

# VOLUNTARY REGISTRATION (VR)

## RENEWAL APPLICATION

### PACKET

Your application is *not* complete until Division of Licensing - Children's Programs (DOLP), or the appropriate contracting agency, receives the following originals:

- Application
- \$50.00 Fee (do not send cash through the mail)
- Health and Safety Checklist
- Home Training Needs Assessment
- Sworn Statement or Affirmation for the applicant and any adult household members, assistants and substitute providers
- RESULTS of the Tuberculosis testing or screening for the applicant and any adult household members, assistants and substitute providers
- RESULTS of the Criminal History Record check for the applicant and any adult household members, assistants and substitute providers
- RESULTS of the Child Protective Services Search of the Central Registry for the applicant and any adult household members, assistants and substitute providers, and anyone 14 years or older

Payment to a contract agency is sent directly to that contract agency, along with your application and paperwork. All checks or money orders to DOLP should be made payable to “*Treasurer of Virginia*” and mailed to:

Virginia Department of Social Services  
Division of Licensing – Children’s Programs, Voluntary Registration  
801 East Main Street, 9th Floor  
Richmond, Virginia 23219

If you have any questions in reference to the VR packet, please contact Linda Jean-Pierre at (804) 726-7170, or via email at [linda.jeanpierre@dss.virginia.gov](mailto:linda.jeanpierre@dss.virginia.gov). You may also contact Cynthia Carneal Heflin at (804) 726-7140, or via email at [cynthia.carneal@dss.virginia.gov](mailto:cynthia.carneal@dss.virginia.gov). Thank you for your participation as a VR provider and your continued interest in the Voluntary Registration program.

# REMINDERS

- The Division of Licensing – Children’s Programs (DOLP) does not make any direct referrals, set your rates, or supply you with clients.
- Beginning July 1, 2016, all voluntary registered homes can only have four or fewer children at any one time. This does not include the provider’s own children or any children residing in the home. If you provide care for 5 or more children in your home, you must be licensed. Here is the link to VDSS licensing page should you decide you are interested in operating a licensed family day home:  
[http://www.dss.virginia.gov/facility/child\\_care/licensed/fdh/index.cgi](http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi)
- Please review the **Health and Safety Checklist** and the **Requirements for Providers** regulation carefully to determine if you need to make any changes to your home or purchase items such as mats, cribs, latches, locks, safety gates, etc.
- If you work with children who are referred through a local department of social services or whose parents receive funds to assist them with daycare expenses, make sure that your certification in CPR and First Aid are current. Additionally, you must complete 4 hours of skills training annually.
- Virginia law requires that day care providers disclose to parents whether there is liability insurance for the day care. This is usually separate from homeowner’s or renter’s insurance. Make sure all parents sign the disclosure form, which should be maintained in the child’s file.

Attached is the renewal packet of materials, and forms, that must be completed, and the fee, application and results forwarded to DOLP or the appropriate contract agency, prior to an inspection. You must have your home inspected, and make any corrective action necessary, prior to the issuance of a certificate. This renewal packet of information includes:

- The **application** for voluntary registration – this form must be completed and notarized. Please do not leave any sections blank, instead draw a line through the space or mark it as “N/A”.
- **Health and Safety Checklist** – please complete this form carefully and accurately. A home monitor will schedule a visit to confirm compliance with each area once your completed application has been received.
- **Training Needs Assessment** will assist the Home Monitor to determine which areas may need additional training during the visit. This form should be completed and returned prior to the home inspection.
- The **Sworn Statement** must be completed by the applicant, assistant (regardless of age), substitute provider, and each adult household member. You must respond accurately and completely by answering each question for both within and outside the Commonwealth of Virginia.
- **Report of Tuberculosis Screening** for Children’s Programs – This form must be completed for the provider, assistant, substitute, and any adult household member.
- **Virginia State Police criminal history** record search - Forms SP 167 and SP 230.
- **Child Protective Services (CPS) Central Registry Release of Information Form.**

Thank you for your continued participation and interest in the voluntary registration program.

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# VOLUNTARY REGISTRATION CONTRACT AGENCIES

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**Locate your city or county below to determine which agency will assist you in processing your application.**

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## **CHILD NUTRITION, INC. (CNI)**

**Contact:** Beth Wittusen, [bethw@cni-usda.org](mailto:bethw@cni-usda.org)

Sheila Jock, [sheilaj@cni-usda.org](mailto:sheilaj@cni-usda.org)

9 North Third Street, Suite 100

Warrenton, Virginia 20186-3404

Ph: (540) 347-3767 Fax: (540) 347-2225

**Counties Served:** Augusta, Clarke, Culpeper, Fauquier, Frederick, Loudoun, Madison, Orange, Page, Prince William, Rappahannock, Rockbridge, Rockingham, Shenandoah, Stafford, Warren

**Cities served:** Ashburn, Berryville, Broadlands, Culpeper, Dale City, Dumfries, Front Royal, Harrisonburg, Haymarket, Leesburg, Luray, Manassas, Manassas Park, Occoquan, Quantico, Staunton, Sterling, South Riding, Unionville, Warrenton, Winchester, Woodbridge, Woodstock

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## **READYKIDS**

**Contact:** Gail Esterman, [gesterman@readykidscville.org](mailto:gesterman@readykidscville.org)

Suzanne McDonald, [smcdonald@readykidscville.org](mailto:smcdonald@readykidscville.org)

ATTN: C.C.Q.

