

# VOLUNTARY REGISTRATION (VR)

## RENEWAL APPLICATION

### PACKET

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

- Application
- \$50.00 Fee (do not send cash through the mail)
- Health and Safety Checklist
- Home Training Needs Assessment
- Copy of the Sworn Statement or Affirmation for the applicant and any adult household members, assistants and substitute providers/caregivers. Please be aware so long as the application is received prior to your expiration date; you may submit a copy of Sworn Statement or Affirmation completed within the last five years so long as there are no changes.
- Copy of the results of the Tuberculosis testing or screening for the applicant and any adult household members, assistants and substitute providers/caregivers.
- Copy of the eligibility letter received from the Virginia Department of Social Services, Office of Background Investigations documenting the result of the fingerprint search for the applicant and any adult household members, assistants and substitute providers/caregivers.
- Copy of the results of the Child Protective Services Search of the Central Registry for the applicant and any adult household members, assistants and substitute providers/caregivers, and anyone 14 years or older residing in the home. Please be aware so long as the application is received prior to your expiration date; you may submit a copy of Child Protective Services results completed within the last five years so long as there are no changes.

**Payment to a contract agency is sent directly to that contract agency, along with your application and paperwork.** If you are assigned to the Division of Licensing Programs the check or money order should be made payable to “*Treasurer of Virginia*” and mailed to:

If you have any questions in reference to the VR packet, please contact Cynthia Carneal Heflin at (804) 726-7140, or via email at [cynthia.carneal@dss.virginia.gov](mailto:cynthia.carneal@dss.virginia.gov). Thank you for your participation as a VR provider and your continued interest in the Voluntary Registration program.

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# VOLUNTARY REGISTRATION CONTRACT AGENCIES AND LICENSING REPRESENTATIVES

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

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## CHILD NUTRITION, INC. (CNI)

**Contact:** Beth Wittusen, [bethw@cni-usda.org](mailto:bethw@cni-usda.org)

Sheila Jock, [sheilaj@cni-usda.org](mailto: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

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## MEMORIAL CHILD GUIDANCE CLINIC (MCGC)

**Contact:** Dorothy Billups, [dbillups@childsavers.org](mailto:dbillups@childsavers.org)

200 North 22<sup>nd</sup> 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

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## READYKIDS

**Contact:** Gail Esterman, [gesterman@readykidscville.org](mailto:gesterman@readykidscville.org)

Suzanne McDonald, [smcdonald@readykidscville.org](mailto: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

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## CAPITAL AREA PARTNERSHIP UPLIFTING PEOPLE (CAPUP)

**Contact:** Hester Brown, [hbrown@capup.org](mailto: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

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## DOLP – Home Office

**Contact:** Nicole Jeffress, [nicole.jeffress@dss.virginia.gov](mailto:nicole.jeffress@dss.virginia.gov)

Virginia Department of Social Services

Division of Licensing – Children’s Programs

Voluntary Registration Program

801 E. Main Street, 9<sup>th</sup> 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,

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## 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

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## 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, 9<sup>th</sup> Floor, Richmond, Virginia 23219-2901

[http://www.dss.virginia.gov/facility/child\\_care/unlicensed/vrfdh/index.cgi](http://www.dss.virginia.gov/facility/child_care/unlicensed/vrfdh/index.cgi)

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING - CHILDREN'S PROGRAMS  
CONTACT INFORMATION**

The Division of Licensing - Children's Programs has regional offices located throughout Virginia.  
Please contact the Licensing Office near you (see below) for information or questions regarding child care licensing.  
Information is also available on our website at [www.dss.virginia.gov](http://www.dss.virginia.gov)

