

**Background Check Forms
and Instructions to be used by
Assistants, Substitute
Providers and for any other
adults that reside in the
applicant's home.**

INSTRUCTIONS FOR COMPLETING REQUIRED VOLUNTARY REGISTRATION FORMS

1. The Voluntary Registration application fee for an initial, renewal, or address change application is \$50.00 and NON-REFUNDABLE. ONLY mail to the Division of Licensing Programs (DOLP) if you live in that assigned area. Refer to (Page 2-Voluntary Registration Contract Agencies) in the Registration Packet. The Contracting Agency must tell you how to make the fee payable, and the correct address for mailing the Application, the Fee, and RESULTS of background checks. Again, ONLY if you live in a city or county served by DOLP, then you would make check payable to "Treasurer of Virginia" and mail to DOLP.
2. Processing a Criminal History Record Search SP 167 and/or SP 230 (Rev. 11-01-2010)
2 different forms MUST be used.
(The SP 167 form must be used only for applicants; and the SP 230 form must be used for assistant(s), substitute(s), and adult household member(s).

Initial applicants or renewal providers must complete the Criminal History Record Name Search Request - Form SP 167. This form must be notarized. The Virginia State Police will return any other form and the use of an incorrect form could result in a delay in issuance of a certificate. The fee is \$15.00.

The Virginia State Police **STRONGLY** recommend that you use the forms posted on their website (www.vsp.virginia.gov) and complete the forms on-line. Follow the recommended procedures listed on the website to ensure processing of your request within five (5) days after receipt of the form. If you follow the Virginia State Police recommended procedures and print the form with a barcode in the top right corner, and be sure to indicate "NEW FORM" on the envelope to ensure the fastest processing.

The Virginia State Police have provided a link to blank forms that may be downloaded. Please be aware that this is not the recommended procedure and your request WILL NOT receive priority processing by the State Police. The Virginia State Police will attempt to process and return handwritten/typed search forms within 30 days of receipt.

The purpose of the search is "Other" specify "child day care" in the blank and the name of the person requesting the search is the applicant/provider.

All of the results should be returned to the YOU (initial applicant or renewal provider) prior to the YOU forwarding the **RESULTS** to DOLP or the Contracting Agency. Anything other than a Virginia State Police Criminal History Record Search or the Combined Criminal History Record and Sex Offender & Crimes Against Minors Registry Search will be returned.

DO NOT COMPLETE THE REPLY ADDRESS AS DOLP OR THE CONTRACTING AGENCY; IT MUST BE MAILED TO YOUR DAYCARE BUSINESS OR YOUR OPERATING NAME, IF THE NAME IS DIFFERENT FROM YOUR NAME, PROVIDED ON THE SEARCH FORM.

Sign, date the request, include the proper payment fees, and mail to:

FORM SP 167 (Rev. 11-01-2010) Virginia State Police Central Criminal Records Exchange-NF Post Office Box 85076 Richmond, Virginia 23261-5076 ATTN: NEW FORM	FORM SP 230 (Rev. 11-01-2010) Virginia State Police CCRE—Attention: New Form Post Office Box 85076 Richmond, Virginia 23261-5076
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DO NOT mail form(s) to DOLP or CONTRACTING AGENCY for processing, or requesting a search, or ask that the Virginia State Police to send the results directly to DOLP/Voluntary Registration since this will only delay processing.

PLEASE DO NOT SUBMIT YOUR SEARCH FORMS TO A LOCAL DEPARTMENT OF SOCIAL SERVICES OR A LEVEL ONE VENDOR AGENCY for processing as DOLP/Voluntary Registration will not be able to accept the results except under very specific conditions. Call 804-726-7140 to discuss prior to submitting!!!

A blank SP 167 form is included with these instructions, and you may make copies as needed. However, please bear in mind that this is no longer the recommended way to process a request and will delay the processing of your request. Again, the Virginia State Police **STRONGLY** recommend that you use the forms posted on their website (www.vsp.virginia.gov) and complete the forms on-line. Follow the recommended procedures listed on the website to ensure processing of your request within five (5) days after receipt of the form. If you follow the Virginia State Police website recommended procedures, and print the form with a barcode in the top right corner; please be sure to indicate "NEW FORM" on the envelope as instructed for SP 167 or SP 230 to ensure the fastest processing.

