APPENDIX II: LFCCH 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)

LARGE FAMILY CHILD CARE HOME INITIAL LICENSE APPLICATION

Please Print all responses.

Date received:

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.

to attend an information session and orientation again and subm SECTION A – Identification	it a new application. Other inform	nation may also need	to be updated.	
Doing business as/facility name:				
Applicant name:	Date of birth: Race:			
Alias, maiden, or married names this person has used:				
Location address:				
(street)	(city) (county)		(zip)	
Applicant cell phone #:	Location phone #:			
Email address:	Fax #:			
Entity Inf	ormation (optional)			
The "entity" is the LLC or corporation that is responsible for a the entity is usually an individual or an LLC. If there is an ent facility, provide the child care, and control the space. If there is Entity name:	ity, the applicant must still have re is no entity, check "individual" an Entity type:	esponsibility for the fa	cility, reside in the rmation. orporation	
Entity address:(street)	(city)	(state)	(zip)	
 If entity is an LLC, provide on a separate page a name, add If entity is a corporation, provide on a separate page a name Please submit: certificate of incorporation or LLC, if ap proof of non-profit status (for example, letter of tax-example) 	ress, and phone number for the me, address, and phone number for plicable and a Delaware state	anaging member. each corporate officer business license or	_	
SECTION B – Additional Information				
Household member(s) If care will be provided in the applica (anyone staying in the home for more than 30 days within a address listed on this application)				
Full name Alias, maiden, or marrie	d names this person has used	Date of birth R	Race Gender	

APPENDIX II: LFCCH INITIAL LICENSE APPLICATION

	ditional Information, conti	nued			
Substitute(s)					
Full name	Alias, maiden, or married names this person has use	Lighta of hirth	Race	Gender	Emergency or non- emergency use
Staff Member(s)					
Full name	Alias, maiden, or married names this person has use	Lighte of hirth	Race	Gender	Provider, assistant, aide, or volunteer
		CHU contact			
	ontact person and email to rec results will contain confidenti re facility.				
CHU contact name	::		Email:		
SECTION C - Re	ferences for the Applicant				
list five individuals understands childre	als who are not related to the s. These individuals must veren, and is sensitive to meeting	ify the applicant is of g children's needs. OC	ood character	and reputation, act these refere	respects and nces.
P	Name	Address		Tele	phone/Email

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SECTION D – Previous Licensure	
Are you currently licensed to provide care to convalescent, aged, or nursing patients? Yes, name of agency: Contact person:	
Are you currently licensed or approved or applying to provide foster care or kinship care? If yes, name of agency: Contact person:	☐ Yes ☐ No
If yes, name of agency: Contact person: Have you ever been licensed or approved to care for children in DE or any other state?	Yes No
List the name and address of the licensed/approved facility/home and the dates of approved	al/licensure.
Have you ever had an application or license to provide care for children in DE or any other withdrawn, or placed on probation? Yes No List the name and address of the facility/home, your relationship to the facility, and the ty	_
SECTION E – Facility Information	
Check all that apply, for the licensed address:	
Own commercial building/house/mobile home (circle type)	
☐ Rent commercial building/house/mobile home/apartment (circle type) If home is rented, landlord approval documentation is required. ☐ submitted ☐ home is	s not rented
	ed no well water used
On a separate sheet of paper, answer the following questions:	
1. Draw and label a diagram of all the rooms that will be used for child care. Also, note floor level that will be used for care.	the dimensions of the rooms and
2. List where the children will nap and/or sleep and the type of sleeping equipment that v	will be used.
3. Describe where the children will play outside and the equipment available for outdoor the outdoor play area. If the outside area is not located at the child care home, how far	
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, a	railroad tracks, etc.)?
 Create a detailed daily activity schedule to be followed during all hours of care. Pleas meals, developmental activities, and physical fitness. (See sample in application pack 	
6. Complete a two-week sample menu if the home provides food. Be sure to follow the components in the appendices of the <i>DELACARE</i> : <i>Regulations for Family and Large</i> .	1
7. Complete the Emergency Plan for Large Family Child Care Homes using OCCL's ten	nplate.
SECTION F – Proposed Program Information	
Hours of operation: Days of operation: a.m p.m. or a.m. (circle one) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su p.m p.m.	Months of operation: ☐ January to December ☐ August to June ☐ to
Ages of children accepted: (use "kindergarten" for 5-year-olds attending kindergarten. Oth Example: From 6 weeks to 12 years From to to	nerwise, use exact ages.)
Program components:	
☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other	
Food program (CACFP) agency:	

SECTION G – Certification and Signature

- I have read, understand, and will follow DELACARE: Regulations for Family and Large Family Child Care Homes.
- 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 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, 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, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements of Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344-14 § 3004A.
- I hereby certify that to the best of my knowledge the applicant, substitutes, staff members, and household members, if applicable, do not have any conviction, current indictment, current indictment, or current 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 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 any applicant, substitute, staff member, or household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness that limits the person's ability to perform child care or have access to children and cannot be addressed by a reasonable accommodation; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, 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 from page 1		Date	
STATE OF DELAWARE) : SS			
COUNTY OF)			
Signed and attested before me this	Date		
Signature of notarial officer		Print name	
(seal)			