



Government of the Virgin Islands of the United States
Department of Human Services
Office of Child Care & Regulatory Services

*Application For
 Child Care License*

Knud Hansen Complex Bldg. A
 1303 Hospital Ground
 St. Thomas, VI 00802
 Phone: (340)774-0930
 Fax: (340)774-9702

3011 Golden Rock
 Christiansted
 St. Croix, VI 00820-4355
 Phone: (340)773-2323
 Fax: (340)773-6121

Return ALL applications and supporting documentation to the island where your facility is located.

CHECK TYPE OF APPLICATION: NEW REVISION
 RENEWAL SUMMER

FOR OFFICE USE ONLY
 LICENSE NUMBER

CHILD CARE CENTER BASED <input type="checkbox"/> DAY CARE CENTER <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> SUMMER CAMP <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> KIDS CLUB/SUMMER CAMP LICENSE <input type="checkbox"/> NIGHT CARE	FAMILY BASED <input type="checkbox"/> FAMILY DAY CARE HOME <input type="checkbox"/> GROUP DAY CARE HOME	RESIDENTIAL CHILD CARE <input type="checkbox"/> GROUP HOME <input type="checkbox"/> OTHER
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PROGRAM NAME: _____ PHONE: _____

PHYSICAL LOCATION: _____
 STREET _____
 CITY/TOWN _____ STATE _____ ZIP CODE _____

MAILING ADDRESS: _____
 STREET _____
 CITY/TOWN _____ STATE _____ ZIP CODE _____

NAME OF APPLICANT/OWNER: _____
 MAILING ADDRESS: _____
 STREET _____
 CITY/TOWN _____ STATE _____ ZIP CODE _____

APPLICANT/OWNER'S PHONE NUMBER: _____ E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER (IF APPLICANT IS AN INDIVIDUAL): _____

FEDERAL TAX I.D. NUMBER (IF ONE HAS BEEN ASSIGNED): _____

NUMBER & AGE RANGE OF CHILDREN TO BE CARED FOR: (USE ADDITIONAL PAPER IF NECESSARY)

IF YOU WANT A SINGLE LICENSE TO INCLUDE MULTIPLE BUILDINGS (CHILD CARE PROGRAMS ON THE SAME OR CONTIGUOUS PROPERTY) (RESIDENTIAL FACILITIES IN SAME GEOGRAPHICAL REGION), YOU MUST **PROVIDE THE FOLLOWING FOR EACH BUILDING:**

1. A MEANS BY WHICH WE CAN IDENTIFY THE BUILDING, i.e. BUILDING #1 & 2, FRONT BUILDING, BACK BUILDING OR, IF APPROPRIATE, THE NAME OF THE BUILDING;
2. THE MAXIMUM NUMBER OF CHILDREN AND AGE RANGE THAT WILL BE CARED FOR IN THE BUILDING.

BUILDING IDENTIFIER	MAXIMUM NUMBER OF CHILDREN	AGE RANGE TO BE CARED FOR IN EACH BUILDING
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS
		FROM _____ YEARS _____ MONTHS TO _____ YEARS _____ MONTHS

MONTHS OF OPERATION: _____

DAYS OF OPERATION: _____

OPERATING HOURS: From _____ To _____

FEE SCHEDULE - REGISTRATION - INSURANCE: (USE ADDITIONAL PAPER IF NECESSARY)

INDICATE ANY VARIATIONS IN ESTABLISHED FEE, i.e. FOR MORE THAN ONE (1) CHILD IN SAME FAMILY.

MONTHLY FEE	REGISTRATION FEE	INSURANCE FEE

RESIDENTIAL CHILD CARE PROGRAMS MUST COMPLETE THIS SECTION. CHILD CARE PROGRAMS MUST COMPLETE THIS SECTION IF THEY ARE INCORPORATED.

NAME OF CORPORATION: (IF INCORPORATED) _____

NON PROFIT FOR PROFIT

OFFICERS OF CORPORATION: (USE ADDITIONAL PAPER IF NECESSARY)

NAME	TITLE/POSITION	TELEPHONE NUMBER

CENTER DIRECTOR – CENTER BASED PROGRAMS

PROGRAM DIRECTOR – RESIDENTIAL PROGRAMS

INSTRUCTIONS:

CHECK HERE AND SKIP TO THE NEXT SECTION IF THE CENTER DIRECTOR/PROGRAM DIRECTOR IS THE SAME AS ON THE PREVIOUS PAGE.

THE FOLLOWING SECTION REGARDING CENTER DIRECTOR/PROGRAM DIRECTOR MUST BE COMPLETED BY ALL **NEW APPLICANTS AND BY APPLICANTS FOR RENEWAL OR REVISION IF THERE HAS BEEN A NEW CENTER DIRECTOR/PROGRAM DIRECTOR SINCE THE LAST APPLICATION WAS FILED. YOU MUST ALSO SUBMIT WITH THIS APPLICATION, DOCUMENT OF EDUCATION AND EXPERIENCE AS REQUIRED BY LICENSING RULES.**

NAME OF CENTER DIRECTOR/PROGRAM DIRECTOR _____

DATE OF BIRTH _____

DATE THE ABOVE NAMED INDIVIDUAL BEGAN WORKING AS CENTER DIRECTOR/PROGRAM DIRECTOR: _____

MONTH DAY YEAR

PLEASE CIRCLE HIGHEST SCHOOL GRADE COMPLETED: 8 9 10 11 12 or GED

POST SECONDARY EDUCATION: TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION FOR CENTER DIRECTORS/PROGRAM DIRECTORS, UNLESS ALREADY ON FILE AT THE DEPARTMENT OF HUMAN SERVICES.

NAME OF SCHOOL	MAJOR	DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED	DATES ATTENDED

RELATED EXPERIENCE

EMPLOYER	JOB TITLE	DESCRIPTION OF RESPONSIBILITIES, INCLUDING AGES OF CHILDREN CARE FOR	DATES OF EMPLOYMENT



FAMILY CHILD CARE PROVIDER			
DATE OF BIRTH: _____		IF UNDER 21 YEARS OF AGE, YOU MUST COMPLETE THE EDUCATION SECTION BELOW AND SUBMIT WITH THE APPLICATION, DOCUMENTATION OF ADDITIONAL EDUCATION AS REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES (DHS) CHILD CARE PROGRAM LICENSING RULES AND REGULATIONS.	
NAME OF SCHOOL	NAME OF COURSE(S)	DEGREE OR CERTIFICATE ACHIEVED OR NUMBER OF CREDITS EARNED	DATES ATTENDED

ALL APPLICANTS MUST COMPLETE THIS SECTION

CHILD CARE PROGRAMS LOCATED IN A HOME MUST LIST ALL HOUSEHOLD MEMBERS, REGARDLESS OF AGE OR AMOUNT OF CONTACT WITH ENROLLED CHILDREN.

RESIDENTIAL CHILD CARE PROGRAMS MUST LIST ALL HOUSEHOLD MEMBERS WHO RESIDE IN THE PROGRAM, EXCEPT FOR CHILDREN ENROLLED IN THE PROGRAM, REGARDLESS OF AGE OR AMOUNT OF CONTACT WITH ENROLLED CHILDREN.

OTHER INDIVIDUALS, AGE 17 AND OLDER, ALL CHILD CARE PROGRAMS AND RESIDENTIAL CHILD CARE PROGRAMS MUST LIST ANY INDIVIDUALS WHO WILL HAVE DAILY CONTACT WITH CHILDREN ENROLLED IN THE PROGRAM, OTHER THAN CHILD CARE PERSONNEL.

