

VOLUNTARY REGISTRATION INITIAL APPLICATION PACKET

First, locate your city or county on the attached “Voluntary Registration Contract Agency and Licensing Representative” page. This will determine the agency that you will work with to obtain a Voluntary Registration Certificate. If you are not in a city or county listed as “DOLP” (Division of Licensing Programs), you will need to contact the agency listed to discuss payment information. The application packet, application fee, copies of background check results should be mailed to the agency listed with your city or county. **Do not send the application, or the fee, to a licensing office unless you live in an area covered by DOLP.**

Your application is *not* complete until the Division of Licensing Programs (DOLP), or the appropriate contracting agency, receives the following documents:

- Application
- \$50.00 Fee (do not send cash through the mail)
- Health and Safety Checklist
- Training Needs Assessment (optional, but encouraged)
- Copy of Sworn Statement or Affirmation for the applicant and any adult household members, assistants and substitute providers. Submit a copy with your application and maintain the originals in the home for review.
- Copy of RESULTS of the Tuberculosis testing or screening for the applicant and any adult household members, assistants and substitute providers. Submit a copy with your application and maintain the originals in the home for review
- Copy of Eligibility letter from Office of Background Investigations for applicant, any adult household members, assistants or substitute providers. Submit a copy of each letter with your application and maintain the originals in the home for review
- Copy of RESULTS of the Child Protective Services Search of the Central Registry for the applicant and any adult household members, assistants and substitute providers– submit a copy with your application and maintain the originals in the home for review

Payment to a contract agency is sent directly to the contract agency. Please contact the contract agency directly for information regarding types of payments that are accepted. All checks submitted to a DOLP office should be made payable to “*Treasurer of Virginia.*”

If you have any questions in reference to the VR packet or in determining the correct mailing address or agency assigned, please contact Nicole Jeffress at (804) 726-7170, or via email to nicole.jeffress@dss.virginia.gov. You may also contact Cynthia Carneal Heflin at (804) 726-7140, or via email at cynthia.carneal@dss.virginia.gov. Thank you for your interest in the Voluntary Registration program.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

Steps to Apply for an Initial Voluntary Registration Certificate

To complete the Voluntary Registration Family Day Home (VR-FDH) initial application process, please complete the following steps.

1. Read the *Welcome Letter*
2. Download and read
 - *Voluntary Registration of Family Day Homes Requirements for Providers*
http://www.dss.virginia.gov/files/division/licensing/vrfdh/intro_page/code_regulations/regulations/final_vr_reg.pdf
 - *Background Checks for Child Welfare Agencies*
http://www.dss.virginia.gov/files/division/licensing/fdh/intro_page/code_regulations/regulations/final_bg_checks_for_cwa.pdf
 - *Code of Virginia*
http://www.dss.virginia.gov/files/division/licensing/fdh/intro_page/code_regulations/code/2017_code_of_virginia.pdf
3. Complete your initial family day home application and gather the required attachments.
NOTE: Background checks must be completed within 90 days prior to submitting an application (Instructions for obtaining fingerprint checks will be sent to you after you have submitted the application). Original background checks **MUST** be available at the home for inspection. Applicant must send in a copy of all background checks with the application.
4. Submit your application to the VDSS licensing office or Contract Agency representative that serves the facility's location. If submitting to the division of licensing, make check or money order payable to the "Treasurer of Virginia." If submitting the application to a Contract Agency, contact the representative for the payment information. Applications and fees submitted to the incorrect agency will delay processing.

NOTE: It is requested that a complete application be submitted at least 60 days prior to the family day home's planned opening date. Submission of an incomplete application will delay the review process.

A licensing inspector or contract agency representative will contact you regarding your application and guide you through the rest of the application process.

VOLUNTARY REGISTRATION CONTRACT AGENCIES AND LICENSING REPRESENTATIVES

Locate your city or county below to determine which agency will assist you in processing your application and monitoring compliance. If you have any questions, please call Cynthia Carneal Heflin at 804-726-7140.

CHILD NUTRITION, INC. (CNI)

Contact: Beth Wittusen, bethw@cni-usda.org
Sheila Jock, 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, Caroline, Clarke, Culpeper, Fauquier, Frederick, Loudoun, Madison, Orange, Page, Prince William, Rappahannock, Rockbridge, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren
Cities served: Ashburn, Dale City, Dumfries, Fredericksburg, Front Royal, Harrisonburg, Haymarket, Leesburg, Luray, Manassas, Manassas Park, Occoquan, Quantico, Staunton, Sterling, South Riding, Warrenton, Waynesboro, Winchester, Woodbridge, Woodstock

MEMORIAL CHILD GUIDANCE CLINIC (MCGC)

Contact: Dorothy Billups, dbillups@childsavers.org
200 North 22nd Street
Richmond, Virginia 23223-7020
Ph: (804) 591-3923 Fax: (804) 343-2708
Counties served: Amelia, Brunswick, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Goochland, Greensville, Hanover, Henrico, James City, King William, Lancaster, New Kent, Northumberland, Nottoway, Powhatan, Prince George, Richmond, Surry, Sussex,
Cities served: Blackstone, Chester, Colonial Heights, Emporia, Glen Allen, Hopewell, Petersburg, Richmond, Williamsburg

READYKIDS

Contact: Gail Esterman, gesterman@readykidscville.org
Suzanne McDonald, smcdonald@readykidscville.org
ATTN: C.C.Q.
1000 East High Street,
Charlottesville, Virginia 22902-4848
Ph: (434) 296-4118 ext. 228 (Gail)
434-296-4118 (249) (Suzanne McDonald) Fax: (434) 295-2638
Counties served: Albemarle, Fluvanna, Greene, Louisa, Nelson
Cities served: Charlottesville

CAPITAL AREA PARTNERSHIP UPLIFTING PEOPLE (CAPUP)

Contact: Hester Brown, hbrown@capup.org
1021 Oliver Hill Way
Richmond, Virginia 23219
Ph: (804) 788-0050 ext. 130 Fax: (804) 643-3116
Counties served: Gloucester, Mathews, Northampton
Cities served: Hampton, Newport News