1000 East High Street,

Charlottesville, Virginia 22902-4848

Ph: (434) 296-4118 ext. 228 (Kathy)

434-296-4118 (241) (Suzanne McDonald) Fax: (434) 295-2638

**Counties served:** Albemarle, Fluvanna, Greene, Louisa, Nelson

**Cities served:** Charlottesville

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## **DOLP**

**Contact:** Linda Jean-Pierre, [linda.jeanpierre@dss.virginia.gov](mailto:linda.jeanpierre@dss.virginia.gov)

Virginia Department of Social Services

Division of Licensing – Children’s Programs

Voluntary Registration Program

801 E. Main Street, 9<sup>th</sup> Floor

Richmond, Virginia 23219-2901

Ph: (804) 726-7170 Fax: (804) 726-7132

**Counties served:** Alleghany, Amherst, Appomattox, Bath, Bedford, Bland, Botetourt, Buchanan, Buckingham, Campbell, Carroll, Charlotte, Clark, Craig, Cumberland, Dickenson, Floyd, Franklin, Giles, Grayson, Halifax, Henry, Highland, King and Queen, Lee, Lunenburg, Mecklenburg, Montgomery, Patrick, Pittsylvania, Prince Edward, Pulaski, Roanoke, Russell, Scott, Smyth, Tazewell, Washington, Westmoreland, Wise, Wythe

**Cities served:** Abingdon, Appomattox, Bedford, Blacksburg, Bluefield, Bristol, Buena Vista, Christiansburg, Clifton Forge, Collinsville, Covington, Danville, Farmville, Galax, Lexington, Lynchburg, Madison Heights, Marion, Martinsville, Norton, Radford, Roanoke, Rocky Mount, Rose Hill, Salem, South Boston, Tazewell, Waynesboro, Wytheville

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## **Memorial Child Guidance Clinic (MCGC)**

**Contact:** LaTasha Smith, [lsmith@childsavers.org](mailto:lsmith@childsavers.org)

200 North 22<sup>nd</sup> Street

Richmond, Virginia 23223-7020

Ph: (804) 591-3923 Fax: (804) 343-2708

**Counties served:** Amelia, Charles City, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, New Kent, Nottoway, Powhatan, Prince George, Surry

**Cities served:** Blackstone, Charles City, Chester, Colonial Heights, Glen Allen, Hopewell, Petersburg, Richmond, Williamsburg

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## **The Planning Council (TPC)**

**Contact:** Suzanne Rakes, [srakes@theplanningcouncil.org](mailto:srakes@theplanningcouncil.org)

Lizel Langhorne, [llanghorne@theplanningcouncil.org](mailto:llanghorne@theplanningcouncil.org)

5365 Robin Hood Road, Suite 700

Norfolk, Virginia 23513

Ph: (757) 622-9268, ext. 3083 Fax: (757) 623-3051

**Counties served:** Accomack, Brunswick, Caroline, Essex, Gloucester, Greensville, Isle of Wight, James City, King George, King William, Lancaster, Mathews, Middlesex, Northumberland, Northampton, Richmond, Southampton, Spotsylvania, Sussex, York

**Cities served:** Chesapeake, Emporia, Franklin, Fredericksburg, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, Williamsburg

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

**LICENSING INFORMATION PHONE LINE:**

For information on training, filing complaints or becoming licensed, call Licensing's statewide toll-free number: **1-800-543-7545** or for the Richmond area only, call **804-692-2394**. Information is also available on our website at [www.dss.virginia.gov](http://www.dss.virginia.gov).

**VDSS Regulated Settings:** Assisted Living Facilities, Adult Day Care Centers, Child Day Centers, Family Day Homes, Children's Residential Programs, and Private Adoption and Foster Care Agencies.

**HOME OFFICE**

Virginia Department of Social Services  
Division of Licensing Programs  
801 East Main Street, 9<sup>th</sup> Floor  
Richmond, Virginia 23219-2901

Tel: (804) 726-7154, Fax: (804) 726-7132

**PLEASE CONTACT THE LICENSING OFFICE SERVING YOUR AREA AS LISTED ON THIS PAGE FOR INFORMATION AND ASSISTANCE WITH LICENSING RELATED INQUIRIES!**

**VDSS/CENTRAL LICENSING OFFICE & CWLU**

1604 Santa Rosa Road, Suite 130, Richmond, Virginia 23229-5008  
Tel: (804) 662-9743, Fax: (804) 662-7023, CWLU: (804) 662-7053

**Counties:** Amelia, Brunswick, Caroline, Chesterfield, Cumberland Dinwiddie, Essex, Goochland, Hanover, Henrico, King & Queen, King George, King William, Lancaster, Lunenburg, Mecklenburg, Northumberland, Nottaway, Powhatan, Richmond, Westmoreland.

**Adult Only:** Louisa, Fluvanna, Albemarle & Charlottesville.

**Cities:** Blackstone, Colonial Heights, Farmville, Hopewell, Lawrenceville, Petersburg, Richmond, Westpoint

**VDSS/EASTERN LICENSING OFFICE**

Pembroke Office Park  
291 Independence Boulevard, Pembroke IV Office Bldg., Ste. 300  
Virginia Beach, Virginia 23462-5481

