

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**  
**RENEWAL 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): \_\_\_\_\_

**SECTION G – Certification and Signature**

- I have read and understand *DELACARE: Regulations for Early Care and Education and School-Age Centers*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, 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; 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 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

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)