DOLP – Home Office

Contact: Nicole Jeffress, nicole.jeffress@dss.virginia.gov
Virginia Department of Social Services
Division of Licensing – Children’s Programs
Voluntary Registration Program
801 E. Main Street, 9th Floor
Richmond, Virginia 23219-2901
Ph: (804) 726-7170 Fax: (804) 726-7132
Counties served: Alleghany, Amherst, Appomattox, Bath, Bedford, Botetourt, Buckingham, Campbell, Charlotte, Craig, Franklin, Halifax, Henry, Highland, King and Queen, Lunenburg, Mecklenburg, Patrick, Pittsylvania, Prince Edward, Roanoke, Westmoreland,
Cities served: Appomattox, Bedford, Buena Vista, Clifton Forge, Covington, Danville, Farmville, Lynchburg, Madison Heights, Martinsville, Roanoke, Rocky Mount, Salem, South Boston,

DOLP - East

Contact: Regina Morgan
Virginia Department of Social Services
Eastern Regional Office
420 N. Center Drive, Suite 100
Norfolk, Virginia 23502-0015
Ph: (757) 985-4700
Counties served: Accomack, Isle of Wight, King George, Middlesex, Southampton, York
Cities served: Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, Virginia Beach

DOLP – West

Contact: Diana Walls
190 Patton Street, Abingdon, Virginia 24210
Phone: (276) 676-5655
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

Virginia Department of Social Services
Division of Licensing Programs/Voluntary Registration
801 E. Main Street, 9th Floor, Richmond, Virginia 23219-2901
http://www.dss.virginia.gov/facility/child_care/unlicensed/vrfdh/index.cgi

Initial Application Packet

Dear Voluntary Registration Applicant:

Thank you for your interest in the voluntary registration program. As you think about a career as a family day care provider please consider the following points.

- Is there a need for day care in your area? (You can check out the number of daycare facilities operating in your area at www.dss.virginia.gov – check both licensed and unlicensed).
- Do you have a plan for obtaining clients or a marketing plan to make people aware of your daycare operation? Once you are registered or licensed you will be listed as a daycare provider but the Division of Licensing Programs does not make any direct referrals or supply you with clients.
- Have you considered any start-up costs and budgeted for periods of time when you may have fewer than four children enrolled? 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. At the time of your inspection you should be prepared as if you were already admitting children.
- You must be certified in CPR/First Aid if you plan to work with children who are referred through a local department of social services or whose parents receive funds to assist them with daycare expenses. In addition, you may need additional training to administer medication to enrolled children. Consider the likelihood of working with a child who must take an antibiotic for a few days or that has asthma or allergies which require prescription medication? How do you plan to handle this? Have you checked on any zoning requirements or whether you will need a business license? Check for any local ordinances that may apply. You will also need to consider insurance. 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.

Lastly, please be aware that Virginia law requires that you be licensed if you provide care for five or more children at any one time, exclusive of your own children and any children that reside in the home. Information on becoming a licensed family day home is available at http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi.

Enclosed you will find a packet of materials that must be completed, and the results forwarded to the DOLP or the appropriate contract agency, prior to an inspection. You must have your home inspected, and may need to make corrective action necessary, prior to issuance of a certificate. This packet 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 representative will contact you and schedule an inspection to confirm compliance with each area once your completed application has been received.
- Report of Tuberculosis Screening for Children's Programs – This form must be completed for the provider, assistant, substitute, and any adult household member. Please make additional copies as needed.
- A copy of the *Requirements for Providers* – this set of regulations governs voluntarily registered family day homes. All caregivers must be familiar with these requirements.

- The staff –child ratio requirements have been updated since the regulation was published. You must use the staff – child ratios and points system on the last page of the *Requirements for Providers*, or as listed on the Health and Safety Checklist.
- Training Needs Assessment will be used to determine which areas may need additional training during the inspection. This optional form can be completed and returned prior to the home inspection.
- An Instructions sheet to assist you in completing the necessary Background Checks. **Make additional copies of forms as necessary. Do Not** process your background forms through Child Care Aware, a resource and referral agency, or a local department of social services or law enforcement without talking to me first – this could save you time and possibly money.

Please note that some convictions are considered “barrier crimes” and can bar a family day home from licensure or registration. If you have any questions regarding criminal offenses or Child Protective Services finding/results, please contact the appropriate contract agency or Cynthia Carneal Heflin prior to submitting your application.

- You (or another adult caregiver) must be trained in Medication Administration (MAT) to administer **prescription** medication to any enrolled child. The procedures for administering non-prescription (over-the-counter) medication are addressed on Page 11 of the Requirements for Providers. A list of MAT trainers in your area is available at: <http://www.medhomeplus.org/MAT/index.php>

If you have any questions or believe that you may have a barrier to registration, please feel free to contact me at 804-726-7140, or via e-mail at cynthia.carneal@dss.virginia.gov; or Nicole Jeffress at 804-726-7170, or via e-mail at nicole.jeffress@dss.virginia.gov

Sincerely,

Cynthia Carneal Heflin
Voluntary Registration Consultant

CCH/ndj

Attachments

Voluntary Registration

Provider Application Form

- The form has changed, please read the instructions carefully
- This form must be notarized.
- Please complete each section completely.
- Please write legibly.
- Mark “N/A” if any section does not apply.
- In the “Provider Information” Section.
 - You are not required to have both a landline telephone and a cell phone number. If you have both, please mark which number you prefer to have listed on the website for parents and for the Division to use to contact you.
 - E-mail address must be provided. If you are using another person’s email address (such as a relative or close friend, please be aware this is the Division’s method of giving you information regarding obtaining fingerprint checks and receiving the eligibility letter.
 - You must provide your social security number as this is a requirement of the Code of Virginia. If you have a Federal Tax I.D Number for your daycare, we will use that number as your identifier in the database.
- The application fee is \$50 and **NON-REFUNDABLE**.
- 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 them for payment information. If you submit a fee payable to the incorrect agency, it will have to be returned to you which will delay processing your application.

