OFFICE USE Date assigned:	E ONLY
Specialist:	
Supervisor:	

STATE OF DELAWARE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE LICENSING (OCCL) RESIDENTIAL CHILD CARE FACILITIES AND DAY TREATMENT PROGRAMS RELOCATION/RENEWAL LICENSE APPLICATION

Please Print all responses.

Date received:

License expiration date: / /	License number:	
Check application type:	Renewal Relocation	

Before completing this application, review *DELACARE*: Regulations for Residential Child Care Facilities and Day Treatment Programs. Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner, the name of the corporation, the name of the limited liability company (LLC), the name of the organization, or the state-operated agency. The individual owner, president of the corporation, managing member of the LLC, head of the organization, or head of the state-operated agency must sign the application in section G or provide written authorization allowing the designated representative to sign.
- The "facility or program name" is the legal name by which the facility or program will be known.
- The "designated representative" means the person who has been assigned by the applicant or licensee to act on the applicant's or licensee's behalf and granted authority over program operations and to represent the applicant or licensee in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.

in dealings with OCCL. This p • The "entity" is the corporation, the operation of the facility or p	LLC, organization, or sta				
SECTION A – Identification					
Applicant name:					
Phone #:	Cell phone #:	<u>E</u> 1	mail:		
Facility or Program name:					
Phone #:	Busines	ss Email:			
Site address:					
Mailing address	(street)	(city)	(county)	(state)	(zip)
(if different than site address):					
	(street)	(city)	(county)	(state)	(zip)
Designated representative name	<u> </u>		Will individual be children in care?		
Cell phone #:	Email:				
	СН	J contact			
Please provide a contact person and Unit (CHU). The results will conta applicant has multiple locations, list facility or program without being f	d email to receive the fing ain confidential information at the same CHU contact a	erprinted backgrou on about each perso and email so that sta	n's eligibility for empl	oyment. If the	<u>e</u>
CHU contact name:	:	Email:			

ECTION B – Entity Information	on for: Individual Own		ganization, or State-C		Agency
NY.		☐ Li	mited liability company	(LLC)	,•
		<u>Type:</u>	ate-Operated Agency	Organi	zation_
	(street)	(city)	(state)	(zip)	
Phone #:				<u>(Zip)</u>	
			I		
For corporation: officers For LLC: managing member For state-operated agency: head of state-operated agency				Will person site or acce child	be on have ss to
For organization: head of organization	<u>Title</u>	Home Address	<u>Email</u>	No_	Yes
SECTION C Delegation (if a	annliachla)	<u> </u>			<u> </u>
SECTION C – Relocation (if a	іррпсавіе)				
 If this application is to receive a The deed or lease; Blueprints or diagrams; The plan review narrative Treatment Programs ten 	and ve including a completed	n, the following documentants. Emergency Plan for Residents	-	ities and Γ	D ay
Blueprints or diagrams;The plan review narration	ve including a completed	Emergency Plan for Resid	lential Child Care Facili	ities and Γ)

SECTION D - Program Info	ormation				
Hours of operation: a.m. – p.m		foperation:	h∏F∏Sa	Su J	ths of operation: anuary to December august to June to
Ages of children accepted: (use "kindergarten" for children attending kindergarten. Otherwise, use exact ages.) Example: From 4 years to 17 years From to					
Facility or program type(s) – check all that apply Residential Parenting adolescent Alternative to detention Shelter care Drug and alcohol treatment Wilderness adventure Independent living Day treatment					
SECTION E – Staffing (attac	ch an additional sheet if neede	,			Works 24 or
Legal name	Employee title/position	Date of birth	Race*	Ethnicity* *	more 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
*Race is a DSCYF database r AI=American Indian/Alaskan N A=Asian		merican NH		aiian/Pacific Is	<u>slander</u>
*Ethnicity is a DSCYF databa		<u></u>		<u> </u>	
H=Hispanic/Latino	NH=Not Hispanic/L	atino <u>UD</u>	=Unable to D	<u>etermine</u>	

SECTION F – Applicant Certification and Signature

- I have read, understand, and agree to comply with DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs.
- I understand that the Department of Education's, Office of Child Care Licensing, is required under Delaware Code, Title 14, §§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 to allow the Department of Education to inspect all aspects of the facility named here which impact children in care and to interview any staff member of the facility or program or any child in care.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, and members of the staff 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 offense; 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 current arrest involving violence against a person; child abuse or neglect; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I 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 each member of the 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 staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving staff members, I will promptly notify OCCL.
- I agree to allow Department representatives access to any information reasonably related to compliance with applicable licensing requirements including but not limited to children's case records, personnel files, and financial and administrative records.
- I agree to immediately notify OCCL by direct voice contact during OCCL's working hours of the death of a child while in care. If a death occurs after such working hours, I will immediately call the 24-Hour Child Abuse and Neglect Hotline, 1-800-292-9582.
- 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	<u>Date</u>	
Notice: See the definition of "applicant" on page 1 for i	instructions on who may sign.	
Print name and title		
<u>STATE OF)</u> : SS		
COUNTY OF)		
Signed and attested before me this		
Signature of notarial officer	<u>Print name</u>	

(seal)