OFFICE USE ONLY

Licensing specialist:

STATE OF DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES OFFICE OF CHILD CARE LICENSING (OCCL)

FAMILY CHILD CARE HOME RELOCATION LICENSE APPLICATION

| Ρl | ease Print | |
|-----|------------|--|
| all | responses | |

Date received:

| | License number: Li | icense expiration da | ate: / | | |
|--|--|---|----------------|-----------------------------------|---------------------------------------|
| | | | | | |
| SECTION A – Identification | 1 | | | | |
| Applicant name: | | D | ate of birth | n: | Race: |
| Alias, maiden, or married na | mes this person has used: | | | | |
| Location address: | | | | | |
| | (street) | (city) | (count | y) (state) | (zip) |
| Applicant cell phone #: | | Location pho | one #: | | |
| Email address: | | Fax #: | | | |
| | Entity Info | rmation (optiona | nl) | | |
| an entity, the applicant must still | LC, or corporation that is respon ll have responsibility for the facil leck "individual" and leave the re | ity, reside in the fac | cility, provid | | |
| Entity name: | | En | tity type: | | Corporation ability company (LLC) |
| Doing business as/facility na | me: | | | | |
| Entity address: | | | | | |
| If the entity is an LLC, p If the entity is a corporat Please submit: certification | (street) rovide on a separate page a na ion, provide on a separate pag icate of incorporation or LLC, atus (for example, letter of tax | (c ame, address, and e a name, address if applicable and | s, and phon | e number for e ware state busi | naging member. ach corporate officer. |
| SECTION B – Additional In | nformation | | | | |
| | | | | | |

SECTION B - Additi

Household member(s) other than the applicant (anyone staying in the home for more than 30 days within a year, or whose current driver's license/state ID is issued to the address listed on this application) Alias, maiden, or married names this person has used Full name Date of birth Race Gender

| ıbstitute(s) | | | | | |
|-------------------|---|----------------------|--------------|--------------------|---|
| Full name | Alias, maiden, or marn names this person has | | Race | Gender | Emergency or non-emergency use |
| | | | | | |
| | | CHU contac | et . | | |
| listory Unit (CHU | email at which you prefer to). The results will contain child care facility. | | | | |
| HU contact name | | | Email: | | |
| ECTION C – Cur | rent Enrollment | T | | | 44 1' 1 |
| Child's name (| FIRST NAME ONLY) | Date of birth | Days atten | ding | rs attending each day |
| Example: | Dante | 5/22/10 | Monday - F | • | 0 a.m 5:00 p.m. |
| Example: | Kate | 11/6/09 | Monday - F | riday | 0 a.m. – 8:15 a.m. 5 p.m. – 5:45 p.m. |
| | | | | | |
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| CTION D - Pro | gram Information | | | L | |
| ours of operation | | Days of operation: | | M | onths of operation: |
| a.m. – p.m. – | _ p.m. or a.m. (circle one) _ p.m. | ☐ M ☐ T ☐ W ☐ | Th 🗌 F 📗 Sa | Su _ | January to Decemb August to June to |
| = | ccepted: (Use "kindergarte weeks to 12 years From | • | | | |
| ogram compone | | | | | |
| _ = | re Transportation: fie | ld trips 🔲 daily 🔲 o | other _ | | |
| 1 - 1 | (CACFP) agency: | | Other (speci | if _v). | |

Check all that apply:

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| If h | nome is rented, landlord approval documentation is required. submitted home is not rented | | | | | |
|----------|---|--|--|--|--|--|
| | nome uses well water, a DE Office of Drinking Water certificate is required. submitted no well water used | | | | | |
| | 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. 5. | Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)? Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, | | | | | |
| ٥. | developmental activities, and physical fitness. (See sample in application packet.) | | | | | |
| 6. | Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the | | | | | |
| _ | appendices of the DELACARE: Regulations for Family and Large Family Child Care Homes. | | | | | |
| 7. | Completed the Emergency Plan for Family Child Care Homes template. | | | | | |
| | CTION F – Certification and Signature | | | | | |
| • | I have read, understand, and will follow DELACARE: Regulations for Family and Large Family Child Care Homes. | | | | | |
| • | I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is | | | | | |
| | required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational | | | | | |
| | needs of the average child, that the required criminal background checks are completed and approved, and whether the | | | | | |
| | regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site | | | | | |
| | review of the program and contacting of references submitted as well as other persons or agencies that may have | | | | | |
| | information pertinent to making the determination that the applicant has met the requirements for licensing. | | | | | |
| • | I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any | | | | | |
| | conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or | | | | | |
| | distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further | | | | | |
| | certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL. | | | | | |
| _ | | | | | | |
| • | I certify that to the best of my knowledge the applicant, substitute, or household members have not lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a | | | | | |
| | current or former addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of | | | | | |
| | the persons cited above, I will promptly notify OCCL. | | | | | |
| • | 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. | | | | | |
| • | 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 from page 1 Date | | | | | |
| | STATE OF DELAWARE) | | | | | |
| | : SS | | | | | |
| | COUNTY OF) | | | | | |
| | Signed and attested before me this | | | | | |
| | Date | | | | | |
| | | | | | | |
| | Signature of notarial officer Print name (seal) | | | | | |

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