3. Processing a Child Protective Services (CPS) Search of the Central Registry 032-02-051-09-eng (11/09) for founded dispositions of child abuse or neglect.

You must complete a "Request for Search of the Central Registry and Release of Information Form" for YOU (initial applicant or renewal provider, any adult household members, children residing in the home ages 14-17; assistants and substitute providers. The processing cost for each form is \$7.00. You must send a money order, company check; cashiers check made payable to: Virginia Department of Social Services. Personal checks *will not be accepted*.

You, as the applicant, are the requesting individual and your name and address should be written in Part I. You may leave the Agency Code blank and indicate that the responses should be returned to your attention. The purpose of the search is Babysitter/Family Day Care.

Remember to put your full middle name and your children's full, middle and last name(s) on the form or it will be sent back to you. **DO NOT** mail your CPS request forms to DOLP/Voluntary Registration. You must submit the **RESULTS** for each individual after OBU has processed the check and returned the form to you.

You need to have the form notarized and send search request to:
Virginia Department of Social Services
801 East Main Street, 6th Floor, OBI Search Unit
Richmond, Virginia 23219-2901

4. Completing the Sworn Statement or Affirmation For Child Day Programs 032-05-0160-06-eng

A Sworn Statement or Affirmation For Child Day Programs must be completed for the applicant, assistant (regardless of age!), substitute provider, and each adult household member. Only Page 1 of this statement needs to be printed-the remainder is for information only. Please make additional copies as needed of Page 1 only. You must respond accurately and completely; answering each question for both within and outside the Commonwealth of Virginia. You must respond to all 4 questions.

Mailing RESULTS, Application, and Fee to CONTRACTING AGENCY or DOLP fee-(Treasurer of Virginia)

If you are an INITIAL APPLICANT, you should not mail your application or fee until you have received all of the background check(s) and TB screening result(s). This will allow you to ask questions regarding barrier (barrier crimes) prior to submitting your application or fee.

If you are RENEWING a VR certification, it is not necessary to hold the application or fee unless there has been a change in background checks results; or TB results since your previous application. In fact, submitting your application at least 45 days prior to your expiration date allows your home visit to be scheduled in a timely fashion and can help avoid delays.

In either case, the application is not complete until the appropriate contracting agency or DOLP receives your Application, \$50.00 Fee, and Health and Safety Checklist, Sworn Statement or Affirmation, **RESULTS** of Tuberculosis testing or screening and the **RESULTS** of the Criminal History Record check and the Child Protective Services Search of the Central Registry. Mail searched RESULTS to the Contracting Agency or DOLP/Voluntary Registration; only mail to DOLP if you live in that assigned area.

5. Contact numbers for SEARCHES NOT RETURNED WITHIN 30 DAYS of mailing

Results of criminal history record checks, CPS searches, Sworn Statements, or TB screenings or tests DATED MORE THAN 90 DAYS PRIOR TO THE DATE THE APPLICATION is DATE STAMPED (RECEIVED) by the DOLP/Voluntary Registration or Contracting Agency will not be accepted.

If you have not received the results of a search request within 30 days of mailing, please contact the agency conducting the search.

CHILD PROTECTIVE SERVICES INQUIRES 804-726-7567 804-726-7544 804-726-7549	CRIMINAL RECORD SEARCH INQUIRES 804-674-2131 (APPLICATION STATUS ONLY)
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If you have any other questions, please call Margie Irby at 804-726-7170, or via email to margie.irby@dss.virginia.gov.

Updated: 12/1/2011

SP-230 Form

To be completed by provider for any assistant, substitute provider and each adult household member.

The original results of the Criminal History Record Search must be submitted with application.

CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To: **Virginia State Police**
CCRE – Attention: New Form
P.O. Box 85076
Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- | | |
|---|--|
| <input type="checkbox"/> CHILD DAY CARE | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS |
| <input type="checkbox"/> DOMESTIC ADOPTION | <input type="checkbox"/> INTERNATIONAL ADOPTION COUNTRY: _____ |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE |
| <input type="checkbox"/> NURSING HOME OR HOME HEALTH | <input type="checkbox"/> EMPLOYMENT |
| | <input type="checkbox"/> OTHER (Please Specify) _____ |

NAME TO BE SEARCHED:

LAST NAME **FIRST NAME** **MIDDLE NAME** **MAIDEN NAME**

RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
		/ / (MM/DD/YYYY)	

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: ____ / ____ / ____ (MM/DD/YYYY)

Signature of Person Making Request: _____ Printed Name: _____

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAME	
ATTENTION	
ADDRESS	
CITY STATE ZIP CODE	

FEES FOR SERVICE:



FEES:

- | | |
|---|---|
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH | <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH |
| <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |

* FEES For Volunteers with Non-Profit Organizations:

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

CHARGE CARD: MasterCard  OR Visa  Certified Check or Money Order (attached, payable to Virginia State Police)
 Virginia State Police Charge Account Number: _____
 Account Number: _____
 Expiration Date: ____ / ____
 Signature of Cardholder: _____

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- | | | |
|---|--|--|
| <input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record | <input type="checkbox"/> No Criminal Record – Fingerprint Search | Purpose code: <input type="checkbox"/> C
<input type="checkbox"/> N
<input type="checkbox"/> O |
| <input type="checkbox"/> No Criminal Record – Name Search Only | <input type="checkbox"/> Criminal Record Attached | |
| <input type="checkbox"/> No Sex Offender Registration Record | | |

Date _____ By CCRE/ _____

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
(Please read the following General Instructions)

PURPOSE OF THIS REQUEST: Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, Code of Virginia, governing the program for which the search is requested.

NAME TO BE SEARCHED: Type the full name (last, first middle [no initials] and maiden name (if applicable), sex, race, date of birth, and completed address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. **Note: Signature of person making request is required.**

Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.

FEES FOR SERVICE: Indicate the fee for the service requested.

METHOD OF PAYMENT: Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa.
For charge account: record charge account number issued by State Police.

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms. Code of Virginia §2.2-4805.

Mailing Instructions:

Mail to: Virginia State Police
CCRE – Attention: New Form
P.O. Box 85076
Richmond, Virginia 23261-5076

**Virginia Department of Social Services – Child
Protective Services - Central Registry Release of
Information Form**

**To be completed for any assistant, substitute
provider, and each adult household member.**

**The original results of the CPS search of the
Central Registry must be submitted with
application.**

Virginia Department of Social Services/Child Protective Services Central Registry Release of Information Form

Part I: INSTRUCTIONS - Read all instructions before completing form; Incomplete forms will be returned.

1. Type or print legibly in ink. Indicate N/A if a question is not applicable
 2. Submit a separate form for each individual whose name is to be searched.
 3. Provide proof of identity and sign Part III in the presence of a Notary Public.
 4. **Enclose a \$7.00** money order, company /business check or cashiers check payable to: **Virginia Department of Social Services** (unless waived) **DO NOT SEND CASH or PERSONAL CHECKS.** This fee is nonrefundable. \$25 will be charged for checks returned for insufficient funds.
 5. Search results disseminated beyond the requesting agency/individual named below are not considered official.
 6. Mail completed form to: **VA Dept. of Social Services, 801 East Main St, 6th floor, OBI Search Unit, Richmond VA 23219-3301**
- MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

MUST USE THIS FORM BEGINNING 11/01/09

Name <hr/> Address: <hr/> City State Zip Code <hr/> Contact Person Contact's Phone Number	<div style="border: 1px solid black; padding: 5px;"> Payment Code/ Fips Code (If assigned by Central Registry Unit) </div> <hr/> Mandatory for all coded agencies
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Purpose of Search, Check one:

<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care	<input type="checkbox"/> CASA
<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Foster Parent
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other			

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

Identifying Information for Person Being Searched:

Last Name	First Name	Full Middle Name - no initials (if name is initial only state Initial Only)		
Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Date of Birth MM/DD/YY	Social Security Number
Driver's License Number	Other names Used by the Individual (Nicknames, previous married names, etc.)			
Current Address Street	Current Address City	Current Address State	Current Address Zip Code	
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency
Prior Address Street	Prior Address City	Prior Address State	Prior Address Zip Code	Date of Residency

