

VOLUNTARY REGISTRATION (VR)

INITIAL APPLICATION

PACKET

First, locate your city or county on the attached “Voluntary Registration Contract Agency” page. This will determine the agency that you will work with to obtain a Voluntary Registration Certificate. If you are not in a city or county listed as “DOLP” (Division of Licensing - Children's Programs), you will need to contact the agency listed to discuss payment information. Do not send the application, or the check, or money order to DOLP unless you live in an area covered by DOLP. To reiterate, once you have located the city or county where you live, you will send your paperwork directly to that contract agency.

Your application is *not* complete until Division of Licensing - Children's Programs (DOLP), or the appropriate contract agency, receives the following originals:

- Application
- \$50.00 Fee (do not send cash through the mail)
- Health and Safety Checklist
- Home Training Needs Assessment
- Sworn Statement or Affirmation for the applicant and any adult household members, assistants and substitute providers
- RESULTS of the Tuberculosis testing or screening for the applicant and any adult household members, assistants and substitute providers
- RESULTS of the Criminal History Record check for the applicant and any adult household members, assistants and substitute providers
- RESULTS of the Child Protective Services Search of the Central Registry for the applicant and any adult household members, assistants and substitute providers, and anyone 14 years or older

Payment to a contract agency is sent directly to the contract agency, along with your application and paperwork. All checks or money orders to DOLP should be made payable to “*Treasurer of Virginia*” and mailed to:

Virginia Department of Social Services
Division of Licensing - Children's Programs, Voluntary Registration
801 East Main Street, 9th Floor
Richmond, Virginia 23219

The following letters are included with your Voluntary Registration (VR) packet. Please read each letter carefully and adhere accordingly:

- Initial Application Letter (points to consider)
- VA State Fire Marshal’s Office

If you have any questions in reference to the VR packet, please contact Linda Jean-Pierre at (804) 726-7170, or via email at linda.jeanpierre@dss.virginia.gov. You may also contact Cynthia Carneal Heflin at (804) 726-7140, or via email at cynthia.carneal@dss.virginia.gov. Thank you for your interest in the Voluntary Registration program.

Initial Application Packet

Dear Voluntary Registration Applicant:

Thank you for your interest in the voluntary registration program. Effective July 1, 2016, all VR 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. As you think about a career as a family day care provider, please consider the following points.

- Is there a need for day care in your area? (You can check out the number of daycare facilities operating in your area at www.dss.virginia.gov – check both licensed and unlicensed. You can also visit www.childcareva.com which provides additional information and resources).
- Do you have a plan for obtaining clients or a marketing plan to make people aware of your daycare operation? Once you are registered or licensed you will be listed as a daycare provider but the Division of Licensing - Children's Programs (DOLP) does not make any direct referrals, set your rates, or supply you with clients.
- Have you considered any start-up costs and budgeted for periods of time when you may have fewer than four children enrolled? Please review the Health and Safety Checklist and the Requirements for Providers regulation carefully to determine if you need to make any changes to your home or purchase items such as mats, cribs, latches, locks, safety gates, etc. At the time of your inspection, you should be prepared as if you were already admitting children.
- You must be certified in CPR/First Aid if you plan to work with children who are referred through a local department of social services or whose parents receive funds to assist them with daycare expenses. In addition, you may need additional training to administer medication to enrolled children. Consider the likelihood of working with a child who must take an antibiotic for a few days or that has asthma or allergies which require prescription medication? How do you plan to handle this?
- Have you checked on any zoning requirements or whether you will need a business license? Check for any local ordinances that may apply.
- You will also need to consider insurance. Virginia law requires that day care providers disclose to parents whether there is liability insurance for the day care. This is usually separate from homeowner's or renter's insurance.
- Lastly, effective July 1, 2016, Virginia law requires family day home operators serving five or more children to obtain a license. 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

Enclosed you will find an initial packet of materials that must be completed, and the results forwarded to DOLP or the appropriate contract agency, prior to an inspection. Results (i.e. criminal history, Central Registry and TB results) are only valid for 90 days. You must have your home inspected, and make any corrective action necessary, prior to the issuance of a certificate. This packet of information includes the following, as well as forms, with instructions. So, please read each page carefully and complete each form completely.

- The “**Voluntary Registration Contract Agencies**”, which list the current contract agencies where you will locate your city/county and it will provide you with the contact information (i.e. agency and name of contract, address and telephone number).
- 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”.
- A copy of the **Fire Marshal** memo regarding the requirements for smoke detectors and fire extinguishers in State Regulated Facilities. Make sure your home meets these requirements prior to inspection.

- **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.
- **Training Needs Assessment** will assist the Home Monitor to determine which areas may need additional training during the visit. This form should be completed and returned prior to the home inspection.
- The **Sworn Statement** must be completed by the applicant, assistant (regardless of age), substitute provider, and each adult household member. You must respond accurately and completely by answering each question for both within and outside the Commonwealth of Virginia.
- **Child Protective Services** - Central Registry Release of Information Form (\$10 fee). This form must be completed by the applicant, any assistant, any substitute provider, each adult household member (ages 18+ years), and each child ages 14 – 17.
- Virginia State Police **criminal history record search** request form SP167 (notarized form) must be completed by the provider/applicant, and form SP230 must be completed for assistants, substitute providers and/or anyone else in your home age 18 or over.
- **Report of Tuberculosis Screening** for Children’s Programs – This form must be completed for the provider, assistant, substitute, and any adult household member.
- A copy of the *Requirements for Providers* – this set of regulations governs voluntarily registered family day homes. All caregivers must be familiar with these requirements.
- The staff – **child ratio requirements** have been updated since the regulation was published. You must use the staff – child ratios and points system on the last page of the *Requirements for Providers*, or as listed on the Health and Safety Checklist.
- An instructions sheet to assist you in completing the necessary Background Checks and a copy of each form. **Make additional copies of forms as necessary. Do Not process your background forms through Child Care Aware, a resource and referral agency, or a local department of social services without talking to me first – this could save you time and possibly money.**

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

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

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

Sincerely,

Cynthia Carneal Heflin
Voluntary Registration Consultant

CCH/ljp

Enclosure(s)



COMMONWEALTH of VIRGINIA

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Division of Building and Fire Regulation

James S. Gilmore, III
Governor

Barry E. DuVal
Secretary of
Commerce and Trade

William C. Shelton
Director

MEMORANDUM

TO: State Regulated Care Facilities

FROM: Richard A. Farthing, P. E. *Richard A Farthing*
Chief Engineer
Virginia State Fire Marshal's Office

DATE: September 14, 2000

The new 2000 Uniform Statewide Building Code (USBC) and the 2000 Statewide Fire Prevention Code (SFPC) have new regulations regarding State Regulated Care Facilities (SRCF). The regulations apply to new and existing State Regulated Care Facilities.

The building and fire prevention codes define a State Regulated Care Facility as a building or part thereof occupied by persons in the care of others where program regulatory oversight is provided by the Virginia Department of Social Services; Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services; Virginia Department of Education or Virginia Department of Juvenile Justice. SRCF are residential buildings classified in building code use groups R-2, R-3 and R-4 only.

The new regulations require all SRCF to have a fire extinguisher and smoke detectors in the following locations:

*VR
homes
1, 2, 3*

1) Fire Extinguisher

Type ABC portable fire extinguisher having at least a 2A10BC rating is required in each kitchen (USBC 3402.15).

2) Smoke Detectors (Battery powered or electric with battery backup)

As a minimum, a smoke detector shall be properly installed outside of each sleeping area in the immediate vicinity of bedrooms and on each additional floor (USBC 3402.15).

