

Virginia Department of Social Services (VDSS)
Division of Licensing Children's Programs

INITIAL APPLICATION FOR A LICENSE TO OPERATE A FAMILY DAY HOME (FDH)

- Complete this application in its entirety, as appropriate.
Type or print legibly using permanent, blue or black ink and retain a copy for your records.
Review the application carefully to ensure it is complete before submitting.
Contact your regional VDSS licensing office if there are any questions regarding the completion of this application.

If the application is incomplete, the applicant will be notified in writing. If the applicant does not submit a complete application including all required attachments within 30 days from the notification, all materials except the nonrefundable fee will be returned to the applicant.

Table with 7 columns: DATE RECEIVED, RECEIVED BY, CHECK/MO#, AMT RECEIVED, INSPECTOR, APPLICATION #, FILE #

PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

In making this application, I agree that:

- I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application.
In the event this application is denied, I understand that I have appeal rights that are explained in the regulation, General Procedures and Information for Licensure.
I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

This application must be signed by an applicant or agent named on the Type of Business Entity - "Identifying Information"

I hereby attest that the information contained in this application, including the attachments, are truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of the license to operate a facility. An application may be withdrawn at any time the applicant so desires, but the application fee will be forfeited.

Signature of Applicant

Date

Printed Name of Applicant

Family Day Home Name

FAMILY DAY HOME INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Name of Provider		Primary Phone Number ()			
Street Address of Family Day Home		City/County		State	Zip Code
Mailing Address of Family Day Home (if different from physical address)		City/County		State	Zip Code
E-mail Address (used for VDSS correspondence only)					
Number of rooms used for childcare			Indoor Bathrooms? Yes No		
Source of Water Supply Public Water Private		Wood burning Stove/Fireplace? Yes No		Hot Tub/Pool? Yes No	
				Septic Tank? Yes No	
List any animals by breed/type that live in the home or on premises					

PROGRAM INFORMATION (THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY)

Have you ever been a licensed or registered childcare provider in Virginia? <u>Yes</u> <u>No</u>						
If so, what type? <u>Family Day Home</u> <u>Child Day Center</u>				Are you a DSS subsidy vendor? <u>Yes</u> <u>No</u>		
Months of Operation (check all that apply): <u>Year Round</u> <u>January</u> <u>February</u> <u>March</u> <u>April</u> <u>May</u> <u>June</u> <u>July</u> <u>August</u> <u>September</u> <u>October</u> <u>November</u> <u>December</u>						
Days of Operation (check all that apply): <u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u> <u>Saturday</u> <u>Sunday</u>						
Hours of Operation:		Do you offer evening care? (7 p.m. but not through the night) Yes No		Do you offer overnight care? (7 p.m. and through the night) Yes No		

PART 2: BUSINESS ENTITY TYPE

Check only *ONE* box and submit *ONLY* the corresponding business entity page

<p>Individual/Sole Proprietor</p>	<p>→ Go to Business Entity A (See Page 13)</p>
<p>Partnership</p> <p>A general partnership (sometimes simply referred to as a “partnership”) is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership’s business, and has equal rights in the management and conduct of the partnership’s business.</p> <p>A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership’s business.</p> <p><i>*Partnership Documentation Required</i></p>	<p>→ Go to Business Entity B (See Page 14)</p>
<p>Corporation</p> <p>A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation’s day-to-day business activities.</p> <p><i>*Corporation Documentation Required</i></p>	<p>→ Go to Business Entity C (See Page 15)</p>
<p>Association</p> <p>Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.</p>	<p>→ Go to Business Entity D (See Page 16)</p>

<p>Limited Liability Company (LLC)</p> <p>A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company’s business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.</p> <p><i>*LLC Documentation Required</i></p>	<p>→ Go to Business Entity E (See Page 17)</p>
<p>Public Agency</p> <p>“Public Agency” is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth</p>	<p>→ Go to Business Entity F (See Page 18)</p>
<p>Business Trust</p> <p>A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.</p> <p><i>*Business Trust Documentation Required</i></p>	<p>→ Go to Business Entity G (See Page 19)</p>
<p>Religious Organization (if not a business type listed above)</p> <p>A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.</p>	<p>→ Go to Business Entity H (See Page 20)</p>

PART 3: REQUIRED ATTACHMENTS

FAMILY DAY HOME		√ If Submitted
1.	FEE PAYABLE TO “TREASURER OF VIRGINIA” (see Part 4)	
2.	Annual operating budget (see pages 9-11 of this application) The budget form on the public website contains the information required for initial application. It is a model form so applicants may submit their own budget or one from their accountant as long as the budget contains information similar to that on the model form.	
3.	Zoning form signed by the zoning official (see page 12 of this application) Each county has different requirements in determining the family day home capacity.	
4.	Completion of Phase II pre-licensure orientation Please provide documentation of completion of Phase II.	

PROGRAM		√ If Submitted
5.	Verification of age for the applicant, assistant(s), and substitute provider(s)	
6.	Documentation of the provider’s education The provider must have at least high school completion or equivalent.	
7.	Documentation of the provider’s programmatic experience The provider must have at least 3 months of programmatic experience.	
8.	First Aid and CPR certification The provider must hold current certification in first aid and CPR.	
9.	Staff Information Sheet (see page 8 of this application)	

PROVIDER/HOUSEHOLD MEMBERS		√ If Submitted
Three Reference Letters These are required for ALL individuals listed on the business entity page. Reference letters must be dated no more than 12 months prior to the date of this application from three persons who are not related to the individual by blood or marriage who have known him/her for at least one month, and who can attest to his/her character and reputation. *This does not apply to a public agency.		
Tuberculosis (TB) Test/Screening (see VDSS website) All caregivers as well as household members that are at least 18 years old must have a TB test/screening.		
One Business Entity Section Only A,B,C,D,E,F,G or H (see corresponding page of this application) *This page must match business entity checked in Part 2		

<p>Credit Reference This is required for all applicants. The credit reference must be from either a bank; one of the three credit agencies such as TransUnion, Equifax, or Experian; or a landlord or a utility company. *This does not apply to a public agency.</p>	
<p>Background Checks:</p> <ul style="list-style-type: none"> • Sworn Disclosure Statement (Form available on the VDSS website) • National Criminal Background Check, fingerprint based, obtained through VDSS Office of Background Investigations • Child Protective Services Central Registry Check obtained from VDSS • Out-of-State Central Registry Check *effective 7/1/17 for any individual 18 years and older who has lived in another state in the past five years. <i>Not applicable</i> for Children’s Residential and Child Caring Institutions Programs. <p>The National Criminal Background Check is completed <i>after</i> submission of the initial application. <u>You will be contacted and given information on how to obtain fingerprint background checks.</u> Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.</p> <p>Background checks are required for any applicant , agent, caregiver or adult household member that are at least 18 years old listed on the application.</p> <p>Family Day Home, Licensed Child Placing Agencies, and Independent Foster Home Programs ONLY: A Central Registry Check must be obtained for all household members that are at least 14 years old.</p> <p>Background checks MUST be available for inspection.</p> <p>Do not mail background checks in with the application.</p>	

PART 4: FEES

Personal check, money order, or certified check must be made payable to “Treasurer of Virginia.” Fees are non-refundable. There will be a service charge of \$50.00 for any check that must be returned due to insufficient funds.

The fee as listed below for FDH application processing.

CAPACITY of 1-12 children = \$14

*An application will not be processed until the fee has been received.
**No fee is required for processing a renewal application submitted at the end of a conditional licensure period

STAFF INFORMATION SHEET

	Staff Name	Staff Name	Staff Name	Staff Name	Staff Name	Staff Name
Date of Employment						
Job Title						
Age Group/Classroom						
Days/Hours Work Shift (ex. Mon-Fri 8am-5pm)						
Background Checks						
	Date Completed	Date of Expiration	Date Completed	Date of Expiration	Date Completed	Date of Expiration
Date of SWORN DISCLOSURE						
Date of Current CENTRAL REGISTRY search						
Date of Current CRIMINAL HISTORY check						
Medical Documentation						
Date of TB test or screening						
Training						
Highest Level of Completed Education						
	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training
Orientation (as required by standards)						
First Aid/CPR						
Daily Health Observation						
MAT						
<p><i>I certify that I am giving true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true, accurate and complete information may result in denial, revocation, or summary suspension of my license.</i></p>						
Signature:			Date:			

BUDGET FOR LICENSED FAMILY DAY HOMES AND INDEPENDENT FOSTER HOMES

APPLICANT'S NAME: _____ DATE: _____

	AMOUNT
1. OPERATING EXPENSES OF HOME PER MONTH	
Food for children	
Rent/Mortgage	
Utilities:	
<i>Electricity</i>	
<i>Gas</i>	
<i>Cable</i>	
<i>Water</i>	
<i>Sewage</i>	
<i>Internet</i>	
<i>Telephone</i>	
<i>Other, such as heating oil</i>	
Fuel for Auto(s) Used in Day Care/Independent Foster Home	
Maintenance for Auto(s) Used in Day Care/ Independent Foster Home	
Payment for Auto(s) Used in Day Care/ Independent Foster Home	
Home Maintenance	
Equipment/Supplies	
Laundry/Linens	
Cleaning supplies	
Other:	
2. ADMINSTRATIVE EXPENSES OF HOME PER MONTH	
Office equipment & supplies	
Accounting	
Licensing or business fees	
Legal fees	
Insurance(s)	
Advertising	
3. SALARIES, WAGES, & BENEFITS PER MONTH (for assistant and substitute providers)	
Salaries: (List each person separately)	
1.	
2.	
3.	
4.	
FICA (Social Security)	
Health Insurance	
Life Insurance	
Employee training	
Other benefits	
Other:	
Employee taxes	
TOTAL MONTHLY EXPENSES	

The budget includes the monthly expenses of the family day home operation. It is the total of all expense items shown below. Three major categories of expenses are shown. The explanations of the sub-headings are intended to assist the applicant in understanding the number and types of financial considerations which may be involved in a family day home operation, and to assist the Department in evaluating the home's application. Base the monthly expenses on the anticipated number of children to actually be in care during the first three months of operation.

1. OPERATING EXPENSES OF HOME PER MONTH:

- a. Food for children: Anticipated monthly cost of food to be provided to children in care. It includes the cost of all meals and snacks each day. *(Do not include the cost of food provided to household members during the home's hours of operation. Do not include the cost of food provided at no cost to staff who are required to eat with participants or residents. The cost of food provided to staff is reported under Item 3.m: Other.)*
- b. Rent or Mortgage Payments: Payments for the home; amount shown must be the total monthly expense.
- c. Utilities: Total of monthly payments made or to be made by the home for electricity, water, fuel oil, gas (*for heating*), sewage and refuse services, telephone and similar services.
- d. Fuel for Autos: Monthly cost for fuel to operate of car, vans, trucks, etc. used in support of the operation of the home.
- e. Maintenance for Autos: All expenses related to the maintenance and operation of cars, vans, trucks, etc, owned by the home and used in support of the operation of the home.
- f. Home Maintenance: Monthly cost of all items used to maintain and carry out necessary repairs on the family day home. This would include such items as mulch for play areas, paint, plumbing repairs, lumber, nails, roofing materials, grass seed.
- g. Equipment/Supplies: Total actual and projected annual cost of equipment and expendable supplies which were and will be used to support the operation of the family day home. Equipment rental costs should be included here.
- h. Laundry/Linens: Cost of soap, detergents, etc., required for the laundry of table linens, bed linens, etc., used by the family day home operation.
- i. Cleaning Supplies: Cost of cleaning solutions and supplies used in the family day home operation.

2. ADMINISTRATIVE EXPENSES OF HOME PER MONTH:

- a. Office Equipment & Supplies: Cost of items purchased monthly for administrative purposes. *(for example: file folders, pens, pencils, paper).*
- b. Accounting: Amount (if any) paid monthly to an accountant or someone (other than the family day home operator) who handles the billing, etc. for the family day home operation.
- c. Licensing/business fees: Total amount paid per year for family day home license, business license, personal property taxes (for vehicles used in the family day home operation), real estate taxes (if not included as part of the mortgage payment under Item 1. B above), special use permit, etc. Divide the total by 12 to obtain the monthly (prorated) amount.

- d. Legal fees: Total of fees paid to an attorney for assistance related to the family day home operation.
- e. Insurance:
- (1) Liability (Premises and Operations): Total monthly cost of liability insurance covering the premises and operation.
- (2) Liability (Vehicles): Total monthly cost of liability insurance covering all of the vehicles used in support of the family day home operation.
- (3) Other: Total monthly cost of other types of insurance (e.g. fire insurance). NOTE: Health Care, Group Life, and other insurance benefiting employees should be shown under Item 3.a. Salaries, Wages & Benefits and not in this item.
- f. Advertising: Total monthly cost to advertise the family day home.

3. SALARIES, WAGES & BENEFITS PER MONTH:

- a. Salaries & Wages: All salaries and wages paid per month by the family day home to its employees.
- b. FICA (Social Security): Enter the total monthly FICA (Social Security) tax, (including both OASDI and Medicare) to be paid by the facility for all employees and listed above.
- c. Health Insurance: Total amount of monthly premiums paid by the family day home for health care insurance for employees listed above when the cost of all or part of such insurance is provided by the family day home. Do not include portions paid by employees.
- d. Life Insurance: Total amount of monthly premiums paid by the family day home for employee life insurance when the cost of all or part of such insurance is provided by the family day home.
- e. Employee Training: Total monthly cost for formal training for employees that will be paid for or reimbursed by the family day home.
- f. Other Benefits (Specify): On an item-by-item basis, the cost(s) of any additional benefits provided by the family day home to employees listed above.

