



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION
ASSISTED LIVING PROGRAM
408 Leon Sullivan Way
Charleston, West Virginia 25301-1713
Telephone: (304) 558-0050 Fax: (304) 558-2515**

REQUEST FOR APPROVAL TO PROVIDE DAY CARE

Facility Name: _____ Telephone Number: _____

Address: _____

Licensed Bed Capacity: _____ Current Census _____

Proposed hours for providing day care: From _____ a.m. to _____ p.m.

Services you propose to provide: _____

Proposed number of day care individuals to be served: _____

NOTE: THE TOTAL NUMBER OF RESIDENTS (DAY CARE AND OVERNIGHT) CANNOT EXCEED THE LICENSED BED CAPACITY

Does the facility have the required square footage including dining space, leisure space and toilet/bathrooms for the total number of residents to be served (including day care and overnight)? Yes _____ No _____

Will day care residents have free access and accommodations for resting or lying down during the day? Yes _____ No _____

Will this be provided in vacant resident rooms? Yes _____ No _____

If no, where will this be provided? _____

How will these residents be identified as day care residents in the facility? _____

Licensee/Administrator Name: _____ Date: _____

OHFLAC TO COMPLETE THE FOLLOWING:

Approval Granted: _____ Denied: _____

Comments: _____

Name: _____ Date: _____