OFFICE USE ONLY

Licensing specialist:

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

LARGE FAMILY CHILD CARE HOME RENEWAL 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 bir	th:	Race:
Alias, maiden, or married names this person has	used:		
Location address:			
(street)	(city) (coun	ty) (state)	(zip)
Applicant cell phone #:	Location phone #:		
Email address:	Fax #:		
I	Entity Information (optional)		
The "entity" is the LLC or corporation that is responsible the entity is usually an individual or an LLC. If ther facility, provide the child care, and control the space. Entity address:	re is an entity, the applicant must still have. If there is no entity, check "individual"	e responsibility for to and skip the related Individual	he facility, reside in the
Entity address:(street)	(city)	(state)	(zip)
 If entity is an LLC, provide on a separate page a If entity is a corporation, provide on a separate p Please submit: certificate of incorporation or proof of non-profit status (for example, letter 	name, address, and phone number for the age a name, address, and phone number a LLC, if applicable and a Delaware st	e managing member. for each corporate of ate business license of	ficer.
SECTION B – Additional Information			
Household member(s) If care will be provided in (anyone staying in the home for more than 30 day address listed on this application)			
Full name Alias, maiden	, or married names this person has us	ed Date of birth	Race Gender

SECTION R _ Addition	nal Information, continued				
Substitute(s)	nai miormation, continucu				
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
	CIII	I comto at			
	person and email to receive the fing will contain confidential information				
CHU contact name:	Email:				

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

Child's na	me (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.

Revised July 2018 Page 2 of 3

SECTION D – Program Information	
Hours of operation: Days of operation: a.m p.m. or a.m. (circle one) □ M □ T □ W □ Th □ p.m p.m. p.m.	Months of operation: F Sa Su January to December August to June to
Ages of children accepted: (use "kindergarten" for 5-year-olds attending k Example: From 6 weeks to 12 years From to to to	
Program components:	
☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other	
☐ Food program (CACFP) agency: ☐ O	ther (specify):
Are you currently licensed or approved or applying to provide foster care of	or kinship care?
SECTION E – Certification and Signature	
• I have read, understand, and will follow DELACARE: Regulations for	r Family and Large Family Child Care Homes.
• I agree that identifying information, including my name, address, and action, non-compliances, and substantiated complaints will be made a including via the OCCL website.	
• I understand that the Department of Services for Children, Youth and required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter determine the good character and intention of the applicant or applicate physical, social, moral, mental and educational needs of the average of are completed and approved, and whether the regulations and require investigation may consist of announced or unannounced on-site review submitted as well as other persons or agencies that may have informated applicant has met the requirements of Delaware Code, Title 31, Part II.	r III, § 344 to make a thorough investigation to ants, that the individual home or facility meets the child, that the required criminal background checks ments of OCCL are properly met. The two of the program and contacting of references ation pertinent to making the determination that the
 I hereby certify that to the best of my knowledge the applicant, substitution applicable, do not have any conviction, current indictment, or arrest values possession, sale, or distribution of illegal drugs; sexual misconduct; gothers. I further certify if I have knowledge of any convictions, indicincited above, I will promptly notify OCCL. 	violence against a person; child abuse or neglect; gross irresponsibility or disregard for the safety of
• I certify that to the best of my knowledge any applicant, substitute, st custody of their own child or any child placed in their care; been diag illness; or has current or former addiction to drugs or alcohol. I furth involving any of the persons cited above, I will promptly notify OCC	gnosed or under treatment for any serious mental er certify if any of the above incidents occur,
• I agree to comply with all federal, state, and local laws and regulation	ns.
• I certify that to the best of my knowledge all information I have given supply true and correct information. Submitting false information or requested may result in warning of probation, probation, suspension, application.	failing to provide complete information when
Signature of applicant from page 1	Date
STATE OF DELAWARE) : SS COUNTY OF)	
Signed and attested before me this	
Date	
Signature of notarial officer	Print name

(seal)

Revised July 2018 Page 3 of 3