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# **VERMONT CHILD CARE LICENSING APPLICATION: PHASE II RESOURCE GUIDE**

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Center Based Child Care and Preschool Programs, Afterschool Child Care  
Programs, and Licensed Family Child Care Homes



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# Introduction

To support you through the process of applying to be a licensed child care program, the Department for Children and Families, Child Development Division has developed this resource guide. It is a step-by-step tool that pulls information from both the Child Care Licensing Regulations and the Guidance Manuals related to initial licensure.

The application process has three (3) phases:

- **Phase I** focuses on establishing the business entity responsible for the proposed child care program
- **Phase II** covers the individual elements of the application
- **Phase III** is an in-person licensing visit from a Licensing Field Specialist "Licensor" who assesses how the program has been setup in compliance with the Child Care Licensing Regulations.

This resource guide **is not** a substitute to reading the Child Care Licensing Regulations.

Your Child Care Business Technician mailed you a copy of the Child Care Licensing Regulations and Guidance Manuals during phase I of your child care licensing application. However, both documents can be viewed on and/or printed from our [website](#) anytime.

## Acronyms

Below is a list of acronyms you will see throughout this document, the Child Care Licensing Regulations, the Guidance Manuals, and other Department for Children and Families, Child Development Division publications.

ASP	Afterschool Child Care Program
BFIS	Bright Futures Information System
CBCCPP	Center Based Child Care and Preschool Program
CCCSA	Community Child Care Support Agency
CCFAP	Child Care Financial Assistance Program
CDA	Child Development Associate Credential
Department (or DCF)	Vermont Agency of Human Services, Department for Children and Families
Division (or CDD)	Vermont Department for Children and Families, Child Development Division
EMP	Essential Maintenance Practice
FCCH	Family Child Care Home
FCCP	Family Child Care Provider

IPDP	Individual Professional Development Plan
IRS	Internal Revenue Service
LOD	Licenser on Duty
Northern Lights at CCV	Northern Lights at the Community College of Vermont
PRA	Provider Rate Agreement: Part 1 Financial Services Form

## Definitions

The definitions for the terms below can be found in the [Child Care Licensing Regulations](#):

- Afterschool Child Care Program Administrator
- Afterschool Child Care Programs
- Afterschool Site Director
- Bright Futures Information System
- Center Based Child Care and Preschool Program
- Family Child Care Home
- Family Child Care Provider
- Individual Professional Development Plan
- Licensee
- Northern Lights at Community College of Vermont
- Program Director

Below is a list of additional terms and definitions not included within the [Child Care Licensing Regulations](#):

- **Child Care Program Account:** A child care program account in BFIS is about the program. It is a place for the licensee, FCCP, or designated representative to manage their programs's information for child care licensing (e.g. application, Associated Parties, and etcetera) and CCFAP attendance and billing. It also allows the Division to communicate with the program in the form of letters, reports, and certificates.
- **Designated Representative:** When the licensee is a corporation such as a board of directors or a school supervisory union, this is the individual who acts as the contact person between the Division and the licensee.
- **Quality and Credential Account:** A Quality and Credential Account in BFIS is about you. Each staff person working in a regulated child care program has one. It is a private online location to hold information about your completed degrees and coursework, certificates and credentials, IPDP, training/workshops attended, copies of transcripts, resume, educator license, and background clearance information.

# To Complete Phase II

## Licensing Visit

After the Division has processed the documents, you provided during phase I of your child care licensing application, the Licensor for your area will contact you within three (3) to four (4) business days to schedule a visit to your proposed program's site. During this licensing visit, the Licensor will answer regulatory questions, provide technical assistance about your proposed child care site, and discuss what to expect during the phase III licensing visit.

## Phase II Application

If you have questions after reading through the steps below, please contact the Child Care Business Technician that is assigned to the town where your proposed child care program will be located. For contact information for your assigned Child Care Business Technician, see the [chart of Vermont Towns](#).

The steps for completing phase II do not need to be done in a particular order. The most time-consuming components of the licensing application process are zoning, fire prevention compliance, water and wastewater permits, and drinking water testing. It is recommended that you review these sections and get started on these processes first.

## Additional Steps If Purchasing a Licensed Child Care Program

If you are purchasing a licensed child care program, you will need to ask the seller which supplemental programs they are enrolled:

- Step Ahead Recognition System (STARS)
- Specialized Child Care
- Child Care Financial Assistance Program (CCFAP)
- Prequalified Prekindergarten
- Child and Adult Care Food Program (CACFP)

While you are completing phase II of your child care licensing application, you will need to contact each supplemental program in which the seller's licensed child care program is enrolled and discuss what is needed to establish your child care program once you have a child care license. Please know that enrollment in these supplemental programs is not automatic or transferrable and requires that you coordinate with each entity to ensure enrollment.

Being informed of what you will need to do to enroll in each supplemental program and completing enrollment processes is your responsibility. This is separate from your child care license application process.

## Supplemental Programs' Contact Information

- [Step Ahead Recognition System](#) (STARS)
- [Specialized Child Care Program](#)
- [Child Care Financial Assistance Program](#) (CCFAP)
- [Prequalified Prekindergarten](#)
- [Child and Adult Care Food Program](#) (CACFP)

## Step 1: Gather Required Information/Documentation

If you are seeking a license to operate as an **ASP** that is within a public-school building, then you may write "not applicable" in these sections of your application: Zoning, Fire Prevention, Water and Wastewater, Drinking Water System, and Lead. The public-school has already completed these requirements to serve school age children within its building(s).

### A. Tax Standing

**See CBCCPP rule:** 2.3.8.10

**See ASP rule:** 18.32

**See FCCH rule:** 2.3.7.13

By the date of the child care licensing application, you must certify that you are in good standing with the Vermont Department of Taxes. You are considered in good standing if:

- No taxes are due, and all returns have been filed; or
- The liability for any taxes due is under appeal; or
- You're in compliance with a payment plan approved by the Vermont Commissioner of Taxes

If you are not in good standing and are not able to do one (1) of the three (3) options above, you will need to discuss your situation with your Child Care Business Technician.

The Division cannot issue a child care license if you are not in good standing with the Vermont Department of Taxes.

### B. Child Support Obligations

**See CBCCPP rule:** 2.3.8.11

**See ASP rule:** 18.33

**See FCCH rule:** 2.3.7.14

By the date of the child care licensing application, you must certify that you are not subject to a child support order, or if subject to a child support order that you are in good standing. You are considered in good standing if:

- Less than one-twelfth of your annual support obligation is overdue; or
- Liability for any support payable is being contested in a proceeding; or
- You're in compliance with a repayment plan approved by the Office of Child Support or agreed to by the parties

If you are not in good standing and are not able to do one (1) of the three (3) options above, you will need to discuss your situation with your Child Care Business Technician.

The Division cannot issue a child care license if you are not in good standing with the Office of Child Support.

### C. Insurance

**See CBCCPP rule:** 2.3.8.5

**See ASP rules:** 18.28 & 18.29

**See FCCH rule:** 2.3.7.6

You shall carry liability insurance for your own protection and for the protection of children in care. If your program will be transporting children, you shall also carry transportation insurance that covers property damage, bodily injury, and liability.

The Certificate of Liability Insurance must list the Division as the Certificate Holder (see [Example 1](#)); and if there are multiple sites, the site related to the application must be listed in the description section of the certificate. You will need to provide a copy of this documentation with your application.

## D. Interior Space

<b>See rules in CBCCPP Subheading:</b> 5.10.4	<b>See ASP rule:</b> 11.1	<b>See rules in FCCH Subheading:</b> 5.10.4
<b>CBCCPP Guidance Manual:</b> pgs. 83-84	<b>ASP Guidance Manual:</b> pgs. 34-35	<b>FCCH Guidance Manual:</b> pgs. 69-70

The licensed space shall provide at least 35 square feet of safe, useable space per child inside the facility or FCCH, without counting hallways, bathrooms, offices, food preparation areas, and areas where children’s personal belongings are stored.

