

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS**

**PART II: PROGRAM ADDENDUM TO APPLICATION FOR LICENSURE OF
A FAMILY DAY SYSTEM**

NAME OF FAMILY DAY SYSTEM: _____

OPERATING INFORMATION					
Name of the Director: _____	Title _____	Phone _____	Fax Number _____	Email _____	

SYSTEM HOMES
Number of Homes to be Approved: _____
Counties and Cities Where Homes will be Located: _____ _____

TYPE OF CARE TO BE OFFERED OR CURRENTLY OFFERED:

Age Group	Half Day Care	Full Day Care	Before and After School Care	Evening Care 7 pm-1 am	Overnight Care After 1 am	TOTAL
Infants and Toddlers (under 2)						
Preschool: 2 yrs						
Preschool: 2-5 years						
School Age: 6-9 years						
School Age: 10-14 years						
TOTALS						

REQUIRED ATTACHMENTS FOR INITIAL APPLICATION	Attachments Provided
Attachments required in Part I, Section 2:	
• Reference Letters	
• Personal Qualifying Information Forms (if applicable)	
• Business Entity Legal Documents (articles of incorporation, certificate of organization, etc.)	
• Annual Operating Budget	
• Credit Reference	
FEE (payable to: “Treasurer of Virginia”)	
Attachments required in Part II (Program Addendum):	
1. Statement of Written Goals and Objectives	
2. A statement or chart regarding organization of the management staff, with information showing who is responsible for policy, operation and management decisions.	
3. Staff Information Sheet listing all staff employed and volunteering in the family day system. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers).	
4. Name of the management company that operates the agency, if other than the licensee.	
5. All written job descriptions for system staff.	
6. Copies of policies and procedures relating to the operation of the system, personnel, and to member homes.	
7. Copies of all forms used by system (if different from the model forms provided by the Department of Social Services) especially those used in homes’ records and those used in children’s records	
8. Copies of any brochures	
9. Description of method of transportation, if transportation provided	
10. Written schedule of payments to be made to homes that are members of the system. This schedule shall specify the amount of payment, conditions of payment and frequency of payment.	
<p>NOTE: For each individual listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), the following original documents must be available at the facility for inspection:</p> <ul style="list-style-type: none"> • Sworn Disclosure Statement completed within the last 90 days • Criminal History Record Report obtained from the state police within the last 90 days • Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services within the last 90 days 	

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION	Attachments Provided
1. Written Goals and Objectives, if changed since previous license issued <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
2. If changed since the previous license was issued, a statement or chart regarding the organization of the management staff, with information showing who is responsible for policy, operation and management decisions. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
3. Staff Information Sheet listing all staff employed and volunteering in the family day system. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers).	
4. Written job descriptions for system staff, if changed since previous license issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
5. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), an original Sworn Disclosure Statement.	
6. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), an original Criminal History Record Report obtained from the state police.	
7. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), an original Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services.	
<p>NOTE: For any individuals (other than new individuals) listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), the most recent original of the following documents must be available at the facility for inspection:</p> <ul style="list-style-type: none"> - Sworn Disclosure Statement - Criminal History Record Report obtained from the state police - Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services 	
8. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certify to his/her character and reputation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
9. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under “Identifying Information”), Personal Qualifying Information Form if within the last 10 years the individual served as a voting officer, director, or principal stockholder in any child-welfare, assisted living, adult day care center, nursing home or mental health facility, program or agency requiring licensure in Virginia or in any other state. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
10. If a management company operates the agency rather than the licensee, the name of the new management company if changed since the agency’s last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION	Attachments Provided
11. Copies of any policies and procedures relating to the operation of the system, personnel, and to member homes that have changed since previous license issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
12. Copies of new or revised forms (if different from the model forms provided by the Department of Social Services) <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
13. Copies of new or revised Brochures (if any) <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
14. Written schedule of payments to be made to homes that are members of the system, if changed since previous license issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
15. Description of any change to the method of transportation, if transportation provided. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
16. Directory of approved homes that are members of the system.	
FEE (payable to: "Treasurer of Virginia")	