APPENDIX II: RENEWAL/RELOCATION 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)

Please Print all resnonces

Licensing specialist: Supervisor:		Date received:				
License expiration date:/ License number: Check application type: Renewal Relocation						
		tion, review DELACARE: Regulations for Early Care and Education and Sca	hool-Age Centers.			

- 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 cornoration LLC state agency or school that is responsible for and has authority over the operation

The entity is the corporation, ELC	, state agency, or sensor that	is responsible for and has	s dutilionity over the	operation of t	nic center.	
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)			(zip)	
Designated representative name:	Will individual be on-site or have access to children in care? ☐ Yes ☐ No					
Cell phone #:	Email:					
	CHU c	ontact				
Please provide a contact person and e Unit (CHU). The results will contain					History	
CHU contact name:	E	Email:				
SECTION B – Relocation (if applica	able)					

If this application is to receive a license at a new location the following documents are required:

- The deed or lease;
- Blueprints/diagrams; and
- The plan review narrative including a completed Emergency Plan for Early Care and Education and School-Age Centers template.

submitted

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SECTION C – 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 #____ ☐ Individual ☐ Corporation Limited liability company (LLC) Type: State-operated School Name: 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. Will this For corporation: officers person be For LLC: managing on-site or member have access For state operated or to children in care? school district: designated representative **Title Address Email** No Yes

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APPENDIX II: RENEWAL/RELOCATION LICENSE APPLICATION **SECTION C – Program Information** Hours of operation: Days of operation: Months of operation:] January to December ___ p.m. – ____ p.m. 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 D – Staffing** (attach an additional sheet if needed) Works 25 or DE FIRST certificate, **Employee title/position** Date of birth Legal name Race* more if any hours/week Yes No Yes No ☐ Yes ☐ No Yes No Yes No Yes No Yes No ☐ Yes ☐ No Yes No ☐ Yes ☐ No Yes No Yes No ☐ Yes ☐ No Yes No Yes No ☐ Yes ☐ No Yes No Yes No Yes No Yes No **Substitutes and Volunteers** (attach an additional sheet if needed) DE FIRST certificate, Works 7 or more hours/week Legal Name Date of birth Race providing direct care if any Yes No Yes No Yes No

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Yes No

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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						
COUNTY OF	: SS)					
Signed and attested before	e me this			•		
		Date				
Signature of notarial officer			Print name			
(seal)						

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