

Virginia Department of Social Services (VDSS)

Division of Licensing Programs

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

For Use Only During the Governor's Declared State of Emergency

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

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

For Division of Licensing Programs (DOLP) Use Only

DATE RECEIVED:

RECEIVED BY:

AMOUNT:

INSPECTOR:

APPLICATION #:

FILE #:

WAIVED

PART 1: APPLICANT INFORMATION

APPLICATION AGREEMENT

In making this application, I agree that:

1. ***This application can only be used and submitted during the Governor's declared State of Emergency. Submission of this document after the State of Emergency has been lifted will result in the applicant being required to submit the standard application.***
2. ***I will comply with all applicable COVID-19 health and safety guidelines for childcare.***
3. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.
4. It is my intent (a) to comply with applicable laws and regulations and (b) to maintain compliance with them if I am so licensed.
5. I understand that representatives of the Virginia Department of Social Services are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed, the Department's representatives will make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
6. In the event this application is denied, I understand that I have appeal rights that are explained in the regulation, *General Procedures and Information for Licensure*.
7. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

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

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

Signature of Applicant

Date

Printed Name of Applicant

Family Day Home Name

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

Name of Provider		Primary Phone Number	
Street Address of Family Day Home		City/County	State Zip Code
Mailing Address of Family Day Home (if different from physical address)		City/County	State Zip Code
E-mail Address (used for VDSS correspondence only)			
Do you have the capability to receive encrypted personal identifying information by e-mail? Yes No		Do you have the capability to send/reply encrypted personal identifying information by e-mail? Yes No	
Number of rooms used for childcare		Indoor Bathrooms? Yes No	
Source of Water Supply Public Water Private		Septic Tank? Yes No	
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 an approved subsidy vendor? Yes No			
Months of Operation			
Days of Operation			
Hours of Operation	Do you offer evening care? (7 p.m. but not through the night) Yes No	Do you offer overnight care? (7 p.m. and through the night) Yes No	
Requested Capacity (number of children you wish to be licensed for/may not exceed 12)		Requested Age Range	
Names of Assistants/Substitute Provider			

Please list the name and birth date of each person that resides in the home. If person is 18 years or older, date of last tuberculosis (TB) test or screening.

Name of Household Member	Birth Date	Date of Last TB Test or Screening

PART 2: BUSINESS ENTITY TYPE

Submit only the corresponding business entity page.

Individual/Sole Proprietor

→ Go to Business Entity A (See Page 12)

Partnership

→ Go to Business Entity B (See Page 13)

Limited Liability Company

→ Go to Business Entity C (See Page 14)

PART 3: REQUIRED ATTACHMENTS

FAMILY DAY HOME	√ If Submitted
FEE PAYABLE TO “TREASURER OF VIRGINIA” ***PLEASE NOTE: All initial application fees are being waived during this State of Emergency. There is no fee required with this initial application.***	WAIVED
Annual operating budget (see pages 7-9 of this application)	
Zoning form signed by the zoning official (see page 11 of this application) Each county has different requirements in determining the family day home capacity.	

PROGRAM	√ If Submitted
Verification of age for the applicant, assistant(s), and substitute provider(s)	
Documentation of the provider’s education The provider must have at least high school completion or equivalent.	
Documentation of the provider’s programmatic experience The provider must have at least 3 months of programmatic experience.	
First Aid and CPR certification The provider must hold current certification in first aid and CPR.	
Staff Information Sheet (see page 10 of this application)	
One Business Entity Section Only A,B,C,D,E,F,G or H (see corresponding page of this application)	
Credit Reference One credit reference must be obtained from either a bank; credit agency; a landlord; or a utility company.	
Background Checks: <ul style="list-style-type: none"> • Sworn Disclosure Statement (Form available on the VDSS website) • Fingerprint-Based National Criminal History Record 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 for any individual 18 years and older who has lived in another state in the past five years. • Out-of-State Criminal History Name Check for any other state an individual has resided in the past five years. • Out-of-State Sex Offender Registry Check for any other state an individual has resided in the past five years. <p>***The fingerprint-based national criminal history record check is completed <i>after</i> submission of the initial application. <u>You will be contacted and given information on how to obtain fingerprint background checks.</u> Applicants will then need to complete the fingerprint background check before the initial inspection is scheduled.</p> <p>Background checks are required for any applicant, agent, caregiver or adult household member that are at least 18 years old listed on the application.</p> <p>Family Day Home, Licensed Child Placing Agencies, and Independent Foster Home Programs ONLY: A Central Registry Check must be obtained for all household members that are at least 14 years old.</p> <p><i>Original background checks MUST be available for inspection. Do not mail background checks in with the application.</i></p>	