**VDSS/CENTRAL LICENSING OFFICE**

1604 Santa Rosa Road, Suite 130, Richmond, Virginia 23229-5008  
Tel: (804) 662-9743, Fax: (804) 819-7113 or (804) 819-7114  
*Counties:* Amelia, Brunswick, Caroline, Chesterfield, Cumberland, Dinwiddie, Essex, Goochland, Hanover, Henrico, King & Queen, King George, King William, Lancaster, Lunenburg, Mecklenburg, Northumberland, Nottoway, Powhatan, Richmond, Westmoreland  
*Cities:* Blackstone, Colonial Heights, Farmville, Hopewell, Lawrenceville, Petersburg, Richmond, Westpoint

**VDSS/CHILD WELFARE LICENSING UNIT**

(Child-placing agencies, children's residential facilities and independent foster homes)  
1604 Santa Rosa Road, Suite 130, Richmond, Virginia 23229-5008,  
Tel: (804) 662-7053, Fax: (804) 819-7113 or (804) 819-7114  
Covers: Statewide- all Cities and Counties of the Commonwealth of Virginia

**VDSS/EASTERN LICENSING OFFICE**

420 N. Center Drive, Suite 100  
The Shenandoah Building, #11  
Norfolk, Virginia 23502-0015  
Tel: (757) 985-4700, Licensing Fax: (757) 455-0836  
Main Fax: (757) 455-0840, Quality Control Fax: (757) 455-0841  
*Counties:* Accomack, Northampton, Greensville, Isle of Wight, Southampton  
*Cities:* Chesapeake, Emporia, Franklin, Norfolk, Portsmouth, Suffolk, Virginia Beach

**VDSS/FAIRFAX LICENSING OFFICE**

3701 Pender Drive, Suite 125, Fairfax, Virginia 22030  
Tel: (703) 934-1505, Fax: (703) 934-1558  
*Counties:* Arlington, Loudoun, Fairfax  
*Cities:* Alexandria, Annandale, Fairfax, Falls Church, Leesburg, Herndon, Vienna

**VDSS/NORTHERN LICENSING OFFICE**

410 Rosedale Court, Suite 270  
Warrenton, Virginia 20186  
Tel: (540) 347-6345, Fax: (540) 347-6304  
*Counties:* Fauquier, Prince William, Rappahannock, Spotsylvania, Stafford.  
*Cities:* Fredericksburg, Manassas, Manassas Park, Woodbridge, Dale City

**VDSS/PIEDMONT LICENSING OFFICE**

210 First Street, S.W., Suite 200, Roanoke, Virginia 24011  
Tel: (540) 204-9631, Fax: (540) 561-7569  
*Counties:* Alleghany, Amherst, Appomattox, Bath, Bedford, Botetourt, Buckingham, Campbell, Charlotte, Craig, Franklin, Halifax, Henry, Nelson, Patrick, Pittsylvania, Prince Edward, Roanoke, Rockbridge, South Boston  
*Cities:* Bedford, Buena Vista, Clifton Forge, Covington, Danville, Farmville, Lexington, Lynchburg, Martinsville, Roanoke, Salem

**VDSS/PENINSULA LICENSING OFFICE**

11751 Rock Landing Drive, Suite H6, Newport News, Virginia 23606  
Tel: (757) 247-8020, Fax: (757) 247-8024  
*Counties:* Charles City, Gloucester, James City, Mathews, Middlesex, New Kent, Prince George, Surry, Sussex, York  
*Cities:* Hampton, Newport News, Poquoson, Williamsburg

**VDSS/VALLEY LICENSING OFFICE**

UVA Medical Park-Augusta  
57 Beam Lane, Suite 102, Fishersville, Virginia 22939-2206  
Tel: (540) 332-2330, Fax: (540) 332-7748  
*Counties:* Albemarle, Augusta, Clarke, Fluvanna Frederick, Greene, Highland, Louisa, Madison, Orange, Page, Rockingham, Shenandoah, Warren  
*Cities:* Charlottesville, Culpeper, Harrisonburg, Staunton, Waynesboro, Winchester

**VDSS/WESTERN LICENSING OFFICE**

190 Patton Street, Abingdon, Virginia 24210  
Tel: (276) 676-5655, Fax: (276) 676-5621  
*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

**HOME OFFICE**

Virginia Department of Social Services  
Division of Licensing Programs  
801 East Main Street, 9th Floor  
Richmond, Virginia 23219-2901  
Tel: (804) 726-7154, Fax: (804) 726-7132

VDSS-Licensing's statewide toll-free number:  
1-800-543-7545 or for the Richmond area only, call  
804-692-2394.

