DIVISION OF LICENSING PROGRAMS VIRGINIA DEPARTMENT OF SOCIAL SERVICES

INITIAL APPLICATION FOR A LICENSE TO OPERATE A CHILD DAY CENTER

This application shall be signed by the individual responsible for operation of the child day center or, if the center is to be operated by a board, by an officer of the board or person designated authority by the board. It shall be filed 60 days before opening date.

Application is hereby made for a license to operate a child day center pursuant to Chapters 1,17 and 18, Title 63.2 of the *Code of Virginia*.

Name	of Center:					
Туре	of Center (please check all that ap	ply):				
	Child Day Center for Preschool or Younger		Therape	utic Child Day Pr Preschool Age o School Age Chil	r Younger Child	lren
	Child Day Center for School Age Children		Special	Needs Child Day Preschool Age o School Age Chil	r Younger Child	lren
Cent	er Location:					
	Street or Route No.		City	County	State	Zip
Mail	ing Address:					
	Street or Route No.		City	County	State	Zip
In m	making this application, the applican	ıt:				
1.	Is in receipt of and has read a cop of center to be operated.	y of t	he stand	ards and statutes	applicable to	the type
2.	Certifies that it is his intent to and to remain in compliance with the				standards and s	statutes
3. Grants permission to the Commissioner of the Department of Social Services, his designee or authorized representative to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility, review of records, and interviewing his agents, employees, and any child or other person within his custody or control. Financial records of an applicant shall not be subject to inspection if the applicant submits a current balance sheet and an income statement accompanied by a letter from a certified public accountant certifying the accuracy thereof, and three credit references. The applicant understands that, following licensure, authorized representatives of the department will make announced and unannounced inspections of the center to determine its compliance with standards and to investigate any complaints received.						
4.	Understands that he will be request and appropriate fire prevention off of Occupancy from the local building	icials	and he	_	-	
5.	Understands that an application for the event of denial, it is understo Administrative Process Act that are	od tha	it the ap	plicant has appea	l rights under	the
_	For	Depart	 ment Use	 Only		
	Date Rec:Amt. Re			Ck/MO#:		
	Rec.by:			_Bal Due: \$		

032-05-512/12 (06/05)

- 6. Understands that a license is required for each center site and the application fee is calculated according to the capacity of the center. In case the Commissioner of the Department of Social Services, his designee or authorized representative fails to take final action upon an application for a license within 60 days after the application is made, it shall be lawful for the applicant to engage in the operations or activities for which the license is desired, until the Commissioner, his designee or authorized representative has taken final action and notified the applicant thereof; however, no application shall be deemed made until all the required information is submitted in the form prescribed by the Commissioner.
- 7. Is aware that it is a misdemeanor for any person to operate a child day center defined in § 63.2-100 of the *Code of Virginia*, which is not exempt according to § 63.2-1715 of the *Code of Virginia*, without a license; to interfere with any representative of the Commissioner of the Department of Social Services in the discharge of his duties; to make to the Commissioner or any representative of the Commissioner any report or statement with respect to the operation of the center that is known by such person to be false or untrue; or to operate a center serving more persons than the maximum stipulated in the license.
- 8. Is aware that the Commissioner of the Department of Social Services, his designee or authorized representative may issue a special order for violation of any of the provisions of licensure laws (subtitle IV of Title 63.2 of the Code of Virginia); any regulation adopted under these laws that adversely affects, or is an imminent and substantial threat to, the health, safety or welfare of the person cared for therein; or for permitting, aiding or abetting the commission of any illegal act in a center. Special orders may include placing a licensee on probation; reducing licensed capacity or prohibiting new admissions; requiring that probationary status announcements, provisional licenses, and denial or revocation notices be posted; mandating training for the licensee or licensee's employees; assessing civil penalties of not more than \$500 per inspection; requiring licensees to contact parents, guardians or other responsible persons in writing regarding health and safety violations; and preventing licensees from receiving public funds.
- 9. Understands that all applicants; and all agents at the time of application who are or will be involved in the day-to-day operations of the center or who will be alone with, in control of, or supervising one or more of the children, must submit background checks. The background checks are: sworn statement or affirmation, criminal history record check, and search of the central registry. The applicant shall submit the background check information to the Commissioner's representative prior to issuance of a license.
- 10. Has to the best of his knowledge and belief, given to the Department of Social Services and its authorized representatives on this form and during any pre-application conference information that is true and correct. The applicant agrees to supply true and correct information requested during all subsequent investigations.

