

APPENDIX II: LFCCH 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)
LARGE 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

Doing business as/facility name: _____

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 LLC or corporation that is responsible for and has authority over the operation of the facility. For large family homes, the entity is usually an individual or an LLC. 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 there is no entity, check “individual” and skip the related information.

- Individual Corporation
 Limited liability company (LLC)

Entity name: _____

Entity type:

Entity address: _____
(street) (city) (state) (zip)

1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If 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) If care will be provided in the applicant’s home, list all household members 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

APPENDIX II: LFCCH INITIAL LICENSE APPLICATION

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

Staff Member(s)					
Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Provider, assistant, aide, or volunteer

CHU contact	
Please provide a contact person and email 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 verify 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

APPENDIX II: LFCCH INITIAL LICENSE APPLICATION

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 DE or any other state? Yes No

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

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.

SECTION E – Facility Information

Check all that apply, for the licensed address:

Own commercial building/house/mobile home (circle type)

Rent commercial building/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

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. Note the dimensions of the outdoor play area. 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 Large Family Child Care Homes using OCCL's template.

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:

Purchase of Care Transportation: field trips daily other _____

Food program (CACFP) agency: Other (specify): _____

