**DIVISION OF LICENSING PROGRAMS**
**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**
INITIAL APPLICATION FOR A LICENSE TO OPERATE A CHILD DAY CENTER

This application shall be signed by the individual responsible for operation of the child day center or, if the center is to be operated by a board, by an officer of the board or person designated authority by the board. It shall be filed 60 days before opening date.

Application is hereby made for a license to operate a child day center pursuant to Chapters 1, 17 and 18, Title 63.2 of the *Code of Virginia*.

Name of Center: ______________________________

Type of Center (please check all that apply):

☐ Child Day Center for Preschool or Younger

☐ Child Day Center for School Age Children

☐ Therapeutic Child Day Program for:
- ☐ Preschool Age or Younger Children
- ☐ School Age Children

☐ Special Needs Child Day Program for:
- ☐ Preschool Age or Younger Children
- ☐ School Age Children

Center Location: ______________________________
Street or Route No. City State Zip

Mailing Address: ______________________________
Street or Route No. City State Zip

In making this application, the applicant:

1. Is in receipt of and has read a copy of the standards and statutes applicable to the type of center to be operated.

2. Certifies that it is his intent to comply with the aforementioned ~~minimum~~ standards and statutes and to remain in compliance with them if he is so licensed.

3. Grants permission to the Commissioner of the Department of Social Services, his designee or authorized representative to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility, review of records, and interviewing his agents, employees, and any child or other person within his custody or control. Financial records of an applicant shall not be subject to inspection if the applicant submits a current balance sheet and an income statement accompanied by a letter from a certified public accountant certifying the accuracy thereof, and three credit references. The applicant understands that, following licensure, authorized representatives of the department will make announced and unannounced inspections of the center to determine its compliance with standards and to investigate any complaints received.

4. Understands that he will be requested to supply reports from the local health department and appropriate fire prevention officials and he may be requested to supply a Certificate of Occupancy from the local building official.

5. Understands that an application for a license is subject to either issuance or denial. In the event of denial, it is understood that the applicant has appeal rights under the Administrative Process Act that are explained in the General Procedures regulation.

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*For Department Use Only*
*Date Rec:*__________ *Amt. Rec: $*__________ *Ck/MO#:* ______________
*Rec.by:* ______________________ *Bal Due: $*____________

6. Understands that a license is required for each center site and the application fee is calculated according to the capacity of the center. In case the Commissioner of the Department of Social Services, his designee or authorized representative fails to take final action upon an application for a license within 60 days after the application is made, it shall be lawful for the applicant to engage in the operations or activities for which the license is desired, until the Commissioner, his designee or authorized representative has taken final action and notified the applicant thereof; however, no application shall be deemed made until all the required information is submitted in the form prescribed by the Commissioner.

7. Is aware that it is a misdemeanor for any person to operate a child day center defined in § 63.2-100 of the *Code of Virginia*, which is not exempt according to § 63.2-1715 of the *Code of Virginia*, without a license; to interfere with any representative of the Commissioner of the Department of Social Services in the discharge of his duties; to make to the Commissioner or any representative of the Commissioner any report or statement with respect to the operation of the center that is known by such person to be false or untrue; or to operate a center serving more persons than the maximum stipulated in the license.

8. Is aware that the Commissioner of the Department of Social Services, his designee or authorized representative may issue a special order for violation of any of the provisions of licensure laws (subtitle IV of Title 63.2 of the *Code of Virginia*); any regulation adopted under these laws that adversely affects, or is an imminent and substantial threat to, the health, safety or welfare of the person cared for therein; or for permitting, aiding or abetting the commission of any illegal act in a center. Special orders may include placing a licensee on probation; reducing licensed capacity or prohibiting new admissions; requiring that probationary status announcements, provisional licenses, and denial or revocation notices be posted; mandating training for the licensee or licensee's employees; assessing civil penalties of not more than $500 per inspection; requiring licensees to contact parents, guardians or other responsible persons in writing regarding health and safety violations; and preventing licensees from receiving public funds.

