDER'S CHILDREN _____		# TIER 2 CHILDREN _____	
	DOB	AGE	DOB	AGE	DOB	AGE

Meal Type (must allow 2½ hrs between meals/snacks)	Estimated # of children/meal			Time each meal will be served		
	School Days	Non-School Days	After School	School Days	Non-School Days	After School
Breakfast						
AM Snack						
Lunch						
PM Snack						
Supper						
Evening snack						

Providers will be reimbursed for 2 meals and 1 snack OR 2 snacks and 1 meal per day per child.

- Are child care hours irregular due to parent's work schedule? Yes No If yes, explain _____
- Does the provider give care in a "home-like" setting? Yes No
- The provider will plan monthly menus and keep menu records? Yes No
- How will the provider be informed of special dietary needs of children (allergies, etc...)? _____
- Is the home's kitchen facility:
 - in good repair? Yes No
 - adequately equipped including refrigerator and range? Yes No
 - clean and organized? Yes No
 - free of safety hazards? Yes No
- Does the home have adequate food storage space? Yes No
- Are bathroom facilities, including hand washing areas, easily accessible, clean and safe? Yes No
- Is the home reasonably clean and in good repair, including floors and walls in the food prep/service area? Yes No
- Does the home appear to be free of contaminants (insects, rodents, etc)? Yes No
- Is the meal service area adequate to feed the children, including an uncluttered table where children can dine? Yes No
- Will children be adequately supervised during the meal service? Yes No

I certify this provider's home has been visited and the provider has a valid WVDHHR Family Child Care Home certificate, and the information given on this form is true and correct to the best of my knowledge.

 Signature and Title of Authorized Sponsor Date _____

Received and Approved by: _____ Date _____
 Signature and Title of State Agency Coordinator