OFFICE USE ONLY					
Date assigned:					
Specialist:					
Supervisor:					

STATE OF DELAWARE DEPARTMENT OF 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), the name of the organization, head of the state-operated agency, or the superintendent name of the school or school district. The individual owner, president of the corporation, managing member of the LLC, head of the organization, head of the state-operated agency, the principal of the school, 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 name" is the legal name by which the center will be known.
- The "designated representative" means the person who has been assigned by the <u>applicant or licensee licensee</u>, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or it's the applicant's or licensee's behalf and granted authority over program operations and to represent him, her, or it the applicant or licensee in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.
- The "entity" is the corporation, LLC, <u>organization,</u> 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 may need to attend an information session and orientation again and submit a new application. Other information may also need to be updated.

Mailing address (if different): (street) (city) (county) (sta Will individual be on-site or have 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 Crim Unit (CHU). The results will contain confidential information about each person's eligibility for employment. If the	Applicant name:	Will this person be on site or have access to children in care? Yes No						
Phone #: Fax #: Business Email: Site address: (street) (city) (county) (state of the county) (state of the c	Phone #:	Cell phone #:	Email:	Email:				
Site address: (street) (city) (county) (standard address (if different): (street) (city) (county) (standard address) (street) (city) (county) (standard in dividual be on-site or have children in care? No Cell phone #: Email: CHU contact Please provide a contact person and email to receive the fingerprinted background check results from the Crimulation (CHU). The results will contain confidential information about each person's eligibility for employment. If the	Facility name:							
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Designated representative name: Will individual be on-site or have children in care? ☐ Yes ☐ No Cell phone #: Email:	•	(street)	(city)	(county)	(state)	(zip)		
Designated representative name: children in care?		(street)	` • /	` • /	` ′	(zip)		
CHU contact Please provide a contact person and email to receive the fingerprinted background check results from the Crim Unit (CHU). The results will contain confidential information about each person's eligibility for employment. If the	Designated representative na	ame:				ss to		
Please provide a contact person and email to receive the fingerprinted background check results from the Crim Unit (CHU). The results will contain confidential information about each person's eligibility for employment. <u>If th</u>	Cell phone #:	Email:						
Unit (CHU). The results will contain confidential information about each person's eligibility for employment. If the		CHU co	ontact					
fingerprinted for each location.	Unit (CHU). The results will conas multiple locations, list the s	ntain confidential information ab	out each person's elig	ibility for employme	ent. <u>If the ap</u>	<u>plicant</u>		

SECTION B – Entity Information for: Individual Owner, Corporation Information, LLC Information, Organization, State-Operated Agency Information, School District or School Information

Please submit as applicable: DE State business license Proof of non-profit status (for Certificate of Incorporation or DE DOE School Registration	r LLC	tax-exempt sta	tus or 501(c)(3	3) documents)			
Name:Address:		Туре:	Limited lia	☐ Corporation ability company (lerated <u>Agency</u> ☐	LLC)	hool Dis	<u>strict</u>
, tau, 555.	(street)			(city)	(state)	(zip)	
Phone #:	Fax #:			Email:	` '		
For corporation: officers board president For LLC: managing member members For state-operated agency, school, or school district: designated representative head of the state-operated agency, principal of the school, or superintendent of the school district For organization: head of organization	C.	Addre	ess	Ema	iil	Will thi person on-site have a to child in care	be or ccess dren