Rooms shall be set up to provide developmentally appropriate activities, equipment and materials in sufficient quantity and variety to meet the needs and interests of children being served.

## E. Outdoor Space

<b>See rules in CBCCPP Subheading:</b> 5.10.3	<b>See ASP rule:</b> 11.2	<b>See rules in FCCH Subheading:</b> 5.10.3
<b>CBCCPP Guidance Manual:</b> pgs. 81-83	<b>ASP Guidance Manual:</b> pgs. 34-35	<b>FCCH Guidance Manual:</b> pgs. 68-69

There shall be a safe outdoor play area which provides a minimum of 75 square feet of space per child. The play area shall also provide shade from the sun.

Before designing the outdoor play space, consult with the [Public Playground Safety Handbook](#), which was developed by the U.S. Consumer Product Safety Commission, regarding cushioning material and depth, equipment specifications, and etcetera.

## F. Zoning

<b>See rules in CBCCPP Subheading:</b> 2.3.8.12	<b>See ASP Rule:</b> 18.34	<b>See rules in FCCH Subheading:</b> 2.3.7.15
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You shall meet all applicable zoning requirements. Contact the Zoning Administrator or Town Clerk of the town in which your proposed child care site is located for more information.

- If zoning approval is not required; document the name, title, and phone number of the town official you spoke with and the date of the conversation in your child care application.
- If zoning approval is required, you will need to provide the documentation of approval with your application (see [Example 2](#)).
- A CBCCPP located in an approved public or independent school building is exempt from providing this documentation to the Division in the initial application.

## G. Fire Prevention

**See CBCCPP rule:** 2.3.8.6

**See ASP rule:** 18.31

**See FCCH rule:** 2.3.7.8

Fire Marshals provide you with up-to-date information on safety codes for a proposed child care facility or FCCH. Code requirements are based on fire protection provided and the construction type of a building.

To ensure the proposed child care facility or FCCH is compliant with the Vermont Division of Fire Safety requirements, you must contact your municipal office or the Division of Fire Safety to complete any necessary paperwork and to schedule an inspection. Review the list of towns in Vermont whose municipal offices do this work. If your town is on the list, then use the contact number provided in the list to begin the process of getting an Occupancy Permit.

- [List of Towns and Contact Information for Municipal Offices](#)

If your town is not on the list of municipal offices who do this work, then you will need to contact your regional Division of Fire Safety office to begin the process of getting an Occupancy Permit.

- [Contact Information for Regional Division of Fire Safety Offices](#)

You will need to provide an Occupancy Permit with your application (see [Example 3](#)), so please ensure the permit specifically states, "**occupancy granted.**"

## H. Heating System Inspection – FCCH Only

**See FCCH rule:** 2.3.7.7

The heating system shall be inspected by a qualified person and found to be properly installed and operational. This inspection is required to be completed less than six (6) months prior to submitting your child care application. You will need to provide a copy of documentation of a satisfactory inspection with your application.

## I. Water and Wastewater Permits

**See CBCCPP rule:** 2.3.8.7

**See ASP rule:** 18.31

**See FCCH rule:** 2.3.7.9

**CBCCPP Guidance Manual:** pgs. 25-28

**FCCH Guidance Manual:** pgs. 19-21 You

must ensure the proposed facility or FCCH has a compliant water supply and wastewater system based on planned capacity and whether meals will be prepared at the facility or FCCH. Contact the [Vermont Agency of Natural Resources](#) to determine if permits are required and/or if they are already in place.

The Agency of Natural Resources has Community Assistance Specialists located in district offices to support you. You will need to provide a copy of required permits or of the Project Review Sheet with your application (see [Example 4](#) and [Example 5](#)).

To prepare meals at the proposed facility or FCCH, approval from the Agency of Natural Resources must be noted in the required permits or Project Review Sheet before the Division can consider the request.



## J. Drinking Water System (Lead Water Testing)

Vermont Statute [18 V.S.A. Chapter 24A](#) requires all schools and child care programs to test all taps that could be used for cooking, drinking, and/or brushing children's teeth be tested for lead. You can find information about testing for lead in drinking water on the Vermont Department of Health's [website](#). If you have questions, please email [ahs.leadchildcare@vermont.gov](mailto:ahs.leadchildcare@vermont.gov).

You will need to provide a copy of lead water test results in your application (see [Example 6](#)).

## K. Drinking Water System (Bacterial and Chemical Testing) – CBCCPP and FCCH Only

**See CBCCPP rules:** 2.3.8.9

**See FCCH rules:** 2.3.7.11

**CBCCPP Guidance Manual:** pgs. 25-28 & 139-140

**FCCH Guidance Manual:** pgs. 20-21 & 106-107

There are requirements for testing for drinking water safety.

If your proposed facility's or FCCH's water system is required by the Agency of Natural Resources to be permitted and/or already has permits in place, then these drinking water tests are completed as part of the permitting process. Your Water Supply Permit is used as proof that this testing has been completed.

If the Agency of Natural Resources identifies the water source for your proposed facility or FCCH as a private water system (a drilled well, dug well, or spring that serves less than 25 people) which means it is not a permitted system, you must test the drinking water for bacteria and chemicals as required in the regulations. When you order your test kits for lead in drinking water, you will also be able to order test kits for bacterial and chemical water testing.

If you have questions, please email [ahs.leadchildcare@vermont.gov](mailto:ahs.leadchildcare@vermont.gov).

You will need to provide a copy of bacterial and chemical water test results in your application (see [Example 6](#)).

## L. Lead

**See CBCCPP rule:** 2.3.8.4

**See ASP rule:** 18.27

**See FCCH rule:** 2.3.7.5

**CBCCPP Guidance Manual:** pgs. 23-25

**ASP Guidance Manual:** pgs. 36-37

**FCCH Guidance Manual:** pgs. 17-18

To limit children's potential exposure to lead, a toxic metal that can cause severe health issues; owners of the proposed facility or FCCH must ensure that an EMP is performed by a certified individual, and that the certified individual has filed a Compliance Statement with the Vermont Department of Health for proposed FCCHs and for facilities built prior to 1978. This must be done once every 365 days in compliance with the Vermont Lead Law.

See the Vermont Department of Health's [website](#) for information on:

- Essential Maintenance Practices (Note: An EMP is required for the entire building inside and out, even areas that may have been added to the original building such as decks, porches, or additions.
- How to locate an EMP-certified person to perform the assessment and file the Compliance Statement
- Finding an EMP training class to become an EMP-certified person

- Contact information for the Vermont Department of Health's Lead and Asbestos Staff who are available to answer questions and provide additional guidance

You will need to document in your child care application the year the proposed FCCH or the proposed facility was built. If you don't know the year the building was built, contact the Town Clerk's Office for this information.

If your proposed FCCH or proposed facility was built prior to 1978; document the date the EMP was completed, attest that the Compliance Statement has been filed with the Vermont Department of Health, and the date the Compliance Statement was filed with the Vermont Department of Health in your child care application.

## M. Qualifications

**See CBCCPP rule:** 2.3.8.3

**CBCCPP Guidance Manual:** pgs. 118-123

**See ASP rules:** 5.1 & 5.2

**ASP Guidance Manual:** pgs. 15-16

**See FCCH rules:** 2.3.7.4 & 7.1.2.1

**FCCH Guidance Manual:** pgs. 89-90  
pgs. 96-99

The CBCCPP Program Director, Afterschool Site Director and/or Afterschool Child Care Program Administrator, or FCCP must meet or exceed qualifications.

