APPENDIX III: FCCH RENEWAL LICENSE APPLICATION

OFFICE USE ONLY

Licensing specialist:

STATE OF DELAWARE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL) FAMILY CHILD CARE HOME

RENEWAL LICENSE APPLICATION

Ρl	ease	Print
ıll	resp	onses.

Date received:

	License number:	License expiration da	nte://_			
SECTION A – Identification						
Applicant name:		D	ate of birth: _		Rac	e:
Alias, maiden, or married nam						
Location address:						
	(street)	(city)	(county)	(state)	((zip)
Applicant cell phone #:		Location pho	ne #:			
Email address:		Fax #:				
	Entit	y Information (optiona	al)			
The "entity" is the individual, LI entity, the applicant must still har entity has been formed, check "in Entity name:	we responsibility for the andividual" and leave the	facility, reside in the facilit	y, provide the cl		control the	space. If no ration
Doing business as/facility nan	ne:					
Entity address:						
 If the entity is a corporation Please submit: certifical proof of non-profit state 	ate of incorporation or		a Delaware	state busine	_	
SECTION B – Additional In	formation					
		t (anyone staying in the h e address listed on this ap		han 30 days	within a ye	ear, or whose
Full name Ali	as, maiden, or married	names this person has u	ised Date	e of birth	Race	Gender

	Substitute	e(s)	
Full name Alias, maiden, or m names this person ha	arried Date of		Gender Emergency or non emergency use
	CHU cont	act	
Please provide the email at which you prefer to Just (CHU). The results will contain confider Relicensed child care facility.			
CHU contact name:		Email:	
ECTION C - Current Enrollment			
Child's name (FIRST NAME ONLY)	Date of birth	Days attendin	g Hours attending each d
Example: Dante	5/22/10	Monday - Frida	8:00 a.m 5:00 p.m.
Example: Kate	11/6/09	Monday - Frida	7:00 a.m. – 8:15 a.m 3:15 p.m. – 5:45 p.m.
ECTION D – Program Information			
lours of operation:	Days of operation:		Months of operation:
a.m. – p.m. or a.m. (circle one) p.m. – p.m.	M T W _	_ Th F Sa S	August to June
ges of children accepted: (Use "kindergarte xample: From 6 weeks to 12 years From _			
Program components:			
Purchase of Care Yes No			
☐ Food program (CACFP) agency: ☐ Yes ☐ No		Other (specify):	

Are you currently licensed or approved or applying to provide foster care or kinship care?

Yes

No

APPENDIX III: FCCH RENEWAL LICENSE APPLICATION

SECTION E – Certification and Signature

(seal)

- I have read, understand, and will follow DELACARE: Regulations for Family and Large Family Child Care Homes.
- I understand that the Department of Education, Office of Child Care Licensing, is required under Delaware law Code, Title 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 for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members 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 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, the applicant, substitute, and 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 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 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	