Appendix I: License Application

OFFICE USE ON	LY
Date assigned:	
Licensing specialist:	
Supervisor:	

STATE OF DELAWARE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL) YOUTH CAMP LICENSE APPLICATION

Please Print all responses.

Date received:

<u>Before completing this application, review DELACARE: Regulations for Youth Camps.</u> Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner or entity, such as a company, corporation, business, school district, or agency seeking a license to operate a youth camp. The individual owner, president of the corporation, managing member of the LLC, superintendent of a school district or equivalent officer, or head of the agency, must sign the application in section G or provide written authorization allowing the designated representative to sign.
- The "camp" is the legal name by which the camp will be known.
- The "designated representative" means the person who has been assigned by the licensee, company, corporation, business, school district, or 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 company, corporation, business, school district, or agency that is responsible for and has authority over the operation of the camp.

Applications must be submitted at least 60 days in advance of the anticipated opening date.

SECTION A – Identificatio	<u>n</u>					
Applicant Name:				vidual, will this	•	
Phone #:	Cell phone #:		<u>Email:</u>			
Camp Name:						
Phone #:	<u>Fax #:</u>	Bus	iness Email:			
Mailing Address:						
	<u>(street)</u>		(city)	(county)	(state)	(zip)
Camp Location:						
	(street)		(city)	(county)	(state)	(zip)
Inclement Weather Location (if not located at the camp's location):						
<u>(s</u>	treet)	(city)	<u>(cou</u>	<u>inty)</u>	(state)	(zip)
Designated representative name, if applicable:			Will individual be on-site or have access to children in care? ☐ Yes ☐ No			
Cell phone #:	Email:					
	<u>CHU</u>	<u>contact</u>				
	on and email to receive the fing contain confidential information					<u>listory</u>
CHU contact name:		Email:	-		-	

Appendix I: License Application SECTION B - Information for Individual Owner or Corporation, LLC, Agency, 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 ☐ Agency Limited liability company (LLC) School Type: Name: 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. <u>If entity is a corporation, list below a name, address, and phone number for each corporate officer.</u> 3. If entity is an agency or a school district, list below a name, address, and phone number for the designated representative.

For corporation: officers For LLC: managing member For agency or school district: designated				Will th person on-site have a to child in care	be or ccess dren
<u>representative</u>	<u>Title</u>	Address	<u>Email</u>	No	Yes

SECTION C – References for the Applicant (individual owner,	president of the corp	o., managing mem	ber of the LLC, head
of agency, or superintendent of the school district)	<u> </u>			

List three individuals who are not related to years, list five individuals. These individuals	als must be able to verify that the app	licant is of good character and reputation
espects and understands children, and is se	ensitive to meeting children's needs.	OCCL will contact these references.
<u>Name</u>	Address	<u>Telephone/Email</u>
CTION D – Previous Licensure		
as the applicant been previously licensed to	to care for children in DE or any other	r state? No Yes
yes, specify state and type of license:		tes of approval/licensure.
st me name and data ess of the needsed for	activity, tronter, yourse carries and the date	es of approvious sections et
as the applicant or any person listed in Sec		
y other state denied, revoked, suspended, yes, list the name and address of the facilities.		No Yes
yes, tist the name and dadress of the fact	usymome, youth camp and the type a	ma aute of action.
ECTION E – Program Information		
nticipated Dates of Operation: (Example	e: June 12, 2021- August 31, 2021)	
to		
ours of Operation:	Days of operation:	
pen: a.m. – Close: p.m. or a.n	m. (circle one) M T W	Th F Sa Su
ges of Children Accepted: (use "kinderga	arten" for 5-year-olds who have comp	oleted kindergarten. Otherwise, use exac
ges.)		
Example: From kindergarten to 12 years	s From to	
rogram components: Mark all that apply.	<u>-</u>	
Accepts Purchase of Care Provides Tr	ransportation: field trips daily	other
Enrolled in Food Program (CACFP) age	- · · · · · · · · · · · · · · · · · · ·	<u> Other</u>
Camp prepares and serves meals and sn		
Camp prepares and serves snacks only		
Camp requires parents/guardians to pro		
Day Camp (day camp permit required f		
Overnight (recreational permit required		
Specialized Activity Yes or No		
f yes, indicate activities horseback ridi		
Primarily Outdoor Camp: indoor area u		
Indoors Camp and Outdoors Camp: all		
Indoors and Outdoors Camp: all childre		ame ume

Appendix I: License Application SECTION F – Staffing (attach an additional sheet if needed) Date of Legal name **Employee title/position DE FIRST certificate, if any** Race birth **Volunteers** (attach an additional sheet if needed) Date of birth Race Legal Name SECTION G - Applicant Certification and Signature I have read and understand DELACARE: Regulations for Youth Camps. I understand that the Department of Education, 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 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, and 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 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 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 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 COUNTY OF

Date

Print name

(seal)

Signed and attested before me this

Signature of notarial officer