PART 4: FEES

******PLEASE NOTE: All initial application fees are being waived during this State of Emergency. There is no fee required with this initial application. ******

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

The fee as listed below for FDH application processing.

CAPACITY of 1-12 children = \$14

*An application will not be processed until the fee has been received.

**No fee is required for processing a renewal application submitted at the end of a conditional licensure period

BUDGET FOR LICENSED FAMILY DAY HOMES AND INDEPENDENT FOSTER HOMES

APPLICANT'S NAME: _____ DATE: _____

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

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

1. OPERATING EXPENSES OF HOME PER MONTH:

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

2. ADMINISTRATIVE EXPENSES OF HOME PER MONTH:

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

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

3. SALARIES, WAGES & BENEFITS PER MONTH:

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

Other:

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

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

STAFF INFORMATION SHEET

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

COMPLETE AND SUBMIT **ONLY ONE** OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

INDIVIDUAL/SOLE PROPRIETOR

Identifying Information

Name (First, Middle or Maiden, Last): _____

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

Social Security Number or Federal Employer Identification Number (FEIN)

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

A fictitious name is a name that a person (individual or business entity) uses instead of the person's true name, usually in the course of transacting or offering to transact business. It is sometimes referred to as an "assumed name" or "trade name," and it is often identified after a person's true name with the abbreviation "t/a" ("trading as"), "dba" ("doing business as"), or "aka" ("also known as"). ***If the business entity chooses to form another legal business entity for business and tax purposes, the individual must file with the proper designated authority.***

If documentation is provided reflecting the Fictitious Name, the license will be issued as (Name of the Licensee d.b.a. or t/a and then the Name of Legal Business Entity). For information regarding requirements for the use of a fictitious name in Virginia visit <https://www.scc.virginia.gov/clk/befaq/fict.aspx>

Required Attachment

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

BUSINESS ENTITY B: PARTNERSHIP

A general partnership (sometimes simply referred to as a "partnership") is an association of two or more persons to carry on, as co-owners, a business for profit. Each partner contributes money, property and/or services in return for an interest in the general partnership, shares in the profits and losses of the general partnership's business, and has equal rights in the management and conduct of the partnership's business.

A limited partnership, is a type of partnership distinct from a general partnership, is formed by two or more persons with at least one general partner and one limited partner. The general partners exercise control over the management of the limited partnership's business.

PARTNERSHIP General Partnership Limited Partnership

Identifying Information

Name of Partnership Applying for License: _____

Partnership Mailing Address: _____

Street/P.O. Box City State Zip Code

Partnership Tax ID Number: _____ Phone Number: _____

Designated Contact Person: _____ Title: _____

Provide the following information on each general and limited partner: (*Attach additional pages if needed.*)

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

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

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

Required Attachments

Proof of filing certified by the State Corporation Commission (i.e., a copy of the statement of partnership authority or certificate of limited partnership) or the clerk of the circuit court or, if none, a partnership agreement that clearly delineates the responsibilities of each partner in the operation and maintenance of the facility for which the partnership is seeking licensure

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

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

Required Attachment

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

BUSINESS ENTITY C: LIMITED LIABILITY COMPANY

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

LIMITED LIABILITY COMPANY (LLC)

Domestic LLC

Foreign LLC

Identifying Information

Name of LLC Applying for License: _____

LLC Mailing Address: _____

Street/P.O. Box

City

State

Zip Code

LLC Tax ID Number:

Designated Contact Person: _____ Title: _____

Phone Number _____

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

Name

Title

Address

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

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

Name

Title

Address

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

Required Attachments

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

Articles of organization

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

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

Required Attachment

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