

OFFICE USE ONLY
Licensing specialist: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)
LARGE FAMILY CHILD CARE HOME
RELOCATION LICENSE APPLICATION

**Please Print
all responses.**
Date received: _____

License expiration date: ____/____/____ License number: _____

SECTION A – Identification

Doing business as/facility name: _____

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

Location address: _____
(street) (city) (county) (state) (zip)

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information

The “entity” is the individual, LLC, or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If no entity has been formed, check “individual” and leave the rest of this section blank.

Entity name: _____ Entity type: Individual Corporation
 Limited liability company (LLC)

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

1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Please submit: certificate of incorporation or LLC, if applicable and a Delaware state business license or proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

SECTION B – Additional Information

Household member(s) If care will be provided in the applicant’s home, list all household members 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)

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

SECTION B – Additional Information, continued

Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non-emergency use

SECTION B – Additional Information, continued**Staff Member(s)**

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

CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment or to reside at a licensed child care facility.

CHU contact name: _____ Email: _____

SECTION C – Facility Information

Check all that apply, for the licensed address:

Own commercial building/house/mobile home (circle type)

Rent commercial building/house/mobile home/apartment (circle type)

If home is rented, landlord approval documentation is required. submitted home is not rented

If home uses well water, a DE Office of Drinking Water certificate is required. submitted no well water used

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. Note the dimensions of the outdoor play area. 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 near the outside play area (a high-traffic road, a body of water, railroad tracks, 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 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. Complete Emergency Plan for Large Family Child Care Home template.

SECTION D – Program Information

