

Voluntary Registration  
VIRGINIA DIVISION OF LICENSING PROGRAMS

**Child Nutrition, Inc., Contract Agency**

9 N. 3<sup>rd</sup> Street, Suite 100, P.O. Box 3364, Warrenton, Virginia 20188  
1-800-735-5434 or 347-3767

**REQUIREMENT SHEET**

1. Provider shall be at least **18 years** of age or older.
2. Assistant(s) shall be at least **14 years** of age or older.
3. Provider shall not care for more than **5 children**, excluding own children or other children living in her home.
4. Provider shall live in the home in which care is provided **or** shall be providing care in the home of one of the children in care.
5. Provider, assistant(s) and substitute provider shall be able to read, write and communicate **in English** (understand and carry out the responsibilities of being a registered provider).
6. The home shall have indoor running water, an indoor bathroom and a working telephone.
7. Provider, assistant(s), substitute provider and all adults in the home shall sign a **sworn disclosure statement** indicating that no crime that would prevent them from caring for children has been committed.
8. Provider shall request from the appropriate agency the background checks required for provider, assistant(s), substitute provider and all adults in the home:
  - **Criminal Records Check**, fee of \$15 each ( money order),
  - **Child Protective Services Check**, fee of \$7 each (money order).
9. Provider, assistant(s), substitute provider and all adult members in the household shall submit a **tuberculosis** form that shows that they are free of the disease.
10. Provider shall submit a **non-refundable fee of \$50** by check or money order with the application for a two-year Voluntary Registration certificate.
11. Provider shall read, understand and conduct an inspection of the home according to the **Health and Safety Checklist**.
12. Provider shall allow **screeners** access to the home for training and inspection.
13. Provider shall **make corrections**, as necessary, in home and program to be in compliance with Voluntary Registration requirements.
14. Provider shall maintain **records on the children** in care according to Voluntary Registration requirements.
15. Provider shall pay an additional fee of \$25 if the **location** of the family day home is changed during the two-year certification period.

**General Comparisons of  
VOLUNTARY REGISTRATION & STATE LICENSE**

<b>Requirements</b>	<b>V.R.</b>	<b>STATE LICENSE</b>
<b>Application Fee</b> <i>(For initial applications &amp; renewals)</i>	<ul style="list-style-type: none"> <li>\$50. <b>This is non-refundable</b></li> </ul>	<ul style="list-style-type: none"> <li>\$14</li> </ul>
<b>How often renewed</b>	<ul style="list-style-type: none"> <li>2 yrs.</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup> license – 6 months,</li> <li>Thereafter could be every yr., 2 or 3 yrs.</li> </ul>
<b>Background Checks</b> <i>(Done on each adult in the home)</i>	<ul style="list-style-type: none"> <li>Criminal History - \$15</li> <li>Child Protective Services - \$5 <i>(Done for 1<sup>st</sup> application and every renewal.)</i></li> </ul>	<ul style="list-style-type: none"> <li>Criminal History - \$15</li> <li>Child Protective Services - \$7</li> </ul>
<b>Classes/Training</b>	<ul style="list-style-type: none"> <li>None required</li> </ul>	<ul style="list-style-type: none"> <li>Licensing orientation</li> <li>First Aid – within 6 months of being licensed</li> <li>(Some areas require CPR)</li> <li>6 hrs. Training per yr. – licensing has classes available</li> </ul>
<b>TB Screening</b>	<ul style="list-style-type: none"> <li>Done by your doctor or local Health Dept. <i>(Done for 1<sup>st</sup> application and every renewal.)</i></li> </ul>	<ul style="list-style-type: none"> <li>Done at Health Dept. or by a doctor <i>(Done every 2 yrs.)</i></li> </ul>
<b>Health &amp; Safety Checklist</b>	<ul style="list-style-type: none"> <li>Is an abbreviated checklist of state licensing standards</li> </ul>	<ul style="list-style-type: none"> <li>Standards for health, safety, behavior management, program activities</li> </ul>
<b>Maximum Children</b>	<ul style="list-style-type: none"> <li>5, not including provider's own</li> <li>16 points*</li> </ul>	<ul style="list-style-type: none"> <li>Usually 9 or 12, but could be less, depending on space</li> <li>16 points*</li> </ul>
<b>Reimbursement Rates (for subsidized childcare)</b>	** <b>State licensed</b> providers are reimbursed at a higher rate-contact your local department of Social Services to inquire about rates	** <b>State licensed</b> providers are reimbursed at a higher rate – contact your local department of Social Services to inquire about rates

**\*Maximum 16 Points List:**

**Age**

0-15 months  
16-24 months  
2-4 yrs.  
5-9 yrs.  
10-up

**Points**

4= Infant  
3= Toddler  
2= Preschooler  
1= School-age children  
0= No points, but they count in numbers

**FOR MORE INFORMATION CONTACT:**

**Child Nutrition, Inc  
Voluntary Registration Contract Agency  
1-800-735-5434**