# REMINDERS

- The Division of Licensing Programs (DOLP) does not make any direct referrals, set your rates, or supply you with clients.
- Voluntarily registered homes can only have four or fewer children at any one time. This does not include the provider's own children or any children residing in the home. If you provide care for 5 or more children in your home, you must be licensed. Here is the link to VDSS licensing page should you decide you are interested in operating a licensed family day home:  
[http://www.dss.virginia.gov/facility/child\\_care/licensed/fdh/index.cgi](http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi)
- 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.
- If you work with children who are referred through a local department of social services or whose parents receive funds to assist them with daycare expenses, make sure that your certification in CPR and First Aid and the training requirements are current.
- 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. Make sure all parents sign the disclosure form, which should be maintained in the child's file.

Attached is the renewal packet of materials required for a renewal application. You must have your home inspected, and possibly make any corrective action necessary, prior to the issuance of a certificate. This renewal packet of information 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 home monitor will schedule a visit to confirm compliance with each area once your completed application has been received.
- The **Sworn Statement or Affirmation** must be completed by the applicant, assistant (regardless of age), substitute provider/caregiver, and each adult household member. You must respond accurately and completely by answering each question for both within and outside the Commonwealth of Virginia. Please remember that you may submit a copy of a previous sworn statement or affirmation completed within the last five years so long as your application is received prior to the expiration date.
- **Report of Tuberculosis Screening** for Children's Programs – This form must be completed for the provider, assistant, substitute provider/caregiver, and any adult household member.
- Child Protective Services (CPS) **Central Registry Release of Information Form**. Please remember that you may submit a copy of a previous Central Registry Release of Information form results completed within the last five years so long as your application is received prior to the expiration date.

# Provider Application Form

- This form must be **notarized!**
- Please complete each section completely.
- Please write legibly and do not leave any question unanswered.
- Mark “N/A” if any section does not apply.
- 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 that agency for payment information.**



**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 <b>AT LEAST 18 years old</b> <u>AND</u> reside in the home *If you need to list any additional household members, please enclose a separate page.		
<b>Name of Household Members</b>		<b>Birth Date</b>

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	<b>SELECT ONLY ONE (1)</b>		
		Son or Daughter	Resides in Home	Daycare

**REQUIRED ATTACHMENTS**

	√ If Submitted
<b>\$50 FEE PAYABLE TO "TREASURER OF VIRGINIA"</b> <i>* Programs Served By A Contract Agency Should Send the Fee directly to the Contract Agency</i>	<input type="checkbox"/>
<b>"Voluntary Registration Health and Safety Checklist" (see VDSS website)</b>	<input type="checkbox"/>
<b>Tuberculosis (TB) Test/Screening (see VDSS website)</b> 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"/>
<b>Background Checks:</b> <ul style="list-style-type: none"> <li>• Sworn Disclosure Statement (Form available on the VDSS website)</li> <li>• National Criminal Background Check, fingerprint based, obtained through VDSS Office of Background Investigations</li> <li>• Child Protective Services Central Registry Check obtained from VDSS</li> <li>• 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.</li> </ul> <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><b>INITIAL APPLICATION:</b>                      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><b>Family Day Home, Child Placing Agencies, and Independent Foster Home Programs ONLY:</b> 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><b>Voluntary Registered Programs Only:</b> Mail in copies of all completed background checks.</p> <p><b>RENEWAL APPLICATION</b>                      Background checks are required for any NEW applicant, agent, caregiver or adult household member that are at least 18 years old.</p> <p><b>Family Day Home, Child Placing Agencies, and Independent Foster Home Programs ONLY:</b> 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><b>Voluntary Registered Programs Only:</b> 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! .