1. Submit a completed [Record Check Authorization Form](#) for the proposed CBCCPP Program Director or Afterschool Site Director and/or Afterschool Child Care Program Administrator to the Division
  - As the proposed Licensee, you should have already submitted this form during phase I and do not need to do it again
  - As the proposed FCCP, you should have already submitted this form for your FCCH household members who are 16 years old or older
  - For a proposed Licensee who is purchasing a licensed child care program, it is required that you submit completed Record Check Authorization Forms for the staff that will work for you
  - It's recommended that staff being hired during the child care application process submit completed Record Check Authorization Forms as soon as possible

The proposed Licensee, CBCCPP Program Director or Afterschool Site Director and/or Afterschool Child Care Program Administrator, FCCP, and FCCH household members who are 18 years old or older must complete a fingerprint supported background clearance before the Division can issue a license. A fingerprint supported clearance includes the process of submitting to fingerprinting and the process of providing additional information for out of state child abuse and neglect registry checks. The out of state child abuse and neglect registry checks must be completed for each state the individual has lived within the past five (5) years.

2. Submit the following documents to Northern Lights at CCV to be uploaded into the FCCP's, CBCCPP Program Director's or Afterschool Site Director's and/or Afterschool Child Care Program Administrator's BFIS Quality and Credential Account(s)

The proposed Licensee or proposed FCCP, proposed staff member and/or FCCH household member who is 16 years old or older have a BFIS Quality and Credential Account. Visit our [website](#) to learn more about BFIS Quality and Credential Accounts.

- a) A completed [Verification Cover Sheet](#)
- b) A detailed resume which clearly outlines minimum required work experience with the ages of children served, full or part time, group or individual care, and the specific starting and ending dates for each employment experience
- c) Documentation of meeting educational requirements - e.g., degree clearly stating what the degree was in, college course transcripts, current CDA Credential, or Agency of Education teaching license

Northern Lights at CCV's staff notify individuals by email when their documentation has been uploaded to their BFIS Quality and Credential Accounts and/or if there is an issue with the documentation provided.

3. FCCPs must submit documentation to Northern Lights at CCV to be uploaded into your BFIS Quality and Credential Account of being currently certified in pediatric first aid and in infant/child CPR

Your local Resource Advisor with Northern Lights at CCV can assist you with accessing these trainings. See their [website](#) for the contact information for your local Resource Advisor.

**Rule 7.1.3 of the *Child Care Licensing Regulations for FCCHs*** requires the FCCP and newly hired staff to complete the orientation training prior to beginning care for children. It's recommended that if you are applying to be a licensed FCCH to complete the orientation now.

**Rule 7.1.3 of the *Child Care Licensing Regulations for CBCCPPs*** and **Rule 5.31 of the *Child Care Licensing Regulations for ASPs*** requires staff to complete the orientation training prior to being left alone with children. It's recommended that the Afterschool Site Director and/or the Afterschool Administrator complete this training now and that staff complete the training as they are hired.

Information about the orientation training can be found on our [website](#). Please note that the "Child Abuse and Neglect Mandatory Reporting Training" is required per FCCH and CBCCPP rule 7.1.3 and per ASP rule 5.31 and is a separate training from the orientation training. Information about this training can also be found on our [website](#).

Your local Resource Advisor with Northern Lights at CCV can assist with accessing these trainings. See their [website](#) for the contact information for your local Resource Advisor.

## N. Written Policies and Procedures for Parents and Staff

**See CBCCPP rule:** 4.7

**CBCCPP Guidance Manual:** pgs. 57-58 & 143-148

**See ASP rule:** 4.7

**ASP Guidance Manual:** pgs. 9-10

**See FCCH rule:** 4.7

**FCCH Guidance Manual:** pgs. 45 & 109-113

Create a handbook on your program's policies and procedures for staff and parents. Review the regulations and the Guidance Manual for specific information on the required policies and procedures. You will need to provide a copy of your written policies and procedures with your child care application.

## O. Emergency Response Plan

**See CBCCPP rule:** 3.7.1.1

**CBCCPP Guidance Manual:** pgs. 51-54

**See ASP rule:** 10.8

**ASP Guidance Manual:** pgs. 32-33

**See FCCH rule:** 3.6.1.1

**FCCH Guidance Manual:** pgs. 40-41

Create an Emergency Response Plan. Review the regulations and the Guidance Manual for specific information on what's required in the plan. You will need to provide a copy of your plan with your child care application.

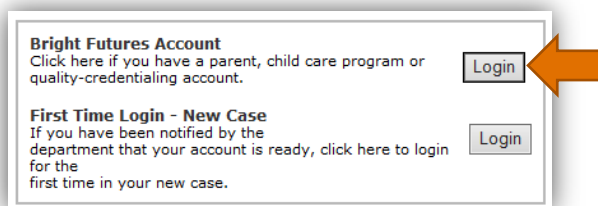
The Division's [website](#) provides sample forms that you may use to set-up your child care program or FCCH. The Division's website also has a [webpage](#) that provides information and resources on a variety of health and safety topics.

## Step 2: Complete the License Application Within BFIS

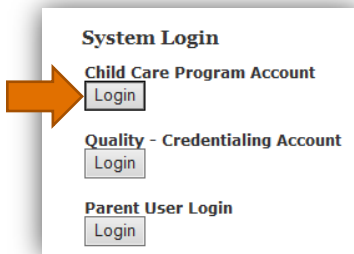
This step involves entering the information collected in [Step 1](#). Some fields in the application are required fields that do not let you move forward until completed. We recommend you start entering information into your application only after you have collected all the required documentation. Please note that for security reasons, there is a time out feature in BFIS that will automatically close the program if you have been inactive in the program for 20 minutes. If this happens, all unsaved information will be lost. Please see [Step 2.5](#) which discusses saving information.

2.1. Go to [BFIS](#)

2.2. On the left side of the screen click the **Login** button next to *Bright Futures Account*.

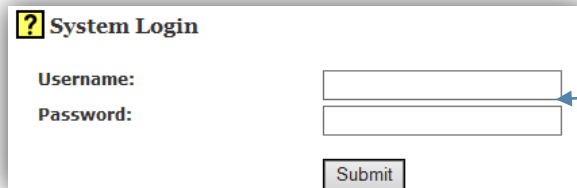


2.3. Click the **Login** button under *Child Care Program Account*.



The screenshot shows a 'System Login' page with three sections: 'Child Care Program Account', 'Quality - Credentialing Account', and 'Parent User Login'. Each section has a 'Login' button. An orange arrow points to the 'Login' button under 'Child Care Program Account'.

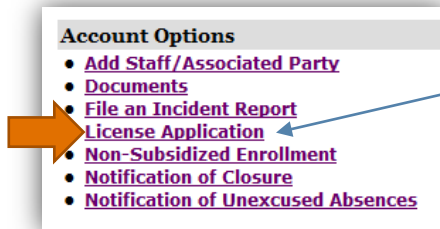
2.4. Enter your username and password and click **Submit**.



The screenshot shows a 'System Login' page with a question mark icon. It has fields for 'Username:' and 'Password:', and a 'Submit' button.

If you have trouble logging in, contact the BFIS Help Desk at [bfis.help@vermont.gov](mailto:bfis.help@vermont.gov) or at 800-649-2642, option 4.

2.5. On the bottom left click **License Application**.



The screenshot shows an 'Account Options' menu with several links: 'Add Staff/Associated Party', 'Documents', 'File an Incident Report', 'License Application', 'Non-Subsidized Enrollment', 'Notification of Closure', and 'Notification of Unexcused Absences'. An orange arrow points to the 'License Application' link.

If you need to leave the application at any point, you can by clicking **Save & Exit** located at the bottom of each section of the application. However, please be aware that some sections may have required fields that if not completed will prevent you from moving forward. We recommend you start entering information only after you have collected all the required information.

