OFFICE USE ONLY	
Date assigned:	________
Specialist:	________
Supervisor:	________

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

Please Print all responses.

Date received:

License expiration date: ____/____/____ License number: ____________________

Check application type: ☐ Renewal ☐ Relocation

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

SECTION A – Identification

Applicant name: ____

Phone #: ____________________ Cell phone #: ____________________ Email: ______________________________

Facility or Program name: ____

Phone #: ______________________________ Business Email: ____

Site address: ____
(street) (city) (county) (state) (zip)

Mailing address (if different than site address): ____
(street) (city) (county) (state) (zip)

Designated representative name: ________________________________ Will individual be on-site or have access to 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. If the applicant has multiple locations, list the same CHU contact and email so that staff may move from facility or program to facility or program without being fingerprinted for each location.

CHU contact name: ____________________________ **Email:** ____

SECTION B – Entity Information for: Individual Owner, Corporation, LLC, Organization, or State-Operated Agency

☐ Individual ☐ Corporation
☐ Limited liability company (LLC)
Name: ____________________ Type: ☐ State-Operated Agency ☐ Organization

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

Phone #: ______________ Fax #: ______________ Email: ______________

For corporation: officers For LLC: managing member For state-operated agency: head of state-operated agency For organization: head of organization	Title	Home Address	Email	Will this person be on-site or have access to children?	
				No	Yes

SECTION C – Relocation (if applicable)

If this application is to receive a license at a new location, the following documentation is required:

- The deed or lease;
- Blueprints or diagrams; and
- The plan review narrative including a completed Emergency Plan for Residential Child Care Facilities and Day Treatment Programs template.

☐ Submitted

SECTION D – Program Information

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

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 children attending kindergarten. Otherwise, use exact ages.)
Example: From 4 years to 17 years From ______________ to ________________

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

☐ Residential
☐ Alternative to detention
☐ Drug and alcohol treatment
☐ Independent living
☐ Parenting adolescent
☐ Shelter care
☐ Wilderness adventure
☐ Day treatment
☐ Uses restrictive procedures

SECTION E – Staffing (attach an additional sheet if needed)

Legal name	Employee title/position	Date of birth	Race*	Ethnicity**	Works 24 or more 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

***Race is a DSCYF database required field. Select a designation below to complete this column.**

AI=American Indian/Alaskan Native **B**=Black/African-American **NH**=Native Hawaiian/Pacific Islander

A=Asian **W**=White **MU**=Multi-Racial Undefined

***Ethnicity is a DSCYF database required field. Select a designation below to complete this column.**

H=Hispanic/Latino **NH**=Not Hispanic/Latino **UD**=Unable to Determine

SECTION F – Applicant 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 agree to allow the Department of Education to inspect all aspects of the facility named here which impact children in care and to interview any staff member of the facility or program or any child in care.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, and 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 allow Department representatives access to any information reasonably related to compliance with applicable licensing requirements including but not limited to children's case records, personnel files, and financial and administrative records.
- I agree to immediately notify OCCL by direct voice contact during OCCL's working hours of the death of a child while in care. If a death occurs after such working hours, I will immediately call the 24-Hour Child Abuse and Neglect Hotline, 1-800-292-9582.
- 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 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)