	(Date)
(Name of App	Dlicant (Individual or Organization))
(Name of App	Ticane (individual of Organizacion))
(Signature)	(Applicant's Mailing Address
(Signature)	if different from the center)
(Name and Title)	(City, State, Zip Code)
	()
	(Business Telephone)

Directions: Please provide all requested information.

Center is to be operated by				
center is to be operated by	Individual	Corporation _	Public Agency	7
	Partnership	Association _	Limited Liabi Company	llity
Name of sponsor if not an ind	ividual proprietor	ship:		
Address:				
Telephone: ()				
1010phone: (
The center is located in the	County or City of:			
The center is located in the	County or City of:			
	County or City of:			
The center is located in the	County or City of:			
The center is located in the	County or City of:			
The center is located in the Name and title of contact per For centers sponsored by a co	County or City of: son (if applicable rporation, partner	ship, unincorporat	ed association,	or
The center is located in the	County or City of: son (if applicable rporation, partner st the names and a	ship, unincorporat ddresses of indivi	ed association,	or
The center is located in the Name and title of contact per For centers sponsored by a colimited liability company, li	County or City of: son (if applicable rporation, partner st the names and a	ship, unincorporat ddresses of indivi	ed association, duals who hold p	or
The center is located in the Name and title of contact per For centers sponsored by a colimited liability company, lifinancial control and officer	County or City of: son (if applicable rporation, partner st the names and acts of the sponsoring	ship, unincorporat ddresses of indivi g/governing body:	ed association, duals who hold p Telephone	or orima:
The center is located in the Name and title of contact per For centers sponsored by a colimited liability company, lifinancial control and officer President or Chairperson:	County or City of: son (if applicable rporation, partner st the names and a	ship, unincorporat ddresses of indivi g/governing body:	ed association, duals who hold p Telephone	or orima:
The center is located in the Name and title of contact per For centers sponsored by a colimited liability company, lifinancial control and officer President or Chairperson:	County or City of: son (if applicable rporation, partner st the names and a	ship, unincorporat ddresses of indivi g/governing body:	ed association, duals who hold p Telephone Number:()	or orima:
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The center is located in the Name and title of contact per For centers sponsored by a colimited liability company, lifinancial control and officer President or Chairperson: Address:	County or City of: son (if applicable rporation, partner st the names and as s of the sponsoring (City)	ship, unincorporat ddresses of indivi g/governing body:	ed association, duals who hold p Telephone Number: ()	or orima:
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E. References

List the names and addresses of three persons who are not related to the applicant(s) and who can knowledgeably and objectively certify to the applicant's(s') character and reputation. For a center sponsored by a corporation, partnership, unincorporated association, or limited liability company, provide three references for each individual who holds primary financial control and each officer of the sponsoring/governing body.

Name	of Individual Owne	er, Partner, or Offi	.cer			
	References	Phone Numbers		Addresses		
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)
Name	of Individual Owne	r, Partner, or Offi	.cer			
	References	Phone Numbers		Addresses		
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)
Name	of Individual Owne	r, Partner, or Offi	.cer			
	References	Phone Numbers		Addresses		
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)
Name	of Individual Owne	r, Partner, or Offi	.cer			
	References	Phone Numbers		Addresses		
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)
			(Street Address)	(City)	(State)	(Zip)

II.	CENTER	INFORMATION

Α.	Name of Center		В.	Phone Number of Center (Area Code) ()
С.	Name of Adminis	trator	D.	Name of Center Director
	Directions to t	he Center:		
٠.	Asbestos			
	centers based costatements requ	n the date of construction of	of th ds ap	uires asbestos inspections in child day ne building(s) housing your center. Written pplicable to your center must be submitted icense can be issued.
	1. Was the bui	lding in which your center i	s lo	ocated built before 1978?
	Yes. Pr	oceed to question #2.		
		ilding built in or after 197 ip question 2.	78.	Does not require a DSS asbestos inspection
		ding in which your center is te owned building?	s loc	cated a currently operating public school
	☐ Yes. Do	es not require a DSS asbesto	s ir	nspection. No further action required.
	an	_		agement plan, if applicable, is required opriate licensing office before a license

Please provide this information for each separate building of your center.

