



Child Development Division  
 Child Care Licensing  
 103 South Main Street  
 Waterbury, VT 05671-2901

Application Date (office use only):  _____
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## Initial Licensing Visit Request Form

I hereby request an initial licensing visit to the site. *(Please print clearly)*

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Gender  Female  Male Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone # (8:00 – 4:30) \_\_\_\_\_

Probable Name of Program \_\_\_\_\_

Early Childhood Program  School Age Child Care  Family Child Care  Non-Recurring Client

Location address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Directions (include route numbers) from Waterbury to proposed early childhood/school age child care site

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what the building looks like or what it is currently known as  
 \_\_\_\_\_

Check the appropriate box regarding your intention to serve meals or snacks:

- The program intends to provide snacks only.
- The program intends to serve snacks and meals provided by each child's parent.
- The program intends to prepare and serve snacks and meals on premises.
- The program intends to have meals prepared off premises and delivered to the program.
- Other

Web site address \_\_\_\_\_

Electronic participation  Yes  No

Request date \_\_\_\_\_

E-mail \_\_\_\_\_

My signature below attests to my understanding that this form constitutes a request for an Initial Licensing Visit only. I understand that I can not provide care, protection, and supervision services for children of more than two families until such time as I have received a License from the Child Development Division as required by Vermont state law (Title 33 Vermont Statutes Annotated, Section 3502).

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Record Check Authorization**

Name \_\_\_\_\_

Other Last Names Used *(separated by commas)* \_\_\_\_\_

Other First Names Used *(separated by commas)* \_\_\_\_\_

Date of Birth *(mm/dd/yyyy)* \_\_\_\_\_

Social Security Number \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_

Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violation, or unlawful activity, and/or had abuse neglect substantiated against him/her? \_\_\_\_\_

Yes  No If yes, give conviction description: (attach additional sheets as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Agency of Human Services may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont Criminal Information Center (State Police) and the abuse and neglect records maintained by the Agency.

Furthermore, I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Criminal Information Center by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2102.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO:** Child Development Division  
Child Care Licensing  
103 South Main Street, 2 North  
Waterbury, VT 05671-2901  
**Telephone: 802-241-3110 or 1-800-649-2642**