APPENDIX III: FCCH RENEWAL LICENSE APPLICATION

OFFICE USE ONLY

Licensing specialist: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)

FAMILY CHILD CARE HOME
RENEWAL LICENSE APPLICATION

License number: _____ License expiration date: ____/____/____

Please Print all responses.

Date received:

SECTION A – Identification

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

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

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information (optional)

The "entity" is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check "individual" and leave the rest of this section blank.

Entity name: _____ Entity type: ☐ Individual ☐ Corporation ☐ Limited liability company (LLC)

Doing business as/facility name: _____

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

1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: ☐ certificate of incorporation or LLC, if applicable and ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

SECTION B – Additional Information

Household member(s) other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application)

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

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

CHU contact

Please provide the email at which you prefer 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 – Current Enrollment

Child's name (FIRST NAME ONLY)	Date of birth	Days attending	Hours attending each day
Example: Dante	5/22/10	Monday - Friday	8:00 a.m. - 5:00 p.m.
Example: Kate	11/6/09	Monday - Friday	7:00 a.m. – 8:15 a.m 3:15 p.m. – 5:45 p.m.

SECTION D – Program Information

Hours of operation:
_____ a.m. – _____ p.m. or a.m. (circle one)
_____ p.m. – _____ p.m.

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 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):

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

SECTION E – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge, the applicant, substitute, and household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- 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 from page 1 Date

STATE OF DELAWARE)
: SS
COUNTY OF _____)

Signed and attested before me this _____.
Date

_____ _____

Signature of notarial officer Print name

(seal)