

**APPENDIX V: FCCH RELOCATION LICENSE APPLICATION**

OFFICE USE ONLY  
Licensing specialist: \_\_\_\_\_

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

**Please Print  
all responses.**  
Date received: \_\_\_\_\_

License number: \_\_\_\_\_ License expiration date: \_\_\_/\_\_\_/\_\_\_

**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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**APPENDIX V: FCCH RELOCATION 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 |
|-----------|------------------------------------------------------|---------------|------|--------|--------------------------------|
|-----------|------------------------------------------------------|---------------|------|--------|--------------------------------|

**CHU contact**

Please provide the email 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 – Current Enrollment**

| Child’s name (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.<br>3:15 p.m. – 5:45 p.m. |
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**SECTION D – 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): \_\_\_\_\_

**SECTION E – Residence Information**

Check all that apply:

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. 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. Completed the Emergency Plan for Family Child Care Homes template.

**SECTION F – 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 or applicants, that the individual home or facility 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 current 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 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 the applicant, substitute, or 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.
- 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

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Signature of notarial officer  
(seal)

Print name