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

RENEWAL APPLICATION FOR A LICENSE TO OPERATE A CHILD DAY CENTER (CDC)

- 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.

To ensure timely processing, the applicant must submit a complete application to the area Licensing Office at least 60 days prior to the expiration date of the current license. Submission of an incomplete application will delay the review process and could delay the issuance of a license.

For Division of I	icensing Programs (1	OOLP) Use Only				
DATE RECEIVED:	RECEIVED BY:	CHECK/MO#:	AMT RECEIVED:	INSPECTOR:	APPLICATION #:	FILE #:
PART 1: API	LICANT INFOR	MATION				
APPLICATI	ON AGREEMEN	Т				
In making this a	pplication, I agree th	at:				
1. I am in	receipt of and have re	ad a converthe laws	s and regulations and	alicable to the type o	f facility for which I	am making
applica		ad a copy of the laws	s and regulations app	oneable to the type o	Tracinty for winch	ammaking
	intent (a) to comply v	with applicable laws	and regulations and	(b) to maintain comp	liance with them if I	am so
license		11	C	1		
	stand that representati					
	ons, to inspect the faci					
	tion. I understand that					d and
	unced visits to investi					G 1
	vent this application i		d that I have appeal r	rights that are explair	ned in the regulation,	General
	ures and Information vare that it is a misden	,	to interfere with an	authorized agent of	the Commissioner in	the discharge
	luties, make false or i					
	first obtaining a licen					ii or a racinty
	C	•		1 , 1		
This application must be signed by an applicant or agent named on the Type of Business Entity – "Identifying Information"						
I hereby attest t	hat the information (contained in this an	plication, including	the attachments, as	re truthful and corr	ect under
	ry. Falsification of ap					
	nay be withdrawn at					u y wewsy v
**	-		•			
	G:	1.			D. (
	Signature of App	ncant			Date	

Facility Name

Printed Name of Applicant

PROGRAM INFORMATION (THIS SECTION MU	JST BE COMP.	LETED IN IT	S ENTIRETY)	
Name of Facility as it is to appear on license		Facility Phone	Number	
		Fax Number		
Street Address of Facility (physical address)	City/County	<u> </u>	State	Zip Code
Mailing Address of Facility (if different from physical address)	City/County		State	Zip Code
Facility E-mail Address (used for VDSS correspondence only)			
Are there any other programs that operate in the building during Yes No	ng childcare hours	?		
Number of buildings license requested for:	Are you a	DSS subsidy ve	endor?	
	Yes	No		
If applicable, please identify and describe any significant change licensure period:	s in program opera	tions that have o	ccurred during the	current
Asbestos:				
1. Is the building in which the center is located a currently opera	ating public school	or state owned b	uilding?	
Yes No				
2. If the answer to #1 is "No," was your building in which the co	enter is located bu	ilt before 1978?		
Yes No				
If the answer to #2 is "Yes," please see required asbestos info care centers built before 1978 be inspected by a licensed asbehttp://www.dss.virginia.gov/facility/child_care/licensed/child_de	estos inspector. M	odel forms and		
Months of Operation (check all that apply):				
Year Round January February M	<u> April</u>	May	<u>June</u>	
<u>July August September October</u>	November	<u>Decemb</u>	<u>er</u>	
Days of Operation (check all that apply):				
		day Satur		_
Hours of Operation: Do you offer enthrough the nig	vening care? (7 p.: ght)		o you offer overnig rough the night)	ght care? (7 p.m. and
Yes	No		Yes No	,
Requested Capacity (number of children you wish to be licensed	l for):			
Requested Age Range Minimum Age:to Maximum Age (Age 12 is the maxim Name of Current Program Director:	numage):			
Name of Current Flogram Director:				

PART 2: BUSINESS ENTITY TYPE APPLYING FOR LICENSURE

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

Individual/Sole Proprietor	→ Go to Business Entity A (See Page 8)
Partnership	→ Go to Business Entity B (See Page 9)
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 Documentation Required	
Corporation	→ Go to Business Entity C (See Page 10)
A corporation is an artificial person or legal entity managed by a board of directors, consisting of one or more individuals, who collectively elect officers to run the corporation's day-to-day business activities. *Corporation Documentation Required	
Association	→ Go to Business Entity D (See Page 11)
Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.	
Limited Liability Company (LLC)	→ Go to Business Entity E (See Page 12)
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. *LLC Documentation Required	

