#### APPENDIX II: RENEWAL/RELOCATION LICENSE APPLICATION

OFFICE USE ON	NLY
Date assigned:	
Licensing specialist:	
Supervisor:	

# STATE OF DELAWARE

Date assigned: Licensing specialist: Supervisor:		DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL) EARLY CARE AND EDUCATION AND SCHOOL-AGE CENTER RENEWAL/RELOCATION LICENSE APPLICATION	Please Print all responses.  Date received:	
	Lice	nse expiration date:/ License number:  Check application type: Renewal Relocation		
Before completing this application, review DELACARE: Regulations for Early Care and Education and School-Age Centers.				

B 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.

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:					
	Fax #:		1:		
Site address:					
	(street)	(city)	(county)	(state)	(zip)
Mailing address:					
	(street)	(city)	(county)	, ,	(zip)
Designated representative na		ndividual be on-site on in care?  Yes [		s to	
Cell phone #:	Email:				
	CHU co				
	and email to receive the fingerpontain confidential information				listory
CHU contact name:	E	mail:			
SECTION B – Relocation (if a	pplicable)				

If this application is to receive a license at a new location the following documents are required:

- The deed or lease;
- Blueprints/diagrams; and
- The plan review narrative including a completed Emergency Plan for Early Care and Education and School-Age Centers template.

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sub	mıtt	ed

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SECTION C – Entity: Individu Information, or School Informa	•	oration Information, LLC In	nformation, State Operat	ted Agency	
Please submit as applicable:  DE State business license  Proof of non-profit status (fo  Certificate of Incorporation of  DE DOE School Registration	or LLC	of tax- exempt status or 501(c	(3) documents		
Name:		Limited 1	al Corporation iability company (LLC) erated School		
Address:					
Phone	(street)		(city) (state)	(zip)	
#:	Fax #:	I	Email:		
<ol> <li>If entity is an LLC, list below</li> <li>If entity is a corporation, list</li> <li>If entity is a state-operated a for designated representative</li> </ol>	t below a name, ad agency or a school	dress, and phone number for	each corporate officer.		
For corporation: officers For LLC: managing member For state operated or school district: designated				Will the person on-site have a to chill in care	be e or eccess dren
representative	Title	Address	Email	No	Yes

# APPENDIX II: RENEWAL/RELOCATION LICENSE APPLICATION **SECTION C – Program Information** Hours of operation: Days of operation: Months of operation: a.m. – \_\_\_\_\_ p.m. or a.m. (circle one) $\square$ M $\square$ T $\square$ W $\square$ Th $\square$ F $\square$ Sa $\square$ Su January to December August to June \_\_\_ p.m. – \_\_\_\_ p.m. 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: ☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other Food program (CACFP) agency: Other (specify): **SECTION D – Staffing** (attach an additional sheet if needed) Works 25 or DE FIRST certificate, **Employee title/position** Date of birth Legal name Race\* more if any 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 Volunteers** (attach an additional sheet if needed) DE FIRST certificate, Works 7 or more hours/week **Legal Name** Date of birth Race providing direct care if any Yes No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No Yes No

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### 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 Education, Office of Child Care Licensing, is required under Delaware Code, Title 31-14, Part I, Chapter 3 Subchapter III, § 344 §§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, members of the child care staff do not have any conviction, current indictment, or <u>current</u> arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual <u>misconduct</u> <u>offense</u>; 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 <u>current</u> arrest involving violence against a person; child abuse or neglect; sexual <u>misconduct</u> <u>offense</u>; or gross irresponsibility or disregard for the safety of others. I further certify if I <u>have gain</u> knowledge of any convictions, <u>current</u> indictments, or <u>current</u> 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 warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant	Date	
Notice: See the definition of "app	on page 1 for guidance on who may sign.	
Print name and title		
STATE OF)		
: Si		
Signed and attested before me this		
	Date	
Signature of notarial officer	Print name	
Signature of notarial officer (seal)	Print name	