CURRENT SPOUSE INFORMATION CHECK HERE IF NOT CURRENTLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
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ALL PREVIOUS SPOUSES CHECK HERE IF NOT PREVIOUSLY MARRIED

Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Maiden Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

Full Names of All Children: (Include Adult Children, Step, Foster, Children Not Living with you. Attach additional paper if needed)
 Check here if you do not have children

Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY
Last Name	First Name	Full Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Birth Date MM/DD/YY

over

Virginia Department of Social Services/Child Protective Services
Central Registry Release of Information Form

Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of Person to Be Searched _____

Parents' Signature (Needed if child is 17 years old or younger) _____

Part IV: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20 _____

Notary Public Signature _____

Notary Number _____

My Commission Expires: _____

Do not write below this line.

Part V: Findings - To be completed by OBI Central Registry staff only.

CENTRAL REGISTRY FINDINGS

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI staff only

Sworn Statement or Affirmation for Child Day Programs

To be completed by assistant, substitute provider, and each adult household member (ages 18 years+).

The original Sworn Statement or Affirmation must be submitted with application.

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name First Middle Maiden Social Security Number

Current Mailing Address Street, P.O. Box #, Apt. # City State Zip Code

Name of Licensed/Registered Street, P.O. Box #, Apt. # City State Zip Code
Approved Facility/Provider

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date

Explanation of Sworn Statement or Affirmation

Requirement: Sections 63.2-1704, 63.2-1720, 63.2-1721, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia* (Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

Who must comply: These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religiously exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

Consequence: If a person required to submit a sworn statement or affirmation (i) fails to submit a sworn statement or affirmation, or (ii) has been convicted of a barrier crime (specified below), or (iii) has been convicted of any other felony in the last five years, or (iv) has been the subject of a founded complaint of child abuse or neglect, and the facility refuses to separate that person from employment or service:

- Licensure, registration or approval of a child day program is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religiously exempt status will be denied;
- Religiously exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

Exception: A person who wants to operate or to volunteer or work at a facility covered by this regulation, but who is disqualified because of a criminal conviction, or a criminal conviction in the background check of any other adult living in a family day home governed by this regulation may apply for a waiver if: 1) a non-barrier crime felony conviction occurred less than five years ago, or 2) any other adult living in the home of a state regulated family day home applicant or provider has been convicted of not more than one misdemeanor offense of assault and battery or assault and battery against a family or household member. This other adult may not be an assistant or substitute provider.

BARRIER CRIMES FOR CHILD DAY PROGRAMS

including

- Licensed child day centers
- Religiously exempt child day centers
- Certified pre-schools
- Licensed family day homes
- Voluntarily registered family day homes
- Licensed family day systems
- Licensed system-approved family day homes
- The following if receiving federal, state, or local child care funds:
 - Local ordinance-approved family day homes
 - Programs of recreational activities offered by local governments
 - Unregulated family day homes (including in-home care)

(§§ 63.2-1717 D. 7., 63.2-1719, 63.2-1720, 63.2-1721, 63.2-1724, 63.2-1725 of the Code of Virginia)

<p>Also included as barrier crimes (in addition to the offenses listed below) are the conviction of any other felony unless 5 years have elapsed since the conviction and a founded complaint of child abuse or neglect within or outside the Commonwealth.</p> <p>Convictions include prior adult convictions, juvenile convictions and adjudications of juvenile delinquency if offenses involved would be a felony if committed by an adult within or outside the Commonwealth.</p>	63.2-1719
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OFFENSE * Or Equivalent Offense in Another State	CODE SECTION
Abduction (Kidnapping)	18.2-47 A
Abduction with Intent to Extort Money or for Immoral Purpose	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Adulteration of Food, Drink, Drugs, Cosmetics, etc.	18.2-54.2
Aggravated Malicious Wounding	18.2-51.2
Allowing a child to be present during manufacture or attempted manufacture of methamphetamine	18.2-248.02
Assault or Assault and Battery (Exception: Child day center may hire individual convicted of not more than one misdemeanor offense if 10 years have elapsed following the conviction, unless the person committed such offense while employed in a child day center or the object of the offense was a minor. § 63.2-1720 C)	18.2-57
Assault and Battery Against a Family or Household Member	18.2-57.2
Assisting individuals in unlawfully procuring prescription drugs (Felony Convictions)	18.2-258.2

