# OFFICE USE ONLY Date assigned: Licensing specialist: Supervisor:

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

## RESIDENTIAL CHILD CARE FACILITIES AND DAY TREATMENT PROGRAMS

#### INITIAL LICENSE APPLICATION

Please print all responses.

Date received:

Before completing this application, review DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs. Answer all applicable questions and attach all required application materials/documents.

- The "applicant" is the individual owner if not a corporation or limited liability company (LLC). For a corporation, it is the president. For an LLC, it is the managing member. This individual must sign the application or provide written authorization allowing the chief administrator to sign.
- The "facility" is the legal name by which the facility will be known.
- The "chief administrator" is the person designated by the licensee as having day-to-day responsibility for the overall administration and operation of the facility or program. This person assures the care, treatment, safety, and protection of children and meets the qualifications in the regulations.
- The "entity" is the corporation or LLC that is responsible for and has authority over the operation of the facility.

This application will be active for one year. If you are not licensed within one year of OCCL receiving this application, you will need to attend orientation again and submit a new application. Other information may also need to be updated.

SECTION A – Identification					
Applicant name:					
Cell phone #:	<u>Fax #:</u>	Email:			
Address:					
	(street)	(cit	<u>y)</u>	(state)	(zip)
Facility name:					
Phone #:	Fax #:	Email:			
Site Address:					
	(street)	(city)	(county)	(state)	<u>(zip)</u>
Mailing address:					
	(street)	(city)	(county)	(state)	(zip)
Chief administrator name:		Will individ	lual be on-site or ha	ave interaction	on with
children in care? Yes No					
Title:					
Cell phone #:		Email:			
Address:					
	(street)	<u>(cit</u>	<u>y)</u>	(state)	(zip)
	<u>CHU</u>	<u>contact</u>			
Please provide a contact person a Unit (CHU). The results will co		_			<u>listory</u>
CHU contact name:		Email:			

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SECTION B – Entity Information (as applicable) If there is no entity, check "individual" and skip the related entity information.						
Submit one:  Delaware State business	Entity name:			dividual Corp	poration mpany (LLC)	
license -or- Proof of non-profit status (for example, letter of tax-	Entity address:  Phone #:	(street) Fax #:	(city) Email:	<u>(sta</u>	ate) (zip)	
exempt status or 501(c)(3) documents)	<ol> <li>If entity is an LLC, list below a name, address, and phone number for the managing member.</li> <li>If entity is a corporation, list below a name, address, and phone number for each corporate officer.</li> </ol>					
For corporation: officers				Will this person be on-site or have access to children?		
For LLC: managing member	<u>Title</u>	Address and	d email	<u>No</u>	Yes	

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SECTION C – Previous Licensure	
Has any person listed on page 1 or 2 of this application been previously licensed or approved to care for Delaware or any other state? Yes No List the name and address of the licensed/approved agency/facility/home, and the dates for which a was given.	
Has any person listed on page 1 or 2 of this application ever had an application or license to provide can be be be be be be believed, revoked, suspended, withdrawn, or placed on probation? Yes be	No
SECTION D – References for the Applicant	
List three individuals in the community who are not related to the applicant. OCCL will contact thes	e references.
<u>Name</u> <u>Address</u> <u>Telepho</u>	one/Email
SECTION E - Program Information	
a.m. – p.m. or a.m. (circle one) MTWThFSaSu JA  Ages of children to be served	Months of operation Sanuary to December August to June to
(Use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.)	
Example: From 4 years to 17 years	
<u>From</u> to	
Anticipated number of children to be served:	
Facility or program type(s) – check all that apply	
Residential       Parenting adolescent         Alternative to detention       Shelter care         Drug and alcohol treatment       Wilderness adventure camp         Independent living       Uses restrictive procedures	

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#### **SECTION F – Certification and Signature**

- I have read, understand, and agree to comply with DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs.
- I understand that the Department of Education's, Office of Child Care Licensing, 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 hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the 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 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 staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving 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.
- I certify that to the best of my knowledge all information I have given to OCCL and its authorized agent is true and correct. I will supply true and correct information requested during all subsequent contacts. If it is determined that information submitted was false or that information was omitted, it could result in an action of warning of probation, probation or the denial, suspension or revocation of the license.

Signature of applicant	Date	
Notice: See the definition of "applicant" on page	1 for instructions on who may sign.	
Print name and title		
STATE OF)		
: <u>SS</u>		
COUNTY OF)		
Signed and attested before me this	<u>.</u>	
Signature of notarial officer	Print name	

(seal)

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