

OFFICE USE ONLY	
Date assigned:	_____
Specialist:	_____
Supervisor:	_____

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)
**EARLY CARE AND EDUCATION AND SCHOOL AGE-CENTER
INITIAL LICENSE APPLICATION**

Please Print all responses.
Date received: _____

Before completing this application, review *DELCARE: 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), the name of the organization, head of the state-operated agency, or the superintendent name of the school or school district. **The individual owner, president of the corporation, managing member of the LLC, head of the organization, head of the state-operated agency, the principal of the school, 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 name” is the legal name by which the center will be known.
- The “designated representative” means the person who has been assigned by the applicant or licensee licensee, organization, corporation, entity, LLC, school district, or State agency to act on his, her, or it’s the applicant’s or licensee’s behalf and granted authority over program operations and to represent him, her, or it the applicant or licensee in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.
- The “entity” is the corporation, LLC, organization, state agency, or school that is responsible for and has authority over the operation of the center.

This application will be active for one year. If you are not licensed within one year of OCCL receiving this application, you will may 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: _____ 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: _____
(street) (city) (county) (state) (zip)

Mailing address (if different): _____
(street) (city) (county) (state) (zip)

Designated representative name: _____ Will individual be on-site or have access to children in care? Yes No

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. If the applicant has multiple locations, list the same CHU contact and email so that staff may move from center to center without being fingerprinted for each location.

CHU contact name: _____ Email: _____

SECTION C – References for the Applicant (individual owner, president of the corp., managing member of the LLC, head of the state-operated agency, or superintendent of the school district)

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-Email	Telephone/Email

SECTION D – Previous Licensure

Has any person listed on page 1 or 2 of this application been previously licensed or approved to care for children in DE or any other state? No Yes If yes, specify state: _____

If yes, List-list the name and address of the licensed/approved facility/home and the dates of approval/licensure.

Has any person listed on page 1 or 2 of this application 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? No Yes state: _____

If yes, List-list the name and address of the facility/home, the person’s relationship to the facility, and the type and date of action.

SECTION E – 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 Transportation: field trips daily other
 Care Yes No Yes No _____
 Food program (CACFP) agency: _____ Yes No Other (specify): _____

SECTION F – Staffing (attach an additional sheet if needed)

Legal name	Employee title/position	DE FIRST DEEDS Early Learning certificate, if any	Date of birth	Race*	Works 25 or more hours/week
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

***Select a designation below to complete this column.**

AI=American Indian/Alaskan Native B=Black/African-American NH=Native Hawaiian/Pacific Islander

