

APPENDIX II: LFCCH INITIAL LICENSE APPLICATION

SECTION B – Additional Information, continued

Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use

Staff Member(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Provider, assistant, aide, or volunteer

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 or to reside at a licensed child care facility.

CHU contact name: _____ Email: _____

SECTION C – References for the Applicant

List three individuals who are not related to the applicant. If the applicant has no previous work history in the last five years, list five individuals. These individuals must verify 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.**

Name	Address	Telephone/Email

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SECTION D – Previous Licensure

Are you currently licensed to provide care to convalescent, aged, or nursing patients? Yes No

If yes, name of agency: _____ Contact person: _____

Are you currently licensed or approved or applying to provide foster care or kinship care? Yes No

If yes, name of agency: _____ Contact person: _____

Have you ever been licensed or approved to care for children in DE or any other state? Yes No

List the name and address of the licensed/approved facility/home and the dates of approval/licensure.

Have you ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation? Yes No

List the name and address of the facility/home, your relationship to the facility, and the type and date of action.

SECTION E – Facility Information

Check all that apply, for the licensed address:

Own commercial building/house/mobile home (circle type)

Rent commercial building/house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. submitted home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. submitted no well water used

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. Note the dimensions of the outdoor play area. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.
7. Complete the Emergency Plan for Large Family Child Care Homes using OCCL's template.

SECTION F – Proposed Program Information

Hours of operation:

_____ a.m. – _____ p.m. or a.m. (circle one) M T W Th F Sa Su
_____ p.m. – _____ p.m.

Days of operation:

Months of operation:

January to December
 August to June
 _____ to _____

Ages of children accepted: (use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 6 weeks to 12 years From _____ to _____

Program components:

Purchase of Care Transportation: field trips daily other _____
 Food program (CACFP) agency: _____ Other (specify): _____

