

INSTRUCTIONS FOR COMPLETING THE REQUIRED VOLUNTARY REGISTRATION (VR) FORMS

1. The Voluntary Registration application fee for an initial, renewal or address change application is \$50.00. Please make your cashiers check or money order payable to “The Planning Council.” Personal checks are NOT accepted. The \$50.00 fee is **NON-REFUNDABLE**.
2. Read the below information **carefully and thoroughly**. In the order provided below, your package contains the following forms:

Voluntary Registration Provider Application Form. Please read the application carefully and write legibly. This form must be notarized.

Processing the Criminal History Record Name Search Request SP 167.

- Used for individuals requesting a copy of **their own** record. (Primary Child Care Provider).
- The purpose of the request is “Other” – Family Day Care Provider.
- This form must be notarized and submitted in duplicate. Make the extra copy.
- You are the individual/agency making the request. Insert your name and your complete mailing address in the ‘Mail Reply To’ area.
- Fees for Service: \$15 Criminal History Search.
- Method of Payment: Certified check, money order or credit card ONLY.
- Mail the SP 167 Form **in duplicate** to the address provided on the form.

Upon completion, the VA State Police will mail a copy of the completed form to you. Once you receive the **results** of each completed form, mail it to the VR Coordinator at The Planning Council. To check the status of your search, contact the VA State Police at 804-674-6718.

Processing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Search Form

- Used for all assistant(s), substitute provider(s) and each adult household member (18 years old and over).
- The purpose of the request is Child Day Care.
- The SP 230 Form must be submitted in duplicate for **each name** to be searched. You must make the extra copy that is requested.
- **You, the provider** are required to sign and print your name as the “signature of the person making the request.” Date the request in (MM/DD/YYYY) format.
- You are the individual/agency making the request. Insert your name and complete mailing address in the ‘Mail Reply To’ area.
- Fees for Service: \$15 Criminal History Search.
- Method of Payment: Certified check, money order or credit card ONLY.
- Mail the SP 230 Form **in duplicate** to the address provided on the form.

Upon completion, the VA State Police will mail a copy of the completed form to you. Once you receive the **results** of each completed form, mail it to the VR Coordinator at The Planning Council. To check the status of your search, contact the VA State Police at 804-674-6718.

Processing the Tuberculosis Screening. This form is self-explanatory.

- Complete this form for the applicant, assistant(s), substitute provider(s) and each adult household member (18 years old and older).
- Please make additional copies as necessary.

Processing the Virginia Department of Social Services (VDSS)/Child Protective Services (CPS) Central Registry Release of Information Form

- Complete this form for the applicant, assistant(s), substitute provider(s), and each household member age **14 and older**.
- You are responsible for making additional copies of this form as needed.
- The processing cost for each form is \$7.00.
- Incomplete forms will be returned to YOU - which delay your processing time.
- In the "Mail Search Results To" Box: Write or type your name and complete mailing address.
- Purpose of the Search: Select 'Babysitter/Family Day Care'.
- Part II must be completed in full by the individual whose name is being searched.
- Part III must be signed by the individual whose name is being searched in the presence of a Notary. **PARENT'S SIGNATURE IS REQUIRED FOR CHILD 17 YEARS OR YOUNGER.**
- Part IV is reserved for the Notary Public.
- Part V is completed by the OBI Central Registry Staff.
- Mail each complete, notarized form and required payment to the address listed on the form.

Upon completion, the VDSS will mail a copy of the completed form to you. Once you receive the **results** of each completed form, mail it to the VR Coordinator at The Planning Council. To check the status of your search, contact VDSS at 804-726-7567.

Completing the Sworn Statement or Affirmation

- This form must be completed by the applicant, assistant(s), substitute provider(s) and each adult household member (18 years old and over). Please make additional copies.
- Respond accurately and completely, answering each question for both within and outside the Commonwealth of Virginia.
- Upon completion, return this form to the VR Coordinator at The Planning Council.

VR of Family Day Homes - Home Inspection Training Needs Assessment. In order to assist with planning and scheduling the inspection of your home, the applicant must complete this assessment quiz. You may use any information in the packet to complete this assessment.

VR Health and Safety Checklist. This form must be completed by the applicant. Follow the instructions provided on the form. This checklist will be used to conduct your home inspection. PLEASE READ EACH ITEM CAREFULLY!!

First Aid Kit/Supply Sheet. Ensure your first aid kit contains the items listed.

Memo from the Virginia State Fire Marshal's Office dated September 14, 2000.

This memorandum provides the requirements for smoke detectors, fire extinguishers and the frequency of conducting fire exit drills in state regulated facilities.

Requirements for Providers (booklet) dated April 15, 2003. To view or download this booklet, log onto www.theplanningcouncil.org, click on Children's Services, Voluntary Registration. Scroll to the bottom of the screen and select "Requirements for Providers."

Mailing. Mail your \$50.00 application fee, notarized Provider Application Form, the **results** of all Criminal History, TB testing, and CPS searches, all completed Sworn Statements, the completed Home Inspection Training Needs Assessment, and the Health and Safety Checklist to:

**The Planning Council (ATTN: Voluntary Registration)
5365 Robin Hood Road, Suite 700
Norfolk VA 23513**

14. **Questions?** Contact **Ms. Lytisha Spencer**, at (757) 622-9268 Ext 3051.