3) Licensed State Regulated Care Facilities have one additional requirement:

Fire exit drills shall be conducted not less than twelve times per year (SFPC F-701.1.1 & F-704.3.1).



VOLUNTARY REGISTRATION CONTRACT AGENCIES

Locate your city or county below to determine which agency will assist you in processing your application.

CHILD NUTRITION, INC. (CNI)

Contact: Beth Wittusen, bethw@cni-usda.org

Sheila Jock, sheilaj@cni-usda.org

9 North Third Street, Suite 100

Warrenton, Virginia 20186-3404

Ph: (540) 347-3767 Fax: (540) 347-2225

Counties Served: Augusta, Clarke, Culpeper, Fauquier, Frederick, Loudoun, Madison, Orange, Page, Prince William, Rappahannock, Rockbridge, Rockingham, Shenandoah, Stafford, Warren

Cities served: Ashburn, Berryville, Broadlands, Culpeper, Dale City, Dumfries, Front Royal, Harrisonburg, Haymarket, Leesburg, Luray, Manassas, Manassas Park, Occoquan, Quantico, Staunton, Sterling, South Riding, Unionville, Warrenton, Winchester, Woodbridge, Woodstock

READYKIDS

Contact: Gail Esterman, gesterman@readykidscville.org

Suzanne McDonald, smcdonald@readykidscville.org

ATTN: C.C.Q.

1000 East High Street,

Charlottesville, Virginia 22902-4848

Ph: (434) 296-4118 ext. 228 (Kathy)

434-296-4118 (241) (Suzanne McDonald) Fax: (434) 295-2638

Counties served: Albemarle, Fluvanna, Greene, Louisa, Nelson

Cities served: Charlottesville

DOLP

Contact: Linda Jean-Pierre, linda.jeanpierre@dss.virginia.gov

Virginia Department of Social Services

Division of Licensing – Children’s Programs

Voluntary Registration Program

801 E. Main Street, 9th Floor

Richmond, Virginia 23219-2901

Ph: (804) 726-7170 Fax: (804) 726-7132

Counties served: Alleghany, Amherst, Appomattox, Bath, Bedford, Bland, Botetourt, Buchanan, Buckingham, Campbell, Carroll, Charlotte, Clark, Craig, Cumberland, Dickenson, Floyd, Franklin, Giles, Grayson, Halifax, Henry, Highland, King and Queen, Lee, Lunenburg, Mecklenburg, Montgomery, Patrick, Pittsylvania, Prince Edward, Pulaski, Roanoke, Russell, Scott, Smyth, Tazewell, Washington, Westmoreland, Wise, Wythe

Cities served: Abingdon, Appomattox, Bedford, Blacksburg, Bluefield, Bristol, Buena Vista, Christiansburg, Clifton Forge, Collinsville, Covington, Danville, Farmville, Galax, Lexington, Lynchburg, Madison Heights, Marion, Martinsville, Norton, Radford, Roanoke, Rocky Mount, Rose Hill, Salem, South Boston, Tazewell, Waynesboro, Wytheville

Memorial Child Guidance Clinic (MCGC)

Contact: LaTasha Smith, ismith@childsavers.org

200 North 22nd Street

Richmond, Virginia 23223-7020

Ph: (804) 591-3923 Fax: (804) 343-2708

Counties served: Amelia, Charles City, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, New Kent, Nottoway, Powhatan, Prince George, Surry

Cities served: Blackstone, Charles City, Chester, Colonial Heights, Glen Allen, Hopewell, Petersburg, Richmond, Williamsburg

The Planning Council (TPC)

Contact: Suzanne Rakes, srakes@theplanningcouncil.org

Lizel Langhorne, llanghorne@theplanningcouncil.org

5365 Robin Hood Road, Suite 700

Norfolk, Virginia 23513

Ph: (757) 622-9268, ext. 3083 Fax: (757) 623-3051

Counties served: Accomack, Brunswick, Caroline, Essex, Gloucester, Greensville, Isle of Wight, James City, King George, King William, Lancaster, Mathews, Middlesex, Northumberland, Northampton, Richmond, Southampton, Spotsylvania, Sussex, York

Cities served: Chesapeake, Emporia, Franklin, Fredericksburg, Hampton, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, Williamsburg

Virginia Department of Social Services

Division of Licensing Programs/Voluntary Registration

801 E. Main Street, 9th Floor, Richmond, Virginia 23219-2901

http://www.dss.virginia.gov/facility/child_care/unlicensed/vrfdh/index.cgi

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
CONTACT INFORMATION**

LICENSING INFORMATION PHONE LINE:

For information on training, filing complaints or becoming licensed, call Licensing's statewide toll-free number: **1-800-543-7545** or for the Richmond area only, call **804-692-2394**. Information is also available on our website at www.dss.virginia.gov.

VDSS Regulated Settings: Assisted Living Facilities, Adult Day Care Centers, Child Day Centers, Family Day Homes, Children's Residential Programs, and Private Adoption and Foster Care Agencies.

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

PLEASE CONTACT THE LICENSING OFFICE SERVING YOUR AREA AS LISTED ON THIS PAGE FOR INFORMATION AND ASSISTANCE WITH LICENSING RELATED INQUIRIES!

VDSS/CENTRAL LICENSING OFFICE & CWLU

1604 Santa Rosa Road, Suite 130, Richmond, Virginia 23229-5008

Tel: (804) 662-9743, Fax: (804) 662-7023, CWLU: (804) 662-7053

Counties: Amelia, Brunswick, Caroline, Chesterfield, Cumberland Dinwiddie, Essex, Goochland, Hanover, Henrico, King & Queen, King George, King William, Lancaster, Lunenburg, Mecklenburg, Northumberland, Nottaway, Powhatan, Richmond, Westmoreland.

Adult Only: Louisa, Fluvanna, Albemarle & Charlottesville.

Cities: Blackstone, Colonial Heights, Farmville, Hopewell, Lawrenceville, Petersburg, Richmond, Westpoint

VDSS/EASTERN LICENSING OFFICE

Pembroke Office Park

291 Independence Boulevard, Pembroke IV Office Bldg., Ste. 300
Virginia Beach, Virginia 23462-5481

Tel: (757) 491-3990, Fax: (757) 552-1832

Counties: Accomack, Northampton, Greensville, Isle of Wight, Southampton

Cities: Chesapeake, Emporia, Franklin, Norfolk, Portsmouth Suffolk, Virginia Beach

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/FAIRFAX LICENSING OFFICE

3701 Pender Drive, Suite 125, Fairfax, Virginia 22030

Tel: (703) 934-1505, Fax: (703) 934-1558

Counties: Arlington, Loudon, Fairfax

Cities: Alexandria, Annandale, Centreville, Fairfax, Falls Church, Herndon

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. **Adult Only:** Culpepper

Cities: Fredericksburg, Manassas, Manassas Park, Woodbridge, Dale City

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: Augusta, Clarke, Frederick, Greene, Highland, Madison, Orange, Page, Rockingham, Shenandoah, Warren

Cities: Harrisonburg, Staunton, Waynesboro, Winchester

Children's Only: Albemarle, Charlottesville, Louisa Fluvanna & Culpepper

VDSS/PIEDMONT LICENSING OFFICE

1351 Hershberger Road, Suite 210, Roanoke, Virginia 24012

Tel: (540) 204-9615, Fax: (540) 561-7536

Counties: Alleghany, Amherst, Appomattox, Bath, Bedford, Botetourt, Buckingham, Campbell, Charlotte, Craig, Franklin, Halifax, Henry, Nelson, Patrick, Pittsylvania, Prince Edward, Roanoke, Rockbridge, South Boston.