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

APPLICATION FOR VOLUNTARY REGISTRATION (VR-FDE)

- 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 or assigned contract agency 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.

For Division of Licensing Programs (DOLP) Use Only

DATE RECEIVED:	RECEIVED BY:	CHECK/MO #:	AMT RECEIVED:	INSPECTOR:	APPLICATION #:	FILE #:

PART 1: APPLICANT INFORMATION

SWORN DISCLOSURE STATEMENT OR AFFIRMATION

This statement must be signed in the presence of a Notary Public

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 childcare provider and that the childcare 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.

Signature of Provider

Date

City/County of _____

State of _____

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

My commission expires _____ 20_____.

Signature of Notary Public

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

Name of Provider		Landline Phone Number ()		
		Cell 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)				
Social Security Number		Federal Tax I.D. Number		
Date of Birth	Business Name (if any)			

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

I am applying for

initial Certificate of Registration renewal Certificate of Registration

address change only name change only

Have you ever been a licensed or registered childcare provider in Virginia?

Yes No

If so, what type?

Family Day Home Child Day Center

Are you interested in serving as a substitute for other providers when vacant slots are available?

Yes No

Are you a DSS subsidy vendor?

Yes No

Are you current participating in the USDA Food Program?

Yes No

If Yes, Name of Sponsoring Agency _____

If No, are you interested in participating in the USDA Food Program?

Yes No

Months of Operation (check all that apply):

Year Round January February March April May

June July August September October November December

Days of Operation (check all that apply):		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Hours of Operation:	Do you offer evening care? (7 p.m. but not through the night) Yes <input type="radio"/> No <input type="radio"/>	Do you offer overnight care? (7 p.m. and through the night) Yes <input type="radio"/> No <input type="radio"/>
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 Provider: _____		Date of Birth: _____
List the names of all persons who are AT LEAST 18 years old AND reside in the home *If you need to list any additional household members, please enclose a separate page.		
Name of Household Members		Birth Date

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 18 years old**.

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 days and times of attendance.

Name of Child	Date of Birth	SELECT ONLY ONE (1)		
		Son or Daughter	Resides in Home	Daycare

REQUIRED ATTACHMENTS

	√ If Submitted
\$50 FEE PAYABLE TO "TREASURER OF VIRGINIA" <i>* Programs Served By A Contract Agency Should Send the Fee directly to the Contract Agency</i>	<input type="checkbox"/>
"Voluntary Registration Health and Safety Checklist" (see VDSS website)	<input type="checkbox"/>
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 (within 90 days prior to submitting an application).	<input type="checkbox"/>
Background Checks: <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. Not applicable for Children's Residential and Child Caring Institutions Programs. <p>The National Criminal Background Check is completed after 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>INITIAL APPLICATION: 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, 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 <i>MUST</i> be available for inspection.</p> <p>Do not mail background checks in with the application.</p> <p>Voluntary Registered Programs Only: Mail in copies of all completed background checks.</p> <p>RENEWAL APPLICATION Background checks are required for any NEW applicant, agent, caregiver or adult household member that are at least 18 years old.</p> <p>Family Day Home, 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>Do not mail background checks in with the application.</p> <p>Voluntary Registered Programs Only: Mail in copies of all completed background checks</p>	<input type="checkbox"/>

For Contract Agency Use Only

RECOMMENDATION FOR CERTIFICATE OF REGISTRATION

Stipulations:

I certify that the Requirements for Voluntary Registration of Family Day Homes have been reviewed at the home named below and that these requirements have been met by the provider. I recommend a Certificate of Registration be issued with an effective date range of:

_____ through _____

Executive Director/Agency Representative

Contracting Organization

Date

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 slot provided before the item. The contract agency representative will complete the form by initialing or marking with an S (screener). Licensing Inspector will determine compliance electronically during the inspection. 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.
- ___ I do not administer prescription medication to enrolled children unless it is administered by a caregiver that has current Medication Administration Training (MAT) certification or the caregiver is licensed in Virginia to administer prescription medications. (A caregiver who is currently licensed in Virginia as a physician, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist is not required to be certified in MAT. A copy of the license should be available for review.)

- ___ 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.

Voluntary Registration Health and Safety Checklist

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.
- ___ ___ I am at least 18 years of age and have not been convicted of any barrier crime specified in § 19.2-392.02 of the *Code of Virginia* and am not the subject of a founded complaint of child abuse and neglect.
- ___ ___ My physical and mental condition are such that I am able to care for children.
- ___ ___ I provide parents with a copy of the Information to Parents statement and provide contact information regarding my inspector or contract agency.
- ___ ___ 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 child.
- ___ ___ I adhere to the following point system required to supervise children and determine if an additional caregiver is necessary.
 - A caregiver may care for 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;
 - My children and children residing in my 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 or screening, 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. My records for each child include:
 - Documentation of previous child day care programs and schools the child has attended.
 - Documentation that proof of identity was reviewed and the date of review.
- ___ ___ 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.

Provider signature required on page 4

Voluntary Registration Health and Safety Checklist

I understand that the contracting agency and/or the Virginia Department of Social Services may provide information, training opportunities, and technical assistance to help me provide good care to children and that I may ask for help or advice as needed.

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.

Provider signature: _____

Name: (*print*) _____

Address: _____

Phone Number: () _____ - _____

I, _____,
(Contract Agency Monitor), verify that the provider meets the health and safety standards and has agreed to comply with the above requirements.

Check on:

- Initial Verification
 Monitoring Inspection
 Renewal Inspection
 Other (specify) _____

Time of Inspection: _____

Date: _____

Agency: _____

*Licensing Inspectors will determine compliance electronically and do not need to sign the checklist.

Voluntary Registration of Family Day Homes Home Inspection 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 Training Needs 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. Which of the following should be kept inaccessible to children in a family day home?
 - a. medicine
 - b. bleach and laundry supplies
 - c. cleaning supplies
 - d. gasoline
 - e. any product whose label reads "keep out of reach of children"
 - f. all of the above.

4. Which of the following information is not required to be in each child's record?
 - a. documentation the provider has viewed proof of identity and age, information on previous schools and day care that the child has attended
 - b. Social Security Number of child
 - c. information regarding chronic illnesses and allergies
 - d. the name, address, and telephone number of at least one person to contact in case of emergency
 - e. permission to obtain emergency medical treatment

5. 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 required additional background checks and notification to DOLP or contracting agency.

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
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 | |
| • Dequan is 15 months old | Ms. Johnson's own children |
| • Quincy is 3 years old | Ben is 6 month old |
| • Keli is 3 years old | Billy is 6 years old |
- a. Is Ms. Johnson over-capacity during the times that all children are present?
- 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 five children range in age from 6 to 10 years of age, so she has a total of 5 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

- The information on 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.
- A TB skin test is not required but the individual must submit documentation signed by a doctor or health professional that includes a statement that the individual is considered free of tuberculosis in a communicable form.
- Submit copies of the results with your application. Maintain the original documents in the family day home and make them available for inspection.

**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 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 and provide information regarding whether you, or the person completing the form, has lived outside of Virginia in the past five years.*
- A copy of each person's *Sworn Statement of Affirmation* must be submitted with your application. Maintain the original documents in your home and make them available for review at inspection.

Anyone who has lived in another state within the last five years is required to request a check of the child abuse and neglect registry for each state where they have lived within the past five years. Additional information is available in the instructions for completing the Virginia Department of Social Services Child Protective Services (CPS) Central Registry Release of Information Form in this package.

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS
Please Print

Last Name First Middle Maiden Social Security Number

Current Mailing Address Street, P.O. Box #, Apt. # City State Zip Code

Name of Licensed/Registered Approved Facility/Provider Street, P.O. Box #, Apt. # City State Zip Code

Have you lived outside of Virginia in the past five years? Yes No

If yes, what state(s) have you lived in: _____

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, 63.2-1720.1, 63.2-1721, 63.2-1721.1, 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.

National Criminal History Record

The national criminal background check is the process of obtaining criminal history record information from the Federal Bureau of Investigation (FBI) through the Central Criminal Records Exchange.

Individuals required to obtain a fingerprint check include:

- The applicant applying for voluntary registration;
- Any substitute caregiver or assistant caregiver; and
- Any adult household member 18 years of age and older.

The individuals must submit to fingerprinting and provide personal descriptive information. Fingerprints must be submitted through Fieldprint – <https://fieldprintvirginia.com/>

Cost for fingerprinting:

There is no fee for fingerprinting until September 30, 2020 as the Department is covering the cost. Applicants requiring fingerprints after September 30, 2020 and any other individuals required to submit a background check must pay for fingerprints during the online registration process. The cost will be \$59.00 for each fingerprint check.

Process for fingerprinting:

- Submit your application including the Sworn Statement or Affirmation form, results of CPS clearance, out of state child abuse and neglect search request (if necessary) along with the rest of the application to the contract agency assigned or the Division of Licensing Programs. (See page 3)
- Once your application has been reviewed, your facility information will be entered into the database and you will receive an email with instructions on obtaining your Fieldprint codes and instructions for scheduling an appointment to have the fingerprints taken. The Fieldprint codes are required for the online registration.
- Criminal History Record results are sent to the Office of Background Investigations (OBI) and are screened against the barrier crimes list.
- Individuals will receive a letter by email indicating if they are “eligible” or “not eligible” to work with children. (This will include adult household members)
- National Criminal History Record search must be completed every five years so long as the certificate has not lapsed.

A complete list of barrier crimes is available for review on the website at https://dss.virginia.gov/files/division/licensing/vrfdh/intro_page/current_providers/background_investigations/barrier_crimes_for_child_day_programs.pdf. If you have any barrier that would prohibit voluntary registration, please contact the assigned agency to discuss. If you have any other questions, please contact Cynthia Carneal Heflin at 804-726-7140.

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 check made payable to: Virginia Department of Social Services. *Personal checks and cash will not be accepted.*
- Please read all instructions carefully. This form must be notarized.
- 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).
- Enter your name and your address in the "Mail Search Results To" Section.
- Purpose of the search - *Babysitter/Family Day Care.*
- Parent's signature is required for any child 17 years of age or younger.
- Mail your search request to the address listed on the form.
- Numbers to call if you have not received your results within 30 business days: 804-726-7567 or 804-726-7387
- Results completed more than 90 days prior to the date the application is received will **not** be accepted.
- You must submit copies of your RESULTS to the assigned agency with your application for each individual after OBI has processed your request. You will maintain the original search results in your home and make them available for inspection.

Who needs an out of state child abuse and neglect registry check?

Anyone who has lived in another state in the past five years is required to request a check of the child abuse and neglect registry for each state they have lived in the past five years.

This link will connect you with the Adam Walsh State Contact for Child Abuse

Registries: <http://www.cdss.ca.gov/Portals/9/CCLD/Revised%20AW%20Contact%20List.pdf?ver=2>
017-04-03-084448-420.

This registry includes contact information for each state along with the procedures, forms, and fees needed to complete the search. New applicants and agents for licensure, approval, and registration must request an out of state check when they initially apply for a license, approval, or registration. New employees, new volunteers, and new household members need to request an out of state check within 30 days of hire, beginning volunteer service, or becoming a resident. If results from the out of state checks are not received within 45 days of the request, you must follow up with the other state(s) and keep documentation of that follow up contact. If a state does not have a child abuse or neglect registry or will not search the registry for residents of another state, please keep documentation of the request to search along with any information sent from the state indicating no search could be conducted. You may submit a copy of the **request** for any out of state child abuse registry search with your VR-FDH application so that your Virginia background check results do not expire while waiting for the out of state checks to be returned.