NAME	SEX	RELATIONSHIP	DATE OF BIRTH

**CRIMINAL CONVICTIONS OR CURRENT CRIMINAL CHARGES
CHILD ABUSE OR NEGLECT FINDINGS OR CURRENT INVESTIGATION**

INSTRUCTIONS: ALL PARTICIPANTS MUST COMPLETE THIS SECTION, BY CHECKING YES OR NO AND, IF YES, PROVIDING THE REQUESTED INFORMATION.

TO THE BEST OF YOUR KNOWLEDGE, AFTER QUESTIONING ALL PARTIES, ARE THERE ANY CURRENT CRIMINAL CHARGES, OR HISTORY OF CRIMINAL CONVICTIONS, OR CURRENT INVESTIGATION OR PREVIOUS FINDINGS OF CHILD ABUSE OR NEGLECT, OR ANY CURRENT INVESTIGATIONS OR PREVIOUS ADJUDICATIONS OR JUVENILE DELINQUENCY, INVOLVING ANY APPLICANT, OWNER, PROVIDER, HOUSEHOLD MEMBER, CHILD/CARE PERSONNEL, BOARD MEMBER OR ANY OTHER INDIVIDUAL WHO WILL HAVE DAILY CONTACT WITH CHILDREN?

NO (IF NO, MOVE TO THE NEXT SECTION.)

YES (IF YES, COMPLETE THE FOLLOWING SECTIONS, PROVIDING AS MUCH DETAIL AS POSSIBLE. *USE ADDITIONAL PAPER IF NECESSARY*)

NAME AND POSITION OR AFFILIATION OF INDIVIDUAL	INDICATE WHETHER THIS IS A CHARGE, ALLEGATIONS, CONVICTION, FINDING, OR CURRENT INVESTIGATION	NAME & CITY OF COURT OR OFFICE IN WHICH CASE WAS HANDLED	DATE OF CONVICTION OR FINDING



REFERENCES: NEW APPLICANTS ONLY (USE ADDITIONAL PAPER IF NECESSARY)

NAME	ADDRESS	PHONE	EMAIL
		(HOME)	
		(CELL)	
		(HOME)	
		(CELL)	
		(HOME)	
		(CELL)	
		(HOME)	
		(CELL)	
		(HOME)	
		(CELL)	

PLEASE CAREFULLY READ EACH STATEMENT BEFORE SIGNING. ANY APPLICATION WHICH IS NOT COMPLETED AND SIGNED AS REQUIRED, OR WHICH IS MISSING ANY OF THE ATTACHMENTS REQUIRED BY THE (DHS) CHILD CARE PROGRAM LICENSING RULES AND REGULATIONS, WILL NOT BE ACCEPTED AS A COMPLETE APPLICATION AND WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.

APPLICANTS FOR LICENSE RENEWAL MUST, IN ADDTION TO THE SIGNATURE BELOW, COMPLETE AND SIGN THE FOLLOWING:

I CERTIFY THAT I HAVE READ THE RULES APPLICABLE TO THE PROGRAMS FOR WHICH I AM SEEKING A LICENSE (DHS' CHILD CARE PROGRAMS AND RESIDENTIAL CHILD CARE PROGRAMS), AND THAT THE CHILD CARE PROGRAM/RESIDENTIAL CHILD CARE PROGRAM NAMED ON THIS APPLICATION IS IN COMPLIANCE WITH ALL CRITICAL RULES.

SIGNATURE OF APPLICANT/LICENSEE DATE SIGNED

BY SIGNING BELOW, I HEREBY CERTIFY THAT:

I UNDERSTAND THAT THE DEPARTMENT OF HUMAN SERVICES MAY INVESTIGATE ANY CRIMINAL CONVICTION RECORDS, FINDING OF CHILD ABUSE OR NEGLECT, OR INVESTIGATION OF OR FINAL DETERMINATION REGARDING ANY JUVENILE DELINQUENCY AND WILL MAKE A DETERMINATION REGARDING WHETHER THE INDIVIDUAL POSES A CURRENT RISK TO THE HEALTH, SAFETY OR WELL BEING OF CHILDREN;