Children's Only: Farmville

Cities: Bedford, Buena Vista, Clifton Forge, Covington, Danville, Lexington, Lynchburg, Martinsville, Roanoke, Salem.

VDSS/WESTERN LICENSING OFFICE

190 Patton Street, Abingdon, Virginia 24210

Tel: (276) 676-5490, 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.

Voluntary Registration

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**. It covers your two-year certification and health & safety inspection. (This fee does not include the fee for the criminal records check, CPS Central Registry check or the tuberculosis test.)
- 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.

VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

Part II of II

Name of Provider: _____ Social Security Number: _____

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: _____ Date of Birth: ____/____/____

Name of Substitute: _____ Date of Birth: ____/____/____

List the name of all persons (other than the provider) who are at least 18 years of age and reside in the home:
(Verify with Page 1, # 2)

Days and Hours of Normal Operation: (specific days and hours required)

Email address: _____

Federal Tax I.D. number/Business Name (if any): _____

Sworn Disclosure Statement or Affirmation: (This statement must be signed in the presence of a notary.)

I certify that the information submitted on this application is true to the best of my knowledge and belief. I certify that I am the primary child care provider and that the child care to be provided is either in my home or the residence of one of the children receiving care for compensation. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children. I understand that my name, address, telephone number and hours of operation will be available to parents interested in obtaining childcare and that VDSS may post this information on the public website as a resource to parents.

Provider's Signature: _____ Date: _____

City/County of _____; State of _____

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

My commission expires _____, 20 _____.

Signature of Notary Public

VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

Part II of II

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 the age of 18.

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 times of attendance and days of the week.

Name of child	Date of birth	←----- Check Only One -----→		
		Son or Daughter	Residing in the home	Non-exempt
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

VR Health and Safety Checklist

- Follow the instructions provided on the form.
- This checklist should be used to conduct your home inspection.
- **PLEASE READ** each item carefully and check appropriately.
- If you have any questions regarding any standard in the regulation or on the Health and Safety Checklist – ASK! It is important to have your home set up for the inspection just as if children are in care.

Voluntary Registration Health and Safety Checklist

Verify each item that is currently true for your home by inserting a **P (provider)** in the first slot provided before the item. The screener will place an **S (screener)** or initials in the second slot when this information is verified during the visit to your home. 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.
- 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.

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.

Voluntary Registration Health and Safety Checklist

___ I am at least 18 years of age and have not been convicted of any offenses specified in § 63.2-1719 of the *Code of Virginia*.

___ My physical and mental condition are such that I am able to care for children.

___ 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 children.

___ I adhere to the following point system required to supervise children in care.

- When children's ages are mixed, an adult may carry 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;
- I understand that my own children and children residing in the 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, 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 enrolled on or after 7/1/98. My records for each child include:

- Documentation of previous child day care programs and schools the child has attended.
- Documentation of reviewing proof of identity and age.

___ 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.

___ I understand that the contracting agency and the Virginia Department of Social Services stand ready to help me provide good care to children and that I may ask for help or advice as needed.

Signature required on page 4.

Voluntary Registration Health and Safety Checklist

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.

Signature: _____

Name: *(print)* _____

Address: _____

Phone Number: (____) _____ - _____

[For Agency Use Only]

I, _____,

(screener), verify that the provider meets the health and safety standards and has agreed to comply with the above requirements. I have verified that the provider has received written information regarding fire extinguishers and smoke detectors in a State Regulated Care Facility.

Agency conducting evaluation:

Check only one:

_____ Initial Verification

_____ Monitoring Visit

_____ Renewal Visit

_____ Other (*Specify*): _____

Time of Visit: _____

Date: _____

Agency: _____

VOLUNTARY REGISTRATION OF FAMILY DAY HOMES – REQUIREMENTS FOR PROVIDERS

The regulation *Voluntary Registration of Family Day Homes – Requirements for Providers* is being updated to reflect the lower capacity and to delete outdated references to ratios for family day homes and obsolete Code of Virginia references. Please be aware that voluntary registration is for 4 or fewer children, exclusive of the provider's own children and any children that reside in the home.

Rather than a ratio of caregivers to children, the point system will be used to determine the need for an assistant. Please ensure compliance with the point system as described below:

When children are in mixed age groups, the provider shall apply the following point system in determining the need for an assistant. Each caregiver shall not exceed 16 points. The provider's own children and resident children under eight years of age count in point maximums:

1. Children from birth through 15 months of age count as four (4) points each;
2. Children from 16 months through 23 months of age count as three (3) points each;
3. Children from two years through four years of age count as two (2) points each;
4. Children from five through nine years of age count as one (1) point each; and
5. Children who are 10 years of age and older count as zero (0) points.

THE MAXIMUM NUMBER OF CHILDREN IN CARE IN A VOLUNTARILY REGISTERED FAMILY DAY HOME MAY NOT EXCEED FOUR (4) AT ANY ONE TIME. THE NUMBERS REFERENCED ABOVE ARE USED TO DETERMINE WHEN AN ASSISTANT IS NEEDED. THEY DO NOT INCREASE THE NUMBER OF CHILDREN THAT MAY BE PRESENT AT ANY ONE TIME.

Voluntary Registration of Family Day Homes Home Inspection Training Needs Assessment

- Complete the assessment and return it with the Health and Safety Checklist.
- There is no grade assigned, or a “pass/fail”. The assessment is used by the Inspector or Monitor to determine if additional information needs to be covered during the inspection to ensure you understand your responsibilities.

Voluntary Registration of Family Day Homes Home Inspection Training Needs Assessment

Applicant: _____ Date: _____

In order to assist in planning and scheduling the inspection of your home for either an initial or renewal application, you will need to complete the following "quiz" to assess the level of on-site training that will be required. You should return this "quiz" with your application, though the score will not be a factor in determining whether a certificate will be issued. By completing this quiz, you will merely be allowing the Division to cover the material necessary during the on-site visit. You may use any information in the packet to complete this assessment.

1. Which of the following is **not** considered proof of a child's identity and age:
 - a. Birth Certificate
 - b. Record from a public school
 - c. Passport
 - d. Social Security Card.

2. Which of the following is prohibited in family day homes?
 - a. corporal punishment
 - b. spanking a child
 - c. slapping a child
 - d. forcing a child to stand in a corner on one foot
 - e. placing a child in a locked, dark, room for time-out
 - f. refusing to give a child food or water
 - g. all of the above, to include any other actions that are demeaning, belittling or harmful to a child.

3. Which of the following should be kept inaccessible to children in a family day home?
 - a. medicine
 - b. bleach and laundry supplies
 - c. cleaning supplies
 - d. gasoline
 - e. any product whose label reads keep out of reach of children
 - f. all of the above.

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

5. A provider is required to get new background checks after the initial certification when:
 - a. a new person age 18 years or older moves into the home
 - b. when a child residing in the home turns 18 years old
 - c. when a new assistant or substitute provider is hired (not listed on application)
 - d. all of the above examples require additional background checks and notification to DOLP or the contract agency.

True or False (Circle the correct response)

6. If a provider views acceptable proof a child's identity and age, they are still required to document previous day care programs and schools that the child has attended?
- True False
7. A provider should maintain documentation of evacuation drills practiced each month for the term of the certificate.
- True False
8. Voluntarily registered family day homes are required to report suspected cases of child abuse or neglect.
- True False
9. If a parent is enrolling two children at the same time, each child needs an individual record.
- True False

Voluntarily registered family day home providers must adhere to the adult to child ratios or the point system as it appears on the health and safety checklist. Answer the following questions based on the scenario given.

