

**APPENDIX I: INITIAL LICENSE APPLICATION**

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

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING (OCCL)  
**EARLY CARE AND EDUCATION AND SCHOOL AGE-CENTER**  
**INITIAL LICENSE APPLICATION**

<b>Please Print all responses.</b>
Date received: _____

**Before completing this application, review *DELACARE: Regulations for Early Care and Education and School-Age Centers*.**  
Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner, the name of corporation or limited liability company (LLC), head of the state-operated agency, or the superintendent of the school district. **The individual owner, president of the corporation, managing member of the LLC, head of the state-operated agency, or the superintendent of the school district must sign the application in section G or provide written authorization allowing the designated representative to sign.**
- The “facility” is the legal name by which the center will be known.
- The “designated representative” means the person who has been assigned by the licensee, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or its behalf and granted authority over program operations and to represent him, her, or it in dealings with OCCL. This person may sign the application with written authorization from the applicant.
- The “entity” is the corporation, LLC, state agency, or school that is responsible for and has authority over the operation of the center.

**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 an information session and orientation again and submit a new application. Other information may also need to be updated.

**SECTION A – Identification**

**Applicant name:** \_\_\_\_\_ Will this person be on-site or have access to children in care?  Yes  No

Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Facility name:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Business Email: \_\_\_\_\_

Site address: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

Mailing address: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

**Designated representative name:** \_\_\_\_\_ Will individual be on-site or have access to c children in care?  Yes  No

Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**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: \_\_\_\_\_

**APPENDIX I: INITIAL LICENSE APPLICATION**

**SECTION B – Entity: Individual Owner, Corporation Information, LLC Information, State Operated Agency Information, or School Information**

Please submit as applicable:

- DE State business license
- Proof of non-profit status (for example, letter of tax- exempt status or 501(c)(3) documents)
- Certificate of Incorporation or LLC
- DE DOE School Registration # \_\_\_\_\_

Name: \_\_\_\_\_ Type:  Individual  Corporation  
 Limited liability company (LLC)  
 State-operated  School

Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

1. If entity is an LLC, list below a name, address, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.
3. If entity is a state-operated agency or a school district, list below a name, address, and phone number for designated representative.

For corporation: officers For LLC: managing member For state-operated or school district: designated representative	Title	Address	Email	Will this person be on-site or have access to children in care?	
				No	Yes

**APPENDIX I: INITIAL LICENSE APPLICATION**

**SECTION C – References for the Applicant (individual owner, president of the corp., managing member of the LLC, head of the state-operated agency, or superintendent of the school district)**

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 be able to verify that 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

**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 DE or any other state?  No  Yes If yes, specify state: \_\_\_\_\_

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

Has any person listed on page 1 or 2 of this application 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?  No  Yes state: \_\_\_\_\_

*List the name and address of the facility/home, the person’s relationship to the facility, and the type and date of action.*

**SECTION E – 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): \_\_\_\_\_

**SECTION F – Staffing (attach an additional sheet if needed)**

Legal name	Employee title/position	DE FIRST certificate, if any	Date of birth	Race*	Works 25 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

**APPENDIX I: INITIAL LICENSE APPLICATION**

**SECTION F – Staffing, continued**

**Substitutes and Volunteers** (attach an additional sheet if needed)

Legal Name	DE FIRST certificate, if any	Date of birth	Race	Works 7 or more hours/week providing direct care
				<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

**SECTION G – Applicant Certification and Signature**

- I have read and understand *DELACARE: Regulations for Early Care and Education and School-Age Centers*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 to make a thorough investigation to determine the good character and intention of the applicant or applicants; 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 and approved.
- 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 hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the child care staff 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 also certify that to the best of my knowledge the board members and officers of the corporation who have direct access to the children do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; 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 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

\_\_\_\_\_  
Date

**Notice: See the definition of “applicant” on page 1 for guidance on who may sign.**

\_\_\_\_\_  
Print name and title

STATE OF \_\_\_\_\_ )  
: SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_.

Date

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

(seal)