Public Agency "Public Agency" is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth	→ Go to Business Entity F (See Page 13)
Business Trust A business trust is an unincorporated association whose	→ Go to Business Entity G (See Page 14)
governing instrument, sometimes referred to as a declaration of trust, provides that one or more trustees will manage property or conduct for-profit business activities on behalf of one or more beneficial owners. A business trust is a separate legal entity and, generally, its trustees and beneficial owners are not liable for the obligations of the business trust. *Business Trust Documentation Required	
Religious Organization (if not a business type listed above)	→ Go to Business Entity H (See Page 15)
A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.	

PART 3: REQUIRED ATTACHMENTS

FACILITY		√ If Submitted
1.	FEE PAYABLE TO "TREASURER OF VIRGINIA" (See Part 4)	
2.	A copy of the "Certificate of Use and Occupancy" ONLYIF any physical plant changes have been made to the facility that required a building permit.	
3.	A sketch or blueprint of the floor plan ONLY IF any physical plant changes have been made to the facility since the facility's last license was issued plus a copy of the site plan if any alterations have been made since the facility's last license was issued.	
4.	A description of any changes to the center's indoor and outdoor play equipment available to children since the last license was issued	
5.	Asbestos Statement from Asbestos Inspector (if applicable)	
6.	If asbestos was detected by the asbestos inspector, Asbestos Statement (from Licensee), if applicable (See VDSS website)	

ROGRAM		√ If Submitted
7.	Written confirmation of qualifications of your current program director <i>ONLYIF</i> different since last application	
8.	Staff Information Sheet (see page 7 of this application)	
9.	Written documentation of the center's "chain of command" or organizational chart to include all individuals who are responsible for operational and management decisions	
10.	A copy of all policies and procedures that have changed since the facility's last license was issued. List names of policies attached:	
11.	A copy of any new or revised brochures	
12.	A copy of all new or revised forms used by the child day center, if different from the model forms provided by the Department of Social Services. List names of forms attached:	
13.	A description of any changes to the center's daily activity schedule, program or services since the facility's last license was issued	

BUSINESSENTITY	√If
Thurs Defended Letters	Submitted
Three Reference Letters These are required for any <i>NEW</i> individuals listed in the section for Type of Business Entity under "Identifying Information." Reference letters must be dated no more than 12 months prior to the date of this application from three persons who are not related to the individual by blood or marriage who have known him/her for at least one month, and who can attest to his/her character and reputation. *This is not required for public agencies.	
A copy of legal documentation regarding current ownership (i.e. Annual Report to State Corporation Commission, etc.)	
One Business Entity Section Only A, B, C, D, E, F, G or H (see corresponding page of this application)	
*This page must match business entity checked in Part 2	
Background Checks:	
• Sworn Disclosure Statement (Form available on the VDSS website)	
 National Criminal Background Check, fingerprint based, obtained through VDSS Office of Background Investigations 	
Child Protective Services Central Registry Check obtained from VDSS	
• Out-of-State Central Registry Check *effective 7/1/17 for any individual 18 years and older who has lived in another state in the past five years. Not applicable for Children's Residential and Child Caring Institutions Programs.	
• Out-of-State Criminal History Name Check for any other state a person has resided in the past five years.	
•Out-of-State Sex Offender Registry Check for any other state a person has resided in the past five years.	
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.	
Background checks are required for any NEW applicant, agent, caregiver or adult household member that are at least 18 years old.	
DO NOT mail background checks in with the application. Background checks must be available for inspection.	

PART 4 - FEES

The appropriate fee as listed below for application processing.

CHILD DAY CENTERS:

CAPACITY

1-12 = \$14 13-25 = \$35 26-50 = \$70 51-75 = \$105 76-200 = \$140 201 and up = \$200

Short-term Child-day Program: Capacity 1-50 = \$25; Capacity 51 & up = \$50

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.