10. Ms. Johnson has 4 children enrolled in her family day home and 2 of her children reside in the home. The children's ages are as follows:
- | | |
|----------------------------|------------------------|
| • Michael is 12 months old | Ms. Johnson's children |
| • Dequan is 15 months old | Ben is 6 month old |
| • Quincy is 3 years old | Billy is 6 years old |
| • Keli is 3 years old | |
- a. Is Ms. Johnson over-capacity during the times that all children are present? Circle response.
- Yes No
- b. How many points does Ms. Johnson have if all children are present? _____
- c. Does Ms. Johnson need an assistant if all children are present?
- Yes No
11. Ms. Green is voluntarily registered and currently has four children enrolled. She provides care after school between the hours of 3 p.m. and 6 p.m. The four children range in age from 6 to 11 years of age, so she has a total of 4 points. A parent has asked her to keep 3 year old twins from 9 a.m. until 5:30 p.m. Can Ms. Green enroll the twins and still keep the after school children?
- Yes No.

Report of Tuberculosis Screening Children's Programs

- This form is required for the provider, anyone in the home age 18 and over, and any assistants or substitute providers.
- The date the form was completed by a health professional cannot be more than 90 days prior to the date your application is received; or within 30 days before employment or having contact with children in a registered home.

**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: _____

Date: _____

(MD/designee or Health Department Official)

(Print Name/Title)

Address (including name of practice, if appropriate):

Telephone number: _____

Sworn Statement or Affirmation for Child Day Programs

- This form, or a form containing all of the required information, **must** be completed by the applicant, assistant (regardless of age), substitute provider, and each adult household member.
- Only Page 1 of this statement needs to be printed – the remainder is for information only.
- Additional copies of Page 1 can be printed as necessary.
- You **must** respond accurately and completely by answering each question for both within and outside the Commonwealth of Virginia.
- You must respond to all 4 questions.
- The **original Sworn Statement of Affirmation** must be submitted with your application.

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

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, 63.2-1721, 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.

Criminal History Record Name Search Request – FORM #SP 167

The form number is located in the upper left hand corner of the form in small print.

This Virginia State Police (VSP) form #SP 167 is to be completed by the **provider/applicant**. The original results of the search must be submitted with your application to DOLP or the contract agency.

- The fee for service is \$15 payable to “**Virginia State Police**”. Personal checks are **NOT** accepted. **PLEASE NOTE:** You may complete the \$20.00 combined criminal history and sex offender search, but that is up to you. You must still complete the Central Registry search. {**ADDITIONAL INFORMATION:** The \$8.00 checks are for volunteers at non-profit agencies (little league coaches, reading buddies at the elementary school, churches, etc.). The \$8.00 check should not be completed for day care providers and the form will be returned to you for correction.}
- You must complete the form online at www.vsp.virginia.gov. **This is the preferred method.** Once the form has been completed online, you must print the copy and mail with your payment. Please follow the instructions on the VSP website to avoid a delay in processing. You can contact Virginia State Police Criminal Record Search for inquiries, or if you have questions, about the online forms at VSP Help Desk - (804) 674-2131.

NOTE: Use the 2nd dropdown box “**Request Type**” when completing the form online. Choose “**Criminal History Search**” under this box. Once selected, the \$15 fee will automatically be generated.

- Purpose of the request is “Other” – “Child Care Provider” should be written in the blank space.
- Form must be *notarized* and submitted to the Virginia State Police. The address is located on the bottom right corner of the form. Please make a copy for your records.
- The “Name and Mailing Address of Agency, Individual or Agent Making the Request” box should be completed with your name and address. **PLEASE DO NOT** complete the reply address as DOLP or the contract agency, as the state police will not mail them directly to us. The completed name search request should be returned to you, so make sure the return address is your address. Once you receive the results, you will then send it to DOLP, or the contract agency as appropriate, with your completed VR application packet.
- **INCOMPLETE** forms will not be processed and will be returned to you by VSP for additional actions. This will delay processing.
- Criminal history search requests may not be completed by a local agency, an internet search agency, Child Care Aware, etc. It will not be accepted. Only the original results of a search completed by the Virginia State Police will be accepted.
- Mail your request to the address provided on the form. Once the search has been completed, the Virginia State Police will mail a copy of the response back to you.
- Results completed more than 90 days prior to the date the application is received **will not be** accepted.
- Once you have received and reviewed the results to ensure they are accurate, you must submit the originals to DOLP or the contract agency as appropriate.
- If you have any questions, please contact DOLP or the contract agency as appropriate.

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY REQUEST FORM

Pay By: Certified Check/Money Order or Business check made payable to "Virginia State Police"
OR we accept VISA and MasterCard
Personal Checks Not Accepted

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms.
Code of Virginia §2.2-4805.

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of these Form Instructions for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form Must be **TYPED OR NEATLY HAND-PRINTED.**
Complete the Criminal History Record Request by following these instructions:

- | | |
|--|--|
| PURPOSE OF THIS REQUEST: | Primary reason for request. |
| NAME INFORMATION TO BE SEARCHED: | Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted. Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose. |
| AFFIDAVIT FOR RELEASE OF INFORMATION: | Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable). |
| SIGNATURE OF PERSON MAKING REQUEST: | Affidavit must be signed by authorized agent and notarized to receive the search results. |
| NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST: | Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed. |
| FEES FOR SERVICE: | Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number. |
| METHOD OF PAYMENT: | Indicate method of payment |

Mail the Completed SP-167 "Criminal History Record Request" to:

Virginia State Police
Central Criminal Records Exchange - NF
P O Box 85076
Richmond, Virginia 23261-5076

Instructions For Requesting a Search of the "Sex Offender and Crimes Against Minors Registry"

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, SP-266 "Sex Offender and Crimes Against Minors Registry" name search forms may be obtained by downloading from the Virginia State Police website: <http://www.vsp.virginia.gov>.

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and SP-266 form. Violent sex offenders can be searched on the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <http://sex-offender.vsp.virginia.gov/sor/>.

Cost Structure and Types of Records Searches Available

CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an SP-266 "Sex Offender and Crimes Against Minors" name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry http://sex-offender.vsp.virginia.gov/sor/ .
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a "Criminal History Record Name Search" and "Sex Offender and Crimes Against Minors." The purpose of this search is for volunteering services for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.

Criminal History Record/Sex Offender and Crimes Against Minors Registry Search Form – FORM #SP 230

The form number is located in the upper left hand corner of the form in small print.

This Virginia State Police (VSP) form #SP 230 is to be completed by your **assistants, substitute providers and/or anyone else in your home age 18 or over**. The original results of the search must be submitted with your application to DOLP or the contract agency.

- The fee for service is \$15 payable to “**Virginia State Police**”. Personal checks are **NOT** accepted. **PLEASE NOTE:** You may complete the \$20.00 combined criminal history and sex offender search, but that is up to you. You must still complete the Central Registry search. {**ADDITIONAL INFORMATION:** The \$8.00 checks are for volunteers at non-profit agencies (little league coaches, reading buddies at the elementary school, churches, etc.). The \$8.00 check should not be completed for day care providers and the form will be returned to you for correction.}
- You must complete the form online at www.vsp.virginia.gov. **This is the preferred method.** Once the form has been completed online, you must print the copy and mail with your payment. Please follow the instructions on the VSP website to avoid a delay in processing. You can contact Virginia State Police Criminal Record Search for inquiries, or if you have questions, about the online forms at VSP Help Desk - (804) 674-2131.