Attempted Aggravated Sexual Battery	18.2-67.5
Attempted Forcible Sodomy	18.2-67.5
Attempted Object Sexual Penetration	18.2-67.5
Attempted Rape	18.2-67.5
Attempted Sexual Battery	18.2-67.5
Attempts to Poison	18.2-54.1
Bodily Injuries Caused by Prisoners, Probationers or Parolees	18.2-55
Breaking and Entering Dwelling House with Intent to Commit Other Misdemeanor	18.2-92
Burglary	18.2-89
Burning Building or Structure While in such Building or Structure with Intent to Commit Felony	18.2-82
Burning or Destroying any Other Building or Structure	18.2-80
Burning or Destroying Dwelling House, etc.	18.2-77
Burning or Destroying Meeting House, etc.	18.2-79
Burning or Destroying Personal Property, Standing Grain, etc.	18.2-81
Carelessly Damaging Property by Fire	18.2-88
Carjacking	18.2-58.1
Carnal Knowledge of Certain Minors	18.2-64.1
Carnal Knowledge of Child Between 13 and 15	18.2-63
Carnal Knowledge of an Inmate, Parolee, Probationer or Pretrial or Posttrial Offender	18.2-64.2
Causing, Inciting, etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to such Buildings, etc.	18.2-84
Certain Premises Deemed Common Nuisance (Felony Convictions)	18.2-258
Crimes Against Nature Involving Children	18.2-361
Delivery of Drugs, Firearms, Explosives, etc. to Prisoners	18.2-474.1
Disarming a Law Enforcement or Correctional Officer	18.2-57.02
Distribution of Certain Drugs to Persons Under Eighteen (Felony Convictions)	18.2-255
Drive-By Shooting	18.2-286.1
Drug Attempts (Felony Convictions)	18.2-257
Drug Conspiracy (Felony Convictions)	18.2-256
Electronic Facilitation of Pornography	18.2-374.3

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Employing or Permitting Minor to Assist in Obscenity and Related Offenses	18.2-379
Entering Bank, Armed, with Intent to Commit Larceny	18.2-93
Entering Dwelling House, etc. with Intent to Commit Larceny, Assault and Battery or Other Felony	18.2-91
Entering Dwelling House, etc. with Intent to Commit Murder, Rape, Robbery or Arson	18.2-90
Escape from Jail	18.2-477
Failing to Secure Medical Attention for Injured Child	18.2-314
Felonies by Prisoners	53.1-203
Firearms – Allowing Access by Children	18.2-56.2
Hazing of Student at School, College, or University	18.2-56
Hazing of Youth Gang Members	18.2-55.1
Homicide	18.2-33
Illegal Stimulants and Steroids	18.2-248.5
Incest	18.2-366 B
Involuntary Manslaughter	18.2-36.1
Involuntary Manslaughter; Operating a Watercraft While Under the Influence	18.2-36.2
Killing a Fetus	18.2-32.2
Maiming, etc. of Another Resulting from Driving While Intoxicated	18.2-51.4
Maiming, etc. of Another Resulting from Operating a Watercraft While Intoxicated	18.2-51.5
Maintaining a Fortified Drug House (Felony Convictions)	18.2-258.02
Malicious Bodily Injury by Means of any Caustic Substance or Agent or Use of any Explosive or Fire	18.2-52
Malicious Bodily Injury to Law Enforcement Officers	18.2-51.1
Malicious Wounding by Mob	18.2-41
Manufacture, Possession, Use, etc. of Fire Bombs or Explosive Materials or Devices	18.2-85
Manufacturing, Selling, Giving, or Distributing a Controlled Substance or an Imitation Controlled Substance (Felony Convictions)	18.2-248
Manufacturing, Selling, Giving, or Distributing or Possessing with Intent to Manufacture, Sell, Give, or Distribute Methamphetamine (Felony Convictions)	18.2-248.03
Manufacturing, Selling, Giving, or Distributing or Possessing with Intent to Manufacture, Sell, Give, or Distribute Any Anabolic Steroid (Felony Convictions)	18.2-248.5
Murder, Capital	18.2-31
Murder, First and Second Degree	18.2-32
Murder of a Pregnant Woman	18.2-32.1

