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 RENEWAL/RELOCATION LICENSE APPLICATION

Ρl	ease Print	
ll	responses.	

Date received:

Supervisor:	RENEWAL/RELOCATI	ON LICENSE APPLICA	ATION	Date rece	iveu.
License exp	iration date://	License number: _			
	Check application type: [Renewal Reloca	tion		
Before completing this application, re Answer all applicable questions and atta			Education and Sch	nool-Age Cen	ters.
 The applicant is the individual owner or the superintendent of the school of head of the state-operated agency provide written authorization allows. The "facility" is the legal name by the "designated representative" meschool district, or State agency to acher, or it in dealings with OCCL. The "entity" is the corporation, LLC 	district. The individual own, or the superintendent of owing the designated representation the center will be known and the person who has been on his, her, or its behalf and is person may sign the application.	ner, president of the cor the school district must sentative to sign. wn. a assigned by the licensee and granted authority over ication with written author	poration, managin sign the application, corporam operations or ization from the a	g member of n in section (coration, entity and to represe	the LLC, G or y, LLC, tent him,
SECTION A – Identification					
Applicant name:	licant name: Will this person be on-site or h children in care? ☐ Yes ☐ I				ess to
Phone #:	Cell phone #:	Email:			
Facility name:					
Phone #:	Fax #:	Business Emai	1:		
Site address:					
	(street)	(city)	(county)	(state)	(zip)
Mailing address:					
Designated representative name:	(street)	(city) (county) (state) (zip Will individual be on-site or have access to children in care? Yes No			
Cell phone #:	Email:				
	СНО с	ontact			
Please provide a contact person and e Unit (CHU). The results will contain CHU contact name:	confidential information	_			History
SECTION B – Relocation (if applic	cable)				
 If this application is to receive a lice. The deed or lease; Blueprints/diagrams; and The plan review narrative in Centers template. 		Ü	Ŷ	n and Schoo	ıl-Age

Revised July 2018 Page 1 of 4

	ON C – Entity: Individuation, or School Informa		ration Information, LLC Inf	Formation, State Oper	rated Agency		
DE St Proof Certif	bmit as applicable: tate business license of non-profit status (for officate of Incorporation or OE School Registration #	LLC	tax- exempt status or 501(c)(3	3) documents			
Name:			Limited li	Corporation ability company (LLC) rated School)		
	· -	(street)	((city) (sta	nte) (zip)		
Phone #:		Fax #:	E	mail:			
 If ent If ent 	ity is an LLC, list below ity is a corporation, list b	a name, address, a elow a name, add	and phone number for the man ress, and phone number for ea istrict, list below a name, addr	aging member. ch corporate officer.			
For corporation: officers For LLC: managing member For state operated or school district: designated					person on-site have a to chil	Will this person be on-site or have access to children in care?	
repre	esentative	Title	Address	Email	No	Yes	

Revised July 2018 Page 2 of 4

SECTION C – Program Hours of operation: p.m. o p.m. o p.m.	Days of o	peration: T [] W [] Th [] F [] S	Sa 🗌 Su	☐ Janua ☐ Augu	of operation: ry to December st to June to
	: (use "kindergarten" for 5-yea to <u>12 years</u> From				
Program components:					
	nsportation: field trips				
Food program (CACF)	P) agency:	Other (spe	cify):		
SECTION D – Staffing (a	attach an additional sheet if ne	eded)			
Legal name	Employee title/position	DE FIRST certificate, if any	Date of birth	Race*	Works 25 or more hours/week
					☐ Yes ☐ No
					☐ Yes ☐ No
					Yes No
					Yes No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					Yes No
					Yes No
					☐ Yes ☐ No
					☐ Yes ☐ No
					Yes No
					☐ Yes ☐ No
					Yes No
					Yes No
					Yes No
					☐ Yes ☐ No
					☐ Yes ☐ No
					Yes No
					Yes No
Substitutes and Voluntee	rs (attach an additional sheet i				
Legal Name	DE FIRST certificat if any	te, Date of birth	Race		r more hours/week ling direct care
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Revised July 2018 Page 3 of 4

SECTION G – Applicant Certification and Signature

- I have read and understand DELACARE: Regulations for Early Care and Education and School-Age Centers.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 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 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 hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the child care staff do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; 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 arrest involving violence against a person; child abuse or neglect; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests 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		Date			
Notice: See the definition of	"applicant" on p	age 1 for guidance o	on who may sign.		
Print name and title					
STATE OF					
COUNTY OF	: SS)				
Signed and attested before m	e this				
		Date			
Signature of notarial officer			Print name		
(seal)					

Revised July 2018 Page 4 of 4