

OFFICE USE ONLY  
Licensing specialist: \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF EDUCATION  
OFFICE OF CHILD CARE LICENSING (OCCL)  
**CHILD PLACING AGENCY**  
**RENEWAL/RELOCATION LICENSE APPLICATION**

**Please print  
all responses.**  
Date received: \_\_\_\_\_

License expiration date: \_\_\_/\_\_\_/\_\_\_ License number: \_\_\_\_\_

Check application type:  Renewal  Relocation

**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.

**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 – 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
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				<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

**SECTION E – Program Information**

**Service(s) provided:**     Foster care     Adoption services

**Area(s) served:**     New Castle County     Kent County     Sussex County     statewide

**Sex(es) of children to be served:**     Male     Female

**Ages of children to be served**

Example: From 4 years to 17 years

From \_\_\_\_\_ to \_\_\_\_\_

Do you anticipate changes in services offered in the next 12 months?     Yes  No

**If the answer is “Yes,” what is the anticipated change?** \_\_\_\_\_

**SECTION F – Certification and Signature**

- I have read, understand, and agree to comply with *DELACARE: Regulations for Child Placing Agencies*.
- I am aware that the operation of a child placing agency without a license is a violation of Delaware Code 14 § 3005A and that anyone who violates a provision of this subchapter will be fined or imprisoned or both.
- I agree to allow the Department of Services for Children, Youth and Their Families OCCL to inspect all aspects of the agency named here which impact children in care and to interview any staff member of the agency or any child in care.
- I understand that the Department’s Office of Child Care Licensing is required under Delaware Code, Title 14 § 3004A to make a thorough investigation to determine the good character and intention of the applicant or applicants by contacting references and other relevant people or agencies; 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.
- I agree that identifying information, including my name, address, contact information, status of my license, enforcement actions, non-compliances, and substantiated complaints will be made available to the general public through a variety of means including via the OCCL website.
- I agree to allow Department representatives access to any information reasonably related to compliance with applicable licensing requirements including but not limited to children’s case records, personnel files, and financial and administrative records.
- I agree to immediately notify OCCL by direct voice contact during OCCL’s working hours of the death of a child while in care. If a death occurs after such working hours, I will immediately call the 24-Hour Child Abuse and Neglect Report Line, 1-800-292-9582.
- I agree to comply with Title VI of the Civil Rights Act of 1964. I recognize that Title VI prohibits discrimination in the selection or eligibility of individuals to receive services, and prohibits segregation or other discriminatory practices in the manner of providing services. If I do not meet these requirements or do not take measures necessary to meet these requirements, it is understood that the license will be revoked.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the staff, board members, and officers of the corporation do not have any conviction, current indictment, or substantial evidence of involvement in any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violation of accepted standards of honesty or ethical behaviors. I further certify if I have knowledge of any convictions, indictments, or substantial evidence involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge all information I have given to OCCL and/or its authorized agent is true and correct. I will supply true and correct information requested during all subsequent contacts. If it is determined that information submitted was false or that information was omitted, it could result in an action of warning of probation, probation, or the denial, suspension, or revocation of the license.

**For relocation applications:**

- I understand child care services cannot be provided at this new address until a license has been issued by OCCL to operate.
- OCCL will conduct a pre-licensing visit to ensure compliance with *DELACARE Regulations* before issuing a license at the new address.

\_\_\_\_\_  
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)