SECTION C – References for head of the state-operated				ing men	nber of the LLC,
List three individuals who are years, list five individuals. The respects and understands ch	nese individuals must be al	ole to verify that the app	icant is of good	character	and reputation,
Name		Address Email	1	Telephon	ne /Email
SECTION D – Previous Lice	ensure				
Has any person listed on page any other state? No Yes, List list the name and	e 1 or 2 of this application I	· · · · · · · · · · · · · · · · · · ·	· ·		
Has any person listed on page or any other state denied, revestate: If yes, List list the name and date of action.	oked, suspended, withdrav	vn, or placed on probation	on? No Y	es	
SECTION E – Program Info				88 (1	
Hours of operation: a.m p.m. or a p.m p.m. Ages of children accepted: 6 Example: From 6 weeks to 1	.m. (circle one)	operation: Γ	rgarten. Otherwi	uary to D Augu	s of operation: eccember ust to June to exact ages.)
Program components: ☐ Purchase of Trans Care ☐ Yes ☐ No ☐ Ye	sportation: ☐ field trips ☐ es ☐ No egency: ☐ Yes ☐	daily other	pecify):		
	· · · · · · · · · · · · · · · · · · ·		F / /·		
SECTION F – Staffing (attac	ch an additional sheet if ne		T		14/aulas 05 au
Legal name	Employee title/position	DE FIRST DEEDS Early Learning certificate, if any	Date of birth	Race*	Works 25 or more hours/week
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

A=Asian	H=Hispanic/Latino	W=White	9	ND=No	t Deter	mined	
Out of the total and Malaura and Catal	h						
Substitutes and Volunteers (attac		eaea)	T T	ı			
Legal Name	DE FIRST DEEDS Early Learning certificate, if any	Date of birth	Race*	Works 7 or more hours/week providing direct care			
	-				Yes	□ No	
					Yes	No No	
					Yes	No No	
SECTION C. Applicant Contificat	ion and Cinnoture	<u> </u>			Yes	<u> </u>	
SECTION G – Applicant Certificat	ion and Signature						
 I have read and understand DE. I understand that the Department 14, §§3001A-3005A to make a supplicants; the present and prost that there is sufficient financial befor a reasonable period of time; interests and that of society; and I agree that identifying informati action, non-compliances, and suincluding via the OCCL website I hereby certify that to the best of care staff do not have any convabuse or neglect; possession, such esafety of others. I also certify have direct access to the childrent against a person; child abuse of further certify if I gain knowledged cited above, I will promptly notified above, I will promptly notified above, I will promptly notified above and addictive care staff members, I will promptly notified all access to the childrent and content and care staff members, I will promptly notified above. I certify that to the best of my knowledge cited above, I will promptly notified above. I certify that to the best of my knowledge cited above, I will promptly notified above. I certify that to the best of my knowledge cited above. I will promptly notified above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that to the best of my knowledge cited above. I certify that	ant of Education, Office of Cathorough investigation to despective need of the service processing to ensure effective that the methods used and that the required crimination, including my name, and ubstantiated complaints with the first of my knowledge the application, current indictment, or ale, or distribution of illegate that to the best of my knowledge and onot have any conviction and converted that the perspective of any convictions, curred the processing of the perspective of the perspective and the perspective of	Child Care Licensing letermine the good of the rendered; that cape work; that there is a disposition made of background checks dress, and contact ill be made available cant, owner, designator current arrest involution, current indictmon current indictmon current indictmon current indictmon tindictments, or cuthe child care staff I son's ability to perform. I also certify to the further certify if any of the contact of the license co	, is required un character and in cable, qualified a probability of the children is are completed information, lice to the public thated representative of gross irrembers and of ent, or current ality or disregard irrent arrests in the above incomplete information is true and corcomplete information of a complete information of a	der Dela Intention of workers the service erved widerved widerved widerved and appense state frough a tive, mer against a esponsible fficers of arrest inv I for the sevolving a agnosed have ac owledge sidents of metion w	ware Coff the a will be ce being the top coroved us, enforced a persopility or the corolving safety on y of the corolving safety or is not cess to child cocur, in the record the corolving the corolving the corolving safety or is not cess to child cocur, in the corolving the corolvi	code, Title pplicant or employed; ag continued their best corcement of means, of the child n; child disregard for rporation who violence of others. I he persons not under any ochildren care staff nvolving child finue to supply quested may	

Print name

Signature of notarial officer

(seal)