Tel: (757) 491-3990, Fax: (757) 552-1832

**Counties:** Accomack, Northampton, Greenville, Isle of Wight, Southampton

**Cities:** Chesapeake, Emporia, Franklin, Norfolk, Portsmouth Suffolk, Virginia Beach

**VDSS/PENINSULA LICENSING OFFICE**

11751 Rock Landing Drive, Suite H6, Newport News, Virginia 23606  
Tel: (757) 247-8020, Fax: (757) 247-8024

**Counties:** Charles City, Gloucester, James City, Mathews, Middlesex New Kent, Prince George, Surry, Sussex, York

**Cities:** Hampton, Newport News, Poquoson, Williamsburg

**VDSS/FAIRFAX LICENSING OFFICE**

3701 Pender Drive, Suite 125, Fairfax, Virginia 22030  
Tel: (703) 934-1505, Fax: (703) 934-1558

**Counties:** Arlington, Loudon, Fairfax

**Cities:** Alexandria, Annandale, Centreville, Fairfax, Falls Church, Herndon

**VDSS/NORTHERN LICENSING OFFICE**

410 Rosedale Court, Suite 270  
Warrenton, Virginia 20186

Tel: (540) 347-6345, Fax: (540) 347-6304

**Counties:** Fauquier, Prince William, Rappahannock, Spotsylvania, Stafford. **Adult Only:** Culpepper

**Cities:** Fredericksburg, Manassas, Manassas Park, Woodbridge, Dale City

**VDSS/VALLEY LICENSING OFFICE**

UVA Medical Park-Augusta  
57 Beam Lane, Suite 102, Fishersville, Virginia 22939-2206  
Tel: (540) 332-2330, Fax: (540) 332-7748

**Counties:** Augusta, Clarke, Frederick, Greene, Highland, Madison, Orange, Page, Rockingham, Shenandoah, Warren

**Cities:** Harrisonburg, Staunton, Waynesboro, Winchester  
**Children's Only:** Albemarle, Charlottesville, Louisa Fluvanna & Culpepper

**VDSS/PIEDMONT LICENSING OFFICE**

1351 Hershberger Road, Suite 210, Roanoke, Virginia 24012  
Tel: (540) 204-9615, Fax: (540) 561-7536

**Counties:** Alleghany, Amherst, Appomattox, Bath, Bedford, Botetourt, Buckingham, Campbell, Charlotte, Craig, Franklin, Halifax, Henry, Nelson, Patrick, Pittsylvania, Prince Edward, Roanoke, Rockbridge, South Boston.

**Children's Only:** Farmville

**Cities:** Bedford, Buena Vista, Clifton Forge, Covington, Danville, Lexington, Lynchburg, Martinsville, Roanoke, Salem.

**VDSS/WESTERN LICENSING OFFICE**

190 Patton Street, Abingdon, Virginia 24210  
Tel: (276) 676-5490, Fax: (276) 676-5621

**Counties:** Bland, Buchanan, Carroll, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Pulaski, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe.

**Cities:** Blacksburg, Christiansburg, Bristol, Galax, Norton, Radford.

# Provider Application Form

- This form must be **notarized!**
- Please complete each section completely.
- Please write legibly and do not leave any question unanswered.
- Mark “N/A” if any section does not apply.
- The application fee is \$50 and **NON-REFUNDABLE**. It covers your two-year certification and health & safety inspection. (This fee does not include the fee for the criminal records check, CPS Central Registry check or the tuberculosis test.)
- Checks should be made payable to: “*Treasurer of Virginia*” if you are submitting an application to DOLP. If you live in a city or county served by a contract agency, please contact that agency for payment information.

***Remember***, your application is ***not*** complete until Division of Licensing – Children’s Programs (DOLP), or the appropriate contracting agency, receives all of your **original** documentation.



# VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

## Part II of II

Name of Provider: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If you have an assistant, please provide the following information:

Name of Assistant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Assistant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have a substitute provider, please provide the following information:

Name of Substitute: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Substitute: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List the name of all persons (other than the provider) who are at least 18 years of age and reside in the home:  
(Verify with Page 1, # 2)

\_\_\_\_\_  
\_\_\_\_\_

Days and Hours of Normal Operation: (specific days and hours required)

\_\_\_\_\_

Email address: \_\_\_\_\_

Federal Tax I.D. number/Business Name (if any): \_\_\_\_\_

Sworn Disclosure Statement or Affirmation: (This statement must be signed in the presence of a notary.)

I certify that the information submitted on this application is true to the best of my knowledge and belief. I certify that I am the primary child care provider and that the child care to be provided is either in my home or the residence of one of the children receiving care for compensation. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children. I understand that my name, address, telephone number and hours of operation will be available to parents interested in obtaining childcare and that VDSS may post this information on the public website as a resource to parents.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City/County of \_\_\_\_\_; State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

# VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

## Part II of II

List the names and birth dates of **all children** (provider's own children, any children residing in the home, and any children receiving care in the family day home) who are under the age of 18.

**NOTE:** To be eligible for Voluntary Registration, no more than **four (4)** daycare children (children that are not the provider's own children or children who live in the home) may be in care in the home at any one time.

If more than four (4) children are receiving care in the home, attach a schedule of when all children are in care, including times of attendance and days of the week.

←-----Check Only One-----→

Name of child	Date of birth	Son or Daughter	Residing in the home	Non-exempt
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

# VR Health and Safety Checklist

- Follow the instructions provided on the form.
- This checklist should be used to conduct your home inspection.
- **PLEASE READ** each item carefully and check appropriately.
- If you have any questions regarding any standard in the regulation or on the Health and Safety Checklist – ASK! It is important to have your home set up for the inspection just as if children are in care.

# Voluntary Registration Health and Safety Checklist

Verify each item that is currently true for your home by inserting a P (provider) in the first slot provided before the item. The screener will place an S (screener) or initials in the second slot when this information is verified during the visit to your home. Mark the item N/A if the item is not applicable to your home.