I UNDERSTAND THAT THE DEPARTMENT OF HUMAN SERVICES MAY DELAY ITS DECISION TO APPROVE OR DENY THIS APPLICATION PENDING THE OUTCOME OF ANY INVESTIGATION, WHEN THE APPLICANT, OWNER, FAMILY CHILD CARE PROVIDER, CENTER DIRECTOR, OR PROGRAM DIRECTOR ARE NAMED AS THE PERPETRATOR IN ANY CURRENT INVESTIGATION OF ANY CRIME, OR IN AN ALLEGATION OF ABUSE OR NEGLECT;

I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION OR ANY OF THE ATTACHMENTS, OR FAILING TO DISCLOSE ANY INFORMATION REQUIRED ON THE APPLICATION, OR REQUIRED TO BE SUBMITTED WITH THIS APPLICATION, SHALL BE CONSIDERED GROUNDS FOR LICENSE DENIAL OR REVOCATION;

I HAVE RECEIVED, AND READ THE DEPARTMENT OF HUMAN SERVICES CHILD CARE PROGRAM LICENSING RULES AND REGULATIONS, AND UNDERSTAND THAT FAILURE TO MAINTAIN MY PROGRAM IN COMPLIANCE WITH THE APPLICABLE RULES, MAY JEOPARDIZE MY LICENSE/CERTIFICATION AND/OR RESULT IN FINES BEING ASSESSED BY THE DEPARTMENT OF HUMAN SERVICES;

I AUTHORIZE ANY POLICE DEPARTMENT, COURT SYSTEM OR HUMAN SERVICE AGENCY IN THIS OR ANY OTHER JURISDICITON TO RELEASE COPIES OF ANY CRIMINAL RECORDS OR CHILD ABUSE OR NEGLECT RECORDS TO THE DEPARTMENT OF HUMAN SERVICES; AND,

ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION AND IN THE REQUIRED ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT DATE SIGNED



INDOOR & OUTDOOR CHILD CARE SPACE

INSTRUCTIONS: COMPLETE THIS SECTION IF YOU ARE A **NEW APPLICANT** OR YOU ARE AN **APPLICANT FOR RENEWAL OR REVISION AND THERE HAVE BEEN CHANGES TO CHILD CARE SPACE. YOU MUST COMPLETE A SEPARATE PLAN FOR EACH BUILDING WHEN THERE ARE MULTIPLE BUILDINGS.** (YOU MAY COPY THIS PAGE, OR ATTACH SEPARATE SHEETS FOR EACH BUILDING.)

THE PLAN MUST IDENTIFY: (ATTACH FLOOR PLAN)

A. FOR INDOOR SPACE: FOR EACH BUILDING THAT WILL BE USED AS CHILD CARE SPACE, THE FLOOR PLAN SHALL INCLUDE:

1. ROOM DIMENSIONS;
2. LOCATION OF EXITS;
3. HOW EACH ROOM WILL BE USED;
4. THE LOCATION OF BATHROOMS AND BATHROOM FIXTURES (TOILETS & SINKS); AND,
5. THE LOCATION OF OTHER HAND WASHING SINKS.

B. FOR OUTDOOR PLAY SPACE:

1. THE OVERALL DIMENSIONS OF OUTDOOR PLAY SPACE;
2. THE LOCATION OF EXITS, GATES, AND STATIONARY PLAY EQUIPMENT;
3. THE LOCATION OF THE OUTDOOR PLAY SPACE IN RELATIONS TO THE INDOOR SPACE; AND,
4. THE PRESENCE OF, AND LOCATION OF ANY POOLS, PONDS, STREAMS, RIVERS, OCEANS, STREETS, ROADS OR OTHER HAZARDS THAT ARE IN CLOSE PROXIMITY.

APPLICANTS FOR RENEWAL OR REVISION MUST CHECK HERE IF THERE HAVE BEEN **NO CHANGES TO CHILD CARE SPACE.**

DIRECTIONS TO FACILITY