9. Understands that all applicants; and all agents at the time of application who are or will be involved in the day-to-day operations of the center or who will be alone with, in control of, or supervising one or more of the children, must submit background checks. The background checks are: sworn statement or affirmation, criminal history record check, and search of the central registry. The applicant shall submit the background check information to the Commissioner's representative prior to issuance of a license.

10. Has to the best of his knowledge and belief, given to the Department of Social Services and its authorized representatives on this form and during any pre-application conference information that is true and correct. The applicant agrees to supply true and correct information requested during all subsequent investigations.

_____
(Date)

_____
(Name of Applicant (Individual or Organization))

by: _____
(Signature)

_____
(Applicant's Mailing Address if different from the center)

_____
(Name and Title)

_____
(City, State, Zip Code)

(  )_____
(Business Telephone)

Directions: Please provide all requested information.

## I. SPONSORSHIP AND GENERAL INFORMATION

A. Name of Center: _____

B. Center is to be operated by

____Individual ____Corporation ____Public Agency

____Partnership ____Association ____Limited Liability Company

C. Name of sponsor if not an individual proprietorship: _____

Address: _____

Telephone: (____)_____

The center is located in the County or City of: _____

Name and title of contact person (if applicable) _____

_____

D. For centers sponsored by a corporation, partnership, unincorporated association, or limited liability company, list the names and addresses of individuals who hold primary financial control and officers of the sponsoring/governing body:

President or Chairperson: _____ Telephone Number:(____)_____

Address: _____
(City) (State) (Zip Code)

| Office | Name | Address |
|---|---|---|
| | | |
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E. References

List the names and addresses of three persons who are not related to the applicant(s) and who can knowledgeably and objectively certify to the applicant's(s') character and reputation. For a center sponsored by a corporation, partnership, unincorporated association, or limited liability company, provide three references for each individual who holds primary financial control and each officer of the sponsoring/governing body.

Name of Individual Owner, Partner, or Officer _____

| References | Phone Numbers | Addresses |
|---|---|---|
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |

Name of Individual Owner, Partner, or Officer _____

| References | Phone Numbers | Addresses |
|---|---|---|
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |

Name of Individual Owner, Partner, or Officer _____

| References | Phone Numbers | Addresses |
|---|---|---|
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |

Name of Individual Owner, Partner, or Officer _____

| References | Phone Numbers | Addresses |
|---|---|---|
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |
| _____ | _____ | _____ (Street Address) (City) (State) (Zip) |

## II. CENTER INFORMATION

| | |
|---|---|
| A. Name of Center | B. Phone Number of Center (Area Code) ( ) |
| C. Name of Administrator | D. Name of Center Director |

E. Directions to the Center:

_____

_____

_____

F. Asbestos

Section 63.2-1811 of the *Code of Virginia*, requires asbestos inspections in child day centers based on the date of construction of the building(s) housing your center. Written statements required by the minimum standards applicable to your center must be submitted to the appropriate licensing office before a license can be issued.

1. Was the building in which your center is located built before 1978?

☐ Yes. Proceed to question #2.

☐ No. Building built in or after 1978. Does not require a DSS asbestos inspection. Skip question 2.

2. Is the building in which your center is located a currently operating public school building or state owned building?

☐ Yes. Does not require a DSS asbestos inspection. No further action required.

☐ No. A DSS asbestos inspection and management plan, if applicable, is required and must be submitted to the appropriate licensing office before a license can be issued.

Please provide this information for each separate building of your center.

Note: The completed asbestos inspection report and management plan, if applicable, must also be submitted to the Department of Education if:

1. you operate, or plan to operate at this site, a nonprofit school that includes children who have reached their 5th birthday on or before September 30 of the current school year, and
2. this school is located in a building constructed prior to 1978.

The Department of Education can be contacted at (804) 225-2035.

