APPENDIX V: FCCH RELOCATION LICENSE APPLICATION

OFFICE USE ONLY

Licensing specialist:

STATE OF DELAWARE

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)

FAMILY CHILD CARE HOME RELOCATION LICENSE APPLICATION

Please Print all responses.

Date received:

License number:	License expiration date:/_	/	
SECTION A – Identification			
Applicant name:	Date of birt	h:	Race:
Alias, maiden, or married names this person has used:			
Location address:			
(street) Applicant cell phone #:	(city) (count Location phone #:	•	(zip)
Email address:	Fax #:		
	formation (optional)		
The "entity" is the individual, LLC, or corporation that is responsibility, the applicant must still have responsibility for the fall fine entity has been formed, check "individual" and leave the	acility, reside in the facility, provi	de the child care, a	
Entity name:	Entity type:		ility company (LLC)
Doing business as/facility name:			
Entity address:(street)	(city)		
 If the entity is a corporation, provide on a separate p Please submit: certificate of incorporation or LI proof of non-profit status (for example, letter of terms) 	C, if applicable and a Dela	ware state busine	•
SECTION B – Additional Information			
Household member(s) other than the applicant (and whose current driver's license/state ID is issued to			within a year, or
Full name Alias, maiden, or marri	ed names this person has used	Date of birth	Race Gender
·			

APPENDIX V: FCCH RELOCATION LICENSE APPLICATION SECTION B - Additional Information, continued Substitute(s) Emergency or Alias, maiden, or married Full name Date of birth Gender non-emergency Race names this person has used use **CHU** contact Please provide the email at which you prefer 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 or to reside at a licensed child care facility. CHU contact name: Email: SECTION C - Current Enrollment **Hours attending each Child's name (FIRST NAME ONLY)** Date of birth Days attending day Example: Dante 5/22/10 Monday - Friday 8:00 a.m. - 5:00 p.m. 7:00 a.m. – 8:15 a.m. Example: Kate 11/6/09 Monday - Friday 3:15 p.m. – 5:45 p.m. **SECTION D – 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 _____ p.m. – ____ p.m. 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

Other (specify):

Food program (CACFP) agency:

Signature of applicant from page 1

Signed and attested before me this _

) : SS

STATE OF DELAWARE

COUNTY OF ___

Chec If ho If ho On a	TION E – Residence Information ck all that apply: ome is rented, landlord approval documentation is required. submitted home is not rented ome uses well water, a DE Office of Drinking Water certificate is required. submitted no well water used separate sheet of paper, answer the following questions:
If ho If ho On a	ome is rented, landlord approval documentation is required. submitted home is not rented submitted no well water used uses well water, a DE Office of Drinking Water certificate is required. submitted no well water used
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	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 the dimensions of the rooms and floor evel that will be used for care.
3. 1	List where the children will nap and/or sleep and the type of sleeping equipment that will be used. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located
4. <i>i</i> 5. (at the child care home, how far is the area from the home? Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)? Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
7.	Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the <i>DELACARE</i> : <i>Regulations for Family and Large Family Child Care Homes</i> . Completed the Emergency Plan for Family Child Care Homes template.
SECT	FION F – Certification and Signature
•]	have read, understand, and will follow DELACARE: Regulations for Family and Large Family Child Care Homes.
] i 6	I understand that the Department of Services for Children, Youth and Their Families Education, Office of Child Care Licensing, is required under Delaware law 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 for licensing.
S	conviction, current indictment, or <u>current</u> arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual <u>misconduct offense</u> ; or gross irresponsibility or disregard for the safety of others. I further certify if I <u>have gain</u> knowledge of any convictions, <u>current</u> indictments, or <u>current</u> arrests involving any of the persons cited above, I will promptly notify OCCL.
(<u>t</u>	Certify that to the best of my knowledge the applicant, substitute, 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.
ä	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.
•]	agree to comply with all federal, state, and local laws and regulations.
S 1	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.

Date

Date

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Signature of notarial officer (seal)

Print name