STAFF INFORMATION SHEET

	Staff Na	ame	Staff Na	ame	Staff Na	ame	Staff N	lame	Staff N	Name	Staff I	Name
Date of Employment												
Job Title												
Age Group/Classroom												
Days/Hours Work Shift	<u> </u>											
(ex. Mon-Fri 8am-5pm) Background Checks												
	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 Trai	e of ining	Date o Trainin	· -	Date o Trainir		Date Traini		Date Train		Date Trair	
Orientation (as required by standards)												
First Aid/CPR									·			
Daily Health Observation									<u> </u>			
MAT					-							
I certify that I am giving true, ac statements made on this form. summary suspension of my lic	lundersta											ır
Signature:					Date:							

COMPLETE AND SUBMIT $\underline{ONLY\ ONE}$ OF THE FOLLOWING BUSINESS ENTITY TYPE PAGES WITH THE APPLICATION

BUSINESS ENTITY A: INDIVIDUAL/SOLE PROPRIETOR

INDIVIDUAL/SOLEPRO	OPRIETOR					
Identifying Information						
Name (First, Middle or Ma	den, Last):					
Mailing Address:				Street/P.O.		
Box		City	State	Zip Code		
Social Security Number 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 the Name of Legal Business I https://www.scc.virginia.gov/d	Entity). For information re					
Required Attachment D	ocumentation of the legal	fictitious name regis	tered with the proper a	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		
<i>Identifying Information</i> Name of Partnership Applyi					<u>-</u>
Partnership Mailing Address	Street/P.O. Box	City	State	Zip Code	
Partnership Tax ID Number:		Pl	none Number <u>: </u>		
Designated Contact Person:_			Title:		
Provide the following inform	ation on <u>each</u> general and lir	nited partner:	(Attach additional page	es if needed.)	
Name	Title		Address		
List the name, title and addre relating to the facility:	ss of any agent(s) other than	the partners v	who is empowered to ac	t on behalf of the partn	ership in matters
Name	T	itle	Address		
partnership) or the clerk o	he State Corporation Commiss f the circuit court or, if none, a ance of the facility for which th	partnership a	greement that clearly delir		
<i>Fictitious Name</i> (<u>Do Not</u> fill o			• *		
A fictitious name is a name that transacting or offering to transactidentified after a person's true nas"). If the business entity choowith the proper designated au (Name of the Licensee d.b.a. or of a fictitious name in Virginia and Attachment	et business. It is sometimes referame with the abbreviation "t/a" best to form another legal bus thority. If documentation is prot/a and then the Name of Legal visit https://www.scc.virginia.ge	rred to as an "a ("trading as"), iness entity fo ovided reflecting Business Enti ov/clk/befaq/fic	assumed name or "trade n "dba" ("doing business as r business and tax purpo ng the Fictitious Name, the ity). For information regard taspx	ame," and it is often s"), or "aka" ("also know ses, the individual must license will be issued a ding requirements for the	yn a file S
Required Attachment Doo	cumentation of the legal fictitio	us name regis	ierea wiin ine proper desi _s	gnaiea autnority	

BUSINESS ENTITY C: CORPORATION

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

CORPORATION	Domestic Corporation	Foreign Corporation	
Identifying Informat	ion		
Corporate Mailing Ad	Applying for License: dress: City		
Corporate Tax ID Nur	mber:		
Designated Contact Po	erson: Title	:	
Phone Number			
Provide the following	g information on each officer of the corpo	`	al pages if needed.) Address
President			
Secretary			
Treasurer			
List the name, title an in matters relating to t	d address of any agent(s) other than the othe facility:	fficers who is empowered	d to act on behalf of the corporation
Name	Title	Address	
Required Attachments Certificate of Incorpor Virginia, Certificate of		or for corporations formed u	nder laws of a jurisdiction other than
Documentation from t Articles of Incorporat	the State Corporation Commission (SCC) that the di	corporation is active AND in §	good standing
Fictitious Name (Do Not A fictitious name is a nam offering to transact busines with the abbreviation "t/a" legal business entity for the reflecting the Fictitious Name of the Name of the Proceeding of the Procedure of the Name of the Procedure of the Procedure of the Name of the Procedure of the Name of	fill out this section if fictitious name does not appet that a person (individual or business entity) uses as. It is sometimes referred to as an "assumed name ("trading as"), "dba" ("doing business as"), or "aka business and tax purposes, the individual must film, the license will be issued as (Name of the Lice irements for the use of a fictitious name in Virginia	instead of the person's true name," or "trade name," and it is oft " ("also known as"). If the buse with the proper designated asee d.b.a. or t/a and then the	en identified after a person's true name siness entity chooses to form another authority. If documentation is provided Name of Legal Business Entity). For
Required Attachment	Documentation of the legal fictitious name reg	stered with the proper design	ated authority

