

OFFICE USE ONLY
Licensing specialist: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
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 *DELAWARE: Regulations for Residential Child Care Facilities and Day Treatment Programs*. Answer all applicable questions and attach all required application materials/document.

- The “applicant” is the individual owner if not a corporation or limited liability company (LLC). For a corporation, it is the president. For an LLC, it is the managing member. This individual must sign the application or provide written authorization allowing the chief administrator to sign.
- The “facility” is the legal name by which the facility will be known.
- The “chief administrator” is the person designated by the licensee or governing body as having day-to-day responsibility for the overall administration and operation of the facility or program. This person assures the care, treatment, safety, and protection of children and meets the qualifications in the regulations.
- The “entity” is the corporation or LLC that is responsible for and has authority over the operation of the facility.

SECTION A – Identification

Applicant name: _____ Will individual be on-site or have interaction with children in care? Yes No

Phone #: _____ Fax #: _____ Email: _____

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

Facility name: _____

Phone #: _____ Fax #: _____ Email: _____

Address: _____
(street) (city) (county) (state) (zip)

Chief administrator name: _____ Will individual be on-site or have interaction with children in care? Yes No

Title: _____

Cell phone #: _____ Fax #: _____ Email: _____

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

Parent organization, if applicable: _____

Phone #: _____ Fax #: _____ Email: _____

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

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 – Entity Information (as applicable)

If there is no entity, check “individual” and skip the related entity information.

Submit one:
 Delaware State business license
 -or-
 Proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents)

Entity name: _____ Entity type: Individual Corporation
 Limited liability company (LLC)

Entity 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.

For corporation: officers For LLC: managing member	Title	Address and email	Will this person be on-site or have access to children?	
			No	Yes

SECTION C – Program Information

Hours of operation _____ a.m. – _____ p.m. or a.m. (circle one) M T W Th F Sa Su

Days of operation

Months of operation
 January to December
 August to June
 _____ to _____

Ages of children to be served
 (Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)
 Example: From 4 years to 17 years

From _____ to _____

Current number of children served: _____

Facility or program type(s) – all that apply

- Residential (chapter 4)
- Secure residential (chapter 5)
- Shelter care (chapter 6)
- Transitional care (chapter 7)
- Day treatment (chapter 8)
- Restrictive procedures (chapter 9)
- Adventure activity (chapter 10)
- Parenting adolescent (chapter 11)

Care specialties of the facility/program

- Orthopedic disabilities
- Multiple disabilities
- Emotional disturbance
- Severe behavior problems
- Visual impairments
- Hearing impairments
- Learning disabilities
- Pregnancy
- Autism
- All
- Other: _____
- Other: _____

Areas served: New Castle County Kent County Sussex County statewide

Do you anticipate a change to the program in the next 12 months? Yes No

If “yes,” what is the anticipated change? _____

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

Name	Position/Title	Assignment	Date of birth	Race*	Works 24 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
					<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

***Race is a DSCYF database required field. Select a designation below to complete this field.**
 AI=American Indian/Alaskan Native B=Black/African-American NH=Native Hawaiian/Pacific Islander
 A=Asian H=Hispanic/Latino W=White ND=Not Determined

SECTION E – Certification and Signature

- I have read, understand, and agree to comply with *DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs*.
- I am aware that the operation of a child care facility without a license is a violation of 31 Delaware Code Chapter 3 and that anyone who violates a provision of this chapter will be fined or imprisoned or both.
- I agree to allow the Department of Services for Children, Youth and Their Families to inspect all aspects of the facility named here which impact children in care and to interview any staff member of the facility or any child in care.
- I understand that the Department’s Office of Child Care Licensing (OCCL) 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 by contacting references and other relevant people or agencies; 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.
- I hereby certify that to the best of my knowledge the applicant, owner, chief administrator, members of the staff, board members, and officers of the corporation do not have any conviction, current indictment, or substantial evidence of involvement in any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violation of accepted standards of honesty or ethical behaviors. I further certify if I have knowledge of any convictions, indictments, or substantial evidence involving any of the persons cited above, 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 Title VI of the Civil Rights Act of 1964. I recognize that Title VI prohibits discrimination in the selection or eligibility of individuals to receive services, and prohibits segregation or other discriminatory practices in the manner of providing services. If I do not meet these requirements or do not take measures necessary to meet these requirements, it is understood that the license will be revoked.
- I certify that to the best of my knowledge all information I have given to OCCL and/or its authorized agent is true and correct. I will supply true and correct information requested during all subsequent contacts. If it is determined that information submitted was false or that information was omitted, it could result in an action of warning of probation, probation or the denial, suspension or revocation of the license.

Signature of applicant

Date

Notice: See the definition of “applicant” on page 1 for instructions on who may sign.

Print name and title

STATE OF _____)
 : SS
COUNTY OF _____)

Signed and attested before me this _____.

Signature of notarial officer

Print name

(seal)