NOTE: Use the 2nd dropdown box “**Request Type**” when completing the form online. Choose “**Criminal History Search**” under this box. Once selected, the \$15 fee will automatically be generated.

- Purpose of the request is “Child Care”.
- Signature of Person Making Request – You, The Provider must sign, print and date.
- Write your name and address in the section marked “Name & Mailing Address of Agency, Individual or Authorized Agent Making Request”. **PLEASE DO NOT** complete the reply address as DOLP or the contract agency, as the state police will not mail them directly to us. The completed name search request should be returned to you, so make sure the return address is your address. Once you receive the results, you will then send it to DOLP, or the contract agency as appropriate, with your completed VR application packet.
- **INCOMPLETE** forms will **not** be processed and will be returned to you for additional actions. This will delay processing.
- Mail your request to the address provided on the form. Once the search has been completed, the Virginia State Police will mail a copy of the response back to you.
- Criminal history search requests may not be completed by a local agency, an internet search agency, Child Care Aware, etc. It will **not** be accepted. Only the original results of a search completed by the Virginia State Police will be accepted.
- Results completed more than 90 days prior to the date the application is received will **not** be accepted.
- Once you have received and reviewed the results to ensure they are accurate, you must submit the originals to DOLP or the contract agency as appropriate.
- If you have any questions, please contact DOLP or the contract agency as appropriate.

CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To:

Virginia State Police
 CCRE – Attention New Form
 P.O. Box 85076
 Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- CHILD CARE
- DOMESTIC ADOPTION
- ADULT CARE
- NURSING HOME OR HOME HEALTH

- VIRGINIA PUBLIC SCHOOLS
- INTERNATIONAL ADOPTION COUNTRY: _____
- FOSTER CARE
- EMPLOYMENT
- OTHER (Please Specify) _____

NAME TO BE SEARCHED:

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

RACE SEX DATE OF BIRTH SOCIAL SECURITY NUMBER
 (MM/DD/YYYY)

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: _____ (MM/DD/YYYY)

Signature of Person Making Request: _____ Printed Name: _____

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAME
 ATTENTION
 ADDRESS
 CITY STATE ZIP CODE

FEES FOR SERVICE:

- FEES:
- \$15.00 CRIMINAL HISTORY SEARCH
 - \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
 - \$8.00 CRIMINAL HISTORY SEARCH
 - \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* FEES For Volunteers with Non-Profit Organizations:

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

CHARGE CARD: MasterCard  OR Visa  Certified Check or Money Order (attached, payable to Virginia State Police)
 Account Number: _____ Virginia State Police Charge Account Number: _____
 Expiration Date: ____/____/____
 Signature of Cardholder: _____

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only

- No Conviction Data – Does Not Preclude the Existence of an Arrest Record
- No Criminal Record – Name Search Only
- No Sex Offender Registration Record
- No Criminal Record – Fingerprint Search
- Criminal Record Attached

Purpose code: C
 N
 O

Date _____ By CCRE/ _____

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
(Please read the following General Instructions)

PURPOSE OF THIS REQUEST: Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, Code of Virginia, governing the program for which the search is requested.

NAME TO BE SEARCHED: Type the full name (last, first middle [no initials] and maiden name (if applicable), sex, race, date of birth, and complete address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. **Note: Signature of person making request is required.**

Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose.

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.

FEES FOR SERVICE: Indicate the fee for the service requested.

METHOD OF PAYMENT: Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa. For charge account provide charge account number issued by Virginia State Police.

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment. Requesting goods or services will be deemed to be acceptance of these terms. Code of Virginia §2.2-4805.

Mailing Instructions:

Mail to: Virginia State Police
CCRE – Attention: New Form
P.O. Box 85076
Richmond, Virginia 23261-5076

Virginia Department of Social Services Child Protective Services (CPS) Central Registry Release of Information Form

- To be completed by applicant, any assistant, any substitute provider, each adult household member (ages 18+ years), and each child ages 14 – 17.
- The processing cost for each form is \$10.00.
- You must send a money order, company check, or cashier'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.
- **DO NOT** mail your CPS request forms to DOLP/Voluntary Registration for processing. **Mail your search request to:**

**Virginia Department of Social Services
801 East Main Street, 6th 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
804-726-7544
804-726-7549
- Results completed more than 90 days prior to the date the application is received will **not** be accepted.
- You must submit your original RESULTS to DOLP or contract agency with your application for each individual *after* OBI Search Unit has processed your request.

Search Fee \$10.00

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:
Virginia Department of Social Services.

Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

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

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

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

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



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 , Parent or Guardian signature required for minor
(Sign in presence of Notary) 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

Barrier Crimes List

for

Child Day Programs

(revised August 2015)



Convictions Requiring Registration in the Sex Offender & Crimes Against Minors Registry

BARRIER CRIMES FOR CHILD DAY PROGRAMS

- Including:**
- Licensed Child Day Centers
 - Religiously Exempt Child Day Centers
 - Certified Pre-Schools
 - Licensed Family Day Homes
 - Voluntarily Registered Family Day Homes
 - Licensed Family Day Systems
 - Licensed System-Approved Family Day Homes
 - The Following if Receiving Federal, State, or Local Child Care Funds:
 - o Local ordinance – approved family day homes
 - o Programs of recreational activities offered by local governments
 - o Unregulated family day homes (including in-home care)

Va. Code Ann. §§ 63.2-1717(E) (7); 63.2-1719; 63.2-1720; 63.2-1720.1; 63.2-1721; 63.2-1721.1; 63.2-1725.

<p>In addition to the offenses listed below, the following are also barrier crimes: 1) the conviction of any other felony within or outside the Commonwealth unless 5 years have elapsed since the conviction; and 2) a founded complaint of child abuse or neglect within or outside the Commonwealth.</p> <p>Convictions include prior adult convictions and juvenile convictions or adjudications of delinquency based on a crime that would be a felony if committed by an adult within or outside the Commonwealth.</p> <p>Exceptions: See Assault and Battery below.</p>	<p>63.2-1719</p>
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OFFENSE Or Equivalent Offense in Another State ** Only Applies to Family Day Homes	VA CODE SECTION
Abduction (Kidnapping)	Subsection A or B of 18.2-47
Abduction for Immoral Purposes	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Aggressive Use of a Machine Gun	18.2-290
Arson	Article 1 (18.2-77 et seq.) of Chapter 5 of Title 18.2
Arson - Burning Building or Structure While in Such Building or Structure with Intent to Commit Felony	18.2-82
Arson - Burning or Destroying Any Other Building or Structure	18.2-80
Arson - Burning or Destroying Dwelling House, Etc.	18.2-77
Arson - Burning or Destroying Meeting House, Etc.	18.2-79

