

Child Care Licensing

Family Child Care Home Original License Application



COLORADO
Office of Early Childhood
Division of Early Care & Learning

STATE USE ONLY

License Fee Received	Application #	License #	Licensing Specialist
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Before Getting Started

- Please type directly in this application form (preferred) or complete using **BLACK** or **BLUE INK**. **Applications will be returned, and processing will be delayed if incomplete or we are unable to read your handwriting.**
- This application is for **ORIGINAL** child care home licensing applications **ONLY**. An Original Application is required if this is the first time you are applying for a child care license, if you are changing your license type, changing your physical address, or if you are adding or removing a secondary applicant who provides child care to your license (e.g., spouse).
- Do NOT submit this form if you want to make changes to your licensed space (add a basement, add or move a room, etc.). For those changes, please complete and submit the "[Child Care Change Request Form](#)". To add/remove residents (other than Applicant #2) living in the family child care home, complete and submit a "[Person in the Home Authorization](#)".
- You must submit your application at least 60 days prior to providing care. Because a licensing inspection is required prior to providing care, it can sometimes take up to 90 days to get licensed. Applications are processed in the order they are received. Please plan accordingly.
- For detailed application instructions, please view the *Family Child Care Home Application Submission Guide* on the Office of Early Childhood website (www.ColoradoOfficeofEarlyChildhood.com). Click the "For Providers" tab. Then select "Apply for a Child Care License." Select "Apply for a Family Child Care Homes License" and then select "Family Child Care Home Application Submission Guide".

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Section 1: General Application and Household Information

1.1) Please check ONE box for the type of home license you are applying for:

Each family child care home license type has specific qualification requirements. See Rules Regulating Family Child Care Homes (7.707) for more information. **Please see the [Licensing Fees Schedule](#) to determine the appropriate license fee or call the office with questions. Applications will be returned if the correct fee is not included.**

Family Child
Care Home: 1-6
children

Family Child Care
Home: 3 children
under 2 years

Infant/Toddler
Home

Large Family
Child Care Home:
7-12 children

Experienced
Child Care
Provider (ECCP)*

*Experienced Child Care Provider Home license applicants must also submit the separate "[ECCP Acknowledgement Form](#)" IN ADDITION to this application in order to be processed. The ECCP license also requires special qualifications.

1.2) Please check the box for the reason you are submitting this application:

If the reasons provided below do not apply to your request, please contact the Office of Early Childhood at 1.800.799.5876 or your licensing specialist for more information.

First time applying

Reapply (license
was closed)

Change License
Type/Capacity

Change Physical
Property
Address

Add/Remove
Applicant 2
(Spouse/ Other
Adult who
provides care)

1.3) Applicant 1 Information - Required

This person lives in the home, cares for the children directly and is legally liable for the business.

First Name	Middle Name	Last Name	
Social Security or ITIN #	Sex (M, F, X)	Previous Last Name (if applicable)	
Phone Number	Date of Birth (MM/DD/YYYY)	Federal Tax ID (FEIN) (if applicable)	
Email Address			
Previous Child Care License Number (if applicable)			
Previous Child Care License Type (if applicable)			

1.3.a) Will your spouse/significant other be responsible for the care of children served?

No - Sign the acknowledgement below, skip section 1.4 and complete section 1.5.

Yes - Complete Section 1.4 and do not sign the acknowledgment.

My spouse/significant other will NOT be directly responsible for the care and welfare of children served.

Signature of Applicant 1 (Primary Applicant) -	Date
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1.4) Applicant 2 Information - Required if spouse/significant other lives in the home and provides care.

This person lives in the home, provides care and is typically a spouse or significant other. This person is also legally liable for the business.

First Name	Middle Name	Last Name	
Social Security or ITIN #	Sex (M, F, X)	Previous Last Name (if applicable)	
Email Address			Date of Birth (MM/DD/YYYY)
Previous Child Care License Number for Applicant #2 (if applicable)			

1.5) Name and information for ALL household members: - REQUIRED.

Please PRINT the names of ALL people living in your home including your spouse/significant other if they are NOT providing care, children, relatives, roommates, tenants, etc., regardless of age, **EVEN IF THEY ARE NOT RELATED to you.** All household members listed that are over the age of 18 are also required to fill out and sign section 3. **Applications will be returned, and processing will be delayed if incomplete or we are unable to read your handwriting.**

#	Name (First, Last)	Previous Name (if applicable)	Social Security #	Date of Birth (MM/DD/YYYY)	Relationship to Applicant 1	Sex (M, F, X)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*If there are more people living in your home than the space above allows, please print an additional copy of this page, and submit the required information with your application.



Section 2: Provider Address and Operating Information - Required

2.1) Primary Residence/Physical Property Address (location where care will be provided)

The primary residence (home) must be the location where the child care provider lives and will provide care. A license cannot be issued to a family child care home where the primary residence is not the same location where care will be provided.

Physical Street Address	City	Zip Code	County
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2.2) Directions for reaching your physical location (if necessary)

2.3) Mailing address, if different than the physical property address provided above.

If entered, this address will be used to send all official licensing correspondence.