July 2019

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 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**

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

Central Registry Release of Information Form

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children's Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City		State	Zip		
Contact Name		Tel.#		Ext	
Contact E-Mail					
Mandatory if agency code has been assigned					

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name		First Name		Full Middle Name – (given at birth) - No Initials (if middle name is an initial, indicate "initial ONLY")	
Maiden Name (last name before marriage)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YYYY)	
Driver's License Number or ID #		Social Security Number		Other names used; nicknames, legal names (refer to instruction page)	
Current Address (Include Street # and Apt #)				City	State
				Zip	

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



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

Central Registry Release of Information Form

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: _____

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

- CAPUP = Capital Area Partnership Uplifting People
- CNI = Child Nutrition, Inc.
- CPS = Child Protective Services
- CPSC = Consumer Product Safety Commission
- DOLP = Division of Licensing Programs
- MAT = Medication Administration Training
- MCGC = Memorial Child Guidance Clinic
- N/A = Not Applicable
- OBI = Office of Background Investigations
- TB = Tuberculosis
- USDA = United States Department of Agriculture
- VDSS = Virginia Department of Social Services
- VR = Voluntary Registration
- VR-FDH = Voluntary Registration Family Day Home
- VA = Virginia

WEBSITES

To access VR-FDH provider information and application packet

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/background_investigations/032-02-0151-12-eng.pdf

Virginia State Police Criminal History Record Search

www.vsp.virginia.gov

For information regarding subsidy and other resources for providers

www.childcareva.com

For information on the Child and Adult Care Food Program

<http://vachildcarefoodprogram.org/find-your-local-sponsor>

**Voluntary Registration
Of Family Day Homes -
Requirements for Providers**

**Revised
October 19, 2016**

**Department of Social Services
Division of Licensing – Children's Programs
801 E. Main Street, 9th Floor
Richmond, Virginia 23219**

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**PART I
INTRODUCTION**

22VAC40-180-10. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Adult" means any individual 18 years of age or older.

"Age appropriate" means suitable to the chronological age range and developmental characteristics of a specific group of children.

"Age groups" means the following:

"Infant" means children from birth to 16 months.

"Toddler" means children from 16 months to 31 months.

"Preschooler" means children from 31 months up to the age of eligibility to be enrolled in kindergarten or an equivalent program.

"School age" means children who are eligible to be enrolled in kindergarten or attend public school.

"Age of eligibility to attend public school" means five years of age or older by September 30.

"Care, protection and guidance" means responsibility assumed by a family day home provider for children receiving care in the home, whether they are related or unrelated to the provider.

"Certificate of registration" means a document issued by the commissioner to a family day provider, acknowledging that the provider has been certified by the contracting organization or the department and has met the Requirements for Voluntary Registration of Family Day Homes - Requirements for Providers. (22 VAC 40-180).

"Child" means any individual under 18 years of age.

"Commissioner" means the Commissioner of Social Services.

**STATE BOARD OF SOCIAL SERVICES
VOLUNTARY REGISTRATION OF FAMILY DAY HOMES -
REQUIREMENTS FOR PROVIDERS**

**Page 2 of 14
10/16**

22VAC40-180-10. Definitions.

"Commissioner's designee" means a designated individual who or a division within the Department of Social Services that is delegated to act on the commissioner's behalf in one or more specific responsibilities.

"Contracting organization" means the agency which has contracted with the Department of Social Services to administer the voluntary registration program for family day homes.

"Denial of a certificate of registration" means a refusal by the commissioner to issue an initial certificate of registration.

"Department" means the Virginia Department of Social Services.

"Department's representative" means an employee or designee of the Virginia Department of Social Services acting as the authorized agent of the commissioner.

"Evaluate" or "evaluation" means the review of a family day provider by a contracting organization upon receipt of an application for a certificate of registration to verify that the applicant meets the Requirements for Providers.

"Family day home" means a child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. A family day home serving five through 12 children, exclusive of the provider's own children and any children who reside in the home, shall be licensed. A family day home caring for more than four children under the age of two, including the provider's own children and any children who reside in the home, shall be licensed or voluntarily registered. A family day home where the children in care are all related to the provider by blood or marriage shall not be required to be licensed.

"Family day provider applicant" or "provider applicant" means a person 18 years of age or older who has applied for a certificate of registration.

"Monitor" or "monitoring visit" means to visit a registered family day provider and to review the provider's compliance with the applicable requirements described in the Requirements for Providers.

"Parent" means a biological, foster or adoptive parent, legal guardian, or any person with responsibility for, or custody of, a child enrolled or in the process of being enrolled in a family day home.

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22VAC40-180-10. Definitions.

"Physician" means a person licensed to practice medicine.

"Provider" or "registered family day provider" means a person who has received an initial or renewed certificate of registration issued by the commissioner. This provider has primary responsibility for providing care, protection, supervision, and guidance to the children in the registered home.

"Provider assistant" means a person 14 years of age or older who has been designated by the family day provider and approved by the contracting organization to assist the provider in the care, protection, supervision, and guidance of children in the home.

"Refusal to renew a certificate of registration" means the nonissuance of a certificate of registration by the commissioner after the expiration of the existing certificate of registration.

"Registration fee" means the payment to a contracting organization by a provider or applicant upon filing an application for a certificate of registration.

"Registered family day home" means any family day home which has met the standards for voluntary registration for such homes pursuant to regulations promulgated by the State Board of Social Services and which has obtained a certificate of registration from the commissioner.

"Renewal of a certificate of registration" means the issuance of a certificate of registration by the commissioner after the expiration of the existing certificate of registration.

"Requirements for Providers" means the procedures and general information set forth for providers operating family day homes who voluntarily register. This includes staffing requirements and a self-administered health and safety checklist.

"Revocation of a certificate of registration" means the removal of a provider's current certificate of registration by the commissioner for failure to comply with the applicable Requirements for Providers.

"Substitute provider" means a provider who meets the Requirements for Providers and who is readily available to provide substitute child care in a registered provider's home or in the substitute provider's home.

"USDA" means U.S. Department of Agriculture.

22VAC40-180-20. (Repealed.)

**PART II
PROVIDER REGISTRATION AND GENERAL PROCEDURES**

22VAC40-180-30. Provider eligibility.