Arson - Burning or Destroying Personal Property, Standing Grain, Etc.	18.2-81
Arson - Carelessly Damaging Property by Fire	18.2-88
Arson - Causing, Inciting, Etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, Etc.	18.2-84
Arson - Manufacture, Possession, Use, Etc. of Fire Bombs or Explosive Materials or Devices	18.2-85
Arson - Setting Fire to Woods, Fences, Grass, Etc.	18.2-86
Arson - Setting Off Chemical Bombs Capable of Producing Smoke in Certain Public Buildings	18.2-87.1
Arson - Setting Woods, Etc., on Fire Intentionally Whereby Another is Damaged or Jeopardized	18.2-87
Arson - Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, Etc.	18.2-83
Assaults and Bodily Woundings	Article 4 (18.2-51 et seq.) of Chapter 4 of Title 18.2
Assaults and Bodily Woundings - Adulteration of Food, Drink, Drugs, Cosmetics, Etc.	18.2-54.2
Assaults and Bodily Woundings - Aggravated Malicious Wounding	18.2-51.2
Assaults and Bodily Woundings - Allowing Access to Firearms by Children	18.2-56.2
Assaults and Bodily Woundings - Assault and Battery (<u>Exception:</u> A child day center may hire for compensated employment persons who have been convicted of not more than 1 misdemeanor offense under § 18.2-57 if 10 years have elapsed following the conviction, unless the person committed such offense while employed in a child day center or the object of the offense was a minor. § 63.2-1720.1)	18.2-57
Assaults and Bodily Woundings - Assault and Battery Against a Family or Household Member	18.2-57.2
Assaults and Bodily Woundings - Attempts to Poison	18.2-54.1
Assaults and Bodily Woundings - Bodily Injuries Caused by Prisoners, State Juvenile Probationers, and State and Local Adult Probationers or Adult Parolees	18.2-55
Assaults and Bodily Woundings - Disarming a Law-Enforcement or Correctional Officer	18.2-57.02
Assaults and Bodily Woundings - Hazing of Student at Any School, College, or University	18.2-56
Assaults and Bodily Woundings - Hazing of Youth Gang Members	18.2-55.1
Assaults and Bodily Woundings - Maiming, Etc., of Another Resulting from Driving While Intoxicated	18.2-51.4
Assaults and Bodily Woundings - Maiming, Etc., of Another Resulting from Operating a Watercraft While Intoxicated	18.2-51.5
Assaults and Bodily Woundings - Malicious Bodily Injury by Means of Any Caustic Substance or Agent or Use of Any Explosive or Fire	18.2-52
Assaults and Bodily Woundings - Malicious Bodily Injury to Law-Enforcement Officers, Firefighters, Search and Rescue Personnel, or Emergency Medical Service Providers	18.2-51.1
Assaults and Bodily Woundings - Pointing Laser at Law-Enforcement Officer	18.2-57.01
Assaults and Bodily Woundings - Possession of Infectious Biological Substances or Radiological Agents	18.2-52.1

Assaults and Bodily Woundings - Reckless Endangerment of Others by Throwing Objects from Places Higher than One Story	18.2-51.3
Assaults and Bodily Woundings - Reckless Handling of Firearms; Reckless Handling While Hunting	18.2-56.1
Assaults and Bodily Woundings - Shooting, Etc., in Committing or Attempting a Felony	18.2-53
Assaults and Bodily Woundings - Shooting, Stabbing, Etc., with Intent to Maim, Kill, Etc.	18.2-51
Assaults and Bodily Woundings - Strangulation of Another	18.2-51.6
Assaults and Bodily Woundings - Use or Display of Firearm in Committing Felony	18.2-53.1
Burglary	Article 2 (18.2-89 et seq.) of Chapter 5 of Title 18.2
Burglary - Breaking and Entering Dwelling House with Intent to Commit Other Misdemeanor	18.2-92
Burglary - Entering Bank, Armed, with Intent to Commit Larceny	18.2-93
Burglary - Entering Dwelling House, Etc., with Intent to Commit Larceny, Assault and Battery, or Other Felony	18.2-91
Burglary - Entering Dwelling House, Etc., with Intent to Commit Murder, Rape, Robbery, or Arson	18.2-90
Burglary - Possession of Burglarious Tools, Etc.	18.2-94
Carjacking	18.2-58.1
Convictions of Any Offense that Requires Registration on the Sex Offender and Crimes Against Minors Registry**	9.1-902
Crimes Against Nature Involving Children	18.2-361
Delivery of Drugs to Prisoners	18.2-474.1
Drive-By Shooting	18.2-286.1
Electronic Facilitation of Pornography	18.2-374.3
Employing or Permitting a Minor to Assist in an Act Constituting an Offense under Article 5 (§ 18.2-372 et seq.) of Chapter 8 of Title 18.2	18.2-379
Employing or Permitting a Minor to Assist in - Advertising, Etc., Obscene Items, Exhibitions, or Performances	18.2-376
Employing or Permitting a Minor to Assist in - Coercing Acceptance of Obscene Articles or Publications	18.2-378
Employing or Permitting a Minor to Assist in - Creation of Image of Another	18.2-386.1
Employing or Permitting a Minor to Assist in - Display of Child Pornography or Grooming Video or Materials to a Child	18.2-374.4
Employing or Permitting a Minor to Assist in - Indecent Exposure	18.2-387
Employing or Permitting a Minor to Assist in - Obscene Exhibitions and Performances	18.2-375
Employing or Permitting a Minor to Assist in - Obscene Sexual Display	18.2-387.1
Employing or Permitting a Minor to Assist in - Possession, Reproduction, Distribution, Solicitation, and Facilitation of Child Pornography	18.2-374.1:1
Employing or Permitting a Minor to Assist in - Production, Publication, Sale, Possession, Etc., of Obscene Items	18.2-374
Employing or Permitting a Minor to Assist in - Production, Publication, Sale,	18.2-374.1

Financing, Etc., of Child Pornography	
Employing or Permitting a Minor to Assist in - Unlawful Dissemination or Sale of Images of Another	18.2-386.2
Employing or Permitting a Minor to Assist in - Use of Communications Systems to Facilitate Certain Offenses Involving Children	18.2-374.3
Escape from Jail	18.2-477
Extortion by Threat	18.2-59
Failure to Secure Medical Attention for an Injured Child	18.2-314
Felonies by Prisoners	53.1-203
Incest	18.2-366
Malicious Wounding by Mob	18.2-41
Murder or Manslaughter	18.2-30 et seq. Article 1 of Chapter 4 of Title 18.2
Murder or Manslaughter - Felony Homicide	18.2-33
Murder or Manslaughter - Involuntary Manslaughter	18.2-36
Murder or Manslaughter - Involuntary Manslaughter; Driving a Vehicle While Under the Influence	18.2-36.1
Murder or Manslaughter - Involuntary Manslaughter; Operating a Watercraft While Under the Influence	18.2-36.2
Murder or Manslaughter - Killing a Fetus	18.2-32.2
Murder or Manslaughter - Murder, Capital	18.2-31
Murder or Manslaughter - Murder, First and Second Degree	18.2-32
Murder or Manslaughter - Murder of a Pregnant Woman	18.2-32.1
Murder or Manslaughter - Voluntary Manslaughter	18.2-35
Obscenity Offenses	18.2-374.1
Pandering	18.2-355
Possession of Child Pornography	18.2-374.1:1
Possession or Distribution of Drugs (Felony Convictions)	Article 1 (18.2-247 et seq.) of Chapter 7 or Title 18.2
Possession or Distribution of Drugs - Allowing a Minor or Incapacitated Person to be Present during Manufacture or Attempted Manufacture of Methamphetamine (Felony Convictions)	18.2-248.02
Possession or Distribution of Drugs - Assisting Individuals in Unlawfully Procuring Prescription Drugs (Felony Convictions)	18.2-258.2
Possession or Distribution of Drugs - Certain Premises Deemed Common Nuisance (Felony Convictions)	18.2-258
Possession or Distribution of Drugs - Distributing Certain Drugs to Persons under 18 (Felony Convictions)	18.2-255
Possession or Distribution of Drugs - Drug Attempts (Felony Convictions)	18.2-257
Possession or Distribution of Drugs - Drug Conspiracy (Felony Convictions)	18.2-256
Possession or Distribution of Drugs - Maintaining a Fortified Drug House (Felony Convictions)	18.2-258.02
Possession or Distribution of Drugs - Manufacturing, Selling, Giving, Distributing, or	18.2-251.3