Other:

Employee Taxes: Taxes which must be paid by the family day home. This would include VEC taxes and Federal Unemployment Taxes which must be paid on employees' salaries. NOTE: The Employer's FICA (Social Security) taxes must be shown under Item 3, b above and not in this item. Specify each tax on a separate line under the entry "taxes."

Other (Specify): Monthly cost of all other expenses not included in other items. Specify each item of expense included here and the expense amount (e.g. *the estimated cost of meals provided at no cost to employees would be entered here.*

BUSINESS ENTITY C: CORPORATION

- A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities.

CORPORATION Domestic Corporation Foreign Corporation

Identifying Information

Name of Corporation Applying for License: _____
 Corporate Mailing Address:
 Street/P.O. Box _____ City _____ State _____ Zip Code _____

Corporate Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number (____) _____

Provide the following information on each officer of the corporation. (Attach additional pages if needed.)

<i>Name</i>	<i>Address</i>
President _____	_____
Vice President _____	_____
Secretary _____	_____
Treasurer _____	_____

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the corporation in matters relating to the facility:

<i>Name</i>	<i>Title</i>	<i>Address</i>
_____	_____	_____
_____	_____	_____

Required Attachments

Certificate of Incorporation issued by the State Corporation Commission or for corporations formed under laws of a jurisdiction other than Virginia, Certificate of Authority to Transact Business in Virginia issued by the State Corporation Commission.

Documentation from the State Corporation Commission (SCC) that the corporation is active AND in good standing

Articles of Incorporation

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment Documentation of the legal fictitious name registered with the proper designated authority

BUSINESS ENTITY E: LIMITED LIABILITY COMPANY

- A limited liability company is an unincorporated association of one or more members (the owners) who share in the profits and losses of the company's business. It is managed in accordance with an operating agreement by one or more members (member-managed) or by one or more managers (manager-managed). A limited liability company is a separate legal entity and, generally, the members and managers are not liable for the obligations of the limited liability company.

LIMITED LIABILITY COMPANY (LLC)

Domestic LLC

Foreign LLC

Identifying Information

Name of LLC Applying for License: _____

LLC Mailing Address: _____

Street/P.O. Box

City

State

Zip Code

LLC Tax ID Number:

Designated Contact Person: _____ Title: _____

Phone Number (____) _____

Provide the following information on each manager and member or other persons authorized to manage the business and affairs of the LLC. (Attach additional pages if needed.)

<i>Name</i>	<i>Title</i>	<i>Address</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the name, title and address of any agent(s) other than the members and managers who is empowered to act on behalf of the LLC in matters relating to the facility:

<i>Name</i>	<i>Title</i>	<i>Address</i>
_____	_____	_____
_____	_____	_____

Required Attachments

Certificate of Organization or Certificate of Registration (for LLCs formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission;

Articles of organization

Fictitious Name (Do Not fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.*** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment

Documentation of the legal fictitious name registered with the proper designated authority

BUSINESS ENTITY G: BUSINESS TRUST

- A business trust is an unincorporated association whose governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust.

BUSINESS TRUST

Domestic Business Trust

Foreign Business Trust

Identifying Information

Name of Business Trust Applying for License: _____

Business Trust Mailing Address: _____
Street/P.O. Box City State Zip Code

Business Trust Tax ID Number: _____

Designated Contact Person: _____ Title: _____

Phone Number (____) _____

Provide the following information on each trustee, beneficial owner and any officer of the Business Trust. (Attach additional pages if needed.)

<i>Name</i>	<i>Title</i>	<i>Address</i>

List the name, title and address of any agent(s) other than the trustees, beneficial owners or officers who is empowered to act on behalf of the business trust in matters relating to the facility:

<i>Name</i>	<i>Title</i>	<i>Address</i>

Required Attachments

Certificate of Trust or Certificate of Registration (for trusts formed under the laws of a jurisdiction other than Virginia) issued by the State Corporation Commission

Articles of trust

Fictitious Name (**Do Not** fill out this section if fictitious name does not apply)

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). **If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.** If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment Documentation of the legal fictitious name registered with the proper designated authority

