

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

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

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

Name of Center: \_\_\_\_\_

Type of Center (please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Child Day Center for Preschool or Younger | <input type="checkbox"/> Therapeutic Child Day Program for:<br><input type="checkbox"/> Preschool Age or Younger Children<br><input type="checkbox"/> School Age Children   |
| <input type="checkbox"/> Child Day Center for School Age Children  | <input type="checkbox"/> Special Needs Child Day Program for:<br><input type="checkbox"/> Preschool Age or Younger Children<br><input type="checkbox"/> School Age Children |

Center Location: \_\_\_\_\_

Street or Route No.	City	County	State	Zip
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Mailing Address: \_\_\_\_\_

Street or Route No.	City	County	State	Zip
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In making this application, the applicant:

1. Is in receipt of and has read a copy of the minimum standards and statutes applicable to the type of center to be operated.
2. Certifies that it is his intent to comply with the aforementioned minimum standards and statutes and to remain in compliance with them if he is so licensed.
3. Grants permission to the Commissioner of the Department of Social Services, his designee or authorized representative to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility, review of records, and interviewing his agents, employees, and any child or other person within his custody or control. Financial records of an applicant shall not be subject to inspection if the applicant submits a current balance sheet, an income statement accompanied by a letter from a certified public accountant certifying the accuracy thereof, and three credit references. The applicant understands that, following licensure, authorized representatives of the department will make announced and unannounced inspections of the center to determine its compliance with standards and to investigate any complaints received.
4. Understands that he will be requested to supply reports from the local health department and appropriate fire prevention officials.
5. Understands that an application for a license is subject to either issuance or denial. In the event of denial, it is understood that the applicant has appeal rights under the Administrative Process Act that are explained in the General Procedures regulation.

For Department Use Only

VACIS No: \_\_\_\_\_ Date Rec: \_\_\_\_\_ Amt. Rec: \$ \_\_\_\_\_ Ck/MO#: \_\_\_\_\_  
LI No. \_\_\_\_\_ Rec.by: \_\_\_\_\_ Bal Due: \$ \_\_\_\_\_

- 6. Understands that a license is required for each center site and the application fee is calculated according to the capacity of the center. In case the Commissioner of the Department of Social Services, his designee or authorized representative fails to take final action upon an application for a license within 60 days after the application is made, it shall be lawful for the applicant to engage in the operations or activities for which the license is desired, until the Commissioner, his designee or authorized representative has taken final action and notified the applicant thereof; however, no application shall be deemed made until all the required information is submitted in the form prescribed by the Commissioner.
- 7. Is aware that it is a misdemeanor for any person to operate a child day center defined in § 63.2-100 of the *Code of Virginia*, which is not exempt according to § 63.2-1715 of the *Code of Virginia*, without a license; to interfere with any representative of the Commissioner of the Department of Social Services in the discharge of his duties; to make to the Commissioner or any representative of the Commissioner any report or statement with respect to the operation of the center that is known by such person to be false or untrue; or to operate a center serving more persons than the maximum stipulated in the license.
- 8. Is aware that the Commissioner of the Department of Social Services, his designee or authorized representative may issue a special order for violation of any of the provisions of licensure laws (subtitle IV of Title 63.2 of the *Code of Virginia*); any regulation adopted under these laws that adversely affects, or is an imminent and substantial threat to, the health, safety or welfare of the person cared for therein; or for permitting, aiding or abetting the commission of any illegal act in a center. Special orders may include placing a licensee on probation; reducing licensed capacity or prohibiting new admissions; requiring that probationary status announcements, provisional licenses, and denial or revocation notices be posted; mandating training for the licensee or licensee's employees; assessing civil penalties of not more than \$500 per inspection; requiring licensees to contact parents, guardians or other responsible persons in writing regarding health and safety violations; and preventing licensees from receiving public funds.
- 9. Has to the best of his knowledge and belief, given to the Department of Social Services and its authorized representatives on this form information that is true and correct. The applicant agrees to supply true and correct information requested during all subsequent investigations.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Name of Applicant (Individual or Organization))

by: \_\_\_\_\_  
 (Signature)

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

\_\_\_\_\_  
 (Name and Title)

\_\_\_\_\_  
 (City, State, Zip Code)

( ) \_\_\_\_\_  
 (Business Telephone)

Directions: Please provide all requested information.

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**I. SPONSORSHIP AND GENERAL INFORMATION**

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A. Name of center: \_\_\_\_\_

B. Center is to be operated by  
\_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Public Agency  
\_\_\_\_\_ Partnership \_\_\_\_\_ Association \_\_\_\_\_ Limited Liability  
Company

C. Name of sponsor if not an individual proprietorship: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

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

President or Chairperson: \_\_\_\_\_ Telephone  
Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

<u>Office</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. CENTER INFORMATION

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

E. Hours of Operation and Requested, Licensed Capacity

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

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

G. Does the program operate fewer than four months in a 12 month period? \_\_\_Yes \_\_\_No

H. Current Enrollment By Age Groups. Please indicate if multiple sessions during a one week time period are offered (i.e. morning session and afternoon session).

Infants and Toddlers (birth to 16 mo.)	Infants and Toddlers (16 mos. to 2 yrs.)	Preschool (2 yr. olds)	Preschool (3 to age of eligibility to attend school)	Young School Age (age of eligibility to attend school - 8 yrs.)	Older School Age (9 - 12 yrs).
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Directions: List all employees and volunteers. Place a plus sign (+) by the names of the employees and volunteers who have current certification in first-aid and an asterisk (\*) by the name of those who have current certification in cardiopulmonary resuscitation and rescue breathing.

**III. STAFF INFORMATION**

Name of Center: \_\_\_\_\_

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

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**IV. ATTACHMENTS**

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- A. The appropriate fee for application processing. A paid application fee is required before the application is deemed complete.
- B. A list of indoor and outdoor play equipment available to children, if it has changed since the last application for licensure.
- no change       has changed
- C. A copy of the daily activity schedule(s) for the center, if it has changed since the last application for licensure.
- no change       has changed
- D. A copy of all brochures and policies required by the minimum standards if they have changed since the last application for licensure.
- no change       has changed