OFFICE USE ONLY

STATE OF DELAWARE

Date assigned: Specialist: Supervisor:		DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL) EARLY CARE AND EDUCATION AND SCHOOL-AGE CENTER RENEWAL/RELOCATION LICENSE APPLICATION	Please Print all responses. Date received:			
	License ex	xpiration date:// License number:				
Check application type: Renewal Relocation						
Refore 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 applicant or licensee licensee, 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, organization, state agency, or school that is responsible for and has authority over

SECTION A – Identification					
Applicant name:	Will this person be on-site or have access to children in care? ☐ Yes ☐ No				
Phone #:	Cell phone #:	Email:			
Facility name:					
Phone #:	Fax #:	Business Email:			
Site address:					
	(street)	(city)	(county)	(state)	(zip)
Mailing address (if different):					
	(street)	(city)	(county)	(state)	(zip)
Designated representative name:		Will individual be on-site or have access to children in care? ☐ Yes ☐ No			
Cell phone #:	Email:				

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. If the applicant has multiple locations, list the same CHU contact and email so that staff may move from center to center without being fingerprinted for each location.

CHU contact name:

Email:

SECTION B - Relocation (if ap	pplicable)				
 If this application is to receive a The deed or lease; Blueprints/diagrams; a The plan review narrati Centers template. 	nd	-	nts are required: arly Care and Education and S	chool-A	ge
submitted					
SECTION C – Entity Information	n for: Individual (Owner, Corporation Informa	tion, LLC Information, Organ	ization,	, State-
Operated Agency Information,	School District o	r School Information			
Please submit as applicable: DE State business license Proof of non-profit status (for Certificate of Incorporation of DE DOE School Registration	r LLC	tax- exempt status or 501(c)((3) documents		
Name: Individual Corporation Limited liability company (LLC)					
Address:	(street)		(city) (state) —	(zip)	
Phone #:	Fax #:		Email:	,	
 If entity is an LLC, list below If entity is a corporation, list If entity is a state-operated a representative. 	below a name, ad	dress, and phone number for	each corporate officer.	designa	ted
For corporation: officers president of the board 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	Title	Address	Email	Will thi persor on-site have a to child in care	n be e or eccess dren

SECTION C – Program Information						
Hours of operation: a.m. – p.m. or a p.m. – p.m.	.m. (circle one) ☐ M ☐ T	peration: W Th F Sa [🗌 Su 🔲 Janua	ary to Ded ☐ Augus	of operation: cember t to June to	
Ages of children accepted: Example: From <u>6 weeks</u> to <u>1</u>	(use "kindergarten" for 5-yea 12 years From	ar-olds attending kinderga	arten. Otherwise			
Program components:			Transportatio	n. □ fial	d tring Voc	
☐-Purchase of Care ☐ Yes	i ☐ No	Transportation:				
Food program (CACFP)	☐ Yes ☐ No agency:		Other (specify):			
SECTION D - Staffing (attac	h an additional sheet if need	ed)				
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	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
*Select a designation below to complete this column.						
Al=American Indian/Alaskan N A=Asian			<u>e Hawaiian/Pad</u>		<u>der</u> Determined	
<u>u-u9iaii</u>	n-nispanic/Latin	o vv-vvrille	<u> </u>	אט–ואטנ ד	<u>Jeterminea</u>	

Substitutes and Volunteers (attach an additional sheet if needed) Legal Name Legal Name Date of birth Race* Works 7 25 or more hours/week providing direct care Yes No

Yes

Yes

No

No

SECTION G – Applicant Certification and Signature

- I have read and understand DELACARE: Regulations for Early Care and Education and School-Age Centers.
- I understand that the Department of Education, Office of Child Care Licensing (OCCL), 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, 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 OCCL.
- 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 warning of probation, probation, 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)				
: SS COUNTY OF)				
Signed and attested before me this	-			
Date				
Signature of notarial officer	Print name			