

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)
CHILD PLACING AGENCY
INITIAL LICENSE APPLICATION

Please print all responses.
Date received: _____

Before completing this application, review *DELACARE: Regulations for Child Placing Agencies*. 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 “agency” is the legal name by which the agency will be known.
- The “chief administrator” is the agency staff member designated by the licensee or governing body as having day-to-day responsibilities for the overall administration and operation of the agency. This person assures the care, treatment, safety, and protection of child clients 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 agency.

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: _____ Will individual be on-site or have interaction with children in care? Yes No

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

Home address: _____
 (street) (city) (state) (zip)

Agency name: _____

Phone #: _____ Fax #: _____ Email: _____

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)

Parent organization, if applicable: _____

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: _____

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

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

SECTION C – Licensure Background

List any other agency locations in Delaware that provide child-placing services:

Name	Address	Telephone

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

Name	Position/Title	Date of birth	Race*	Works 30 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
				<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

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

- AI=American Indian/Alaskan Native B=Black/African-American NH=Native Hawaiian/Pacific Islander
 A=Asian H=Hispanic W=White ND=Not Determined

SECTION G – Program Information

Service(s) provided: Foster care Adoption
Area(s) served: New Castle County Kent County Sussex County statewide
Sex(es) of children to be served: Male Female
Ages of children to be served
Example: From 4 years to 17 years
From _____ to _____

SECTION H – Certification and Signature

- I have read, understand, and agree to comply with DELACARE: Regulations for Child Placing Agencies.
- I am aware that the operation of a child placing agency without a license is a violation of ~~34~~ 14 Delaware Code Chapter 3 14 § 3005A and that anyone who violates a provision of this subchapter will be fined or imprisoned or both.
- I agree to allow ~~the Department of Services for Children, Youth and Their Families~~ OCCL employees to inspect all aspects of the agency named here which impact children in care and to interview any staff member of the agency or any child in care.
- I understand that the Department’s Office of Child Care Licensing is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 14 § 3004A to make a thorough investigation to determine the good character and intention of the applicant or applicants by contacting references and other relevant people or agencies; 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.
- I agree that identifying information, including my name, address, contact information, status of my license, enforcement actions, non-compliances, and substantiated complaints will be made available to the general public through a variety of means including via the OCCL website.
- 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-Report Line, 1-800-292-9582.
- I agree to comply with Title VI of the Civil Rights Act of 1964. I recognize that Title VI prohibits discrimination in the selection or eligibility of individuals to receive services, and prohibits segregation or other discriminatory practices in the manner of providing services. If I do not meet these requirements or do not take measures necessary to meet these requirements, it is understood that the license will be revoked.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the staff, board members, and officers of the corporation do not have any conviction, current indictment, or substantial evidence of involvement in any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct offense; gross irresponsibility or disregard for the safety of others; or serious violation of accepted standards of honesty or ethical behaviors. I further certify if I have knowledge of any convictions, indictments, or substantial evidence involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge all information I have given to OCCL and/or 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)