## Section 1. I AM PREPARED TO DEAL WITH EMERGENCIES:

- I have a medical release form from each family to permit emergency care; I also have the names and phone numbers of one or more persons besides the family who may be contacted in case of an emergency.
- I have an operable telephone, or have easy access to one, with a 911 sticker or emergency telephone numbers posted in clear view.
- My address or equivalent identifying information is easily seen from the street or parking lot.
- Exit ways, hallways and stairways are always well lighted and free of obstructions.
- I have a first aid kit and an operable flashlight available at all times.
- I practice emergency evacuation drills monthly to the point of exit from the home and have a posted evacuation plan.

## Section 2. I TAKE PRECAUTIONS TO PREVENT ACCIDENTS AND INJURIES:

- I have taken steps to safeguard the outdoor play area used by children in my home from open and obvious hazards, such as: standing water, animal fecal material, construction materials, poison ivy, dangerous lawn and garden tools, and traffic. (Fencing or other barriers might be needed when play area is next to a body of water or busy street.)
- My home is in good repair, with no peeling lead paint.
- I use screened doors and windows for ventilation.
- My fireplaces, heating system, and duct work are in good repair.
- Steps and stairs accessible to children are in good repair with hand or guard rails.

- I have taken steps to safeguard my home from open and obvious household hazards, such as loose carpeting, unmarked glass doors, and small items that could be swallowed. I will permit an inspection of my home by appropriate fire authorities if conditions indicate a need for approval and the contract agency or the Virginia Department of Social Services requests it.
- Cribs or playpens that meet the current Consumer Product Safety Commission (CPSC) guidelines for cribs are used for children under 18 months of age. The service side of an occupied crib is accessible. "Current" CPSC guidelines for full-size cribs state that the crib was manufactured in 2010 or later. Mesh-sided cribs are permissible in a VR home so long as it meets current CPSC guidelines. I will maintain documentation that my crib meets these requirements.
- Protective barriers including, but not limited to, safety gates are placed on stairways that are accessible to children. Safety gates that are used meet the Consumer Product Safety Commission (CPSC) guidelines for juvenile products.
- Electrical outlets are child-proof in all areas accessible to children. Multi-plug adapters that are used have fuse safety features.
- I place barriers around space heaters, fire places, wood stoves, and fans when in use.
- My electrical panel is easily accessible to adults, free of loose connections and fraying wiring, and has no missing fuses. There is no frayed or uninsulated wiring anywhere in the house.
- I keep medications and toxic household products in areas inaccessible to children and away from food products.
- I keep dangerous objects, such as knives, out of the reach of children unless under supervision, e.g., when children are using these objects in planned activities.

## Voluntary Registration Health and Safety Checklist

I ensure that small appliances are not accessible to children, unless under supervision, e.g., when children are using these appliances in planned activities.

I keep firearms unloaded, apart from ammunition, and in a locked place

My kitchen appliances are in good working order, with range, oven and hood clean and free of grease.

### **Section 3. I TAKE PRECAUTIONS TO PROTECT THE HEALTH OF THE CHILDREN ENTRUSTED TO ME:**

I keep a copy of the physical examination results obtained on each child before or within 30 days after enrollment.

I have proof of adequate immunization received on the date of admission (or prior to admission) for each child admitted after 3/3/10. Any child whose immunizations are incomplete as of 3/3/10 (but who has received at least one dose of the required immunizations) is admitted conditionally for a period of 90 days or less accompanied by a schedule for completion of the required doses. At the end of 90 days I will exclude any child who is not adequately immunized and who has not been granted a medical or religious exemption until the child's parent provides documentary proof that immunization schedule has been completed or a medical contraindication developed during the conditional enrollment period.

My hands and children's hands are washed with soap before meals and after toileting and diapering.

I serve nutritious meals and snacks to children.

Rooms used by children are dry, well lighted and kept at least 68 degrees during heating season..

My bathrooms are kept clean and have working toilets and sinks, tissues, soap, and disposable or individually assigned towels.

I have indoor running water and bathrooms

Drinking water is available to children at all times.

I allow only one child to occupy a crib or playpen at a time.

My refrigerator is kept at no more than 40 degrees (F), food is kept from spoilage, and children's food brought from home and infant formula are clearly labeled with their names.

My home is free from insect and rodent infestation.

I agree to provide a smoke-free environment in rooms accessible to children while children are in care.

My dogs and cats have up-to-date rabies shots and are kept from food preparation surfaces.

### **Section 4. I ENCOURAGE CHILDREN TO DEVELOP THEIR OWN SKILLS AND PERSONALITIES:**

I plan for adequate rest and play for children in care.

I encourage children to participate in activities appropriate to their ages and levels of development.

I never use discipline which would demean or belittle a child and never use physical (corporal) punishment.

### **Section 5. I AM MINDFUL OF MY RESPONSIBILITIES TO UPHOLD LAWS AND REGULATIONS IMPORTANT TO THE PROTECTION OF CHILDREN:**

My family day home is not required to be licensed under state law. I make sure that the number of children receiving care, other than my own children and children residing in the home, is not more than four at any one time.

## Voluntary Registration Health and Safety Checklist

\_\_\_ I am at least 18 years of age and have not been convicted of any offenses specified in § 63.2-1719 of the *Code of Virginia*.

\_\_\_ My physical and mental condition are such that I am able to care for children.

\_\_\_ I never leave children alone with an assistant younger than 18 years of age. I make sure children are properly supervised at all times.