Possessing with the Intent to Distribute the Substances Gamma-Butyrolactone or 1, 4-Butanediol When Intended for Human Consumption (Felony Convictions)	
Possession or Distribution of Drugs - Manufacturing, Selling, Giving, Distributing, or Possessing with the Intent to Manufacture, Sell, Give, or Distribute Any Anabolic Steroid (Felony Convictions)	18.2-248.5
Possession or Distribution of Drugs - Manufacturing, Selling, Giving, Distributing, or Possessing with Intent to Manufacture, Sell, Give, or Distribute a Controlled Substance or an Imitation Controlled Substance (Felony Convictions)	18.2-248
Possession or Distribution of Drugs - Manufacturing, Selling, Giving, Distributing, or Possessing with Intent to Manufacture, Sell, Give, or Distribute Methamphetamine (Felony Convictions)	18.2-248.03
Possession or Distribution of Drugs - Obtaining Drugs, Procuring Administration of Controlled Substances, Etc., by Fraud, Deceit, or Forgery (Felony Convictions)	18.2-258.1
Possession or Distribution of Drugs - Possession and Distribution of Flunitrazepam (Felony Convictions)	18.2-251.2
Possession or Distribution of Drugs - Possession of Controlled Substances (Felony Convictions)	18.2-250
Possession or Distribution of Drugs - Sale, Gift, Distribution, or Possession with Intent to Sell, Give, or Distribute Marijuana (Felony Convictions)	18.2-248.1
Possession or Distribution of Drugs - Sale or Manufacture of Drugs On or Near Certain Properties (Felony Convictions)	18.2-255.2
Possession or Distribution of Drugs - Transporting Controlled Substances into the Commonwealth (Felony Convictions)	18.2-248.01
Robbery	18.2-58
Sexual Assault	Article 7 (18.2-61 et seq.) of Chapter 4 of Title 18.2
Sexual Assault - Aggravated Sexual Battery	18.2-67.3
Sexual Assault - Attempted Aggravated Sexual Battery	18.2-67.5
Sexual Assault - Attempted Forcible Sodomy	18.2-67.5
Sexual Assault - Attempted Object Sexual Penetration	18.2-67.5
Sexual Assault - Attempted Rape	18.2-67.5
Sexual Assault - Attempted Sexual Battery	18.2-67.5
Sexual Assault - Carnal Knowledge of Certain Minors	18.2-64.1
Sexual Assault - Carnal Knowledge of a Child Between 13 and 15 Years of Age	18.2-63
Sexual Assault - Carnal Knowledge of an Inmate, Parolee, Probationer, Detainee, or Pretrial or Post Trial Offender	18.2-64.2
Sexual Assault - Forcible Sodomy	18.2-67.1
Sexual Assault - Infected Sexual Battery	18.2-67.4:1
Sexual Assault - Object Sexual Penetration	18.2-67.2
Sexual Assault – Rape	18.2-61
Sexual Assault - Sexual Abuse of a Child under 15 Years of Age	18.2-67.4:2
Sexual Assault - Sexual Battery	18.2-67.4
Stalking (Felony Convictions)	18.2-60.3
Taking Indecent Liberties with Children	18.2-370; 18.2-370.1

Threats of Death or Bodily Injury	18.2-60
Use of a Machine Gun in a Crime of Violence	18.2-289
Use of a Sawed-Off Shotgun in a Crime of Violence	Subsection A of 18.2-300
Violation of a Protective Order (Felony Convictions)	18.2-60.4; 16.1- 253.2

Convictions Requiring Registration in the Sex Offender and Crimes Against Minors Registry

Convictions of Any Offense that Requires Registration on the Sex Offender and Crimes Against Minors Registry	9.1-902
Abduction of Any Child under 16 Years of Age for the Purpose of Concubinage or Prostitution (Including Attempt or Conspiracy)	Clause (iii) of 18.2-48
Abduction of Any Person with Intent to Defile Such Person (Including Attempt or Conspiracy)	Clause (ii) of 18.2-48
Abduction and Kidnapping of a Victim who is a Minor or is Physically Helpless or Mentally Incapacitated as Defined in 18.2-67.10	Subsection A of 18.2-47
Abduction with Intent to Extort Money or for Immoral Purpose	18.2-48
Abduction with Intent to Extort Money or for Immoral Purpose Where the Victim is a Minor or is Physically Helpless or Mentally Incapacitated as Defined in 18.2-67.10	Clause (i) of 18.2-48
Abuse and Neglect of Children; Abandoned Infant	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Adultery and Fornication by Persons Forbidden to Marry; Incest	18.2-366
Adultery and Fornication by Persons Forbidden to Marry; Incest; Where the Victim is a Minor or is Physically Helpless or Mentally Incapacitated as Defined in 18.2-67.10	18.2-366
Aggravated Sexual Battery (Including Attempt or Conspiracy) When the Complaining Witness is Less than 13 Years of Age	18.2-67.3
Attempted Rape, Forcible Sodomy, Object Sexual Penetration, Aggravated Sexual Battery, and Sexual Battery (Including Conspiracy)	18.2-67.5
Attempted Sexual Battery Where the Victim is a Minor or Is Physically Helpless or Mentally Incapacitated as Defined in 18.2-67.10	Subsection C of 18.2-67.5
Capital Murder (Including Attempt or Conspiracy) Where the Victim is (i) Under 15 Years of Age or (ii) At Least 15 Years of Age but Under 18 Years of Age and the Murder is Related to an Offense in 9.1-902	18.2-31
Carnal Knowledge of Certain Minors (Including Attempt or Conspiracy)	18.2-64.1
Carnal Knowledge of Child Between 13 and 15 Years of Age (Including Attempt or Conspiracy)	18.2-63
Carnal Knowledge of Child Between 13 and 15 Years of Age Where the Perpetrator is More than 5 Years Older than the Victim (Including Attempt and Conspiracy)	Subsection A of 18.2-63
Coercion and Enticement of Individuals to Travel in Interstate or Foreign Commerce	18 USC 2422
Commercial Sex Trafficking with a Person Under the Age of 18 (Including Attempt or Conspiracy)	Subsection C of 18.2-357.1
Convictions or Delinquent Adjudications of any Two or More Offenses Under: 18.2-63; 18.2-64.1; 18.2-90 with the Intent to Commit Rape or, Where the Victim is a Minor or is Physically Helpless or Mentally Incapacitated as Defined in 18.2-67.10; Subsection A of 18.2-47; Subsection C of 18.2-67.5; Clause (i) of 18.2-48; 18.2-361; 18.2-366; Subsection C of 18.2-374.1:1; or an Offense Committed with Intent to Commit Any Felony under 18.2-91 if committed on or after July 1, 2006	9.1-902
Crimes Against Nature	18.2-361
Crimes Against Nature Where the Victim is a Minor or is Physically Helpless or Mentally Incapacitated as Defined in 18.2-67.10	18.2-361
Entering Dwelling House, Etc., with the Intent to Commit Rape (Including Attempt or Conspiracy)	18.2-90
Entering Dwelling House, Etc. with the Intent to Commit Larceny, Assault and Battery, or any Other Felony in 18.2-91, if Offense Committed on or After July 1,	18.2-91