2.6. Complete Section 1 of 12: Application and Applicant Information and then click Next.

License Application - Section 1 of 12  
Application and Applicant Information

**\* Indicates Required Info**  
\* Application Date: (mm/dd/yyyy)

**Previous License Information**  
\* Has applicant applied for a child care license, registration, or certificate from Vermont or any other state within the last five (5) years?  
☐ Yes ☒ No

If the answer to the previous question is yes, please fill out the following:  
Name of Agency Applied to:   
Which State?   
License/Registration Outcome:

**Applicant Information**  
Has applicant ever been convicted for a violation of any law or ordinance (except parking violation)?  
☐ Yes ☒ No  
Conviction Description: (if yes)   
Signature Present? ☐ Yes ☒ No  
Signature Date: (mm/dd/yyyy)

**Ownership Information**  
\* Type of Business:   
\* Non Profit Business? ☐ Yes ☒ No  
Federal Business Name:   
Mailing Address:   
Address Line 2:   
City:   
Town:   
State:   
Zip Code:

**Attached Images**  
Displaying 1-4 of 4 Items

Description	Document Type	Document Date	Upload Date	
Federal IRS Letter and Trade Name - 2_14_18	Governing Body	02/14/2018	02/14/2018	<a href="#">View</a>
Governing Body - 2_14_18	Governing Body	02/18/2018	02/14/2018	<a href="#">View</a>
W9 - 2_14_18	Governing Body	02/14/2018	02/14/2018	<a href="#">View</a>
PRA and Direct Deposit - 2_14_18	Governing Body	02/14/2018	02/14/2018	<a href="#">View</a>

Date you started the application.

These two subsections will have been completed by the Licensing Unit during phase I of your child care application. Please do not change this information.

2.7. Complete Section 2 of 12: Tax Standing and then click Next.

License Application - Section 2 of 12  
Tax Standing

**\* Indicates Required Info**  
\* Tax Standing Status:  
Tax Standing Date: (mm/dd/yyyy)  
If not in good standing, applicant wishes to:

☒ In Good Standing ☐ Not in Good Standing

Date you certify your Tax Standing Status.

☐ Arrange with the Vermont Department of Taxes to bring owner into good standing.  
☐ Seek a determination from the Child Development Division that immediate payment would impose an unreasonable hardship.

2.8. Complete *Section 3 of 12: Child Support Obligations* and then click **Next**.

**License Application - Section 3 of 12**  
**Child Support Obligations**

**\* Indicates Required Info**

**\* Child Support Obligation Status:**

Child Support Status Date:  
(mm/dd/yyyy)

If not in good standing, applicant wishes to:

☐ Arrange with the Office of Child Support to bring owner into good standing.  
☐ Seek a determination from the Child Development Division that immediate payment would impose an unreasonable hardship.

< Back   Save & Exit   Next >

Date you certify your Child Support Obligation Status.

2.9. Complete *Section 4 of 12: Program Information* and then click **Next**.

**License Application - Section 4 of 12**  
**Program Information**

**\* Indicates Required Info**

**\* Program Applying for:** Center Based Child Care and Preschool Program

**Employer Supported Program?** ☐ Yes ☐ No

**School Exemption?** ☐ Yes ☐ No

**Exemption Date:**  
(mm/dd/yyyy)

**\* Head Start Program:** ☐ Yes ☐ No

**\* Early Head Start Program:** ☐ Yes ☐ No

**\* Head Start Partner Program:** ☐ Yes ☐ No

**\* Early Head Start Partner Program:** ☐ Yes ☐ No

**\* Pre-K Program:** ☐ Yes ☐ No

**\* Food Program Participation?** ☐ Yes ☐ No

**? Program Capacity**

Please indicate below the provider preferred number of children for each age category:

Infant (6 wks to 23 mths):

Toddler (24 to 35 mths):

Preschool (3 yrs to 5 yrs):

School Age (5 yrs to 12 yrs):

**Hours / Days of Operation**

For licensing purposes only, please indicate below the earliest start time and latest end time the site will be open and check all days of operation:

Sunday: ☐ Yes ☒ No Program Start Time: hh:mm Program End Time: hh:mm

Monday: ☐ Yes ☒ No Program Start Time: hh:mm Program End Time: hh:mm

Tuesday: ☐ Yes ☒ No Program Start Time: hh:mm Program End Time: hh:mm

Wednesday: ☐ Yes ☒ No Program Start Time: hh:mm Program End Time: hh:mm

Thursday: ☐ Yes ☒ No Program Start Time: hh:mm Program End Time: hh:mm

Friday: ☐ Yes ☒ No Program Start Time: hh:mm Program End Time: hh:mm

Saturday: ☐ Yes ☒ No Program Start Time: hh:mm Program End Time: hh:mm

< Back   Save & Exit   Next >

This only applies to a business who opens a child care program for their staff. For example, a hospital opens a child care program for the staff that work at the hospital.

Check no for all. You must first be licensed before participating in these programs.

Total licensed capacity cannot exceed the total number allowed by zoning, fire prevention, water supply, and/or the wastewater permits. There also must be one (1) toilet and hand sink for every 15 children.

2.10. Complete *Section 5 of 12: Insurance* and then click **Next**.

License Application - Section 5 of 12  
Insurance

\* Indicates Required Info

**Liability Insurance**

Program Insured? ☐ Yes ☐ No

Policy Holder Name:

Insurance Agency Name:

Policy Date: (mm/dd/yyyy)

Policy Effective Date: (mm/dd/yyyy)

Policy Expiration Date: (mm/dd/yyyy)

Policy Number:

Insurance Location Address:  
Address Line 2:

City:

Town:

State:

Zip Code:

Insurance Contact Phone:

**Transportation Insurance**

☐ I attest that I understand that should I provide transportation to children, I will maintain auto insurance that covers my business transportation of children in care and will comply with the regulations.

The Insurance Agency's information

2.11. Complete *Section 6 of 12: Interior Space* and then click **Next**.

License Application - Section 6 of 12  
Interior Space

Complete Description: ☐ Yes ☐ No

**Floor Description**

Floor of Building:

Room 1 - Size:

Room 1 - Planned Use:

Room 2 - Size:

Room 2 - Planned Use:

Room 3 - Size:

Room 3 - Planned Use:

Room 4 - Size:

Room 4 - Planned Use:

Room 5 - Size:

Room 5 - Planned Use:

Room 6 - Size:

Room 6 - Planned Use:

Exit 1 - Physical Location:

Exit 2 - Physical Location:

Exit 3 - Physical Location:

Number of Lavatories:

Number of Toilets:

Number of Bathroom Sinks:

Number of Diaper Changing Stations:

Number of Food Prep Sinks:

Number of bathrooms.

There may be more toilets than lavatories/bathrooms.



2.12. Complete *Section 7 of 12: Outdoor Space* and then click **Next**.

**License Application - Section 7 of 12  
Outdoor Space**

If you have more than one (1) play area, be sure to label each play area in each box.

Play Area Size:

Barrier Description:

Cushioning Material Under Equipment:

Equipment Description:


Hazard Description:

Shade Description:

Play Area 1: metal fence on all four sides  
Play Area 2: metal fence on 3 sides and building lines fourth side

Play Area 1: No equipment over 30 inches / No cushioning material  
Play Area 2: Woodchips are used for cushioning

< Back   Save & Exit   Next >



2.13. Complete *Section 8 of 12: Zoning* and then click **Next**.

**License Application - Section 8 of 12  
Zoning**


Zoning Approval Required? ☐ Yes ☐ No

Zoning Permit Date:   
(mm/dd/yyyy)

If zoning approval is not required, indicate below any related information such as who the applicant spoke with and when to find out zoning approval is not required:

If zoning approval is not required, include the date of the conversation, who you spoke with, their position title, and their phone number.

