

OFFICE USE ONLY
Licensing specialist: _____
Supervisor: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)
**EARLY CARE AND EDUCATION AND SCHOOL AGE CENTER
RELOCATION LICENSE APPLICATION**

**Please print
all responses.**

License expiration date: ___/___/___ License number: _____

Before completing this application, review *DELACARE: 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, president of the corporation owning the center, or managing member of the LLC owning the center. This person is also referred to in DELACARE Regulations as the “licensee” and must sign the application.
- The “facility” is the legal name by which the center will be known.
- The “designated representative” is the person who has been assigned by the organization/entity to act on its behalf, to be granted authority over program operations, and to represent it in dealings with OCCL. This is typically a qualified administrator.
- The “entity” is the corporation or LLC that is responsible for and has authority over the operation of the center.

SECTION A – Identification

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

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

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

Facility name: _____

Phone #: _____ Fax #: _____ Email: _____

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

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

Title/DOE certification: _____

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

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

SECTION B – Confidential Information

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 any applicant, LLC member, or corporation director or officer who has 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 applicant, 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.

SECTION F – Program Information

Hours of operation

Day: _____ a.m. – _____ p.m.

Night: _____ p.m. – _____ p.m. or a.m. (circle one)

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 _____

Current number of children enrolled: _____

Do you anticipate a change in the services provided in the next 12 months? Yes No

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

Program components

Purchase of Care Food program (CACFP) Transportation: field trips daily other _____

Delaware Stars #: _____ Night care Other (specify): _____

Emergency Plan for Early Care and Education and School Age Centers template is required. submitted

SECTION G – Certification and Signature

- I understand child care services cannot be provided at this new address until a license has been issued by OCCL to operate an early care and education and school-age center.
- 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: Regulations for Early Care and Education and School Age Centers* 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.

Signature of applicant _____ Date _____

Notice: the qualified administrator or other designated representative is not permitted to sign unless OCCL has granted special permission. 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)