

**APPENDIX I: FCCH INITIAL LICENSE APPLICATION**

OFFICE USE ONLY

Date assigned: \_\_\_\_\_

Licensing specialist: \_\_\_\_\_

Supervisor: \_\_\_\_\_

STATE OF DELAWARE  
 DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES EDUCATION  
 OFFICE OF CHILD CARE LICENSING (OCCL)  
**FAMILY CHILD CARE HOME**  
**INITIAL LICENSE APPLICATION**

**Please Print all responses.**

Date received: \_\_\_\_\_

**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: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used: \_\_\_\_\_

Location address: \_\_\_\_\_  
 (street) (city) (county) (state) (zip)

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Entity Information (optional)**

The “entity” is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check “individual” and leave the rest of this section blank.

Entity name: \_\_\_\_\_ Entity type:  Individual  Corporation  
 Limited liability company (LLC)

Doing business as/facility name: \_\_\_\_\_

Entity address: \_\_\_\_\_  
 (street) (city) (state) (zip)

1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit:  certificate of incorporation or LLC, if applicable and  a Delaware state business license or  proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

**SECTION B – Additional Information**

**Household member(s) other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver’s license/state ID is issued to the address listed on this application)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender

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**SECTION B – Additional Information, continued**

**Substitute(s)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use
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**CHU contact**

Please provide the email address at which you prefer to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C – References for the Applicant**

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

**SECTION D – Previous Licensure**

Are you currently licensed to provide care to convalescent, aged, or nursing patients?  Yes  No

**If yes, name of agency:** \_\_\_\_\_ **Contact person:** \_\_\_\_\_

Are you currently licensed or approved or applying to provide foster care or kinship care?  Yes  No

**If yes, name of agency:** \_\_\_\_\_ **Contact person:** \_\_\_\_\_

Have you ever been licensed or approved to care for children in Delaware or any other state?  Yes  No

*List the name and address of the licensed/approved facility/home, and the dates of approval/licensure.*

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Have you ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation?  Yes  No

*List the name and address of the facility/home, your relationship to the facility, and the type and date of action.*

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**SECTION E – Residence Information**

On a separate sheet of paper, answer the following questions:

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE: Regulations for Family and Large Family Child Care Homes*.
7. Complete the Emergency Plan for Family Child Care Homes template.

Check all that apply:

Own house/mobile home (circle type)

Rent house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required.  submitted  home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required.  submitted  no well water used

**SECTION F – Proposed Program Information**

**Hours of operation:**

\_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one)

\_\_\_\_\_ p.m. – \_\_\_\_\_ p.m.

**Days of operation:**

M  T  W  Th  F  Sa  Su

**Months of operation:**

January to December

August to June

\_\_\_\_\_ to \_\_\_\_\_

**Ages of children accepted:** (use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

**Example: From 6 weeks to 12 years** From \_\_\_\_\_ to \_\_\_\_\_

**Program components:**

Transportation:  field trips  daily

Purchase of Care other \_\_\_\_\_

Food program (CACFP) agency: \_\_\_\_\_  Other (specify): \_\_\_\_\_

**SECTION G – Certification and Signature**

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I understand that the Department of ~~Services for Children, Youth and Their Families~~ Education, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant, that the individual home meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members 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~~ offense; 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 certify that to the best of my knowledge, the applicant, substitute, and household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness that limits the person's ability to perform child care or have access to children and cannot be addressed by a reasonable accommodation; or has a current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will promptly notify OCCL.
- 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.

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**SECTION G – Certification and Signature, continued**

- 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 from page 1

\_\_\_\_\_  
Date

STATE OF DELAWARE )  
: SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

(seal)