OFFICE USE ONLY

Date assigned:

Licensing specialist:

Supervisor:

**CHU** contact name:

## STATE OF DELAWARE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL)

## CHILD PLACING AGENCY INITIAL LICENSE APPLICATION

Please print all responses.

Date received:

Before completing this application, review *DELACARE: Regulations for Child Placing Agencies*. Answer all applicable questions and attach all required application materials/documents.

- The "applicant" is the individual owner if not a corporation or limited liability company (LLC). For a corporation, it is the president. For an LLC, it is the managing member. This individual must sign the application or provide written authorization allowing the chief administrator to sign.
- The "agency" is the legal name by which the agency will be known.
- The "chief administrator" is the agency staff member designated by the licensee or governing body as having day-to-day responsibilities for the overall administration and operation of the agency. This person assures the care, treatment, safety, and protection of child clients and meets the qualifications in the regulations.
- The "entity" is the corporation or LLC that is responsible for and has authority over the operation of the agency.

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

SECTION A – Identification					
Applicant name:			Will individual be on-site with children in care?		
Cell phone #:	Fax #:	Emai	1:		
Home address:					
	(street)		(city)	(state)	(zip)
Agency name:					
Phone #:	Fax #:	Email:			
Address:					
Chief administrator name:	(street)	(city)	(county) Will individual be on-site with children in care?	e or have inte	eraction
Title:					
Cell phone #:			1:		
Address:					
	(street)		(city)	(state)	(zip)
Parent organization, if applicab	le:				
Phone #:	Fax #:	Email:			
Address:					
	(street)		(city)	(state)	(zip)
	CHU	contact			

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Email:

SECTION B – Entity Information If there is no entity, check "indiv		ity information.			
Submit one:  Delaware State business license -or- Proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents)	Entity name: Entity type: Individual Corporation Entity type: Limited liability company (LLC)				
	1. If entity is an LLC, list belo	(street) Fax #: w a name, address, email, and phot below a name, address, email, ar	one number for the managing me	ember.	ate) (zip)
For corporation: officers				Will this perso or have access	
For LLC: managing member	Title	Address	and email	No	Yes
SECTION C – Licensure Backg					
List any other agency locations in Name	Delaware that provide child-place	Address		Telephone	
				•	

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		SECTION D – Previous Licensure						
Has any person listed on page 1 or 2 or								
Has any person listed on page 1 or 2 or Delaware or any other state denied, revelocity the name and address of the agent date of this event.	oked, suspended, withdrawn, or place	ed on probation? [	Yes [	] No				
SECTION E – References for the Ap	pplicant							
List three individuals in the community who are not related to the applicant. OCCL will contact these references.								
Name	Address		Telephone/Email					
SECTION F – Staffing (attach an add	litional sheet if needed)							
SECTION F – Staffing (attach an add  Name	litional sheet if needed)  Position/Title	Date of birth	Race*	Works 30 or				
	I	Date of birth	Race*	Works 30 or more hours/week  Yes No				
	I	Date of birth	Race*	more hours/week				
	I	Date of birth	Race*	more hours/week  Yes No				
	I	Date of birth	Race*	more hours/week  Yes No  Yes No				
	I	Date of birth	Race*	more hours/week  Yes No  Yes No  Yes No				
	I	Date of birth	Race*	more hours/week				
	I	Date of birth	Race*	more hours/week				
	I	Date of birth	Race*	More hours/week				
	I	Date of birth	Race*	More hours/week				
	I	Date of birth	Race*	More hours/week				
	I	Date of birth	Race*	More hours/week				

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

AI=American Indian/Alaskan Native B=Black/African-American NH=Native Hawaiian/Pacific Islander A=Asian H=Hispanic W=White ND=Not Determined

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ECTION G – Prograi				
ervice(s) provided:	Foster care	Adoption		
rea(s) served:	New Castle County	☐ Kent County	Sussex County	statewide
ex(es) of children to l		Female		
ges of children to be				
Example: From 4 years	to 17 years			
rom	to			
CCTION H – Certific	ation and Signature			
I am aware that the op	d, and agree to comply with eration of a child placing ag provision of this subchapter	ency without a license is	a violation of 14 Delaware	
I agree to allow OCCI	Lemployees to inspect all as ne agency or any child in car	pects of the agency name		en in care and to interview
thorough investigation other relevant people of employed; that there is continued for a reason interests and that of so I agree that identifying	Department's Office of Child in to determine the good chara or agencies; the present and is as sufficient financial backing table period of time; that the ociety and that the required continuous including my	acter and intention of the prospective need of the se g to ensure effective work methods used and dispos riminal background check name, address, contact in	applicant or applicants by carvice rendered; that capable; that there is a probability attion made of the children sets are completed.	contacting references and e, qualified workers will be of the service being served will be to their best ense, enforcement actions,
via the OCCL website I agree to allow Depar	substantiated complaints wi the treat representatives access g but not limited to children	s to any information reaso	nably related to compliance	e with applicable licensing
I agree to immediately death occurs after such I agree to comply with eligibility of individua	notify OCCL by direct voice the working hours, I will immed a Title VI of the Civil Rights als to receive services, and proper these requirements or do	ce contact during OCCL's ediately call the 24-Hour Act of 1964. I recognize rohibits segregation or other controls are controls as a control of the controls are controls.	working hours of the deat Child Abuse and Neglect R that Title VI prohibits disc er discriminatory practices	h of a child while in care. If Report Line, 1-800-292-9582 crimination in the selection of s in the manner of providing
I hereby certify that to members, and officers any criminal activity i sexual misconduct; gro or ethical behaviors. I the persons cited above	the best of my knowledge the of the corporation do not had a not like the corporation do not had a not like the corporation do not had a not like the corporation of	eve any conviction, current person; child abuse or neg pard for the safety of other wledge of any conviction CL.	t indictment, or substantial dect; possession, sale, or descriptions; or serious violation of acts, indictments, or substantial	l evidence of involvement in istribution of illegal drugs; excepted standards of honesty al evidence involving any o
will supply true and co	st of my knowledge all information requested mation was omitted, it could be see.	during all subsequent con	ntacts. If it is determined the	nat information submitted
Signature of applicant Notice: See the definition	ition of "applicant" on pag	e 1 for instructions on w	Date ho may sign.	
Print name and title				

(seal)

Signed and attested before me this \_

Signature of notarial officer

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Print name