< Back   Save & Exit   Next >



2.14. Complete *Section 9 of 12: Fire Prevention* and then click **Next**.

**License Application - Section 9 of 12**  
**Fire Prevention**

Building Name:	<input type="text"/>
Site Number:	<input type="text"/>
Fire Marshal Name:	<input type="text"/>
Hazard Index:	<input type="text"/>
Inspection Date: <small>(mm/dd/yyyy)</small>	<input type="text"/>
Number of Children:	<input type="text"/>
Number of Staff:	<input type="text"/>
Occupancy Granted?	<input type="radio"/> Yes <input type="radio"/> No
Occupancy by Floor:	<input type="text"/>
Owner's Name:	<input type="text"/>
Home/Location Address:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
Town:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Contact Phone:	<input type="text"/>

The hazard index will be noted in the Occupancy Permit.

These fields are not required.

This is the proposed facility or FCCH's information.

**? Heating System Inspection**

* Date of Inspection: <small>(mm/dd/yyyy)</small>	<input type="text"/>
* Name of Qualified Inspector:	<input type="text"/>
* Firm Name:	<input type="text"/>
* Heating System(s) and chimney(s) being used are installed properly and operating safely:	<input type="radio"/> Yes <input type="radio"/> No

The Heating System Inspection subsection is only viewable and applicable for FCCHs.

Recommendations:

By checking yes, you certify the information under this section is true and accurate.

\* Applicant Certification:

- ☐ All recommendations regarding proper installation and safe operation have been completed  
☐ No recommendations were made regarding proper installation and safe operation

\* Signed Certification:

Date Signed:  
(mm/dd/yyyy)

Date you certify the information is true and accurate.

< Back

Save & Exit

Next >

2.15. Complete *Section 10 of 12: Water and Wastewater* and then click **Next**.

**License Application - Section 10 of 12**  
**Water and Wastewater**

**Wastewater Management Permit:**

**Evaluation Date:**  
(mm/dd/yyyy)

**Permit/Approval Date:**  
(mm/dd/yyyy)

**Permit Number:**

**Number of Children:**

**Ages of Children:**

☐ Yes ☐ No

Only numbers are accepted in this field. If there is more than one number, use the first number listed in the permit.

**? Drinking Water System**

**Lead Results Date:**  
(mm/dd/yyyy)

**Meet Requirements:** ☐ Yes ☐ No

☐ **Municipal System**

☐ **Well Water**

☐ **Other**

If on a Well - Testing Information

**Bacterial Results Date:**  
(mm/dd/yyyy)

**Chemical Results Date:**  
(mm/dd/yyyy)

**Meet Requirements:** ☐ Yes ☐ No

**Meet Requirements:** ☐ Yes ☐ No

2.16. Click **Next**.

**License Application - Section 11 of 12**  
**Asbestos**

**Asbestos Assessment Determination:**

**Assessment Date:**  
(mm/dd/yyyy)

**Assessment Description/Summary:**

☐ Yes ☐ No

The asbestos assessment is no longer part of initial licensure. Only enter N/A in the description box.

2.17. Complete *Section 12 of 12: Lead* and then click **Next**.

**License Application - Section 12 of 12**  
**Lead**

\* **Year of Building Construction:**  
(yyyy)

The following information is required if the building was constructed in 1977 or earlier:  
**Required to comply with VT Lead Paint Law and Essential Maintenance Practices:**

**Essential Maintenance Practices Date:**  
(mm/dd/yyyy)

**Essential Maintenance Compliance Statement submitted to the Department of Health?**

**Affidavit Date:**  
(mm/dd/yyyy)

**Required Information:**

\* 1. List the Program Director or Program Administrator's name, the professional development activities (include dates) and the date the compliance form was submitted to the Vermont Department of Health. If you are an applicant or a new director with less than one year employment as the director please write - Not Applicable - in the box below. (past 12 months.)

Write the name of the CBCCPP Program Director or Afterschool Site Director and/or Afterschool Child Care Program Administrator.

will be sent to the Child Development Division within **Five** days from today.

**Section Note**

**Note Text:**

**Note Last Updated:**  
(mm/dd/yyyy)

< Back Save & Exit Next >

2.18. Read, select the box in the bottom left-hand corner, and click **Submit Application**.

**License Application Section Menu**

The sections for this application are listed below. Click on a section below to review or edit that section. Once you are finished inputting data for the various sections, use the button at the bottom of this page to submit the application for evaluation.

\* **Indicates Required Info**

- Applicant Information
- Tax Standing
- Child Support Obligations
- Program Information
- Insurance
- Interior Space
- Outdoor Space
- Zoning
- Fire Prevention
- Water and Wastewater
- Asbestos
- Lead

**Statements of Understanding and Verification**

1. In making this application I state that: I am in receipt of, have read, and agree to comply with the applicable Child Care Licensing Regulations.
2. I grant permission to the Child Development Division or its authorized agent(s) to make necessary and reasonable investigation of the circumstances surrounding this application, my statements made herein, the attached questionnaire, information reports, personal references, and records of other social and regulatory agencies in Vermont and in other states if deemed appropriate.
3. I acknowledge that the Child Development Division and/or its authorized agent(s) may make reasonable inspection including photography, of the facility and its surroundings where I operate or plan to establish my child day care operation. For the purpose of such reasonable inspection of my facility, I acknowledge that the Child Development Division and/or its authorized agent(s) shall have free and full access to every part of the home.
4. I am aware that if issued a child care license, I am subject to reasonable investigation and/or inspection to determine my continued conformity to the regulations under which the license was issued. Further, I am aware that any license granted to me is conditioned upon my continued compliance with the applicable Child Care Licensing Regulations and is time limited having a statutory duration of not more than 3 years from the date of issuance. If I desire to continue providing child care services, I must make a Re-application for a child care license yearly as provided in the prescribed regulations of the Child Development Division.
5. I understand that the information gathered by the Child Development Division and/or its authorized agent(s), related to inspection or investigation, is subject to review by a person with a bona fide interest in the inspection, investigation, or license.
6. All information I have given the Child Development Division and/or its authorized agent(s) is true and correct. Further, if I am granted a license by the Child Development Division, I will supply true and correct information requested during any subsequent investigation or inspection to which I am a party.
7. I am aware that intentionally providing false information to a state agency or department may be considered a false claim under 13 VSA Section 3001 and punishable as a misdemeanor or a felony.
8. I understand that this is only an application for a license, and that such application is subject to denial or limitations. In the event of such denial or limitation, I understand I have the right to a full hearing.
9. I am aware that any license granted to me by the Child Development Division for the purpose of providing child care is subject to revocation or suspension. Further, in the event of any revocation or suspension, I understand I have the right to a full hearing.
10. I certify that I am at least 18 years of age.

I am applying for this application for a Child Care License as owner of the above-named services.

I understand and agree to the above statements and I agree to submit the request:

☐ I declare that I have read and understand this application, including the documents referred to herein and to the best of my knowledge and belief, the information and statements I have provided are true and correct.

Save & Exit Submit Application

Only click **Submit Application** if all sections are complete. You cannot make changes after it's been submitted.

### License Application Submitted

The license application has been submitted to Child Development Division. Please note the application ID below for future reference:

**Application Confirmation No. - 730743**

**Request ID - 193461**

You will be contacted when Child Development Division has processed your application. You may also check the status of your latest application under your [Account Summary](#) page.

- [View Application](#)

The record check for the applicant is required to be sent to the Child Development Division within **Five** days from today.

**URL:** [Forms & Literature download page](#)

## Step 3: Contact the Child Care Business Technician

Once you've completed steps one (1) and two (2), email the Child Care Business Technician that is assigned to the town where your proposed child care program will be located and attach all required documents (see the table below).

