

<u>OFFICE USE ONLY</u>	
Date assigned:	_____
Specialist:	_____
Supervisor:	_____

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)
RESIDENTIAL CHILD CARE FACILITIES AND DAY
TREATMENT PROGRAMS
INITIAL LICENSE APPLICATION

<u>Please Print all responses.</u>
Date received: _____

This application will be active for one year. If you are not licensed within one year of OCCL receiving this application, you need to attend a training again and submit a new application. Other information may also need to be updated.

Before completing this application, review *DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs.* Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner, the name of the corporation, the name of the limited liability company (LLC), the name of the organization, or the state-operated agency. **The individual owner, president of the corporation, managing member of the LLC, head of the organization, or head of the state-operated agency must sign the application in section G or provide written authorization allowing the designated representative to sign.**
- The “facility or program name” is the legal name by which the facility or program will be known.
- The “designated representative” means the person who has been assigned by the applicant or licensee to act on the applicant’s or licensee’s behalf and granted authority over program operations and to represent the applicant or licensee in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.
- The “entity” is the corporation, LLC, organization, or state-operated agency that is responsible for and has authority over the operation of the facility or program.

SECTION A – Identification

Applicant name: _____

Phone #: _____ Cell phone #: _____ Email: _____

Facility or Program name: _____

Phone #: _____ Business Email: _____

Site address: _____
(street) (city) (county) (state) (zip)

Mailing address (if different than site address): _____
(street) (city) (county) (state) (zip)

Designated representative name: _____ Will individual be on-site or have access to children in care? Yes No

Cell phone #: _____ Email: _____

CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment. If the applicant has multiple locations, list the same CHU contact and email so that staff may move from facility or program to facility or program without being fingerprinted for each location.

CHU contact name: _____ **Email:** _____

SECTION B – Entity Information for: Individual Owner, Corporation, LLC, Organization, or State-Operated Agency

Individual Corporation
 Limited liability company (LLC)
 State-Operated Agency Organization

Name: _____ Type: _____

Address: _____
 (street) (city) (state) (zip)

Phone #: _____ Fax #: _____ Email: _____

<u>For corporation: officers</u> <u>For LLC: managing member</u> <u>For state-operated agency:</u> <u>head of state-operated</u> <u>agency</u> <u>For organization: head of</u> <u>organization</u>	<u>Title</u>	<u>Home Address</u>	<u>Email</u>	<u>Will this person be on-site or have access to children?</u>	
				<u>No</u>	<u>Yes</u>

SECTION C – References for the Applicant

List five individuals who are not related to the applicant. These individuals must be able to verify that the applicant is of good character and reputation, respects and understands children, and is sensitive to meeting children’s needs. **OCCL will contact these references.**

<u>Name</u>	<u>Email</u>	<u>Telephone</u>

SECTION D – Previous Licensure

Has any person listed on page 1 or 2 of this application been previously licensed or approved to care for children in DE or any other state? No Yes

If yes, list the name and address of the licensed/approved agency/facility/home and the dates of approval/licensure.

Has any person listed on page 1 or 2 of this application ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation? No Yes

If yes, list the name and address of the agency/facility/home, the person’s relationship to the agency/facility/home, and the type and date of action.

SECTION E – Program Information

Hours of operation:

_____ a.m. – _____ p.m. or a.m. (circle one)

Days of operation:

M T W Th F Sa Su

Months of operation:

January to December

August to June

_____ to _____

Ages of children accepted: (use “kindergarten” for children attending kindergarten. Otherwise, use exact ages.)

Example: From 4 years to 17 years From _____ to _____

Facility or program type(s) – check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Parenting adolescent | <input type="checkbox"/> Uses restrictive procedures |
| <input type="checkbox"/> Alternative to detention | <input type="checkbox"/> Shelter care | |
| <input type="checkbox"/> Drug and alcohol treatment | <input type="checkbox"/> Wilderness adventure | |
| <input type="checkbox"/> Independent living | <input type="checkbox"/> Day treatment | |

SECTION F – Staffing (attach an additional sheet if needed)

Legal name	Employee title/position	Date of birth	Race*	Ethnicity**

***Race is a DSCYF database required field. Select a designation below to complete this column.**

- | | | |
|---|----------------------------------|---|
| AI =American Indian/Alaskan Native | B =Black/African-American | NH =Native Hawaiian/Pacific Islander |
| A =Asian | W =White | MU =Multi-Racial Undefined |

***Ethnicity is a DSCYF database required field. Select a designation below to complete this column.**

- | | | |
|---------------------------|--------------------------------|--------------------------------|
| H =Hispanic/Latino | NH =Not Hispanic/Latino | UD =Unable to Determine |
|---------------------------|--------------------------------|--------------------------------|

SECTION G – Applicant Certification and Signature

- I have read, understand, and agree to comply with *DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs*.
- I understand that the Department of Education’s, Office of Child Care Licensing, is required under Delaware Code, Title 14, §§3001A-3005A to make a thorough investigation to determine the good character and intention of the applicant or applicants; the present and prospective need of the service rendered; that capable, qualified workers will be employed; that there is sufficient financial backing to ensure effective work; that there is a probability of the service being continued for a reasonable period of time; that the methods used and disposition made of the children served will be to their best interests and that of society; and that the required criminal background checks are completed and approved.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, and members of the staff do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; or gross irresponsibility or disregard for the safety of others. I also certify that to the best of my knowledge the board members and officers of the corporation who have direct access to the children do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I gain knowledge of any convictions, current indictments, or current arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge each member of the staff has not been diagnosed or is not under any treatment for any serious mental illness that limits the person's ability to perform child care or have access to children that cannot be addressed by a reasonable accommodation. I also certify to the best of my knowledge staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving staff members, I will promptly notify OCCL.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant

Date

Notice: See the definition of “applicant” on page 1 for instructions on who may sign.

Print name and title

STATE OF _____)
_____) : SS
COUNTY OF _____)

Signed and attested before me this _____

Signature of notarial officer

Print name

(seal)