

INTERDEPARTMENTAL REGULATION OF
CHILDREN'S RESIDENTIAL FACILITIES

**RENEWAL APPLICATION FOR A VIRGINIA STATE LICENSE/CERTIFICATE
TO OPERATE A RESIDENTIAL FACILITY FOR CHILDREN**

A completed renewal application, including any supplemental information required, should be submitted within 30 days of receipt. (See ' 20.B of the Interdepartmental Standards.) The licensure/certification study will begin after a complete application is received.

Application is hereby made to continue operation of a residential facility for children pursuant to provisions of the *Code of Virginia*.

I. IDENTIFYING INFORMATION

Facility's Name:

Address: Street

City/State/Zip

County: _____ Telephone Number at Facility:

Mailing Address, if different from Street Address:

Directions to Facility:

Sponsoring Organization's Name:

Sponsor's Address:

_____ Sponsor's Telephone:

Name and Title of Chief Administrative Officer:

Name of Program Director(s):

Anticipated dates the facility will be closed and anticipated dates that residents will be off campus for extended trips and events during the next 36 months:

FACILITY CATEGORY(IES)

(Check **all** applicable categories. A Child Caring Institution includes all facilities regulated by the Department of Social Services.)

Child Caring Institution (CCI)	Independent Living Program (ILP)	Respite Care Facility (RC)
Emergency Shelter (ES)	Juvenile Correctional Facility (JCF)	School for Individuals with Disabilities (SH)
Facility for Mentally Ill/Emotionally Disturbed (MED)	Less Secure Detention (LSD)	Secure Detention (SDH)
Facility for Mentally Retarded (MR)	Post-Dispositional Group Home (POS)	Temporary Care Facility (TC)
Facility for Substance Abusers (SA)	Pre-Dispositional Group Home (PRE)	Wilderness Program (WP)
	Boot Camp (BC)	

II. POPULATION

Capacity	Gender	Minimum Age	Maximum Age

III. ORGANIZATIONAL INFORMATION

1. The facility is operated by a(n):

<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Individual

<input type="checkbox"/>	Public Agency
<input type="checkbox"/>	Partnership

<input type="checkbox"/>	Unincorporated Organization or Association
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2. The facility is operated:

For Profit	Not For Profit
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IV. RESIDENTIAL ENVIRONMENT

A. List all buildings below. Attach additional pages if necessary. In addition, a sketch of the grounds may be included, if desired.

Name or Number of Building	Date of Construction	Date of Occupancy	Function	Number of Residents

B. Name and address of owner of physical plant.

Name	
Address	

V. RECORDS

Identify the location of the following records:

Financial Records	
Personnel Records	
Residents Records	

VI. ATTACHMENTS

Attached	No Change Since Last Approved by Licensing	
		<p>Facility Floor Plans indicating the exact dimensions of rooms to be used, including room length, width, and ceiling heights; designating the function(s) of each room; and indicating the number of basins, tubs, commodes, and showers in the bathrooms.</p>
		<p>Certificate of Occupancy: Required for private sector facilities and facilities owned by local government if a new building has been constructed or if there has been a change of use or additions/alterations to buildings that have been previously licensed (see ' 330.A) Note: Buildings owned and operated by the Department of Education; Department of Juvenile Justice; and the Department of Mental Health, Mental Retardation and Substance Abuse Services are not required to have a certificate of occupancy.</p>
<p>Facilities Operated by a Corporation</p>		
		<p>For a facility operated by a Virginia corporation, submit a copy of the Articles of Incorporation, the By-laws, and the Certificate of Incorporation (or Certificate of Amendment) from the Virginia State Corporation Commission of the appropriate state office.</p> <p>For a facility located in Virginia that is operated by an out-of -state corporation, submit a copy of the Articles of Incorporation, the By-laws, and the Certificate of Authority issued by the Virginia State Corporation Commission.</p>

Attached	
	<p>Supervision Plan - Staff Information Sheet: A list of staff members with designated positions, qualifications, etc., in the same format as the attached form (see attached Staff Information Sheet - Form # 032-05-552)</p>
	<p>Supervision Plan - Narrative describing planned deviations, if any, from established staff child ratios (see ' 740)</p>

Attached	
	Job Descriptions corresponding to the positions listed on the staff information sheet (' 210)
	Statement of Philosophy and Objectives of facility including a comprehensive description of the population to be served and the program to be offered. Please include any brochures/pamphlets distributed to the public and to agencies using your program (see ' 110.C).
	Criteria for Admission (see ' 530)
	Documentation that Buildings and Equipment are Maintained According to VA Statewide Fire Prevention Code (see ' 330.B)
	Report of Sanitation Inspection (See attached form # 032-05-555 and ' 330.C.) Attach last completed inspection form or give date inspection is scheduled _____ .
Financial Information - Private Facilities	
	Operating Statement showing revenue and expenses for the past year.
	Working Budget showing projected revenue and expenses for the coming year.
	Balance Sheet showing assets and liabilities
Financial Information - State and Local Government Operated Facilities	
	A working budget showing appropriated revenue and projected expenses for the coming year (See ' 20.A.4)
Facilities with a Governing Board	
	A list of all members of the Board, the Executive Committee, or, for a public agency, all members of the legally accountable governing body. Each list should include the name, address and office/title of each individual.
Facilities Scheduled for a Self-Certification Study	
	A completed ASelf-Certification Study Compliance Form: Part A (See attached form #032-05-583.)
	If the program has a wilderness program, a completed ASelf-Certification Compliance Form: Part A: Primitive Campsites Supplement (See attached form #032-05-585.)

VII. CERTIFICATIONS

In making this application, I certify that:

1. I am in receipt of and have read a copy of the *Standards for Interdepartmental Regulation of Children's Residential Facilities* and all applicable certification standards.
2. It is my intent: (a) to comply with applicable statutes and the aforementioned *Interdepartmental Standards* and certification standards, and (b) to maintain compliance with them.
3. I understand that representatives of the Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services are authorized to investigate all aspects of facility operation, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed/certified, the departments=representatives will make announced and unannounced visits to determine continuing compliance.
4. I understand that sanitation inspections and documentation that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code are required on an annual basis, as applicable, and intend to obtain the required inspections and submit inspection reports.
5. I understand that, in the event this application is denied, I have appeal rights as provided by the Administrative Process Act, ' 9-6.14:1 et. Seq. of the *Code of Virginia*.
6. To the best of my knowledge and belief, all information related to this application is accurate and complete. Additional information will be supplied as requested during investigation of this application and all subsequent investigations.

(Signature)¹

(Title)

(Name Printed)

(Date)

¹ A renewal application shall be signed by the facility's director, chief administrative officer, or board president. A renewal application for a facility operated by a governmental organization may be signed by the person employed by the organization to manage the facility.