Mailing Street Address or P.O. Box	City	State	Zip Code
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2.4) Operating Information:

Months of Operation (select all that apply)

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Hours of Operation (select all that apply) Open: _____ AM/PM Close: _____ AM/PM

Sun. Mon. Tues. Weds. Thurs. Fri. Sat.



Section 3: Background Information

3.1) Child Abuse/Neglect Record Check Authorization: - REQUIRED for ALL household members age 18 and older Please print additional copies of this page if needed and submit the required information with your application. **Applications will be returned, and processing will be delayed if incomplete.*

This authorization is required for adults, age 18 and older living in the home.

I authorize the Colorado Department of Human Services (CDHS) to review my name with the State child abuse and neglect database to obtain any reports of child abuse or neglect.

I also authorize the Department to obtain child abuse and neglect reports every five years, as long as I am listed on the child care license as living in the family child care home.

I understand that as a person who is 18 years of age or older who resides in the family child care home, I am required to submit a complete set of fingerprints to the Colorado Bureau of Investigation for a criminal check of CBI and FBI records.

I understand that I must sign the *Privacy Act Notification form* prior to, or at the time of, being fingerprinted.

THE SIGNATURE BELOW AUTHORIZES THE CHILD ABUSE/NEGLECT RECORD CHECK TO BE COMPLETED ON THE NAMED INDIVIDUAL LISTED WHO IS 18 YEARS OF AGE OR OLDER.

Signature of household member 18 years of age or older - Required.

Date

Printed Name of Household Member from signature above (First, Middle, Last)

Signature of household member 18 years of age or older - Required.

Date

Printed Name of Household Member from signature above (First, Middle, Last)

Signature of household member 18 years of age or older - Required.

Date

Printed Name of Household Member from signature above (First, Middle, Last)

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Section 4: History of Criminal Record*

Have you, anyone living with you, or anyone employed by you, been convicted, or entered into a deferred sentence for ANY felony offense, ANY child abuse, or unlawful sexual behavior (in ANY state) before? ****If more than one person has a conviction OR if one person has several convictions, please print additional copies of this page, and submit the required information with your application.***

No

Yes. *If yes, enter the information for each person and conviction below.*

First Name	Last Name	Date of Birth (MM/DD/YYYY)
Name at the time of conviction or deferred sentence, if different than above.		
Date of Conviction/Deferred Sentence	Type of Conviction/Deferred Sentence	
City Conviction Occurred	State Conviction Occurred	County Conviction Occurred

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Section 5: Application Acknowledgement

Please check the boxes to the left of each statement below to indicate that both Applicant 1 and 2 agree. Both Applicant 1 and Applicant 2 must also sign the bottom of this section to begin processing the application.

The undersigned hereby applies for a license to operate a Family Care Home under 26-6-101 et seq. C.R.S. 2018 as amended and certifies to the following facts.

I have read and am fully familiar with the licensing rules regulating family care homes and/or the general rules and regulations for child care facilities issued by the Colorado Department of Human Services (CDHS) and I agree to fully comply with them.

I understand that until a license is issued, it is illegal for me to care for children other than specified in Statute or specifically listed under the exemptions in the general rules and regulations.

I understand that before a child care license is issued, a licensing inspection must be completed. I agree to cooperate with the Department in its inspection to determine conformity with the regulations.

I understand that if issued a child care license, it will designate the number and ages of children for which care may be given. Further, I understand that if I fail to maintain the rules and regulations, the license is subject to revocation.

I authorize the Colorado Department of Human Services (CDHS) to run the child abuse and neglect check for **all people listed as living in the family child care home, regardless of age, including myself.**

I authorize the Colorado Department of Human Services (CDHS) to obtain child abuse and neglect reports for all people listed on this application, regardless of age, upon initial licensure and **every five years thereafter.**

I understand that the applicant(s) AND any person 18 years of age or older who resides in the family care home are required to submit a complete set of fingerprints to the Colorado Bureau of Investigation (CBI) for a criminal check of CBI and FBI records.

I understand that those who require fingerprinting are responsible for paying for all fingerprinting costs.

I understand that all adults who submit fingerprints for this license must sign the Privacy Act Notification prior to, or at the time of, being fingerprinted. I also understand the Privacy Act Notification must be maintained at the licensed child care home and made available to the Department upon request.

I understand and authorize the Department to check the status of any fingerprints for people listed as living in the family child care home through the approved fingerprint vendor.

I agree to adhere to the non-discrimination provisions of Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, and Titles I through V of the Americans with Disabilities Act, as amended, and their implementation regulations which prohibit discrimination on the grounds of race, color, national origin, age, or disability.

I understand that upon receipt by the Colorado Department of Human Services, this application becomes a public record.

The responses I provide on this application are correct to the best of my ability. I understand that providing false information to the Colorado Department of Human Services could result in my being fined as much as \$100 a day to a maximum of \$10,000.

Signature of Applicant 1 (Primary Applicant) - REQUIRED

Date

Signature of Applicant 2 (Secondary Applicant) - REQUIRED, if spouse/significant other lives in home and provides care.

Date