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

## STATE OF DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES OFFICE OF CHILD CARE LICENSING (OCCL)

## EARLY CARE AND EDUCATION AND SCHOOL AGE-CENTER INITIAL LICENSE APPLICATION

Please Print all responses.

Date received:

Before 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), head of the state-operated agency, or the superintendent of the school district. The individual owner, president of the corporation, managing member of the LLC, head of the state-operated agency, 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" is the legal name by which the center will be known.
- The "designated representative" means the person who has been assigned by the licensee, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or its behalf and granted authority over program operations and to represent him, her, or it in dealings with OCCL. This person may sign the application with written authorization from the applicant.
- The "entity" is the corporation, LLC, state agency, or school that is responsible for and has authority over the operation of the center.

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 an information session and orientation again and submit a new application. Other information may also need to be updated.

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 Ema	il:			
Site address:	(1)	('()		( , , )	( ' ` `	
Mailing address:	(street)	(city)	(county)	(state)	(zip)	
	(street)	(city)	(county)	` ′	(zip)	
Designated representative name:		Will individual be on-site or have access to c children in care? Yes No				
Cell phone #:	Email:					
	CHU c	ontact				
Please provide a contact person and e Unit (CHU). The results will contain					History	
CHU contact name:	E	Email:				

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	CTION B – Entity: Individua Cormation, or School Informa		ration Information, LLC Inf	ormation, State Operate	d Agency		
Ple	ase submit as applicable: DE State business license Proof of non-profit status (for Certificate of Incorporation or DE DOE School Registration	example, letter of t	-	3) documents			
N	ame:		Limited lia	☐ Corporation ability company (LLC) ated ☐ School			
A	ddress:						
Pł	none #:	(street) Fax #:		city) (state) mail:	(zip)		
	If entity is an LLC, list below If entity is a corporation, list b If entity is a state-operated age for designated representative.	elow a name, addr	ress, and phone number for each	ch corporate officer.			
For corporation: officers For LLC: managing member For state-operated or school district: designated					Will this person be on-site or have access to children in care?		
	representative	Title	Address	Email	No	Yes	

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list five individuals. These	are not related to the applica individuals must be able to and is sensitive to meeting cl	verify that the applicant	is of good charac	cter and rep	utation, respects
Name	and is sensitive to meeting en	Address		Felephone/	
					_
SECTION D – Previous Li	icensure				
Has any person listed on p	age 1 or 2 of this application			care for ch	ildren in DE or
	Yes If yes, specify state: s of the licensed/approved for			consuro	
	oj ine neenseurapprovea je		es of approvation	censure.	
	age 1 or 2 of this application evoked, suspended, withdra				
•	of the facility/home, the pe				
SECTION E - Program	Information				
Hours of operation:	Days of or a.m. (circle one)	f <i>operation:</i>	] c₂		of operation:  ary to December
p.m. – p.m. e	if a.m. (chele one)   wi		] 5a [_] 5u	Augu Augu	st to June
Agas of abildness googstad	· (vaa "Irindanaantan" fan 5 ·	room olds attanding binds	maantan Othanyy		to
Example: From 6 weeks	: (use "kindergarten" for 5-y to <u>12 years</u> From	to	rgarten. Otherw	ise, use exa	ct ages.)
Program components:					
	insportation:  field trips [				
Food program (CACF)	P) agency:	Other (s	pecify):		
SECTION F – Staffing (a	attach an additional sheet if r	needed)			
Legal name	Employee title/position	DE FIRST certificate,	Date of birth	Race*	Works 25 or more
		if any			hours/week
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

the state-operated agency, or superintendent of the school district)

**SECTION F – Staffing, continued** 

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Legal Name	DE FIRST certificate, if any	Date of birth	Race	Works 7 or more hours/week providing direct care			
				☐ Yes ☐ No			
				☐ Yes ☐ No			
				☐ Yes ☐ No			
				☐ Yes ☐ No			
ECTION G – Applicant Cert	ification and Signature						
	DELACARE: Regulations for	· Early Care and Ed	lucation and S	School-Age Centers.			
determine the good character rendered; that capable, qual work; that there is a probab disposition made of the chil background checks are com. I agree that identifying info action, non-compliances, ar including via the OCCL we I hereby certify that to the background checks.	lified workers will be employed ility of the service being contained and approved.  The properties of the service being contained and approved.  The properties of the service being contained and approved.  The properties of the service being contained and approved and substantiated complaints with the service being contained as a ser	ant or applicants; the ed; that there is suff inued for a reasonal est interests and that address, and contactill be made available licant, owner, design	e present and pricient financial ple period of to to formation, to the publication of the	prospective need of the service all backing to ensure effective ime; that the methods used and that the required criminal license status, enforcement of through a variety of means, entative, members of the child			
neglect; possession, sale, or safety of others. I also certi- have direct access to the ch- person; child abuse or negle	distribution of illegal drugs; fy that to the best of my know ildren do not have any convic	sexual misconduct; yledge the board me- tion, current indictnoss irresponsibility o	or gross irres mbers and off nent, or arrest or disregard fo	ponsibility or disregard for the ficers of the corporation who involving violence against a or the safety of others. I further			
I agree to comply with all for	ederal, state, and local laws a	nd regulations.					
supply true and correct info	my knowledge all information ormation. Submitting false infring of probation, probation,	formation or failing	to provide co	mplete information when			
Signature of applicant		Date					
	"applicant" on page 1 for guid		gn.				
Print name and title							
STATE OF	)						
COUNTY OF	: SS )						
Signed and attested before me	this						
	Da	nte					
Signature of notarial officer		Print na	me				

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