Rev. 10/1/08

APPEAL FORM

Stamp date received in this area only.

Date: _____ **License #:**_____

Facility Name: (please print)_____

Location Address: (please print)_____**City/Zip:**_____

Mailing Address: (please print)_____**City/Zip:**_____

Your Name: (please print)_____**Telephone No**._____

Check Type of Facility(check one**):**

- ☐ Family Child Care Home
- ☐ Child Care Center
- ☐ Preschool
- ☐ School-age Child Care Center
- ☐ Specialized Group Facility
- ☐ Residential Child Care Facility
- ☐ Resident Camp
- ☐ Day Treatment

Licensed Capacity and Ages:_____

Date of Original License:_____

Date of Last visit by this Department*:_____ (required you include a copy of this Report of Inspection)

What is the date the hardship for this appeal request was created?_____

***Note: Request for waiver must be submitted within 60 days of the date on which the rule allegedly was too stringently applied or created the hardship. Appeal forms received after this timeframe will not be processed.**

The Rule number(s) is required and your appeal will not be valid without the required rule number.
List the specific rule number(s) for this appeal:_____

Briefly describe the issue(s): _____

_____

_____

_____

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_____

_____

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_____

Please describe the specific hardship that compliance would create to you and the children and families of your community.

_____

_____

_____

_____

_____

Print only using black or blue ink. If additional space is needed, please use an 8½ x 11 sheet of white paper only. Do not write on reverse side of this sheet of paper.

Note: Appeals received in this office by the last day of the current month will be heard by the appeal panel the last Monday of the following month, e.g., appeals received between 10/1/08-10/31/08 will be heard on 11/24/08.

Instructions for Completing the Appeal Form

1. Please complete this side of the appeal form. Attach any additional information you feel the panel may need as they consider your request.

   The following forms are required: Weekly Schedule of Children's Attendance for Family Child Care Homes and the **Family Foster Home Children** for Family Foster Homes and appeals cannot be processed if this form is not included with the appeal request. This form lists all of the children in attendance, their names, ages, and schedule and should include your own children and the children that you are appealing.

   Below is a listing of exhibits or information you may attach for the appeal panel to consider:

   Detailed letter from you
   Floor plan of the facility
   Documentation re: education, experience
   Health or Fire Department Inspection
   Staffing patterns
   Letters from affected parents
   Letters of support
   Any other pertinent information
   Pictures (pictures of children should not be submitted with appeal)

2. Send the completed form and any attachments to the address below:

   Child Care Licensing Appeal Panel
   Division of Child Care
   Colorado Department of Human Services
   1575 Sherman Street, 1st Floor
   Denver, Colorado 80203-1714

3. Appeals are schedule the month after they are received. You do not need to attend this meeting. You will receive the decision of the appeal panel by mail within 30 days of the meeting.

4. Consult the General Rules for Child Care Facilities at 7.701.13 for more information or contact your licensing worker if you have any questions about this form or the appeal process. You can also go to our website at www.cdhs.state.co.us/childcare, click on the "Licensing" tab, and then click on the "Appeals" tab located on the left-hand side of the screen.

   Note: If the form is not completed properly and all relevant information included it will be returned and will cause a delay in a decision regarding your waiver request.

   Note: Submitting an appeal does not mean the department has given preliminary approval. It is the expectation that the provider is in compliance to rules and regulations pertaining to the type of license that was approved. The department will make the final decision and written notification mailed to the licensed provider within 30 days of the appeal panel meeting.

The information contained in this request for a waiver is accurate and all relevant information has been included. 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.
THIS FORM MUST BE SIGNED AND DATED TO BE PROCESSED.

_____ _____

Signature (required) Date (required)

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