- A. A family day provider and substitute provider shall be 18 years of age or older.
- B. A family day assistant shall be 14 years of age or older.
- C. A family day provider, assistant or assistants and substitute provider shall be able to read, write, understand and carry out the responsibilities in the Requirements for Providers.
- D. A family day provider and substitute provider shall live in a county, city, or town that does not have a local ordinance for the regulation or licensure of family day homes.
- E. A family day provider that is voluntarily registered pursuant to § 63.2-1704 of the Code of Virginia shall not be required by law to be licensed. Family day homes serving five through 12 children younger than the age of 13 years, exclusive of the provider's own children and any children who reside in the home, shall be licensed.

22VAC40-180-40. Application for registration.

- A. A family day provider applicant for a certificate of registration shall submit to the contracting organization a completed application form, which shall include, but not be limited to:
 - 1. The health and safety checklist and statements of assurance as noted in Part III (22VAC 40-180-120 et seq.);
 - 2. A tuberculosis test report as noted in subsection C of this section;
 - 3. A criminal records check and Child Protective Services Central Registry Clearance as indicated in subsection D of this section;
 - 4. A sworn disclosure statement as noted in subsection D of this section; and
 - 5. General information as noted in subsection B of this section.

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22VAC40-180-40. Application for registration.

B. The provider shall also indicate a preference as to whether:

1. The provider applicant is interested in participating in the USDA food program (if the registrant is not currently participating);
2. The provider applicant is willing and able to serve as a substitute provider (after the primary provider obtains consent from parents of enrolled children) and is interested in being included on the substitute provider list maintained by the contracting organization.

C. Health information shall be submitted on the family day provider applicant, assistant or assistants and substitute providers, if any, and any other adult household member who comes in contact with children or handles food served to children. The applicant shall return the completed application form along with a tuberculosis (TB) form which provides written proof of the results of a tuberculosis examination for the applicant, the provider assistant, if any, and all other persons who care for children in the family day home as follows:

1. Initial tuberculosis examination and report.
 - a. Within 90 days before the date of initial application for registration or within 30 days before employment or having contact with children in a registered home, each individual shall obtain a tuberculin skin test indicating the absence of tuberculosis in a communicable form;
 - b. Each individual shall submit a statement that he is free of tuberculosis in a communicable form, including the results of the test;
 - c. The statement shall be signed by a physician, the physician's designee, or an official of a local health department; and
 - d. The statement shall be filed in the individual's record maintained at the family day home.

EXCEPTION: An individual may delay obtaining the tuberculosis test if a statement from a physician is provided that indicates the test is not advisable for specific health reasons. This statement shall include an estimated date for when the test can be safely administered. The individual shall obtain the test no later than 30 days after this date.

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22VAC40-180-40. Application for registration.

2. Subsequent evaluations.
 - a. An individual who had a significant (positive) reaction to a tuberculin skin test and whose physician certifies the absence of communicable tuberculosis shall obtain chest x-rays on an annual basis for the following two years.
 - (1) The individual shall submit statements documenting the chest x-rays and certifying freedom from tuberculosis in a communicable form;
 - (2) The statements shall be signed by a licensed physician, the physician's designee, or an official of a local health department;
 - (3) The statements shall be filed in the individual's record maintained at the family day home; and
 - (4) Following the two-year period during which chest x-rays are required annually, additional screening shall be obtained every two years.
 - b. An individual who had a nonsignificant (negative) reaction to an initial tuberculin skin test shall obtain additional screening every two years thereafter.
 - c. Any individual who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms shall, within 30 days of exposure or development, receive an evaluation in accordance with subdivision C 1 of this section.
3. At the request of the contracting organization or the Department of Social Services, a report of examination by a physician shall be obtained when there is an indication that the safety of children in care may be jeopardized by the physical or mental health of a specific individual.
- D. Information certifying that those in contact with children do not have a criminal background shall be submitted. Attachments will include:
 1. A criminal records check, as specified in §§ 63.2-1720 and 63.2-1721 of the Code of Virginia, conducted no more than 90 days before the date of initial application and no more than 90 days before the date of application for renewal, for the provider applicant, the provider assistant, and the substitute provider, if any, and any adults residing in the home;

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22VAC40-180-40. Application for registration.

2. A Child Protective Services (CPS) Central Registry Clearance conducted no more than 90 days before the date of initial application and no more than 90 days before the date of application for renewal, for the provider applicant, the provider assistant, and the substitute provider, if any, and any adults residing in the home; and
3. A sworn disclosure statement for the provider applicant, the provider assistant, and the substitute provider, if any, and any adults residing in the home.

22VAC40-180-50. Registration fees.

- A. At the time an application for a certificate of registration is submitted to the contracting organization, the provider applicant shall pay a nonrefundable registration fee not to exceed \$50 for a two-year period. The fee shall be paid in the form of a check or money order made payable to the contracting organization. (This does not include the fee for the criminal records check, CPS Central Registry Clearance or the tuberculosis test.)
- B. An additional fee shall not be required if a minor change in the information collected, e.g., change in name, occurs before the expiration date of the current certificate of registration or if the provider requires a duplicate copy of the certificate of registration due to loss or destruction of the original.
- C. An additional fee shall only be charged if a second home visit is required because:
 1. The provider changes location (not to exceed \$50);
 2. The original certificate of registration was revoked (not to exceed \$50); or
 3. The provider's completion of a corrective action plan needs to be verified (not to exceed \$10).

22VAC40-180-60. Issuance of a certificate of registration.

- A. After the provider applicant has satisfactorily met the requirements for voluntary registration, the contracting organization shall certify the provider applicant as eligible for registration to the commissioner and recommend the issuance of a certificate of registration.

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22VAC40-180-60. Issuance of a certificate of registration.

- B. The commissioner shall issue the certificate of registration, which shall not be transferable, to a specific provider at a specific location.
- C. If it is necessary to change any identifying information (name and phone) noted on the certificate of registration prior to the end of the two-year registration period, the provider shall advise the contracting organization no later than 14 calendar days after the change.
- D. If the provider changes location prior to the end of the two-year registration period, the provider shall permit and participate in a second home visit and an evaluation of the new residence within 30 days of occupying the residence.
- E. The provider shall not claim in advertising or in any written or verbal announcement to be registered with the Commonwealth of Virginia unless a certificate of registration is currently in effect.
- F. A provider who has been denied a certificate of registration or who has had a certificate of registration revoked or refused renewal by the commissioner shall not be eligible for issuance of a certificate of registration until six months after the date of such action, unless the waiting period is waived by the commissioner.

