

APPENDIX VI: LFCCH RELOCATION LICENSE APPLICATION

OFFICE USE ONLY
Licensing specialist: _____

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)
LARGE FAMILY CHILD CARE HOME
RELOCATION LICENSE APPLICATION

Please Print all responses.
Date received: _____

License expiration date: ___/___/___ License number: _____

SECTION A – Identification

Doing business as/facility name: _____

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

Location address: _____
(street) (city) (county) (state) (zip)

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information

The "entity" is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check "individual" and leave the rest of this section blank.

- Individual Corporation
Limited liability company (LLC)

Entity name: _____ Entity type: _____

Entity address: _____
(street) (city) (state) (zip)

- 1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: [] certificate of incorporation or LLC, if applicable and [] a Delaware state business license or [] proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

SECTION B – Additional Information

Household member(s) If care will be provided in the applicant's home, list all household members other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application)

Table with 5 columns: Full name, Alias, maiden, or married names this person has used, Date of birth, Race, Gender. Multiple rows for listing household members.

SECTION B – Additional Information, continued

APPENDIX VI: LFCCH RELOCATION 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

SECTION B – Additional Information, continued					
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 – Facility Information

Check all that apply, for the licensed address:

Own commercial building/house/mobile home (circle type)

Rent commercial building/house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. submitted home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. submitted no well water used

- On a separate sheet of paper, answer the following questions:
1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
 2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
 3. Describe where the children will play outside and the equipment available for outdoor use. Note the dimensions of the outdoor play area. If the outside area is not located at the child care home, how far is the area from the home?
 4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
 5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
 6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.
 7. Complete Emergency Plan for Large Family Child Care Home template.
 8. If providing meals or snacks, describe the kitchen equipment available to prepare, serve, and store meals and snacks. Equipment must include one separate sink used only for hand washing in the kitchen where food is prepared.

APPENDIX VI: LFCCH RELOCATION LICENSE APPLICATION

SECTION D – Program Information

Hours of operation:

_____ a.m. – _____ p.m. or a.m. (circle one)
_____ p.m. – _____ p.m.

Days of operation:

M T W Th F Sa Su

Months of operation:

January to December
 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 Transportation: field trips daily other

Yes No Yes No

Food program (CACFP) agency: _____

Yes No

Other (specify): _____

SECTION E – Certification and Signature

- I have read, understand, and will follow DELACARE: 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. 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 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 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 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 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 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 (seal)

Print name