Obscenity Offenses	18.2-374.1
Obtaining Drugs, Procuring Administration of Controlled Substances, etc. by Fraud, Deceit or Forgery (Felony Convictions)	18.2-258.1
Pandering	18.2-355
Pointing Laser at Law Enforcement	18.2-57.01
Possession and Distribution of Flunitrazepam (Felony Convictions)	18.2-251.2
Possession and Distribution of Gamma-Butyrolactone or 1, 4 – Butanediol (Felony Convictions)	18.2-251.3
Possession of Burglarious Tools, etc.	18.2-94
Possession of Child Pornography	18.2-374.1:1
Possession of Drugs (Felony Convictions)	18.2-250
Possession of Infectious Biological Substances	18.2-52.1
Possession or Use of a Sawed-Off Shotgun or Rifle in a Crime of Violence	18.2-300 A
Production, Publication, Sale, Possession with Intent to Distribute, Financing etc. of Sexually Explicit Items Involving Children	18.2-374.1
Rape	18.2-61
Reckless Endangerment	18.2-51.3
Reckless Handling of Firearms; Reckless Handling While Hunting	18.2-56.1
Robbery	18.2-58
Sale of Drugs on or near Certain Properties (Felony Convictions)	18.2-255.2
Setting Fire to Woods, Fences, Grass, etc.	18.2-86
Setting off Chemical Bombs Capable of Producing Smoke	18.2-87.1
Setting Woods, etc. on Fire Intentionally Whereby Another is Damaged or Jeopardized	18.2-87
Sexual Battery	18.2-67.4
Sexual Abuse of a Child Under 15 Years of Age	18.2-67.4:2
Sexual Battery - Aggravated	18.2-67.3
Sexual Battery - Infected	18.2-67.4:1
Sexual Penetration - Object	18.2-67.2
Shooting, etc. in Committing or Attempting a Felony	18.2-53
Shooting, Stabbing, etc. with Intent to Maim, Kill, etc.	18.2-51
Sodomy - Forcible	18.2-67.1
Stalking (Felony Convictions)	18.2-60.3

Taking, Detaining, etc. Person for Prostitution etc. or Consenting Thereto	18.2-355
Taking Indecent Liberties with Child by Person in Custodial or Supervisory Relationship	18.2-370.1
Taking Indecent Liberties with Children	18.2-370
Threats of Death or Bodily Injury	18.2-60
Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, etc.	18.2-83
Transporting Controlled Substances into the Commonwealth (Felony Convictions)	18.2-248.01
Use of a Machine Gun in a Crime of Violence	18.2-289
Use of a Machine Gun for Aggressive Purpose	18.2-290
Use or Display of Firearm in Committing Felony	18.2-53.1
Voluntary Manslaughter	18.2-35

Report of Tuberculosis Screening Children's Programs

This form should be completed by the provider, any assistant (regardless of age), any substitute provider, and any adult household member.

The completed form(s) should be submitted with the application.

**REPORT OF TUBERCULOSIS SCREENING
CHILDREN'S PROGRAMS**

Standards and child care policy require certain individuals to submit a report indicating the absence of tuberculosis in a communicable form when involved with (I) children's facilities regulated by the Department of Social Services or (II) legally operating child care programs, excluding care by relatives, that receive Child Care and Development Funds. Each report must be dated and signed by the examining physician, the physician's designee, or an official of a local health department. When signed by the physician's designee, the form must also identify the physician/physician practice with which the physician-designated screener is affiliated.

Name: _____ Date of Birth: _____

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

1). _____ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

2). Tuberculin Skin Test (PPD): Date given: _____ Date read: _____
Results: _____ mm Positive: _____ Negative: _____

3). _____ The individual has a history of a positive tuberculin skin test (latent infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

4). _____ The individual either is currently receiving or has completed medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

5). _____ The individual had a chest x-ray on _____ (date) at _____ (location) that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature/Title: _____
(MD/designee or Health Department Official)

Date: _____

(Print Name/Title)

Address (including name of practice, if appropriate):

Telephone number: _____