\_\_\_ I make sure that all caregivers are familiar with the Requirements for Providers.

\_\_\_ I disclose to parents the percentage of time that a provider other than myself will care for their children.

\_\_\_ I adhere to the following point system required to supervise children in care.

- When children's ages are mixed, an adult may carry no more than 16 points: children from birth through 15 months count as four points; children 16 months through 23 months count as three points; children from two years through four years of age count as two points; and children from five years through nine years of age count as one point;
- I understand that my own children and children residing in the home who are under eight years of age are included in the point system.

\_\_\_ I report cases of suspected child abuse and neglect and other hazardous situations as described in the Requirements for Providers.

\_\_\_ I make sure that any adult (18 years of age or older), including any adult household member, who comes in contact with children or will provide care to children has a tuberculosis (TB) test, background check; and I will not allow them to use alcohol or illegal drugs while children are in care.

\_\_\_ I comply with § 63.2-1809 (*COV*) by requiring proof of each child's identity and age for children enrolled on or after 7/1/98. My records for each child include:

- Documentation of previous child day care programs and schools the child has attended.
- Documentation of reviewing proof of identity and age.

\_\_\_ I comply with § 63.2-1809.1 of the *Code of Virginia* by providing written notification of the fact that my family day home business is covered by liability insurance, along with amount, or that my business is not covered by liability insurance to the parents or guardians of all enrolled children. Signed acknowledgement of written notification is maintained on file for each child during the child's attendance and for 12 months after the child's last day of attendance.

\_\_\_ If I transport children, I make sure any vehicle used to transport children meets the standards set by the Division of Motor Vehicles and is equipped with the proper restraining devices required by law and children are restrained in accordance with § 46.2-1095 of the *Code of Virginia*.

\_\_\_ I will comply with the Requirements for Providers and permit and participate in an evaluation of my home by the department or contracting organization; and, I will maintain the records listed in the Requirements for Providers and make them available for review by an authorized screener.

\_\_\_ I understand that the contracting agency and the Virginia Department of Social Services stand ready to help me provide good care to children and that I may ask for help or advice as needed.

**Signature required on page 4.**

## Voluntary Registration Health and Safety Checklist

I, the undersigned, agree to comply with these requirements. I have received information on the requirements for State Regulated Care Facilities and understand that I am responsible for ensuring that my home complies with the Uniform Statewide Building Code (USBC) and Statewide Fire Prevention Code (SFPC) for State Regulated Care Facilities for fire extinguishers and smoke detectors.

Signature: \_\_\_\_\_

Name: *(print)* \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

[For Agency Use Only]

I, \_\_\_\_\_,

(screener), verify that the provider meets the health and safety standards and has agreed to comply with the above requirements. I have verified that the provider has received written information regarding fire extinguishers and smoke detectors in a State Regulated Care Facility.

Agency conducting evaluation:

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Check only one:

\_\_\_\_ Initial Verification

\_\_\_\_ Monitoring Visit

\_\_\_\_ Renewal Visit

\_\_\_\_ Other (*Specify*): \_\_\_\_\_  
\_\_\_\_\_

Time of Visit: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

## **VOLUNTARY REGISTRATION OF FAMILY DAY HOMES – REQUIREMENTS FOR PROVIDERS**

The regulation *Voluntary Registration of Family Day Homes – Requirements for Providers* is being updated to reflect the lower capacity and to delete outdated references to ratios for family day homes and obsolete Code of Virginia references. Please be aware that voluntary registration is for 4 or fewer children, exclusive of the provider's own children and any children that reside in the home.

Rather than a ratio of caregivers to children, the point system will be used to determine the need for an assistant. Please ensure compliance with the point system as described below:

When children are in mixed age groups, the provider shall apply the following point system in determining the need for an assistant. Each caregiver shall not exceed 16 points. The provider's own children and resident children under eight years of age count in point maximums:

1. Children from birth through 15 months of age count as four (4) points each;
2. Children from 16 months through 23 months of age count as three (3) points each;
3. Children from two years through four years of age count as two (2) points each;
4. Children from five through nine years of age count as one (1) point each; and
5. Children who are 10 years of age and older count as zero (0) points.

**THE MAXIMUM NUMBER OF CHILDREN IN CARE IN A VOLUNTARILY REGISTERED FAMILY DAY HOME MAY NOT EXCEED FOUR (4) AT ANY ONE TIME. THE NUMBERS REFERENCED ABOVE ARE USED TO DETERMINE WHEN AN ASSISTANT IS NEEDED. THEY DO NOT INCREASE THE NUMBER OF CHILDREN THAT MAY BE PRESENT AT ANY ONE TIME.**

# **Voluntary Registration of Family Day Homes Home Inspection Renewal Training Needs Assessment**

- Complete the assessment and return with the Health and Safety Checklist.
- There is no grade assigned or a “pass/fail.” The assessment is used by the Inspector or Monitor to determine if additional information needs to be covered during the inspection to ensure you understand your responsibilities.

# Voluntary Registration of Family Day Homes Renewal Training Needs Assessment

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to assist in planning and scheduling the inspection of your home for either an initial or renewal application, you will need to complete the following “quiz” to assess the level of on-site training that will be required. You should return this “quiz” with your application, though the score will not be a factor in determining whether a certificate will be issued. By completing this quiz, you will merely be allowing the Division to cover the material necessary during the on-site visit. You may use any information in the packet to complete this assessment.

1. Which of the following is **not** considered proof of a child’s identity and age:
  - a. Birth Certificate
  - b. Record from a public school
  - c. Passport
  - d. Social Security Card.
  