## 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.

# Report of Tuberculosis Screening Children's Programs

- This form is required for the provider, anyone in the home age 18 and over, and any assistants or substitute providers/caregivers.
- 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 copy of the form, for each individual required, should be submitted with the application. The original documents should be maintained in your home.

**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/caregiver, 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 questions.
- A copy of the completed *Sworn Statement of Affirmation* must be submitted with your application for each individual. You may submit a form that was completed within the last five years so long as your application is received prior to your expiration date. The original documents should be maintained in your home and made available upon request during inspections.

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.

# 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/caregiver, 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's check made payable to: **Virginia Department of Social Services**. *Personal checks and cash will not be accepted.*
- This form must be **notarized!** Please sign the form in the presence of an official Notary Public.
- Please **READ** all instructions carefully! The form must be completed in its entirety or it will be returned to you.
- **DO NOT** use whiteout on the form. Simply mark through any mistakes and initial.
- **DO NOT** use old forms. It will be returned to you, which will delay the process.
- **DO NOT** leave any blank spaces. If the answer to any question is none, write "N/A".
- Write ***YOUR NAME AND ADDRESS*** in the "Mail Search Results To" Section. The results should come back to you!
- 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).
- Purpose of the search - *Babysitter/Family Day Care*.
- The parent's signature is required to be *notarized* for any child 17 years of age or younger.
- **Mail your search request to:**

**Virginia Department of Social Services  
801 East Main Street, 6<sup>th</sup> Floor, OBI Search Unit  
Richmond, Virginia 23219-2901**

- Numbers to call if you have not received your results within 30 business days:  
804-726-7567  
804-726-7387
- Please remember that you may submit a copy of a previous search of the central registry completed within the last five years so long as your application is received prior to the expiration date. The original form should be maintained in the home and made available during inspections if requested.

**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 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, 6<sup>th</sup> 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)	
Race		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	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	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	



**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

# Instructions for submitting the results of the National Fingerprint Based Criminal Record Checks

- You may submit a copy of an eligibility letter received from the VDSS Office of Background Investigations (OBI) as the results of a search within the last five years so long as you submit your application prior to expiration.
- The facility code received from OBI can be used for any new adult household members, a child in the household turning 18, and any new assistants or substitute caregiver.
- The Department of Social Service will cover the cost of fingerprinting for family day home providers, adult household members, assistants and substitute caregivers until September 30, 2020.
- If you need additional information or have lost your facility code, please contact the Office of Background Investigations at 804-726-7884.

# Acronym List

- CAPUP – Capital Area Partnership Uplifting People
- CNI = Child Nutrition, Inc.
- CPS = Child Protective Services
- CPSC = Consumer Product Safety Commission
- CRS = Central Registry Search
- DOLP = Division of Licensing Programs
- LDSS = Local Department of Social Services
- 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
- VACCRRN = Virginia Child Care Resources & Referral Network
- VDSS = Virginia Department of Social Services
- VR = Voluntary Registration
- VA = Virginia

## WEBSITES

**To access resources for childcare in the state of Virginia**

<http://www.childcareva.com/>

**To access Licensing information**

[http://www.dss.virginia.gov/facility/child\\_care/licensed/fdh/index.cgi](http://www.dss.virginia.gov/facility/child_care/licensed/fdh/index.cgi)

**To access VR provider information and application packet**

[http://www.dss.virginia.gov/facility/child\\_care/unlicensed/vrfdh/index.cgi](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](http://www.dss.virginia.gov/files/division/licensing/vrfdh/intro_page/current_providers/background_investigations/032-02-0151-12-eng.pdf)