G. Hours of Operation and Requested, Licensed Capacity

| Child Day Center | Hours of Operation (days and times) | Months Operated During the Year | Requested Licensed Capacity | Age Range |
|---|---|---|---|---|
| Preschool or Younger | | | | |
| School Age | | | | |

H. What is your total, requested licensed capacity (the number of children that can be present at any one time)? _____

I. Does the program operate fewer than four months in a 12 month period? _____Yes _____No

J. Proposed Enrollment by Age Groups and Type of Care Offered. Please indicate if multiple sessions during a one week time period are offered (i.e. morning session and afternoon session).

| Infants and Toddlers (birth to 16 mo.) | Infants and Toddlers (16 mos. to 2 yrs.) | Preschool (2 ~~and 3~~ yr. olds) | Preschool (~~4~~3 to age of eligibility to attend school) | School Age |
|---|---|---|---|---|
| | | | | |

K. State the purpose and scope of your services (EXAMPLES: What will be the major goal of your center? What will be the emphasis and philosophy of your center to carry out this goal? What are the specific services to be provided as part of your center and how do these services vary according to the age group in care?):

_____

_____

_____

_____

_____

Directions: List all employees and volunteers. Place a plus sign (+) by the names of employees and volunteers who have current certification in first-aid and an asterisk (*) by the names of those who have current certification in cardiopulmonary resuscitation and rescue breathing. If staff not yet hired, indicate positions to be used, anticipating hours of employment, etc.

## III. STAFF INFORMATION

Name of Center: _____

| Staff Member | Date of Employment | Position | Education/Related Experience (Indicate highest grade, diploma or degree and related experience) | Weekly Work Schedule (Specify actual hours worked each day) | Age Group For Which Responsible |
|---|---|---|---|---|---|
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## IV. ATTACHMENTS

A. Required Attachments

1. Attach the appropriate fee for application processing. A paid application fee is required before the application is deemed complete.

2. Floor plans indicating exact dimensions of rooms to be used, including:

   a) room length and width;
   b) functions of each room;
   c) toilet facilities, including number of basins and toilets; and
   d) position of any fixed equipment and furniture.

3. A site plan or sketch showing the following:
   a) outdoor play areas, including dimensions;
   b) location of the building on the site;
   c) adjacent streets and parking areas;
   d) all fences, fixed equipment and secondary buildings or structures.

   Note: Floor plans and sketch of available outdoor play areas are not required if plans have previously been submitted for functional design approval and no changes have been made to the plans.

4. a) For a center operated by a partnership:

| | Attached | Not Applicable |
|---|---|---|
| Articles of Partnership | ☐ | ☐ |

   b) For a center operated by an association:

| | | |
|---|---|---|
| 1) Copy of Constitution, or | ☐ | ☐ |
| 2) Copy of By-Laws | ☐ | ☐ |

   c) For a center operated by a corporation or limited liability company:

| | | |
|---|---|---|
| Copy of Charter or certificate of authority to transact business in the Commonwealth | ☐ | ☐ |

5. Budget plans for the operation of the center (a copy of your proposed budget for the first year's operation is preferred since technical assistance can be provided on this topic).

6. A written statement regarding the sponsorship and organization of the center, with information showing who is responsible for policy making, operation and management decisions.

7. Samples of all forms developed, such as application form, agreement form, etc., if different from the model forms provided by the Department of Social Services.

8. Sample menu for one month if food is provided by the center.

9. A list of indoor and outdoor play equipment available to children.

10. A copy of the daily activity schedule(s) for the center.

11. A copy of all brochures and policies required by the ~~minimum~~ standards applicable to your center.

B. Additional Attachments

Attachments requested in this section may be provided with this application or at a later date in the review period prior to licensure. Submission of these items is required for the application to be considered complete. Review of these documents is required before a license can be issued and early submission may shorten the amount of time needed for the inspection.

1. Evidence of required insurance coverage.

2. Documentation that the building meets applicable building codes.

3. Required asbestos statements (if building built before 1978).

4. Background check information as required by §§ 63.2-1719 through 63.2-1723 of the *Code of Virginia*.