2. Which of the following is prohibited in family day homes?
  - a. corporal punishment
  - b. spanking a child
  - c. slapping a child
  - d. forcing a child to stand in a corner on one foot
  - e. placing a child in a locked, dark, room for time-out
  - f. refusing to give a child food or water
  - g. all of the above, to include any other actions that are demeaning, belittling or harmful to a child.
  
3. A provider is required to get new background checks after the initial certification when:
  - a. a new person age 18 years or older moves into the home
  - b. when a child residing in the home turns 18 years old
  - c. when a new assistant or substitute provider is hired (not listed on application)
  - d. all of the above examples require additional background checks and notification to DOLP or the contract agency.
  
4. Which of the following is required prior to administering non-prescription medication to an enrolled child in a voluntarily registered family day home?
  - a. A valid MAT certificate
  - b. A first aid and CPR certificate
  - c. Written permission from the parent to administer medication to the child along with the name of the specific medication and instructions
  - d. All of the above
  - e. None of the above.
  
5. If a provider agrees to watch a friend’s child for “just a little while” while the parent goes to an appointment, an interview, or a funeral; is it ok for that child to be present at the daycare if the provider already has 4 children present?

Yes \_\_\_\_\_ No \_\_\_\_\_  
Why or Why not? \_\_\_\_\_

**True or False (Circle the correct response)**

6. If a provider views acceptable proof a child's identity and age, they are still required to document previous day care programs and schools that the child has attended?  
True                      False
7. A provider should maintain documentation of evacuation drills practiced each month for the term of the certificate.  
True                      False
8. Immunization records are required on the first day of admission and the provider needs a physical or the results of a health exam for the child's file within 30 days of enrollment.  
True                      False
9. If a parent is enrolling two children at the same time, each child needs an individual record.  
True                      False

**Voluntarily registered family day home providers must adhere to the adult to child ratios or the point system as it appears on the health and safety checklist. Answer the following questions based on the scenario given.**

10. Ms. Johnson has 4 children enrolled in her family day home and 2 of her children reside in the home. The children's ages are as follows:
- |                            |                        |
|----------------------------|------------------------|
| • Michael is 12 months old | Ms. Johnson's children |
| • Dequan is 15 months old  | Ben is 6 month old     |
| • Quincy is 3 years old    | Billy is 6 years old   |
| • Keli is 3 years old      |                        |
- a. Is Ms. Johnson over-capacity during the times that all children are present? Circle response.  
Yes                      No
- b. How many points does Ms. Johnson have if all children are present? \_\_\_\_\_
- c. Does Ms. Johnson need an assistant if all children are present?  
Yes                      No
11. Ms. Green is voluntarily registered and currently has four children enrolled. She provides care after school between the hours of 3 p.m. and 6 p.m. The four children range in age from 6 to 11 years of age, so she has a total of 4 points. A parent has asked her to keep 3 year old twins from 9 a.m. until 5:30 p.m. Can Ms. Green enroll the twins and still keep the after school children?  
Yes                      No.

# Report of Tuberculosis Screening Children's Programs

- This form is required for the provider, anyone in the home age 18 and over, and any assistants or substitute providers.
- The date the form was completed by a health professional cannot be more than 90 days prior to the date your application is received; or within 30 days before employment or having contact with children in a registered home.

**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: \_\_\_\_\_

# Sworn Statement or Affirmation for Child Day Programs

- This form, or a form containing all of the required information, **must** be completed by 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.
- Additional copies of Page 1 can be printed as necessary.
- You **must** respond accurately and completely by answering each question for both within and outside the Commonwealth of Virginia.
- You must respond to all 4 questions.
- The **original *Sworn Statement of Affirmation*** must be submitted with your application.

**SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS**

Please Print

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<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>	<b>Social Security Number</b>
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<b>Current Mailing Address</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Name of Licensed/Registered Approved Facility/Provider</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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*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.

**Criminal History Record Name Search Request – FORM #SP 167**

The form number is located in the upper left hand corner of the form in small print.

This Virginia State Police (VSP) form #SP 167 is to be completed by the **provider/applicant**. The original results of the search must be submitted with your application to DOLP or the contract agency.

- The fee for service is \$15 payable to “**Virginia State Police**”. Personal checks are **NOT** accepted. **PLEASE NOTE:** You may complete the \$20.00 combined criminal history and sex offender search, but that is up to you. You must still complete the Central Registry search. {**ADDITIONAL INFORMATION:** The \$8.00 checks are for volunteers at non-profit agencies (little league coaches, reading buddies at the elementary school, churches, etc.). The \$8.00 check should not be completed for day care providers and the form will be returned to you for correction.}
- You must complete the form online at [www.vsp.virginia.gov](http://www.vsp.virginia.gov). **This is the preferred method.** Once the form has been completed online, you must print the copy and mail with your payment. Please follow the instructions on the VSP website to avoid a delay in processing. You can contact Virginia State Police Criminal Record Search for inquiries, or if you have questions, about the online forms at VSP Help Desk - (804) 674-2131.

**NOTE:** Use the 2<sup>nd</sup> dropdown box “**Request Type**” when completing the form online. Choose “**Criminal History Search**” under this box. Once selected, the \$15 fee will automatically be generated.

