



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 INITIAL APPLICATION

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

### 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 ADDRESSes of Facility (if different from physical address)	City/County	State	Zip Code
Facility E-mail Address			

### OPERATOR INFORMATION

*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.*

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)  
 FULL DAY    PART DAY    BEFORE SCHOOL    AFTER SCHOOL    PARENTS DAY OUT    COOPERATIVE PRESCHOOL    PRIVATE SCHOOL

Months of Operation (Check all applicable)  
 YEAR-AROUND    SCHOOL YEAR    SEASONAL (please indicate specific months): \_\_\_\_\_

Additional Program Components (Check all applicable)  
 TRANSPORTATION    FIELD TRIP TRANSPORTATION    ON SITE FOOD PREPARATION/MEALS    USDA    SUBSIDY PROGRAM

Days and Time of Operation (indicate a.m. / p.m.)	<b>DIRECTIONS TO CHILD CARE CENTER</b> (indicate nearest intersection)
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Type of Care (Check all applicable)  
 INFANT (6 weeks through 15 months)  
 TODDLER (16 months to 24 months)  
 PRESCHOOL (2 through 5 years old)  
 SCHOOL-AGE (Grades K- Middle School)

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



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Yes     No

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

Yes     No

### PROPOSED CAPACITY / LICENCESE 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 existing 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

### BUSINESS ENTITY INFORMATION

## CHILD CARE CENTER INITIAL APPLICATION

- If **Individual/Sole Proprietor** is checked, please provide the name, phone number, address, and title of the individual owner.
- If **Partnership** is checked, please provide the name, phone number, address, and title of the partners.
- If **Corporation, Association, or Business Trust** is checked, please provide the name, phone number, address, and title of the officers.
- If **Limited Liability Company (LLC)** is checked, please provide the name, phone number, address, and title of the managers.
- If **Public Agency** is checked, please provide the name, phone number, address, and title of the person responsible for the OVERALL operation of the public agency.

Name (First, Middle or Maiden, Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name (First, Middle or Maiden, Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name (First, Middle or Maiden, Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name (First, Middle or Maiden, Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name (First, Middle or Maiden, Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

### 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:

## CHILD CARE CENTER INITIAL APPLICATION

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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**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 INITIAL APPLICATIONS ONLY	
Facility Name:	√ If Submitted
1. Copy of Certificate of Occupancy (CO)	<input type="checkbox"/>
2. Copy of fire and health inspection	<input type="checkbox"/>
3. Floor plans and a site plan or sketch	<input type="checkbox"/>
4. Asbestos Statement (if applicable)	<input type="checkbox"/>
5. Written confirmation of program director qualifications	<input type="checkbox"/>
6. Staff Roster and New Staff forms	<input type="checkbox"/>
7. Evidence of required insurance coverage	<input type="checkbox"/>
8. Organization Structure Documents (if applicable)	<input type="checkbox"/>

**LEFT BLANK INTENTIONALLY**