22VAC40-180-70. Renewal of a certificate of registration.

- A. The certificate of registration shall be subject to renewal upon expiration.
- B. No later than 45 days before the expiration of the current certificate of registration, the provider shall submit to the contracting organization a completed renewal application form which shall include, but not limited to, the required information specified in 22VAC40-180-40.

22VAC40-180-80. Denials, revocations, refusals to renew and provider appeals procedures.

- A. A provider's certificate of registration may be denied, revoked, or refused renewal by the commissioner for cause including, but not limited to:
 - 1. Failure to comply with adult-child ratios, staffing requirements, or other standards set forth in the Requirements for Providers;

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22VAC40-180-80. Denials, revocations, refusals to renew and provider appeals procedures.

2. Use of fraud in obtaining a certificate of registration or in the subsequent operations of the family day home;
 3. Any conduct or activity which adversely affects or presents a serious hazard to the health, safety, and general well-being of an enrolled child, or which otherwise demonstrates unfitness by a provider to operate a family day care home;
 4. Refusal to furnish the contracting organization or the department with records;
 5. Refusal to permit immediate admission to the family day home to the parent of an enrolled child who is present in the home or to an authorized representative of the contracting organization or department when any enrolled child is present; or
 6. Documentation maintained by a contracting organization or the department that a certificate of registration has been denied, revoked, or refused renewal by the commissioner to the provider during the six months prior to the date an application is resubmitted for a certificate of registration.
- B. When a provider is found to be in violation of any of the provisions of subsection A of this section, the contracting organization shall notify the provider of the violation or violations first orally and then in writing, and, when appropriate, shall afford the provider an opportunity to abate the violation or violations within a timeframe agreed upon by the contracting organization and the provider. The provider shall immediately abate the violation or violations in situations where children are at risk of abuse or neglect or serious harm or injury.
- C. If the provider fails to abate the violation or violations within the agreed upon timeframe or commits a subsequent violation, the contracting organization may recommend to the commissioner that the certificate of registration be denied, revoked, or refused renewal. A statement referencing the standard or standards violated shall be included with the recommendation.
- D. Upon notification of the contracting organization's intent to recommend that a certificate of registration be denied, revoked, or refused renewal, a provider may request a review in writing by the contracting organization's review committee within 15 calendar days after receipt of notification.
- E. The contracting organization shall submit its recommendation of the provider's eligibility for issuance of a certificate of registration to the commissioner's designee.

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22VAC40-180-80. Denials, revocations, refusals to renew and provider appeals procedures.

If a certificate of registration is denied, revoked or refused renewal by the commissioner's designee, the provider may appeal the decision in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) and may request a hearing in writing within 15 calendar days after receipt of notification of the decision.

- F. After the hearing, the commissioner shall issue the final order, which may be appealed in accordance with the Administrative Process Act.
- G. A provider whose certificate of registration is revoked or refused renewal shall notify the parent or parents of each child enrolled within 10 calendar days after receipt of notification of such action.

22VAC40-180-90. Provider reporting requirements.

- A. The provider shall verbally notify the local department of social services or call the toll free number for the Child Protective Services Unit (1-800-552-7096) immediately whenever there is reason to suspect that a child has been or is being subjected to any kind of child abuse or neglect by any person.
- B. The provider shall report the following incidents to the contracting organization as soon as possible but no later than the beginning of the contracting organization's next working day:
 - 1. A lost or missing child when it was necessary to seek assistance from local emergency or police personnel;
 - 2. Any injury that occurs while in the provider's care that results in the admission of a child to a hospital;
 - 3. The death of a child while in the provider's care;
 - 4. Any damage to the provider's home that affects the provider's compliance with the Requirements for Providers;
 - 5. Any occurrence of a reportable disease, as specified in the list of reportable diseases provided by the contracting organization;
 - 6. The termination of all family day care services by the provider; or

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22VAC40-180-90. Provider reporting requirements.

7. The provider's decision to surrender the certificate of registration in accordance with the Requirements of the Voluntary Registration Program.

22VAC40-180-100. Provider record requirements.

- A. The provider's records shall be open for inspection by authorized representatives of the contracting organizations and the department.
- B. The provider shall maintain on file a signed statement from each parent, affirming receipt of the information to parents statement.
- C. The provider shall maintain an individual record for each child enrolled in care. This record shall include:
 1. The child's full name (including nicknames, if any), address and birth date;
 2. Name, address and telephone number of each parent or other responsible person or persons;
 3. Name, address and telephone number of each parent's place of employment and his or her work hours;
 4. Name, address and telephone number of one or more persons designated by the parent or parents to be called in case of emergency when a parent cannot be reached during the hours the child is in care;
 5. Name, address and telephone number of the child's physician;
 6. Any known or suspected allergies and any chronic or recurrent diseases or disabilities;
 7. The child's allergies to medication or drugs, if applicable, and directions for providing medicines to the child;
 8. The name of the parent's hospitalization plan and number or medical assistance plan, if applicable;
 9. The parent's signed authorization for the child's emergency medical treatment and written consent for giving of medications to the child;

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22VAC40-180-100. Provider record requirements.

10. The child's date of enrollment in and date of withdrawal from the family day home, when applicable;
 11. Results of the health examination and up-to-date immunization records of each child unless there is record of a medical or religious exemption;
 12. Names of persons authorized to visit or call for the child, as well as those who are not to visit or call for the child;
 13. A record of any accidents and injuries sustained by a child;
 14. The parent's signed authorization to use a substitute provider and his or her name, address, and phone number;
 15. The parent's signed authorization to transport children and to take trips out of the immediate community;
 16. Any written agreement made between the family day provider and the natural parent, guardian, or other responsible person for each child in care. The agreement may cover hours of care per day, week, or month; cost of care per day, week, or month; frequency and amount of payment per day, week, or month; and any special services to be provided by either party to the agreement.
- D. The emergency contact information listed in subdivisions C 2 through C 5 of this section shall be made available to a physician, hospital or emergency care unit in the event of a child's illness or injury.
- E. Whenever the provider leaves the home with the child or children, the provider shall have the emergency contact information and medical information required by subdivisions C 1 through C 9 of this section in the caregiver's possession.
- F. The family day provider shall not disclose or permit the use of information pertaining to an individual child or family unless the parent or parents or guardian or guardians of the child has granted written permission to do so, except in the course of performance of official duties and to employees or representatives of the contracting organization or the department.