Missing or incomplete items will delay your application, so we urge you to double check all documentation for accuracy and completeness prior to sending it to the Child Care Business Technician.

For contact information for your assigned Child Care Business Technician, see the [chart of Vermont Towns](#).

Document	Type of License				
	CBCCPP (in Public School)	CBCCPP (in Community)	ASP (in Public School)	ASP (in Community)	Licensed FCCH
Certificate of Liability Insurance	✓	✓	✓	✓	✓
Zoning Approval (if required)		✓		✓	✓
Occupancy Permit	✓	✓		✓	✓
Heating Inspection Results					✓
Wastewater System and Potable Water Supply Permit or Project Review Sheet	✓	✓		✓	✓
Lead Water Test Results	✓	✓	✓	✓	✓
Bacterial and Chemical Water Test Results (if no permit required)	✓	✓			✓
Policies and Procedures for Parents and Staff	✓	✓	✓	✓	✓
Emergency Response Plan	✓	✓	✓	✓	✓
Qualifications (uploaded in BFIS Quality and Credential Account(s) as required)	✓	✓	✓	✓	✓

## Step 4: Only for Prospective Licensees Purchasing a Licensed Child Care Program

If you are purchasing a licensed child care program; at the beginning of phase II of your child care application, you should have asked the seller in which [supplemental programs](#) they are enrolled. You should have already contacted each supplemental program in which the licensed child care program is enrolled to discuss what is needed to establish your child care program once you have a child care license.

Before your Licensors does a final licensing visit as part of Phase III of this application process, it is time for you to re-contact each [supplemental program](#) in which the seller's child care program is enrolled and let them know that you are nearing the end of the child care application process. Review with each supplemental program what you have already done to enroll and review any final steps you will need to complete to be successfully enrolled in their supplemental program once you have your child care license. Review the date you plan to open.

Please remember that enrollment in these supplemental programs is not automatic or transferrable and requires that you coordinate with them to ensure enrollment. Being informed of what you need to do to enroll in each supplemental program and completing enrollment processes is your responsibility. This is separate from your child care license application process.

See [Supplemental Program's Contact Information](#)

## The Next Steps...

The Child Care Business Technician will review all documentation for completeness. If missing items are identified, you will be notified via a Missing Items Letter within your BFIS Child Care Program Account located in *Documents*. You will receive notification of this via email.

Once the application is complete in BFIS, background clearance approval letters have been issued for the proposed Licensee, the proposed CBCCPP Program Director or ASP Site Director and/or ASP Child Care Program Administrator, or the proposed FCCP and FCCH household members who are 16 years old or older, staff meet qualifications for their respective positions as documented in their BFIS Quality and Credential Account(s); phase II of the application process will be considered complete.

To start Phase III, the final phase of the child care application process, a Licensors will contact you within three (3) to four (4) business days to schedule a final visit to your proposed child care site or FCCH. During the Licensors visit, they will assess compliance to the Child Care Licensing Regulations. Within five (5) days from this visit, the Licensors will issue a site visit report. Any required action identified during this visit is required to be completed or addressed.

Based on the results of the Licensors visit, the Licensors will make a recommendation to a Licensing Supervisor, who will complete the final review and issue a decision. Based on the decision, an approval letter or denial letter (which would include reasoning and appeal rights) will be generated within your BFIS Child Care Program Account located in *Documents*. You will receive notification of this via email.

## Example Forms

The following pages contain examples of the documents you will need to provide to the Division to complete phase II of the child care application process. Remember that if the correct documents are not received or if they are missing, then your child care application will be delayed.

Example 1

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 07/06/2010	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.					
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER Maleficent's Insurance Company		CONTACT NAME PHONE JAC No. Ext. FAX JAC No. EMAIL ADDRESS PRODUCER CUSTOMER ID#			
INSURER Fairy Tale Inc. Charming's Childcare		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Insurance Company Name			
		INSURER B: Insurance Company Name			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		CERTIFICATE NUMBER:		REVISION NUMBER:	
INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSR. NO.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)
	GENERAL LIABILITY		Policy Number	07/01/2010	07/01/2011
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	POLICY <input checked="" type="checkbox"/> PROD. <input type="checkbox"/> LOC. <input type="checkbox"/>				
	AUTOMOBILE LIABILITY		Policy Number	07/01/2010	07/01/2011
	<input checked="" type="checkbox"/> ANY AUTO				
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	Policy Number	07/01/2010	07/01/2011
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE			
	DEDUCTIBLE				
	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	Policy Number		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			
	If yes, describe under DESCRIPTION OF OPERATIONS below				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
RE: Specific Project. The Parent Company, Inc. is named an Additional Insured with respects General Liability coverage (See attached Notepad for additional wording)					
CERTIFICATE HOLDER			CANCELLATION		
Child Development Division NOB 1 North, 280 State Drive Waterbury, VT 05671-1040			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
			AUTHORIZED REPRESENTATIVE		
			Agent Signature		
© 1988-2009 ACORD CORPORATION. All rights reserved.					
The ACORD name and logo are registered marks of ACORD					

If you have other licensed child care programs, be sure the site for this application is listed here.

The Division's name and address must be listed here.

## WATERBURY MUNICIPAL OFFICE

### PLANNING DEPARTMENT

51 South Main Street

WATERBURY, VERMONT 05676

Planning (802) 244-1012 Zoning (802) 244-1018

FAX (802) 244-1014

Permit Application #	00-00-v
Tax Map #	00-000.000
Permit Issuance Date	March 6, 2018
Permit Effective Date	March 22, 2018

### ZONING PERMIT

Applicant: Charming's Childcare  
c/o Prince Charming  
123 Fairy Tale Lane  
Waterbury, VT 05671

Landowner: Charming's Childcare  
Board President – Snow White  
P.O. Box 555  
Waterbury Center, VT 05677

Your application for a Zoning Permit, Conditional Use Permit, and a Site Plan Review Permit to renovate/modify and connect two existing buildings, and to modify the existing garage for the Charming's Childcare at 123 & 124 Fairy Tale Lane, Waterbury, VT, has been reviewed by the Zoning Administrator. The proposal, as contained in the application 35-14-V (copy attached), conforms to the requirements of the Zoning Ordinance of the Town/Village of Waterbury and is hereby approved, subject to the representations made in your application and subject to the approved findings of fact and decision made by the Development Review Board (copy attached). Any change from that indicated on the application must have the approval of the Zoning Administrator.


The Development Review Board's decision was issued on February 4, 2018 and is attached with this decision.

This permit is effective on March 22, 2015 provided no appeal is made by March 21, 2015. Title 24 V.S.A. 54465(a) requires a 15-day appeal period for this permit and 24 V.S.A. The enclosed Permit Notice Poster must be posted on your property for the 15-day appeal period within view of a public right-ofway to avoid future appeals.

Any action or construction started prior to the effective date is in violation of the Zoning Ordinance and a penalty may be imposed. All requests made on this permit must be completed within 2 years of the issuance date of this permit.

This permit is valuable. It is a part of the property records and must be retained.