BUSINESS ENTITY D: ASSOCIATION

Business associations are organizations that bring together business owners from a specific area. They range from nationwide associations to those that encompass businesses in individual states, counties, cities, or neighborhoods.

ASSOCIATION				
Identifying Information				
Name of Association Apply Association Mailing Addres	ing for License:s:			
Association Tax IDNumber	Street/P.O. Box	City	State	Zip Code
Designated Contact Person:		Title:		
Phone Number				
Provide the following infor Name Title (i.e. I	mation on each officer of the President, Sr. Vice President			es if needed.) ### Incomparison of the content of
List the name, title and addr in matters relating to the faci				
Required Attachments				
Constitution or bylaws that de licensure;	elineate responsibilities for the op	eration and mainte	nance of the facility for whi	ich the association is applying for
Fictitious Name (Do Not fill out	this section if fictitious name doe	es not apply)		
offering to transact business. It is swith the abbreviation "t/a" ("tradir legal business entity for business If documentation is provided refle Legal Business Entity). For inform https://www.scc.virginia.gov/clk/business	sometimes referred to as an "assum ng as"), "dba" ("doing business as' and tax purposes, the individual cting the Fictitious Name, the lice nation regarding requirements for t	med name" or "trade"), or "aka" ("also k must file with the pense will be issued a the use of a fictitiou	e name," and it is often iden nown as"). <i>If the business e</i> proper designated authoria s (Name of the Licensee d.I s name in Virginia visit	ntity chooses to form another y. o.a. or t/a and then the Name of
		-	-	

BUSINESS ENTITY E: LIMITED LIABILITY COMPANY

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

LIMITED LIABILIT	Y COMPANY (LLC)	Domestic LLC	Foreign LLC		
Identifying Informati					
Name of LLC Applyin	g for License:				
LLC Mailing Address:					
EEC Maning radioss.	Street/P.O. Box	City	State	Zip Code	
LLC Tax IDNumber:_		<u> </u>		•	
	son:				
	nformation on each manager tach additional pages if neede		persons authorized to	manage the business and	
Name	Title		Address		
	address of any agent(s) other				
Name	Title		Address		
Required Attachments					
_ Certificate of Organizat State Corporation Commiss Articles of organization	ion or Certificate of Registration (fa ion;	or LLCs formed under the	laws of a jurisdiction othe	r than Virginia) issued by the	
A fictitious name is a name offering to transact business with the abbreviation "t/a" (<i>legal business entity for business ent</i>	ill out this section if fictitious name that a person (individual or busines. It is sometimes referred to as an "a" trading as"), "dba" ("doing busines siness and tax purposes, the individual reflecting the Fictitious Name, the information regarding requirements //clk/befaq/fict.aspx	ss entity) uses instead of the assumed name" or "trade not so as"), or "aka" ("also knoulual must file with the problems will be issued as (name," and it is often idention as"). <i>If the business enoper designated authority</i> . (Name of the Licensee d.b.	fied after a person's true name tity chooses to form another	
A fictitious name is a name offering to transact business with the abbreviation "t/a" (<i>legal business entity for bu</i> . If documentation is provide Legal Business Entity). For	that a person (individual or busines . It is sometimes referred to as an "a "trading as"), "dba" ("doing busines siness and tax purposes, the individual reflecting the Fictitious Name, the information regarding requirements	assentity) uses instead of the assumed name" or "trade not assumed name" or "trade not as as"), or "aka" ("also knot alual must file with the problems will be issued as (for the use of a fictitious references."	name," and it is often idention as"). <i>If the business en oper designated authority</i> . (Name of the Licensee d.b. name in Virginia visit	fied after a person's true name tity chooses to form another a. or t/a and then the Name of	

BUSINESS ENTITY F: PUBLIC AGENCY

"Public Agency" is defined to mean the Government of the United States; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth

PUBLIC AGENCY			
Identifying Information			
Name of Public Agency Applying for License:			
Public Agency Mailing Address: Street/P.O. Box	G'	G	7. 0.1
Public Agency Tax ID Number:	City Phone Number	State	Zip Code
Name and Title of Person Responsible for the Facility (incl	uding hiring the fac	ility director/ad	lministrator):
Name Title			
Any agent other than the person listed above who is empower the facility: Fictitious Name (Do Not fill out this section if fictitious name is a name that a person (individual or busin the course of transacting or offering to transact business. It is and it is often identified after a person's true name with the a "aka" ("also known as"). If the business entity chooses to for purposes, the individual must file with the proper designate.	ess entity) uses instead sometimes referred libbreviation "t/a" ("trans another legal bired authority.	ead of the person to as an "assum rading as"), "db susiness entity fo	n's true name, usually in ned name" or "trade name," a" ("doing business as"), or or business and tax
If documentation is provided reflecting the Fictitious Name, tand then the Name of Legal Business Entity). For information Virginia visit https://www.scc.virginia.gov/clk/befaq/fict.aspx	n regarding requiren		
Required Attachment Documentation of the legal fice	titious name register	ed with the prop	oer designated authority

BUSINESS ENTITY G: BUSINESS TRUST

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

BUSINESS TRUST	Domestic Business Trust Foreign Business Trust			
Identifying Information				
Name of Business Trust Apply	ing for License:			
Business Trust Mailing Addres	s:			
	Street/P.O. Box	City State	Zip Code Business Trust	
Tax IDNumber:				
Designated Contact Person:		Title:		
Phone Number				
additional pages if needed.)		·	cer of the Business Trust. (Attach	
Name	Title	Address		
List the name, title and address act on behalf of the business tr	• • •	he trustees, beneficial	owners or officers who is empowered to	
_ Certificate of Trust or Certificate of Corporation Commission Articles of trust	f Registration (for trusts formed u	nder the laws of a jurisdi	ction other than Virginia) issued by the State	
-				
offering to transact business. It is som with the abbreviation "t/a" ("trading a legal business entity for business an	son (individual or business entity) tetimes referred to as an "assumed s"), "dba" ("doing business as"), o d tax purposes, the individual mense will be issued as (Name of the	uses instead of the person name" or "trade name," ar r "aka" ("also known as"). ust file with the proper de Licensee d.b.a. or t/a and	a's true name, usually in the course of transacting or and it is often identified after a person's true name If the business entity chooses to form another esignated authority. If documentation is provided then the Name of Legal Business Entity). For c. virginia.gov/clk/befaq/fict.aspx	
Required Attachment Docum	entation of the legal fictitious nam	ne registered with the prop	per designated authority	

BUSINESS ENTITY H: RELIGIOUS ORGANIZATION

A religious organization is generally a nondenominational or interdenominational organization and has a principal purpose of advancing religion.

RELIGIOUSORGANIZATION								
Identifying Information								
NOTE: Complete only if the religious organization is not a business type listed in Subsections A-G.								
Name of Religious Organization Applying for License:								
Religious Organization Mailir	ng Address:							
		City						
Organization Tax ID Number:	P	none Number						
Name(s) and Title(s) of Person(s) Responsible for the Facility (including hiring the facility director/ administrator):								
Name	Tit	le						
Any agent other than the person relating to the facility:	on(s) listed above who is empow	rered to act on behalf of the	e religious org	ganization in matters				
Name								
Fictitious Name (Do Not fill out this section if fictitious name does not apply)								
the course of transacting or of and it is often identified after a "aka" ("also known as"). <i>If the purposes, the individual must</i> Fictitious Name, the license w Entity). For information regark https://www.scc.virginia.gov/o	-	sometimes referred to as an observation "t/a" ("trading a manother legal business d authority. If documentation icensee d.b.a. or t/a and the fa fictitious name in Virgin	n "assumed n as"), "dba" (" entity for bu on is provide en the Name nia visit	ame" or "trade name," doing business as"), or siness and tax d reflecting the of Legal Business				
Required Attachment	Documentation of the legal ficti	tious name registered with	tne proper d	esignatea authority				