22VAC40-180-110. Staffing requirements.

- A. The provider shall ensure that the total number of children receiving care at any one time does not exceed four, which is the maximum capacity allowed by law (§ 63.2-1704 of the Code of Virginia) for family day homes that may apply for voluntary registration.
- B. The following adult-to-child ratios shall be maintained for children receiving care until October 31, 1993. (NOTE: The adult-to-child ratios for voluntary registration shall be same as those for licensed day homes effective November 1, 1993.)
1. One adult may care for nine children at any one time, within the limitations that follow. This includes provider by blood or marriage the provider's own children and any children who reside in the home.
 - a. Of the nine children, no more than six shall be under school age without an assistant;
 - b. Of the children under school age, no more than five shall be under 31 months (2 ½ years of age or younger) even when an assistant is present;
 - c. Of the children under 31 months, no more than three shall be under 16 months without an assistant.
 2. School age children who are 10 years of age and older shall not count in determining the ratio of adults to children for staffing purposes.

NOTE: See attachment, STAFFING REQUIREMENTS (Staff-Child Ratios and Point System) for information regarding the point system as used in licensed family day homes.

**PART III
HEALTH AND SAFETY CHECKLIST**

22VAC40-180-120. Health and safety checklist criteria.

- A. A health and safety checklist shall be completed by providers who apply for voluntary registration. The checklist serves as both a self-review tool for providers and an initial and renewal evaluation method for the contracting organization. Items included on the checklist are those which address the basic health and safety needs of children in care in family day homes.

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22VAC40-180-120. Health and safety checklist criteria.

- B. The provider shall review and complete the checklist before being certified as eligible for issuance of a certificate of registration.**
- C. If the provider does not meet the criteria on the health and safety checklist at the time of the initial evaluation or monitoring visit, a corrective action plan shall be completed. This will briefly describe the standard not met, the action to be taken to meet it, the date by which it shall be completed and the signature of the provider.**
- D. The home shall have indoor running water and an indoor bathroom equipped with a flush toilet and a sink with running water.**
- E. If the provider does not have a working telephone, the caregiver shall demonstrate that one is quickly and easily accessible in case of an emergency.**

FORMS (22VAC40-180)

Voluntary Registration Health and Safety Checklist. 032-05-0048-02-eng (rev. 6/2016)

Voluntary Registration Provider Application Form, 032-05-0210-05-eng (rev. 6/2016)

This page is supplemental only and is provided as a guide to help providers meet the requirements of 22VAC40-180-110 B. The information below is also included on the health and safety checklist.

From Standards for Licensed Family Day Homes 22 VAC40-111

22 VAC 40-111-570. Determining need for additional caregiver.

A. The provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:

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

Interpretation of § 570 A: No caregiver may exceed 16 points at any time children are in care – indoors, outdoors, on field trips, or during transportation. The point count changes to one point when a child turns 5, not when they become eligible to attend public school.

B. A caregiver's own children and resident children under eight years of age count in point maximums.

Interpretation of § 570 B: A child younger than 8 years of age who is a caregiver's own child or who resides in the family day home is assigned points and counted in determining the need for an additional caregiver.

A child 8 years of age and older who is a caregiver's own child or who resides in the family day home is not assigned points or counted in determining the need for an additional caregiver.

Child and Adult Care Food Program (CACFP)

Is it a resource from my family day home?

The Child and Adult Care Food Program (CACFP) is a FREE federal program that provides nutrition training and financial reimbursement for approved meals and snacks that are served in child care homes, qualified centers and after-school programs. You may have heard CACFP referred to as the "USDA Food Program". Participation in CACFP is an option for voluntarily registered family day home participants.

Approved family day homes serve healthy meals and snacks to children and request CACFP reimbursement on a monthly basis. Meals and snacks served must meet USDA requirements (see samples on next page). The benefits of participating in CACFP are:

- Children benefit from balanced meals and snacks while in care;
- Parents value health meals and snacks for their children;
- Reimbursement funds help offset costs of food and some approved program costs; and
- Nutrition training and support from the sponsor.

Reimbursement rates per child may vary based on income eligibility. The chart below is an estimate only. In some situations, meals and snacks served to a provider's own children may be eligible for reimbursement. Other factors can affect reimbursements.

Modelling of Potential Monthly Reimbursements*

Family Day Homes, @20 days

# of children in care	Tier 1	Tier 2
2 full-time children	\$ 180	\$91.20
4 full-time children	\$420	\$307.20

*These are estimates. To learn more about eligibility and participation contact Virginia Department of Health or a Sponsor Organization.

There are some additional requirements when participating in the CACFP. Record-keeping and paperwork is required. Training and on-site monitoring is part of the program and un-approved food will not be reimbursed.

The Virginia Sponsors Association makes it easy for you to participate in the CACFP. The Sponsor Association network is available to walk you through the process so you can receive financial reimbursement for the meals and snacks you serve. Visit the Virginia Sponsor's Association website and select "Find Your Local Sponsor": www.vachildcarefoodprogram.org.

What Do I Feed the Children?

These meal patterns are examples from the Sponsor Association webpage and may change based on guidance from USDA.

- Breakfast includes a serving of milk, a fruit or vegetable, and a bread or cereal. You can also serve a meat or meat alternate in place of the bread up to 3 days a week.
- Lunch and Supper include a serving of milk, bread or other grain, a meat or meat alternate, and two servings of vegetables or a fruit and a vegetable.
- Snacks include your choice of two different foods from two of the four meal components: milk; fruits or vegetables; bread or other grains; meat or meat alternates.
- Infants have separate menus depending on their age and stage of development.