



FAMILY DAY HOME LICENSE APPLICATION

Norfolk Department of Human Services
Home-Based Childcare Network
741 Monticello Ave.
Norfolk, VA 23510
757-664-6000

Please check application Type: Initial License Renewal License Expansion Other:

Personal Information

Applicant Name (Last, First, Middle Former or Maiden)	Date of Birth
Address (Street Number, Name, City , State, Zip Code)	
Phone Number	Alternate Phone Number
Email	
Marital Status:	Primary Language Spoken

Have you lived outside of the state of Virginia in the past 5 years? Yes No

If Yes, where have you resided? _____

Childcare Operation & Licensing Status

Are you currently providing childcare in the city of Norfolk and receiving compensation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you currently Licensed or Registered to care for children in the City of Norfolk or in the process of seeking approval/licensure? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you currently approved as a childcare provider by any of the entities below? (check all applicable)		
<input type="checkbox"/> VDOE State Licensed <input type="checkbox"/> VDOE Voluntary Registered Day Home	<input type="checkbox"/> VDOE Subsidy Vendor <input type="checkbox"/> VDOE Family Day Home System	<input type="checkbox"/> Military Certified Provider

Background Check Information

Have you or has any person that will be assisting you in the care of children:		
Been convicted of an offense other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Had a history of substantiated abuse or neglect of children or adults? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Education & Childcare Experience

What is your highest level of education?		
<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other _____

Please provide an explanation of your experience working with children.		
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Program Information

Operation Type (check all applicable)

Full Day Before School Weekend Care
 Part Day After School

Months of Operation (check all applicable)

Year Round Seasonal (please indicate months)
 School Year

Additional Program Components (check all applicable)

Infants Field Trips On Site Food Preparation/Meals Subsidy Vendor
 Transportation Virginia Quality B to 5 USDA

Days and Time of Operation (indicate a.m./p.m.)

Sunday	From:	To:
Monday	From:	To:
Tuesday	From:	To:
Wednesday	From:	To:
Thursday	From:	To:
Friday	From:	To:
Saturday	From:	To:

Do you offer evening care? (up to 7pm) Yes No

Do you offer nighttime care? (7pm - 6am) Yes No

License Terms

Requested Age Range of Children You Want to Provide Care for:

Minimum Age: _____

Child Capacity Requested (number of children you wish to be licensed for--may not exceed 12)

Maximum Age: _____

Household Members

	First Name	Last Name	Date of Birth
Spouse (if living in the home)			
Household Members - Including children, family members, friends and/or tenants in the home)			
Relationship	First Name	Last Name	Date of Birth



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Substitute/Assistant Provider

Please enter information below for any substitute/assistants that assist you with providing care including any household members.

Relationship	First Name	Last Name	Date of Birth

Pets in the Home

Please enter information below for any pets that are in the home. Any dogs or cats over 4 months must be registered with the City of Norfolk. You must submit a copy of the pet license (registration) with your application.

Type of Pet	Pet's Name	Has the pet had all required vaccinations?	Pet Registration # (if applicable)

Additional Household Members

Please enter information below for any additional household members that you were unable to include on page 2.

Relationship	First Name	Last Name	Date of Birth



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In making this application, I agree that:

1. I have reviewed the Norfolk City Code § 15.1-56 Family Day Care Homes and the licensing rules for the operation of the childcare program indicated above, and if granted a license, I agree to comply with all regulations and procedures.
2. I give permission to Norfolk Department of Human Services Home-Based Childcare Network staff to make necessary on-site inspections of my facility and services.
3. I understand that representatives of Norfolk Department of Human Services Home-Based Childcare Network are authorized to examine 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.
4. I agree to care for the number of children stated on my license.
5. I certify that I will notify Norfolk Department of Human Services Home-Based Childcare Network if I or any member of my household 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 adult household member that are at least 18 years old listed on the application and must be kept current for myself, household members and any person providing care.
7. I understand that a Child Protective Service Central Registry check is required for any applicant, agent, caregiver and all household members that are at least 14 years of age or older and must be kept current for myself, household members, and any person providing care.
8. I understand that an out-of-state Central Registry Check is required for any applicant, agent, caregiver, and all household members that are at least 18 years of age or older, who has lived in another state in the past five (5) years and must be kept current for myself, household members, and any person providing care.
9. I am aware of the legal provision that to operate a family childcare program without a valid license constitutes citation as indicated in Norfolk City Code § 15.1-56.
10. I certify that any information I give in respect to the City of Norfolk Department of Human Services Home-Based Childcare Network 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 license.
11. I give permission to City of Norfolk Department of Human Services Home-Based Childcare Network to contact persons, in order to determine compliance with the regulations and procedures.

I certify that the local services agency will assess my suitability as a provider of care to clients by securing references and other 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 Norfolk City Code Chapter 15.1.

Signature of Applicant

Date

Signature of Spouse

Date

Please submit this application by email to HumanServices-HCNDocs@norfolk.gov. If you have any questions regarding this application, please contact Madonna Flores at 757-416-4320.

For Departmental Use Only:

Case Number:

Date Received:

Assigned Licensing Coach: