

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~~ EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)
EARLY CARE AND EDUCATION AND SCHOOL AGE-CENTER
INITIAL LICENSE APPLICATION

**Please Print
all responses.**

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 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 # _____

- ☐ Individual ☐ Corporation
- ☐ Limited liability company (LLC)
- ☐ State-operated ☐ School

Name: _____ Type: _____

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

SECTION F – Staffing, continued

APPENDIX I: INITIAL LICENSE APPLICATION

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~~ Education, Office of Child Care Licensing, is required under Delaware Code, Title 31 14, ~~Part I, Chapter 3 Subchapter III, § 344 §§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 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 current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual ~~misconduct~~ 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 ~~misconduct~~ offense; or gross irresponsibility or disregard for the safety of others. I further certify if I ~~have~~ 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 child care 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 child care staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving child care 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.

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 _____

APPENDIX I: INITIAL LICENSE APPLICATION

Signature of notarial officer

Print name

(seal)