Note: The completed asbestos inspection report and management plan, if applicable, must also be submitted to the Department of Education if:

- 1. you operate, or plan to operate at this site, a nonprofit school that includes children who have reached their $5^{\rm th}$ birthday on or before September 30 of the current school year, and
- 2. this school is located in a building constructed prior to 1978.

The Department of Education can be contacted at (804) 225-2035.

G. Hours of Operation and Requested, Licensed Capacity

Child Day Center	tion	of Opera- (days and times)	Months Operated During the Year		Age Range		
Preschool or Younger							
School Age							
 H. What is your total, requested licensed capacity (the number of children that can be present at any one time)? I. Does the program operate fewer than four months in a twelve month period?YesNo J. Proposed Enrollment by Age Groups and Type of Care Offered. Please indicate if multiple sessions during a one week time period are offered (i.e. morning session and afternoon session). 							
Infants and Toddlers (2 yr. (3 to age of (age of eligibility Age (9 - 12 to attend school) (birth to 16 mo.) Infants and Toddlers (2 yr. (16 mos. to olds) (3 to age of eligibility to attend school - yrs).							
K. State the purpose and scope of your services (EXAMPLES: What will be the major goal of							

how do	these s	ervices v	ary accor	ding to th	ne age gro	up in care?	?):	

INITIAL APPLICATION CHILD DAY CENTER

Directions: List all employees and volunteers. Place a plus sign (+) by the names of employees and volunteers who have current certification in first-aid and an asterisk (*) by the names of those who have current certification in cardiopulmonary resuscitation and rescue breathing. If staff not yet hired, indicate positions to be used, anticipating hours of employment, etc.

III. STAFF INFORMATION

Name of Center:	

Staff Member	Date of	Position	Education/Related	Weekly Work Schedule	Age Group
	Employment	200101011	Experience	(Specify actual hours	For Which
	Zmp ro ymerre		(Indicate highest grade,	worked each day)	Responsible
	ļ		diploma or degree and related	merned each day,	1.0000011012010
			experience)		
			on por rolling y		

IV. ATTACHMENTS

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- 1. Attach the appropriate fee for application processing. A paid application fee is required before the application is deemed complete.
- 2. Floor plans indicating exact dimensions of rooms to be used, including:
 - a) room length and width;
 - b) functions of each room;
 - c) toilet facilities, including number of basins and toilets; and
 - d) position of any fixed equipment and furniture.
- 3. A site plan or sketch showing the following:
 - a) outdoor play areas, including dimensions;
 - b) location of the building on the site;
 - c) adjacent streets and parking areas;
 - d) all fences, fixed equipment and secondary buildings or structures.

Note: Floor plans and sketch of available outdoor play areas are not required if plans have previously been submitted for functional design approval and no changes have been made to the plans.

4.	a)	For a center operated by a partnership: A	Attached	Not Applicable
		Articles of Partnership		
	b)	For a center operated by an association:		
		1) Copy of Constitution, or		
		2) Copy of By-Laws		
	c)	For a center operated by a corporation of limited liability company:	r	
		Copy of Charter or certificate of authority to transact business in the Commonwealth		

- 5. Budget plans for the operation of the center (a copy of your proposed budget for the first year's operation is preferred since technical assistance can be provided on this topic).
- 6. A written statement regarding the sponsorship and organization of the center, with information showing who is responsible for policy making, operation and management decisions.

- 7. Samples of all forms developed, such as application form, agreement form, etc., if different from the model forms provided by the Department of Social Services.
- 8. Sample menu for one month if food is provided by the center.
- 9. A list of indoor and outdoor play equipment available to children.
- 10. A copy of the daily activity schedule(s) for the center.
- 11. A copy of all brochures and policies required by the standards applicable to your center.

B. Additional Attachments

Attachments requested in this section may be provided with this application or at a later date in the review period prior to licensure. Submission of these items is required for the application to be considered complete. Review of these documents is required before a license can be issued and early submission may shorten the amount of time needed for the inspection.

- 1. Evidence of required insurance coverage.
- 2. Documentation that the building meets applicable building codes.
- 3. Required asbestos statements (if building built before 1978).
- 4. Background check information as required by $\S\S$ 63.2-1719 through 63.2-1723 of the Code of Virginia.