



Department of Human Services  
 Child Care Services Office  
 2100 Washington Blvd, 3<sup>rd</sup> Floor  
 Arlington, Virginia 22204  
 (703) 228-1685 Office  
 (703) 228-1172 Fax

## CHILD CARE CENTER APPLICATION

<b>FOR DEPARTMENT OF HUMAN SERVICES (DHS) USE ONLY</b>		Date Received: _____
<input type="checkbox"/> Renewal <input type="checkbox"/> Expansion <input type="checkbox"/> Other _____		Assigned Licensing Specialist: _____

- INSTRUCTIONS**
- This form may be used to apply (initial or renewal) for a Child Care Center License. Complete this application in its entirety, as appropriate.
  - Please type or print legibly using permanent, blue or black ink.
  - Submit to Arlington County Child Care Office.
  - Contact the Child Care Office if there are any questions regarding the completion of this application.

FACILITY/PROGRAM INFORMATION			
Name of Facility as it is to appear on license	Facility Phone Number	Fax Number	
Street Address of Facility (PHYSICAL ADDRESS)	City/County	State	Zip Code
MAILING ADDRESS of Facility (if different from physical address)	City/County	State	Zip Code
Facility E-mail Address			

OPERATOR INFORMATION			
<i>Name of Person, Organization, Corporation, or Representative to be named as the operator responsible for the total operation of the facility and responsible for compliance with all regulation.</i>			
Name (Last, First)	Telephone Number	E-mail Address:	
Address of Operator: (If different from physical address)	City/County	State	Zip Code

PROGRAM INFORMATION	
Operation Type (Check all applicable)	
<input type="checkbox"/> FULL DAY <input type="checkbox"/> PART DAY <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> PARENTS DAY OUT <input type="checkbox"/> COOPERATIVE PRESCHOOL <input type="checkbox"/> PRIVATE SCHOOL	
Months of Operation (Check all applicable)	
<input type="checkbox"/> YEAR-AROUND <input type="checkbox"/> SCHOOL YEAR <input type="checkbox"/> SEASONAL (please indicate specific months): _____	

Additional Program Components (Check all applicable)		
<input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> FIELD TRIP TRANSPORTATION <input type="checkbox"/> ON SITE FOOD PREPARATION/MEALS <input type="checkbox"/> USDA <input type="checkbox"/> SUBSIDY PROGRAM		
Days and Time of Operation (indicate a.m. / p.m.)	<b>DIRECTIONS TO CHILD CARE CENTER</b> (indicate nearest intersection)	
Sunday	From:	To:
Monday	From:	To:
Tuesday	From:	To:
Wednesday	From:	To:
Thursday	From:	To:
Friday	From:	To:
Saturday	From:	To:

Type of Care (Check all applicable)
<input type="checkbox"/> INFANT (6 weeks through 15 months) <input type="checkbox"/> TODDLER (16 months to 24 months) <input type="checkbox"/> PRESCHOOL (2 through 5 years old) <input type="checkbox"/> SCHOOL-AGE (Grades K- Middle School)



## CHILD CARE CENTER APPLICATION

Do you offer evening care? (7 p.m. but NOT through the night)

Yes       No

Do you offer overnight care? (7 p.m. and THROUGH the night)

Yes       No

### PROPOSED CAPACITY / LICENCSE TERMS

*Capacity is established by the Arlington County Child Care Office based on available space, and sanitary facilities. The approved number of children may vary from the Certificate of Occupancy issued by the Building Official.*

Requested Capacity (number of children you wish to be licensed for):

Requested Age Range:

Minimum Age: \_\_\_\_\_ to Maximum Age (Age 12 years is the maximum):

Name of Program Director:

### BUILDING INFORMATION

1. Will the facility be housed in an exciting building?  YES     NO

If YES, describe the building's previous and/or current use: \_\_\_\_\_

2. Is the building in which the center is located a currently operating or state owned building?  YES     NO

If NO, was your building in which the center is located built before 1978?  YES     NO

If YES, please attach the required documents: Asbestos Statement from Asbestos Inspector. If asbestos was detected by the asbestos inspector, Asbestos statement from applicant.

3. Is there a swimming pool on the premises:  YES     NO

If YES, describe: \_\_\_\_\_

Has this pool been inspected by local jurisdiction?  YES     NO

### PROPOSED FOOD SERVICE

Type of Food Services:

Carried Lunch

Lunch prepared at Facility

Catered. If catered, name of the catering company: \_\_\_\_\_

Snacks prepared at Facility

Other, explain: \_\_\_\_\_

### ORGANIZATIONAL STRUCTURE / Check ONLY ONE of the following business entity with the application.

Individual/Sole Proprietor

Partnership

Corporation

Association

Limited Liability Company (LLC)

Public Agency

Business Trust

## CHILD CARE CENTER APPLICATION

### APPLICATION AGREEMENT

I certify that the local services agency will investigate my suitability as a provider of care to clients by securing information in accordance with the standards. I certify that all information on this application, including the background information, is true and accurate to the best of my knowledge. I agree to comply with all standards for agency approved providers as outlined in Arlington County Chapter 52 Child Care Centers.

Applicant's Initials: \_\_\_\_\_

In making this application, I agree that:

1. I have reviewed the Arlington County Code Chapter 52 and the licensing rules for the operation of the child care program indicated above, and if granted a certificate of approval or license, I agree to comply with all regulations and procedures.
2. In order to permit a proper determination of conformity with the code, I give permission to Arlington County Child Care Services to make necessary on-site inspections of my facility and services.
3. I understand that representatives of Arlington County Child Care Services are authorized to investigate all aspects of the facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. Furthermore, I understand that interfering with the representative's duties is grounds for denial or revocation of the license or certificate of approval.
4. I agree not to care for more children at one time than my approved/licensed capacity states.
5. I certify that I will notify Arlington County Child Care Services if I or any person caring for children in my program has been arraigned for an offense or has a history of substantiated child abuse or neglect.
6. I understand that background checks (Sworn Disclosure Statement and National Criminal Background Check) are required for any applicant, agent, caregiver or employee that are at least 18 years old listed on the application and must be kept current for myself, and any person providing care.
7. I understand that a Child Protective Service Central Registry check is required for any applicant, agent, caregiver and employee that are at least 14 years of age or older and must be kept current for myself, and any person providing care.
8. I am aware of the legal provision that to operate a child care program without a valid certificate of approval or a license constitutes citation as indicated in Chapter 52.
9. I certify that any information I give in respect to the Arlington County Child Care Services investigation will be, to the best of my ability, true and correct and that providing any false or misleading information is grounds for denial or revocation of the certificate of approval or license.
10. I give permission to Arlington County Child Care Services to contact persons, in order to determine if am in compliance with the regulations and procedures.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Applicant: \_\_\_\_\_ Facility Name: \_\_\_\_\_



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## CHILD CARE CENTER APPLICATION

**RETURN / MAIL TO:**

**Arlington County Child Care Office**  
**Attn: Child Care Application**  
**2100 Washington Blvd, 3<sup>rd</sup> Floor**  
**Arlington, VA 22204**  
**Phone: (703) 228-1685**  
**PLEASE RETAIN A COPY FOR YOUR RECORDS**

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATIONS ONLY	
Facility Name:	√ If Submitted
1. Staff Roster	<input type="checkbox"/>
2. New Staff Form	<input type="checkbox"/>
REQUIRED DOCUMENTS TO BE VERIFIED ON-SITE DURING INSPECTION	
1. Liability Insurance	<input type="checkbox"/>
2. Fire and Health Inspections	<input type="checkbox"/>
3. Staff Background Checks	<input type="checkbox"/>
4. Director and Staff Qualifications	<input type="checkbox"/>

**LEFT BLANK INTENTIONALLY**