

APPLICATION FOR RENEWAL OF A STATE LICENSE TO OPERATE A FAMILY DAY HOME

THIS APPLICATION SHALL BE SIGNED BY THE INDIVIDUAL RESPONSIBLE FOR OPERATION OF THE FAMILY DAY HOME. IT SHOULD BE FILED TWO MONTHS IN ADVANCE OF THE EXPIRATION OF THE CURRENT LICENSE. THE LICENSING STUDY WILL BEGIN WHEN A COMPLETED APPLICATION IS RECEIVED.

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A FAMILY DAY HOME PURSUANT TO SECTION 63.2-100, *CODE OF VIRGINIA*.

NAME OF APPLICANT _____

ADDRESS _____
STREET OR ROUTE NO. CITY STATE ZIP

THE HOME IS LOCATED IN THE COUNTY OR CITY OF _____

IN MAKING THIS APPLICATION, I STATE THAT:

1. I AM IN RECEIPT OF AND HAVE READ A COPY OF THE MINIMUM STANDARDS FOR LICENSED FAMILY DAY HOMES.
2. I CERTIFY THAT IT IS MY INTENT TO COMPLY WITH THE AFOREMENTIONED MINIMUM STANDARDS AND STATUTES AND TO REMAIN IN COMPLIANCE WITH THEM IF I AM SO LICENSED.
3. I GRANT PERMISSION TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR ITS AUTHORIZED AGENTS TO MAKE ALL NECESSARY INVESTIGATION OF THE CIRCUMSTANCES SURROUNDING THIS APPLICATION AND ANY STATEMENT MADE HEREIN, INCLUDING FINANCIAL STATUS, INSPECTION OF THE FACILITY AND REVIEW OF RECORDS. I UNDERSTAND THAT, FOLLOWING LICENSURE, AUTHORIZED AGENTS OF THE DEPARTMENT WILL MAKE ANNOUNCED AND UNANNOUNCED VISITS TO THE FACILITY TO DETERMINE ITS COMPLIANCE WITH STANDARDS AND TO INVESTIGATE COMPLAINTS RECEIVED.
4. I UNDERSTAND THAT THE DEPARTMENT OF SOCIAL SERVICES SHALL REQUEST, AS NEEDED, REPORTS FROM THE LOCAL HEALTH DEPARTMENT, STATE FIRE MARSHAL AND LOCAL FIRE DEPARTMENT.
5. I UNDERSTAND THAT AN APPLICATION FOR A LICENSE IS SUBJECT TO EITHER ISSUANCE OR DENIAL. IN THE EVENT OF DENIAL, IT IS UNDERSTOOD THAT I HAVE THE RIGHT TO REQUEST AN ADMINISTRATIVE HEARING, WHICH IS EXPLAINED IN THE GENERAL PROCEDURES REGULATIONS.
6. I AM AWARE THAT IT IS A MISDEMEANOR FOR ANY PERSON TO OPERATE A CHILD DAY PROGRAM DEFINED IN SECTION 63.2 - 100, *CODE OF VIRGINIA*, WITHOUT A LICENSE.
7. I CERTIFY THAT I AM THE PRIMARY CHILD PROVIDER AND THAT THE CHILD CARE TO BE PROVIDED IS LOCATED IN EITHER MY RESIDENCE OR THE RESIDENCE OF ONE OF THE CHILDREN IN CARE.
8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION I HAVE GIVEN TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR ITS AUTHORIZED AGENTS ON THE ATTACHED FORMS AND DURING ANY PREAPPLICATION CONFERENCE IS TRUE AND CORRECT. I WILL SUPPLY TRUE AND CORRECT INFORMATION REQUESTED DURING ALL SUBSEQUENT INVESTIGATIONS.

(SIGNATURE OF APPLICANT)

(MAILING ADDRESS, IF DIFFERENT FROM HOME ADDRESS)

(DATE)

(CITY, STATE, ZIP)

(BUSINESS PHONE)

(RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORD)

RETURN ORIGINAL TO:

**REQUIRED INFORMATION TO BE SUBMITTED FOR RENEWAL OF
A LICENSE TO OPERATE A FAMILY DAY HOME**

(attach additional sheets as needed)

I. IDENTIFYING DATA		
A. Name of Applicant to Whom License to be issued (First, Middle/Birth Name, Last)		B. Birth Date of Applicant
C. Street Address		D. City, State, Zip Code
E. Mailing Address (if different from street address)		F. City, State, Zip Code
G. Area Code/Telephone Number	H. Is the Telephone in Your Home? _____ YES _____ NO	I. Is the Telephone Number Listed? _____ YES _____ NO
J. Directions (Give specific directions for reaching your home from a central point of the nearest or main highway)		

II. ADMINISTRATION

A. REQUESTED LICENSED CAPACITY: Number of children for which you wish to be licensed _____ Age range: From _____ Through _____	B. CURRENT CAPACITY: Number of children receiving care in your home now _____ Age Range: From _____ Through _____
C. Have you had any previous experience in caring for children? _____ YES _____ NO	D. Name of Assistant(s), if any:
E. Name of Substitute Provider(s), if any:	
F. State below the source of your income or other type of financial resources available to you: (<i>Code of Virginia</i> , Section 63.2-1702)	
G. Days and Hours of Normal Operation:	

III. INFORMATION ABOUT THE HOME

A. Number of Rooms used for child care activities: _____	B. Number of Toilets Inside home: _____	C. Number of Outside Toilets: _____
D. Source of Water Supply: _____ Public _____ Private Owned by: _____		E. Is there a septic tank? ___ YES ___ NO

IV. INFORMATION ABOUT OCCUPANTS OF THE HOME			
A. Family Members Living in your home:			
Full Name	Birth Date	Relationship to you	
		Provider/self	
B. List Everyone Else Living in Your Home:			
Full Name	Birth Date	Relationship to You	If placed by an agency give specific name of agency:
V. REFERENCES			
<p>A. Have you, any adult living in your home, or any adult helping you care for children been convicted of a crime involving child abuse, child neglect, or any other offenses specified in (Section) 63.2-1719 of the <i>Code of Virginia</i>?</p> <p style="text-align: right;">_____ YES _____ NO</p>			
<p>B. Are you, any member of your home 14 years of age and older, or any person helping you care for children listed in the Child Protective Services Central Registry?</p> <p style="text-align: right;">_____ YES _____ NO</p>			

