

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

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)
**RESIDENTIAL CHILD CARE FACILITIES AND DAY
TREATMENT PROGRAMS**
INITIAL LICENSE APPLICATION

**Please print
all responses.**
Date received: _____

Before completing this application, review *DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs*. 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 “facility” is the legal name by which the facility will be known.
- The “chief administrator” is the person designated by the licensee as having day-to-day responsibility for the overall administration and operation of the facility or program. This person assures the care, treatment, safety, and protection of children 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 facility.

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

SECTION A – Identification

Applicant name: _____

Cell phone #: _____ Fax #: _____ Email: _____

Address: _____
(street) (city) (state) (zip)

Facility name: _____

Phone #: _____ Fax #: _____ Email: _____

Site Address: _____
(street) (city) (county) (state) (zip)

Mailing 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)

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: _____

- If entity is an LLC, list below a name, address, and phone number for the managing member.
- If entity is a corporation, list below a name, address, and phone number for each corporate officer.

For corporation: officers	Title	Address and email	Will this person be on-site or have access to children?	
			No	Yes
For LLC: managing member				

SECTION C – Previous Licensure

Has any person listed on page 1 or 2 of this application been previously licensed or approved to care for children in Delaware or any other state? Yes No

List the name and address of the licensed/approved agency/facility/home, and the dates for which a license or approval was given.

Has any person listed on page 1 or 2 of this application ever had an application or license to provide care for children in Delaware or any other state denied, revoked, suspended, withdrawn, or placed on probation? Yes No

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

SECTION D – References for the Applicant

List three individuals in the community who are not related to the applicant. **OCCL will contact these references.**

Name	Address	Telephone/Email

SECTION E – Program Information

Hours of operation _____ **Days of operation** _____ **Months of operation** _____
 a.m. – _____ p.m. or a.m. (circle one) M T W Th F Sa Su January to December
 August to June

Ages of children to be served _____ to _____

(Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 4 years to 17 years

From _____ to _____

Anticipated number of children to be served: _____

Facility or program type(s) – check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Parenting adolescent |
| <input type="checkbox"/> Alternative to detention | <input type="checkbox"/> Shelter care |
| <input type="checkbox"/> Drug and alcohol treatment | <input type="checkbox"/> Wilderness adventure camp |
| <input type="checkbox"/> Independent living | <input type="checkbox"/> Uses restrictive procedures |

SECTION F – Certification and Signature

- I have read, understand, and agree to comply with DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs.
- I understand that the Department of Education’s, Office of Child Care Licensing, is required under Delaware Code, Title 14, §§3001A-3005A 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 hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the staff do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; 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 current arrest involving violence against a person; child abuse or neglect; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I gain knowledge of any convictions, current indictments, or current arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge each member of the staff has not been diagnosed or is not under any treatment for any serious mental illness that limits the person's ability to perform child care or have access to children that cannot be addressed by a reasonable accommodation. I also certify to the best of my knowledge staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving staff members, 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.
- I certify that to the best of my knowledge all information I have given to OCCL and 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.

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)