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| **OFFICE USE ONLY**  Date Received:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | ***State of Delaware***  ***Department of Education***  **OFFICE OF CHILD CARE LICENSING**  **APPLICATION FOR LICENSE EXEMPTION** | | | | | | | | | | | | | | | **INSTRUCTIONS**    **PLEASE TYPE OR**  **CLEARLY PRINT**  **ALL RESPONSES**  **SUPPLY ALL REQUESTED INFORMATION** | | |
| **□ SUBMIT TO □** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFICE OF CHILD CARE LICENSING**  **3411 Silverside Road, The Concord, Hagley Building**  **WILMINGTON, DE 19810**  PHONE: 302-892-5800  Email: Daphne.romanelli@doe.k12.de.us | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION A – Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant: | |  | | | | | | | | | | Title: | |  | | | | | | Program Email: | | | |  | | |
| Phone #: |  | | | | | | | | | Alternate or Cell Phone #: | | | | | | |  | | | | | Fax #: | | |  | |
| Program Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Site Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address:  (\*If different from site address) | | | | | *(Street Address) (City) (County) (Zip)* | | | | | | | | | | | | | | | | | | | | | |
| *(Street Address)* | | | | | | | | | | | | | | | *(City)* | | | *(County) (Zip)* | | | | | | | | |
| Check the appropriate box if applicable to the site location: | | | | | | | | State Operated  School \* | | | | | | | | \*Delaware DOE School Registration #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please note an exemption cannot be granted for a private residence. | | | | | | | | | | |
| Currently licensed by OCCL?  No  Yes License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Is this program run by or affiliated with another organization? If yes, please provide organization information below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Site Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| *(Street Address)* | | | | | | | | | | | | | | | *(City)* | | | *(County) (Zip)* | | | | | | | | |
| Phone #: |  | | | | | | | | | | Fax #: | |  | | | | | | Email Address: | | | |  | | | |
| Contact Person: | | | |  | | | | | | | | | | | | | | | Title | |  | | | | | |

Has the applicant been previously licensed, approved, or exempted to provide child care to children in Delaware?  Yes  No

If *“Yes,”* note the specific location and the dates of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION B – Program Information** |
| 1. Dates of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days:  M  T  W  Th  F  Sa  Su   Program Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM   1. Ages of the children to be served (Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)   From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\* A school-age child attends or has attended kindergarten or a higher grade.**   1. Will a parent of each child in attendance remain on site each day?  Yes  No 2. Will a fee be charged for attendance to this program?  Yes  No 3. Will the program receive any federal (21st-century grant or other), state, or local funding?  Yes  No   If yes, please state funding source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Is this an “open door” program that children may enter or leave without being placed with a designated adult?   Yes  No   1. Are you applying for Delaware Child Care Subsidiary Program (Purchase of Care)?  Yes  No   **\*A license is required to receive Purchase of Care.** |

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| **SECTION C – Additional Information Attachments** |
| Exemptions from *DELACARE: Regulations for Early Care and Education and School-Age Centers* may be granted under the following conditions:   1. Youth camps that provide care for only school-age children, are issued permits by the Division of Public Health (DPH), and do not receive funding for Purchase of Care; 2. An institution, agency, association, or organization under State of Delaware ownership and control; 3. Religion classes conducted by religious institutions during the summer that do not exceed four weeks; 4. Programs established in connection with a business, recreation center, or religious institution in which children are provided care for brief periods of time, while a parent or guardian is on the premises and readily accessible all times; 5. Programs that offer activities for school-age children who attend at their own discretion on an ‘open door’ basis, where there is no payment and no agreement, written or implied, between the program and the parent or guardian for the program to be responsible for the care of the child; 6. Programs that offer school-age care on a limited basis in order to meet an emergency need or special need, or only during school in-service days, school holidays, or school vacations; 7. Programs that solely provide lessons or classes, such as tutoring, music, dance, sport, or art; or 8. A public or private school that provides education for children in kindergarten or higher grades in the subjects prescribed for the schools of the State. This school reports to the State Board of Education pursuant to 14 Del.C. §2704. ***\*Beginning July 1, 2024, early care and education programs for children below the grade of kindergarten that are operated by public or private schools shall be licensed.***   **Required Attachments**:  (1)  **Explanation** of why a licensing exemption applies to this program using the criteria in Section C (2)  **Daily Activity Schedule** with times per day for a two-week period |

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| **SECTION D - Signature** | | |
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| Signature of Applicant |  | Date |
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| Title/Relationship to Facility | | |