



**SECTION B – Additional Information, continued**

**Substitute(s)**

Full name                      Alias, maiden, or married names this person has used                      Date of birth                      Race                      Gender

**SECTION C – Facility Information**

**Check all that apply, for the licensed address:**

- Own house/mobile home (circle type)
- Rent house/mobile home (circle type)
- Rent apartment --- If home is an apartment, it must be on the first floor of the building.

If home is rented, landlord approval documentation is required.     submitted     not applicable  
If home uses well water, a DE Office of Drinking Water certificate is required.     submitted     not applicable  
Completed Emergency Plan for Family Child Care Homes template is required.     submitted

**SECTION D – Program Information**

**Hours of operation**

Day: \_\_\_\_\_ a.m. – \_\_\_\_\_ p.m.                       M  T  W  Th  F  Sa  Su  
 Night: \_\_\_\_\_ p.m. – \_\_\_\_\_ p.m. or a.m. (circle one)

**Days of operation**

**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 \_\_\_\_\_

**SECTION E – Facility Information**

**On a separate sheet of paper, answer the following questions:**

1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
4. Are there any hazards in the outside play area (close to a street, adjoining a creek or other body of water, factory adjacent, etc.)?
5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
6. Complete a two-week sample menu (even if parents provide food). Be sure to follow the Child and Adult Care Food Program recommendations. These are included, along with menu samples, in the appendix of the *DELACARE: Rules for Family Child Care Homes*.

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**SECTION F – Confidential Information**

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**Confidential information is for OCCL use only and will not be released to the public.**

**For each question, give the information on a separate sheet:**

1. List the name(s) of person present in the family child care home, LLC member, or corporation director or officer who have had any conviction, adjudication, current indictment, outstanding warrant, or involvement in:
  - Any 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 violations of accepted standards of honesty or ethical behavior.
2. List the name(s) of any person present in the family child care home, LLC member, or corporation director or officer who has:
  - Lost custody of their own child or any child placed in their care;
  - Been diagnosed or under treatment for any serious mental illness; or
  - A current or former addiction to drugs or alcohol.

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**SECTION G – Certification and Signature**

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- I understand child care services cannot be provided at this new address until a license has been issued by OCCL to operate a family child care home.
- I understand fire marshal and electrical inspections are needed at this new address prior to being issued a license.
- OCCL will conduct a pre-licensing visit to ensure compliance with *DELACARE: Rules for Family Child Care Homes* prior to issuing a license at the new address.
- 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.
- 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.

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Signature of applicant from page 1

Date

STATE OF DELAWARE    )  
                                  : SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_.

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

(seal)