ZONING PERMIT ISSUED BY:



Robin Hood, Zoning Administrator





Vermont Department of Public Safety  
**DIVISION OF FIRE SAFETY**  
 Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team



firesafety.vermont.gov

☐ Barre Regional Office  
 1311 U.S. Route 302 - Berlin, Suite 500  
 Barre, VT 05641  
 [phone] 802-479-4434  
 [fax] 802-479-4446

☐ Rutland Regional Office  
 56 Howe Street, Building A, Suite 200  
 VT 05701-3449 Williston, VT 05495-2080  
 [phone] 802-786-5867  
 [fax] 802-786-5872

☒ Williston Regional Office  
 380 Hurricane Lane, Suite 101 Rutland,  
 VT 05701-3449 Williston, VT 05495-2080  
 [phone] 802-879-2300  
 [fax] 802-879-2312

☐ Springfield Regional Office  
 100 Mineral Street, Suite 307  
 Springfield, VT 05156-3168  
 [phone] 802-885-8883  
 [fax] 802-885-8885

**FIRE INSPECTION RESULTS**

Site Id: 12345

**Structure Information**

Name: 123 FAIRY TALE LN – THE CHARMING'S CHILD CARE Address: 123 FAIRY TALE LANE  
 WATERBURY, VT 05761  
 Structure Id: 12345

**Owner Information**

Owner: PRINCE CHARMING Address: 321 MAGIC POND ROAD  
 eMail: wasafrog@comcast.net WATERBURY, VT 05671  
 Phone: 802-241-0000

**Building Description**

Risk Index: L3	Smoke Det: Yes	Occupants: 140	Units:
Const Type: 2C	CO Detect: Yes	Stand Pipe:	Floors: 1
Occ Type: E	Fire Alarm: Automatic	Sprinkler:	Sq Feet: 10000

**Project Description**

Name: THE CHARMING'S CHILDCARE  
 Type: Building Project Received: 02/28/2018 Workitem Id: 123456

**Inspection Detail**

Insp Date: 04/16/2018 Insp Type: **Occupancy** Violations:  
 Comply By: Occ Granted: Yes Hazard Index: Level 1

Inspector: ROBIN HOOD (S 98765)

**Violations and Notes**

OCCUPANCY GRANTED FOR NEW DAY CARE CENTER

Occupancy granted must be stated  
 on this document.



State of Vermont  
Department of Environmental Conservation

Agency of Natural Resources

## WASTEWATER SYSTEM AND POTABLE WATER SUPPLY PERMIT

### LAWS/REGULATIONS INVOLVED

10 V.S.A. Chapter 64, Potable Water Supply and Wastewater System Permit  
Wastewater System and Potable Water Supply Rules, Effective September 29, 2007  
Chapter 21, Water Supply Rules, Effective December 1, 2010

**Landowner(s):** Charming's Childcare  
Prince Charming  
Charming's Childcare  
123 Fairy Tale Lane  
Waterbury, VT 05671

**Permit Number:** WW-1-2345-6  
PIN W12-1234

This permit affects the following properties in Waterbury, Vermont:

<i>Lot</i>	<i>Parcel</i>	<i>SPAN</i>	<i>Acres</i>	<i>Book(s)/Page(s)#</i>
<b>2</b>	123456	123-456-7890	1.0	Book:123 Page(s):4

This project, consisting of the permit WW-1-2345-6, located on 123 Fairy Tale Lane in Waterbury, Vermont, is hereby approved under the requirements of the regulations named above subject to the following conditions.

### 1. GENERAL

- 1.1 The project shall be completed as shown on the plans and/or documents prepared by Prince Charming, Daycare Director, with the stamped plans listed as follows:

<i>Title</i>	<i>Sheet Number</i>	<i>Plan Date</i>	<i>Revision Date</i>
<b>Daycare</b>	123	03/06/2018	03/22/2018

- 1.2 This permit does not relieve the landowner from obtaining all other approvals and permits PRIOR to construction including, but not limited to, those that may be required from the Act 250 Environmental Commission; the Drinking Water and Groundwater Protection Division; the Watershed Management Division; the Division of Fire Safety; the Vermont Department of Health; the Family Services Division; or other State departments and local officials.
- 1.3 The conditions of this permit shall run with the land and will be binding upon and enforceable against the landowner and all assigns and successors in interest. The landowner shall record and index this permit in the Waterbury Land Records within thirty, (30) days of issuance of this permit and prior to the conveyance of any lot subject to the jurisdiction of this permit.
- 1.4 The landowner shall record and index all required installation certifications and other documents that are required to be filed under these Rules or under a specific permit condition in the Waterbury Land Records and ensure that copies of all certifications are sent to the Secretary.
- 1.5 No permit issued by the Secretary shall be valid for a substantially completed potable water supply and wastewater system until the Secretary receives a signed and dated certification from a qualified Vermont Licensed Designer (or where allowed, the installer) that states:

*"I hereby certify that, in the exercise of my reasonable professional judgment, the installation-related information submitted is true and correct and the potable water supply and wastewater system were installed in accordance with the permitted design and all the permit conditions, were inspected, were properly tested, and have successfully met those performance tests",*

or which otherwise satisfies the requirements of §1-308 and §1-911 of the referenced rules.



Regional Offices – Montpelier/Essex Jct./Rutland/Springfield/St. Johnsbury

- 1.6 This project Lot #2 is approved for the construction of @ or with the existing @. No alterations to the existing building other than those indicated in this permit that would change or affect the water supply or wastewater system shall be allowed without prior approval by the Drinking Water and Groundwater Protection Division. Construction of additional nonexempt buildings including commercial and residential buildings is not allowed without prior permitting by the Drinking Water and Groundwater Protection Division and such permit may not be granted unless the proposal conforms to the applicable laws and regulations. No construction is allowed that will cause non-compliance with an existing permit.
- 1.7 Each purchaser of any portion of the project shall be shown a copy of the Wastewater System and Potable Water Supply Permit and the stamped plan(s), if applicable, prior to conveyance of any portion of the project to that purchaser.
- 1.8 By acceptance of this permit, the landowner agrees to allow representatives of the State of Vermont access to the property covered by the permit, at reasonable times, for the purpose of ascertaining compliance with the Vermont environmental and health statutes and regulations, and permit conditions.
- 1.9 Any person aggrieved by this permit may appeal to the Environmental Court within 30 days of the date of issuance of this permit in accordance with 10 V.S.A. Chapter 220 and the Vermont Rules of Environmental Court Proceedings.

## **2. WATER SUPPLY**

- 2.1 This project Lot #2 is approved for a potable water supply using a drilled or percussion bedrock well for X gallons of water per day provided the supply is located as shown on the stamped plan(s) and meets or exceeds the isolation distances, construction standards, and water quality standards required in the Water Supply Rule. The landowner shall operate the potable water supply in a manner that keeps the supply free from contamination. The landowner shall immediately notify the Division if the water supply system fails to function properly and becomes a "failed supply".
- 2.2 The components of the potable water supply herein approved shall be routinely and reliably inspected during construction by a qualified Vermont Licensed Designer (or where allowed, the installer) who shall, upon completion and prior to occupancy of the associated building, report in writing to the Drinking Water and Groundwater Protection Division that the installation was accomplished in accordance with the referenced plans and permit conditions, as specifically directed in Condition #1.5 herein.
- 2.3 The potable water source location as shown on the stamped plan(s) shall be staked out and flagged by a qualified Vermont Licensed Designer prior to any construction on this project with the flagging being maintained until construction is complete.
- 2.4 Prior to constructing the potable water supply, other than drilling of the well, the landowner shall obtain an amended permit or approval letter from the Drinking Water and Groundwater Protection Division. The landowner shall submit plans prepared by a qualified Vermont Licensed Designer for a water distribution system, including sizing calculations, specifications for pumps, hydropneumatic tanks, and storage facilities, to the Drinking Water and Groundwater Protection Division for approval.
- 2.5 Prior to the use of the water system, the landowner shall test the water for total coliform bacteria, arsenic, chloride, iron, manganese, nitrate, nitrite, odor, PH, sodium and uranium content and the water quality analyses shall be found to comply with the standards in the Water Supply Rules. All water quality tests shall be conducted at a laboratory certified by the Vermont Department of Health (a list of which can be found on the VDH website) to conduct the specific tests. Results of the water tests shall be submitted to the Drinking Water and Groundwater Protection Division for review and approval prior to use.

