

OFFICE USE ONLY

Licensing specialist: \_\_\_\_\_

**Please Print  
all responses.**

Date received:

## SECTION A – Identification

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

[illegible]**SECTION B – Additional Information, continued**

APPENDIX IV: LFCCH RENEWAL LICENSE APPLICATION

Substitute(s)					
Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use

Staff Member(s)					
Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Provider, assistant, aide, or volunteer

CHU contact
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 or to reside at a licensed child care facility.
CHU contact name: _____ Email: _____

SECTION C – Current Enrollment (attach an additional sheet if needed)

Child’s name (FIRST NAME ONLY)	Date of birth	Days attending	Hours attending each day
Example: Dante	5/22/10	Monday - Friday	8:00 a.m. - 5:00 p.m.
Example: Kate	11/6/09	Monday - Friday	7:00 a.m. – 8:15 a.m. 3:15 p.m. – 5:45 p.m.

SECTION D – Program Information

Hours of operation: _____ a.m. – _____ p.m. or a.m. (circle one)	Days of operation: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	Months of operation: <input type="checkbox"/> January to December
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**APPENDIX IV: LFCCH RENEWAL LICENSE APPLICATION**

\_\_\_\_ 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☐ Yes ☐ NoTransportation: ☐ field trips ☐ daily ☐ other ☐ 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**SECTION E – Certification and Signature**

- I have read, understand, and will follow *DELCARE: Regulations for Family and Large Family Child Care Homes*.
- 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 understand that the Department of Education, Office of Child Care Licensing, is required under Delaware 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. The investigation 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 of Delaware Code, Title 14 § 3004A.
- I hereby certify that to the best of my knowledge the applicant, substitutes, staff members, and household members, if applicable, do not have any conviction, current indictment, or current arrest violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; 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 any applicant, substitute, staff member, 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 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 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\_\_\_\_\_  
DateSTATE OF DELAWARE       )  
  : SS  
COUNTY OF \_\_\_\_\_ )Signed and attested before me this \_\_\_\_\_  
Date\_\_\_\_\_  
Signature of notarial officer  
(seal)\_\_\_\_\_  
Print name