- Purpose of the request is “Other” – “Child Care Provider” should be written in the blank space.
- Form must be *notarized* and submitted to the Virginia State Police. The address is located on the bottom right corner of the form. Please make a copy for your records.
- The “Name and Mailing Address of Agency, Individual or Agent Making the Request” box should be completed with your name and address. **PLEASE DO NOT** complete the reply address as DOLP or the contract agency, as the state police will not mail them directly to us. The completed name search request should be returned to you, so make sure the return address is your address. Once you receive the results, you will then send it to DOLP, or the contract agency as appropriate, with your completed VR application packet.
- **INCOMPLETE** forms will not be processed and will be returned to you by VSP for additional actions. This will delay processing.
- Criminal history search requests may not be completed by a local agency, an internet search agency, Child Care Aware, etc. It will not be accepted. Only the original results of a search completed by the Virginia State Police will be accepted.
- Mail your request to the address provided on the form. Once the search has been completed, the Virginia State Police will mail a copy of the response back to you.
- Results completed more than 90 days prior to the date the application is received **will not** be accepted.
- Once you have received and reviewed the results to ensure they are accurate, you must submit the originals to DOLP or the contract agency as appropriate.
- If you have any questions, please contact DOLP or the contract agency as appropriate.



## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

### INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business check made payable to "Virginia State Police"  
OR we accept VISA and MasterCard  
Personal Checks Not Accepted

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.

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of these Form Instructions for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form Must be **TYPED OR NEATLY HAND-PRINTED.**  
Complete the Criminal History Record Request by following these instructions:

\*\*\*

- |  |  |
|--|--|
| <b>PURPOSE OF THIS REQUEST:</b>  | Primary reason for request.  |
| <b>NAME INFORMATION TO BE SEARCHED:</b>  | Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted. 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. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose. |
| <b>AFFIDAVIT FOR RELEASE OF INFORMATION:</b>                                   | Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).   |
| <b>SIGNATURE OF PERSON MAKING REQUEST:</b>                                     | Affidavit must be signed by authorized agent and notarized to receive the search results.  |
| <b>NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST:</b> | Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.   |
| <b>FEES FOR SERVICE:</b>   | Indicate fee that is submitted, based upon type of request. Fees for volunteer or non-profit organizations must be accompanied with their tax exempt number.   |
| <b>METHOD OF PAYMENT:</b>  | Indicate method of payment   |

Mail the Completed SP-167 "Criminal History Record Request" to:

Virginia State Police  
Central Criminal Records Exchange - NF  
P.O. Box 85076  
Richmond, Virginia 23261-5076

### Instructions For Requesting a Search of the "Sex Offender and Crimes Against Minors Registry"

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, SP-266 "Sex Offender and Crimes Against Minors Registry" name search forms may be obtained by downloading from the Virginia State Police website: <http://www.vsp.virginia.gov>.

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and SP-266 form. Violent sex offenders can be searched on the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <http://sex-offender.vsp.virginia.gov/sor/>.

#### Cost Structure and Types of Records Searches Available

\*\*\*

CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an SP-266 "Sex Offender and Crimes Against Minors" name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <a href="http://sex-offender.vsp.virginia.gov/sor/">http://sex-offender.vsp.virginia.gov/sor/</a> .
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a "Criminal History Record Name Search" and "Sex Offender and Crimes Against Minors." The purpose of this search is for volunteering services for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.

## **Criminal History Record/Sex Offender and Crimes Against Minors Registry Search Form – FORM #SP 230**

The form number is located in the upper left hand corner of the form in small print.

This Virginia State Police (VSP) form #SP 230 is to be completed by your **assistants, substitute providers and/or anyone else in your home age 18 or over**. The original results of the search must be submitted with your application to DOLP or the contract agency.

- The fee for service is \$15 payable to “**Virginia State Police**”. Personal checks are **NOT** accepted. **PLEASE NOTE:** You may complete the \$20.00 combined criminal history and sex offender search, but that is up to you. You must still complete the Central Registry search. {**ADDITIONAL INFORMATION:** The \$8.00 checks are for volunteers at non-profit agencies (little league coaches, reading buddies at the elementary school, churches, etc.). The \$8.00 check should not be completed for day care providers and the form will be returned to you for correction.}
- You must complete the form online at [www.vsp.virginia.gov](http://www.vsp.virginia.gov). **This is the preferred method.** Once the form has been completed online, you must print the copy and mail with your payment. Please follow the instructions on the VSP website to avoid a delay in processing. You can contact Virginia State Police Criminal Record Search for inquiries, or if you have questions, about the online forms at VSP Help Desk - (804) 674-2131.

**NOTE:** Use the 2<sup>nd</sup> dropdown box “**Request Type**” when completing the form online. Choose “**Criminal History Search**” under this box. Once selected, the \$15 fee will automatically be generated.

- Purpose of the request is “Child Care”.
- Signature of Person Making Request – You, The Provider must sign, print and date.
- Write your name and address in the section marked “Name & Mailing Address of Agency, Individual or Authorized Agent Making Request”. **PLEASE DO NOT** complete the reply address as DOLP or the contract agency, as the state police will not mail them directly to us. The completed name search request should be returned to you, so make sure the return address is your address. Once you receive the results, you will then send it to DOLP, or the contract agency as appropriate, with your completed VR application packet.
- **INCOMPLETE** forms will **not** be processed and will be returned to you for additional actions. This will delay processing.
- Mail your request to the address provided on the form. Once the search has been completed, the Virginia State Police will mail a copy of the response back to you.
- Criminal history search requests may not be completed by a local agency, an internet search agency, Child Care Aware, etc. It will **not** be accepted. Only the original results of a search completed by the Virginia State Police will be accepted.
- Results completed more than 90 days prior to the date the application is received will **not** be accepted.
- Once you have received and reviewed the results to ensure they are accurate, you must submit the originals to DOLP or the contract agency as appropriate.
- If you have any questions, please contact DOLP or the contract agency as appropriate.