Convictions Requiring Registration in the Sex Offender and Crimes Against Minors Registry

2006	
Failure to File Factual Statement about Alien Individuals Kept, Maintained, Controlled, Supported, or Harbored for the Purpose of Prostitution or any Other Immoral Purpose	18 USC 2424
Forcible Sodomy (Including Attempt or Conspiracy)	18.2-67.1
Homicide in Conjunction with a Violation of, Attempted Violation of, or Conspiracy to Violation Clause (i) of 18.2-371 or 18.2-371.1 Where the Offenses Arise out of the Same Incident	9.1-902
Object Sexual Penetration (Including Attempt or Conspiracy)	18.2-67.2
Penetration of Mouth of Child with Lascivious Intent	18.2-370.6
Possession, Reproduction, Distribution, Solicitation, and Facilitation of Child Pornography (Including Attempt or Conspiracy)	Subsection B and C or 18.2-374.1:1
Possession, Reproduction, Distribution, Solicitation, and Facilitation of Child Pornography, if Offense Committed On or After July 1, 2006	Subsection A of 18.2-374.1:1
Production, Publication, Sale, Financing, Etc., of Child Pornography (Including Attempt or Conspiracy)	18.2-374.1
Prostitution; Commercial Sexual Conduct; Commercial Exploitation of a Minor (Felony Convictions) (Including Attempt or Conspiracy)	18.2-346
Punishment upon Conviction of Third Misdemeanor Offense	18.2-67.5:1
Rape (Including Attempt or Conspiracy)	18.2-61
Sex Trafficking of Children or by Force, Fraud, or Coercion	18 USC 1591
Sexual Battery Where the Perpetrator is 18 Years of Age and the Victim is Under the Age of 6	18.2-67.4
Sexual Battery Where the Victim is a Minor or is Physically Helpless or Mentally Incapacitated as Defined in 18.2-67.10	18.2-67.4
Taking, Detaining, Etc., Person for Prostitution, Etc., or Consenting Thereto; Human Trafficking (Including Attempt or Conspiracy)	Subsection 4 of 18.2-355
Taking Indecent Liberties with Child by Person in Custodial or Supervisory Relationship (Including Attempt or Conspiracy)	18.2-370.1
Taking Indecent Liberties with Children (Including Attempt or Conspiracy)	18.2-370
Third or Subsequent Conviction of Sexual Battery; Sexual Abuse of Child under 15 Years of Age; Attempted Sexual Battery; Unlawful Creation of Image of Another	18.2-67.4; 18.2-67.4:2; Subsection C of 18.2-67.5; 18.2-386.1
Transportation or Attempted Transportation of Any Individual in Interstate or Foreign Commerce with Intent that Such Individual Engage in Prostitution, or in any Criminal Sexual Activity	18 USC 2421
Transportation with Intent to Engage in Criminal Sexual Activity of Minors or Intent to Engage in Illicit Sexual Conduct	18 USC 2423
Use of Communications Systems to Facilitate Certain Offenses Involving Children (Including Attempt or Conspiracy)	Subsections B, C, and D of 18.2-374.3
Use of Interstate Facilities to Transmit Information about a Minor	18 USC 2425

Acronym List

- CCA = Child Care Aware
- CNI = Child Nutrition, Inc.
- CPS = Child Protective Services
- CPSC = Consumer Product Safety Commission
- CRS = Central Registry Search
- DOLP = Division of Licensing Programs
- DSS = Department of Social Services
- 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
- TPC = The Planning Council
- USDA = United States Department of Agriculture
- VACCRNN = Virginia Child Care Resources & Referral Network
- VDSS = Virginia Department of Social Services
- VR = Voluntary Registration
- VA = Virginia
- VSP = Virginia State Police

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

To access VR provider information and application packet

http://www.dss.virginia.gov/facility/child_care/unlicensed/vrfdh/index.cgi

Child Protective Services Search of the Central Registry

http://www.dss.virginia.gov/files/division/licensing/vrfdh/intro_page/current_providers/background_investigations/032-02-0151-12-eng.pdf

Virginia State Police Criminal History Record Search

www.vsp.virginia.gov

To participate in the USDA food program {<http://vachildcarefoodprogram.org>}

http://www.dss.virginia.gov/family/cc_providertrain/tips.cgi

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

**Revised
October 19, 2016**

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

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**PART I
INTRODUCTION**

22VAC40-180-10. Definitions.

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

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

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

"Age groups" means the following:

"Infant" means children from birth to 16 months.

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

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

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

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

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

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

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

"Commissioner" means the Commissioner of Social Services.

22VAC40-180-10. Definitions.

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

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

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

"Department" means the Virginia Department of Social Services.

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

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

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

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

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

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

22VAC40-180-10. Definitions.

"Physician" means a person licensed to practice medicine.

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

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

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

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

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

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

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

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

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

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

22VAC40-180-20. (Repealed.)

**PART II
PROVIDER REGISTRATION AND GENERAL PROCEDURES**

22VAC40-180-30. Provider eligibility.

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

22VAC40-180-40. Application for registration.

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

22VAC40-180-40. Application for registration.

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

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

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

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

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

22VAC40-180-40. Application for registration.

2. Subsequent evaluations.

a. An individual who had a significant (positive) reaction to a tuberculin skin test and whose physician certifies the absence of communicable tuberculosis shall obtain chest x-rays on an annual basis for the following two years.

(1) The individual shall submit statements documenting the chest x-rays and certifying freedom from tuberculosis in a communicable form;

(2) The statements shall be signed by a licensed physician, the physician's designee, or an official of a local health department;

(3) The statements shall be filed in the individual's record maintained at the family day home; and

(4) Following the two-year period during which chest x-rays are required annually, additional screening shall be obtained every two years.

b. An individual who had a nonsignificant (negative) reaction to an initial tuberculin skin test shall obtain additional screening every two years thereafter.

c. Any individual who comes in contact with a known case of tuberculosis or who develops chronic respiratory symptoms shall, within 30 days of exposure or development, receive an evaluation in accordance with subdivision C 1 of this section.

3. At the request of the contracting organization or the Department of Social Services, a report of examination by a physician shall be obtained when there is an indication that the safety of children in care may be jeopardized by the physical or mental health of a specific individual.

D. Information certifying that those in contact with children do not have a criminal background shall be submitted. Attachments will include:

1. A criminal records check, as specified in §§ 63.2-1720 and 63.2-1721 of the Code of Virginia, conducted no more than 90 days before the date of initial application and no more than 90 days before the date of application for renewal, for the provider applicant, the provider assistant, and the substitute provider, if any, and any adults residing in the home;

22VAC40-180-40. Application for registration.

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

22VAC40-180-50. Registration fees.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22VAC40-180-90. Provider reporting requirements.

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

22VAC40-180-90. Provider reporting requirements.

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

22VAC40-180-100. Provider record requirements.

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

22VAC40-180-100. Provider record requirements.

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

22VAC40-180-110. Staffing requirements.

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

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

**PART III
HEALTH AND SAFETY CHECKLIST**

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

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

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

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

FORMS (22VAC40-180)

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

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

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

From *Standards for Licensed Family Day Homes* 22 VAC40-111

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

- A. The provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:**
- 1. Children from birth through 15 months of age count as four points each;**
 - 2. Children from 16 months through 23 months of age count as three points each;**
 - 3. Children from two through four years of age count as two points each;**
 - 4. Children from five years through nine years of age count as one point each; and**
 - 5. Children who are 10 years of age and older count as zero points.**

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

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

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

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