Appendix I: License Applic	ation	
OFFICE USE ONLY Date assigned: Licensing specialist: Supervisor:	STATE OF DELAWARE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL) YOUTH CAMP LICENSE APPLICATION	Please Print all responses. Date received:

Before completing this application, review DELACARE: Regulations for Youth Camps. Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner or entity, such as a company, corporation, business, school district, or agency seeking a license to operate a youth camp. The individual owner, president of the corporation, managing member of the LLC, superintendent of a school district or equivalent officer, or head of the agency, must sign the application in section G or provide written authorization allowing the designated representative to sign.
- The "camp" is the legal name by which the camp will be known.
- The "designated representative" means the person who has been assigned by the licensee, company, corporation, business, school district, or 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 company, corporation, business, school district, or agency that is responsible for and has authority over the operation of the camp.

#### Applications must be submitted at least 60 days in advance of the anticipated opening date.

#### **SECTION A – Identification**

Applicant Name:				dividual, will the ess to children		
Phone #:	Cell phone #:		Email:			
Camp Name:						
Phone #:	Fax #:	Bus	siness Email:			
Mailing Address:						
	(street)		(city)	(county)	(state)	(zip)
Camp Location:	(street)		(city)	(county)	(state)	(zip)
Inclement Weather Location	i (if not located at the camp's lo	ocation):	(010)	(county)	(54110)	(21)
(s	treet)	(city)	(cc	ounty)	(state)	(zip)
Designated representative nar	ne, if applicable:			ividual be on-si in care?   Ye		ss to
Cell phone #:	Email:					
	СН	U contact				
	on and email to receive the fing l contain confidential information					History
CHU contact name:		Email:				

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Please submit as applicable:

DE State business license

Proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents)

Certificate of Incorporation or LLC

DE DOE School Registration #

Name:	Т	Гуре:	<ul> <li>Individual Corporation Agency</li> <li>Limited liability company (LLC) School</li> </ul>			
Address:						
	(street)		(city)	(state)	(zip)	
Phone #:	Fax #:		Email:			
Phone #:	Fax #:		Email:			

1. If entity is an LLC, list below a name, address, and phone number for the managing member.

2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.

3. If entity is an agency or a school district, list below a name, address, and phone number for the designated representative.

			Will this person be on-site or have access to children in care?	
Title	Address	Email	No	Yes
	Title	Title       Address		person on-site have a to chile in care

SECTION C - References for the Applicant (individual owner, president of the corp., managing member of the LLC, head of agency, or superintendent of the school district)

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List three individuals who are not related to the applicant. If the applicant has no previous work history in the last five years, list five individuals. These individuals must be able to verify that the applicant is of good character and reputation, respects and understands children, and is sensitive to meeting children's needs. OCCL will contact these references.

Name	Address	Telephone/Email
CCTION D – Previous Licensure		
Has the applicant been previously licensed f yes, specify state and type of license:	-	
Has the applicant or any person listed in Se my other state denied, revoked, suspended of yes, list the name and address of the fac	, withdrawn, or placed on probation?	] No 🗌 Yes
SECTION E – Program Information		
Anticipated Dates of Operation: <i>(Examp</i>	le: June 12, 2021- August 31, 2021)	
to		
Hours of Operation:	Days of operation:	
Open: a.m. – Close: p.m. or a	.m. (circle one) $\square$ M $\square$ T $\square$ W $\square$ T	h 🗌 F 🔄 Sa 🗌 Su
<b>Ages of Children Accepted:</b> (use "kindergages.)		ted kindergarten. Otherwise, use exact
(Example: From kindergarten to 12 year		
Program components: Mark all that apply	/-	
<ul> <li>Accepts Purchase of Care Provides</li> <li>Enrolled in Food Program (CACFP) a</li> <li>Camp prepares and serves meals and s</li> <li>Camp prepares and serves snacks only</li> <li>Camp requires parents/guardians to pr</li> </ul>	snacks	other
<ul> <li>Day Camp (day camp permit required</li> <li>Overnight (recreational permit require</li> <li>Specialized Activity</li> <li>Yes or</li> <li>No</li> </ul>	from Public Health) d from Public Health )	
Indoors Camp and Outdoors Camp: al	use is limited or used during inclement w l children use the outdoor area at the sam	veather ne time
	ren do not use the outdoor area at the sam os 🗌 daily 🔲 other:	

SECTION F - Staffing (attac	ch an additional sheet if needed)			
Legal name	Employee title/position	DE FIRST certificate, if any	Date of birth	Race

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Volunteers (attach an additional sheet if needed)						
Legal Name		Date of birth		Race		

# SECTION G – Applicant Certification and Signature

- I have read and understand DELACARE: Regulations for Youth Camps.
- I understand that the Department of Education, 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 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, and members of the child care 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 child care 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 child care staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving child care 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 suspension, revocation of the license, or denial of a license application.

Signature of applicant			Date		
Notice: See the definition of	"applicant" on page 1 fo	or guidance on wł	no may sign.		
Print name and title					
STATE OF	)				
COUNTY OF	: SS )				
Signed and attested before me	e this			·	
		Date			
Signature of notarial officer		· · · · · · · · · · · · · · · · · · ·	Print name		

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