

OFFICE USE ONLY	
Date assigned:	_____
Licensing specialist:	_____
Supervisor:	_____

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 or have interaction with children in care? Yes No

Cell phone #: _____ Fax #: _____ Email: _____

Home address: _____
(street) (city) (state) (zip)

Agency name: _____

Phone #: _____ Fax #: _____ Email: _____

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

Chief administrator name: _____ Will individual be on-site or have interaction with children in care? Yes No

Title: _____

Cell phone #: _____ Fax #: _____ Email: _____

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

Parent organization, if applicable: _____

Phone #: _____ Fax #: _____ Email: _____

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

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.

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

SECTION B – Entity Information (as applicable)

If there is no entity, check “individual” and skip the related entity 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
 Limited liability company (LLC)

Entity address: _____
 (street) (city) (state) (zip)

Phone #: _____ Fax #: _____ Email: _____

1. If entity is an LLC, list below a name, address, email, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, email, and phone number for each corporate officer.

For corporation: officers For LLC: managing member	Title	Address and email	Will this person be on-site or have access to children?	
			No	Yes

SECTION C – Licensure Background

List any other agency locations in Delaware that provide child-placing services:

Name	Address	Telephone

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 Delaware or any other state? Yes No

List the name and address of the licensed/approved agency/facility/home, and the dates for which a license or approval was given.

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had an application or license to provide care for children in Delaware or any other state denied, revoked, suspended, withdrawn, or placed on probation?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

List the name and address of the agency/facility/home, the person's relationship to the facility, type of action, and the date of this event.

SECTION E – References for the Applicant

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 additional sheet if needed)

Name	Position/Title	Date of birth	Race*	Works 30 or more hours/week
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

***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