**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 CARE                  | <input type="checkbox"/> VIRGINIA PUBLIC SCHOOLS               |
| <input type="checkbox"/> DOMESTIC ADOPTION           | <input type="checkbox"/> INTERNATIONAL ADOPTION COUNTRY: _____ |
| <input type="checkbox"/> ADULT CARE                  | <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

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
-------------	------------	--------------------------------------	-------------------------------

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:

<u>NAME</u>	
<u>ATTENTION</u>	
<u>ADDRESS</u>	
<u>CITY</u> <u>STATE</u> <u>ZIP CODE</u>	

**FEES FOR SERVICE:**

- FEES:
- |   |   |
|---|---|
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH                            | * FEES For Volunteers with Non-Profit Organizations:                                |
| <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH                             |
|   | <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |

\* 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)

Account Number: \_\_\_\_\_  Virginia State Police Charge 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 – Name Search Only                                    | <input type="checkbox"/> No Criminal Record – Fingerprint Search |
| <input type="checkbox"/> No Sex Offender Registration Record                                      | <input type="checkbox"/> Criminal Record Attached                |

Purpose code:  C  
 N  
 O

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 complete 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. Social Security 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: provide charge account number issued by Virginia 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 (CPS) Central Registry Release of Information Form

- To be completed by applicant, any assistant, any substitute provider, each adult household member (ages 18+ years), and each child ages 14 – 17.
- The processing cost for each form is \$10.00.
- You must send a money order, company check, or cashier's check made payable to:  
**Virginia Department of Social Services**. *Personal checks and cash will not be accepted.*
- This form must be **notarized!** Please sign the form in the presence of an official Notary Public.
- Please **READ** all instructions carefully! The form must be completed in its entirety or it will be returned to you.
- **DO NOT** use whiteout on the form. Simply mark through any mistakes and initial.
- **DO NOT** use old forms. It will be returned to you, which will delay the process.
- **DO NOT** leave any blank spaces. If the answer to any question is none, write "N/A".
- Write ***YOUR NAME AND ADDRESS*** in the "Mail Search Results To" Section. The results should come back to you!
- Your name and address should be written in Part I. Remember to put your full middle name and your children's full, middle and last name(s).
- Purpose of the search - *Babysitter/Family Day Care*.
- The parent's signature is required to be *notarized* for any child 17 years of age or younger.
- **DO NOT** mail your CPS request forms to DOLP/Voluntary Registration for processing. **Mail your search request to:**

**Virginia Department of Social Services  
801 East Main Street, 6<sup>th</sup> Floor, OBI Search Unit  
Richmond, Virginia 23219-2901**

- Numbers to call if you have not received your results within 30 business days:  
804-726-7567  
804-726-7544  
804-726-7549
- Results completed more than 90 days prior to the date the application is received will **not** be accepted.
- You must submit your original RESULTS to DOLP or contract agency with your application for each individual *after* OBI Search Unit has processed your request.

**Search Fee \$10.00**

## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

### **Read all instructions before completing the form: (Incomplete forms will be returned)**

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
  2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
  3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
  4. If the answer to any question is none, write "N/A".
  5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
  6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)  
All money orders, company/business checks, or cashier checks should be made payable to:  
Virginia Department of Social Services.
- Personal checks and cash will not be accepted.**
7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
  8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
  9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
  10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services  
Office of Background Investigations - Search Unit  
801 East Main Street, 6th Floor  
Richmond, VA 23219-2901**



**Search Fee \$10.00**

**PART II: 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 whose name is being searched  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Number

My Commission Expires: \_\_\_\_\_

Notary Seal

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

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 the 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 of Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Staff Only

# Acronym List

- CCA = Child Care Aware
- CNI = Child Nutrition, Inc.
- CPS = Child Protective Services
- CPSC = Consumer Product Safety Commission
- CRS = Central Registry Search
- DOLP = Division of Licensing Programs
- DSS = Department of Social Services
- LDSS = Local Department of Social Services
- MAT = Medication Administration Training
- MCGC – Memorial Child Guidance Clinic
- N/A = Not Applicable
- OBI = Office of Background Investigations
- TB = Tuberculosis
- TPC = The Planning Council
- USDA = United States Department of Agriculture
- VACCRRN = Virginia Child Care Resources & Referral Network
- VDSS = Virginia Department of Social Services
- VR = Voluntary Registration
- VA = Virginia
- VSP = Virginia State Police

## WEBSITES

**To access resources for childcare in the state of Virginia**

<http://www.childcareva.com/>

**To access Licensing information**

[http://www.dss.virginia.gov/facility/child\\_care/licensed/fdh/index.cgi](http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi)

**To access VR provider information and application packet**

[http://www.dss.virginia.gov/facility/child\\_care/unlicensed/vrfdh/index.cgi](http://www.dss.virginia.gov/facility/child_care/unlicensed/vrfdh/index.cgi)

**Child Protective Services Search of the Central Registry**

[http://www.dss.virginia.gov/files/division/licensing/vrfdh/intro\\_page/current\\_providers/forms/032-02-0151-11-eng.pdf](http://www.dss.virginia.gov/files/division/licensing/vrfdh/intro_page/current_providers/forms/032-02-0151-11-eng.pdf)

**Virginia State Police Criminal History Record Search**

[www.vsp.virginia.gov](http://www.vsp.virginia.gov)