## **3. WASTEWATER DISPOSAL**

- 3.1 This project is approved for the disposal of wastewater in accordance with the design depicted on the stamped plan(s) for X gallons of wastewater per day. The system(s) shall be operated at all times in a manner that will not permit the discharge of effluent onto the surface of the ground or into the waters of the State. Should the system fail and not qualify for the minor repair or replacement exemption, the current landowner shall engage a qualified Vermont Licensed Designer to evaluate the cause of the failure and to submit an application to this office and receive written approval prior to correcting the failure.
- 3.2 The components of the sanitary wastewater system herein approved shall be routinely and reliably inspected during construction by a Vermont Licensed Designer (or where allowed, the installer) who shall, upon completion and prior to occupancy of the associated building, report in writing to the Drinking Water and Groundwater Protection Division



Wastewater System and Potable Water Supply Permit  
WW-1-2345-6

Page 3 of 3

that the installation was accomplished in accordance with the referenced plans and permit conditions, as specifically directed in Condition #1.5 herein.

- 3.3 The corners of the proposed primary or replacement wastewater area(s) shall be accurately staked out and flagged prior to construction with the flagging/staking being maintained until construction is complete.
- 3.4 The wastewater system for this project is approved for domestic type wastewater only except as allowed for water treatment discharges. No discharge of other type process wastewater is permitted unless prior written approval is obtained from the Drinking Water and Groundwater Protection Division.
- 3.5 No buildings, roads, water lines, earthwork, re-grading, excavation or other construction that might interfere with the installation or operation of the wastewater systems are allowed on or near the site-specific wastewater system or replacement area depicted on the stamped plans. All isolation distances that are set forth in the Wastewater System and Potable Water Supply Rules shall be adhered to and will be incorporated into the construction and installation of the wastewater system.

Esmeralda, Commissioner  
Department of Environmental Conservation

By  \_\_\_\_\_

Dated August 27, 2018

Baloo Bear  
Regional Engineer  
Waterbury Regional Office  
Drinking Water and Groundwater Protection Division

cc:

Waterbury Planning Commission  
Drinking Water and Groundwater Protection Division  
Watershed Management Division  
Act 250 District Environmental Commission  
Department of Public Safety, Division of Fire Safety  
Department of Children & Families – Child Care Licensing



Department of Environmental Conservation &amp; Natural Resources Board

**THIS IS NOT A PERMIT**

## Project Review Sheet

Date Initiated  ANR PIN#  WW Project#  Pre-application Review ☒

### Project Information

#### General Information

PROJECT NAME (if applicable) \_\_\_\_\_ PROJECT TOWN

PROJECT LOCATION (911 address if available) 123 Fairy Tale Lane

#### Contact(s)

CONTACT TYPE	NAME	ORGANIZATION NAME (if applicable)		
Applicant	Prince Charming			
ADDRESS	TOWN	STATE	ZIP	
123 Fairy Tale Lane	Waterbury	VT	05671	
PHONE	CELL PHONE	EMAIL		
802-241-0000		wasafrog@comcast.net		

#### Project Description

ENTERED BY	INFORMATION SOURCE	DATE ENTERED
Peter Kopsco	Individual	

PROJECT DESCRIPTION

Operate a daycare with up to 10 children in addition to Mr. Charming's 2 children and 1 outside adult in Mr. Charming's three bedroom single family residence on 1 acre. The house is served by municipal water and sewer systems.

#### DEC Prior Permits

PERMIT TYPE	PERMIT NUMBER

*Jurisdictional Opinion(s) for permits that may be needed from the District Environmental Office **PRIOR TO COMMENCEMENT OF CONSTRUCTION***

### Act 250 Jurisdictional Opinion

This is a jurisdictional opinion issued pursuant to 10 V.S.A. § 6007(c) and Act 250 Rule 3(A). Reconsideration requests are governed by Act 250 Rule 3(B) and should be directed to the district coordinator at the above address. Effective May 31, 2016, any appeal of this decision must be filed with the Superior Court, Environmental Division (32 Cherry Street, 2nd Floor, Ste. 303, Burlington, VT 05401) within 30 days of the date the decision was issued, pursuant to 10 V.S.A. Chapter 220. The Notice of Appeal must comply with the Vermont Rules for Environmental Court Proceedings (VRECP). The appellant must file with the Notice of Appeal the entry fee required by 32 V.S.A. § 1431, which is \$295.00. The appellant also must serve a copy of the Notice of Appeal on the Natural Resources Board, 10 Baldwin Street, Montpelier, VT 05633-3201, and on other parties in accordance with Rule 5(b)(4)(B) of the Vermont Rules for Environmental Court Proceedings.

PERSON REQUESTING JURISDICTIONAL OPINION	REQUESTOR TYPE	ACT 250 PERMIT NUMBER (if any)	HAS THE LANDOWNER SUBDIVIDED BEFORE?
Prince Charming	Landowner/Agent	None identified	<input type="checkbox"/> Yes <input type="checkbox"/> No

TYPE OF PROJECT (check all that apply)

☒ Commercial ☐ Residential ☐ Agricultural ☐ Municipal ☐ State ☐ Federal

IS AN ACT 250 PERMIT REQUIRED?

☐ Yes ☒ No


COPIES SENT TO STATUTORY PARTIES?

☐ Yes ☒ No

BASIS FOR DECISION

Project is not a "development" pursuant to §6001(3)(A)(i).

DISTRICT COORDINATOR SIGNATURE

 2018.04.10  
16:04:08 -04'00'

Kirsten Sultan, P.E., District Coordinator



[phone] 802-751-0126 [email] [kirsten.sultan@vermont.gov](mailto:kirsten.sultan@vermont.gov)

**Natural Resources Board**  
District 7 Environmental Commission  
374 Emerson Falls Road, Suite 4, St. Johnsbury, VT 05819



359 SOUTH PARK DRIVE  
COLCHESTER, VT 05446  
(802) 338-4724 or (800) 660-9997 (VT only)  
www.healthvermont.gov

**Results Report**

State Health Dept # : 18-IC-00  
Report Status : Final  
Date Report Released : 02/01/2018

Report To  
ATTN OF  
Address

WSID  
Account Name  
Date Received  
Time Received  
Approved Date

Sample Desc. KIT DC - Lead  
Collection Date 01/26/2018  
Collection Time 08:01  
Sampled By  
Sampling Location  
Street Address  
Town  
Sampler's Comments  
Child Care License Certification #

Sample Type  
Collection Type First Draw  
Free Chlorine Residual  
Total Chlorine Residual  
Chlorinated? No  
Field Temp.  
Field Fluoride  
Temp at Receipt

**Test Metals by ICPMS**

Date/Time of Analysis 01/29/2018 12:00  
Test Method EPA 200.8

Analyte	Final Result	Units	Limit
Lead	<0.001	mg/L	0.015 AL

**Units of Measurement and Definitions:**

mg/L = Milligrams per liter or ppm (parts per million) ug/L = Micrograms per liter or ppb (parts per billion) < = less than TON = Threshold Odor Number  
MCL = Maximum Contaminant Level SMCL = Secondary Maximum Contaminant Level MRDL = Maximum Residual Disinfectant Level  
VHA = Vermont Health Advisory VMCL = Vermont Maximum Contaminant Level NLE = No Limit Established  
AL (Action Level) = Level at or above which a water treatment action is determined for public water supplies and should be considered for private supplies.

The test results included on this report meet all National Environmental Laboratory Accreditation Program requirements unless noted otherwise.

Test results relate only to the samples tested and are representative of the samples as they were received at the laboratory.

This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont  
Access to Public Documents law (1 V.S.A. 315-320).

This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By:

*Mary Celotti*  
Mary Celotti, Laboratory Director

If you have received this report in error or if you have questions about this report, please call the laboratory at (802) 338-4724