APPENDIX II: RENEWAL/RELOCATION LICENSE APPLICATION

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)
EARLY CARE AND EDUCATION AND SCHOOL-AGE CENTER
RENEWAL/RELOCATION LICENSE APPLICATION

OFFICE USE ONLY
Date assigned: __________
Licensing specialist: __________
Supervisor: __________

License expiration date: _____/____/____
License number: ______________

Check application type: ☐ Renewal ☐ Relocation

Please Print all responses.
Date received:

Before completing this application, review DELACARE: Regulations for Early Care and Education and School-Age Centers. 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: ________________________________

Phone #: ___________ Fax #: ___________ Business Email: ________________________________

Site address: _____________________________________________ Will individual be on-site or have access to children in care? ☐ Yes ☐ No

(street) (city) (county) (state) (zip)

Mailing address: _____________________________________________

(street) (city) (county) (state) (zip)

Designated representative name: ________________________________

Cell phone #: ___________ Email: ________________________________

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.

CHU contact name: ________________________________ Email: ________________________________

SECTION B – Relocation (if applicable)

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.

☐ submitted
APPENDIX II: RENEWAL/RELOCATION LICENSE APPLICATION

SECTION C – Entity: Individual Owner, Corporation Information, LLC Information, State Operated Agency Information, or School Information

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 #___________________

☐ Individual  ☐ Corporation  ☐ Limited liability company (LLC)
☐ State-operated  ☐ School

Name: _______________________________ Type: _______________________________

Address: _____________________________ (street) _____________________________ (city) _____________________________ (state) _____________________________ (zip)

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 a state-operated agency or a school district, list below a name, address, and phone number for designated representative.

<table>
<thead>
<tr>
<th>For corporation: officers</th>
<th>For LLC: managing member</th>
<th>For state operated or school district: designated representative</th>
<th>Title</th>
<th>Address</th>
<th>Email</th>
<th>Will this person be on-site or have access to children in care?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No   Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised March 2019
### Appendix II: Renewal/Relocation License Application

**Section C – 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 D – Staffing

(attach an additional sheet if needed)

<table>
<thead>
<tr>
<th>Legal name</th>
<th>Employee title/position</th>
<th>DE FIRST certificate, if any</th>
<th>Date of birth</th>
<th>Race*</th>
<th>Works 25 or more hours/week</th>
<th>Works 7 or more hours/week providing direct care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

**Substitutes and Volunteers** (attach an additional sheet if needed)

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>DE FIRST certificate, if any</th>
<th>Date of birth</th>
<th>Race</th>
<th>Works 7 or more hours/week providing direct care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

Revised March 2019
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, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 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 arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; 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 arrest involving violence against a person; child abuse or neglect; sexual misconduct; 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 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 “applicant” on page 1 for guidance on who may sign.

Print name and title

STATE OF ____________) SS
COUNTY OF ____________) SS

Signed and attested before me this ____________________________.

Date ____________________________

Signature of notarial officer ____________________________ Print name ____________________________

(seal)