ORIGINAL APPLICATION FOR A CHILD CARE LICENSE

License I.D. #:

REASON FOR SUBMITTING THIS APPLICATION (check one):

____ New License ____ Change of License Type ____ Change of Address

____ Change of Ownership/Governing Body

TYPE OF LICENSE APPLYING FOR (check one):

____ Child Care Center
____ Preschool Program (part-day)
____ School-Age Child Care Center

____ Child Placement Agency (choose one)
___ Foster Home
___ Adoption
___ Both

____ Residential Child Care Facility
____ Psychiatric Residential Treatment Facility
____ Therapeutic Residential Child Care Facility

____ Secure Residential Treatment Center
____ Day Treatment Center
____ Homeless Youth Shelter
____ Resident Camp

Name of child care agency/facility: | **Director's name:**

Location address:

_____ _____ _____ _____ _____
Street address | City | State | Zip Code | County

Telephone #: _____ **Fax #:** _____

Email address: _____

Mailing address:

_____ _____ _____ _____ _____
Street address | City | State | Zip Code | County

School district:

Federal Employer's I.D. #: _____
(DO NOT USE Social Security # -- *attach IRS Form W-9 to this form)*

Profit status: ____ For Profit ____ Non-Profit

Facility's requested maximum child care capacity: _____ **Total Number of Children** | **Age range served:**

Days and hours of operation: | **Months of operation:**

Proposed opening date: | **Dates agency/facility will be closed:**

Have you, the owner of the agency/facility, anyone living at the facility, or anyone employed by the facility, been convicted, received a deferred judgment or prosecution of any felony, child abuse, unlawful sexual behavior, a crime of violence or domestic violence? ____ **Yes** ____ **No**

If yes, name of person: _____ **Birth date:** _____

Name of the person at the time of conviction if different: _____

Type of conviction: _____ **Date of conviction:** _____

In which city, state, and county did the conviction occur? _____ _____ _____
City | State | County

ADMINISTRATION

Legal name of governing body:

Address of governing body:

President of the board of directors (if applicable):

Address of the president of the board (if applicable):

PERSONNEL

Director's name:	Work hours:
Describe director's qualifications:	

BUILDING

If the child care agency/facility is in a public building, give the name of that building:
Directions for reaching the agency/facility from major intersections or highways: dfsdf

TRANSPORTATION

Does the facility plan to transport children? ____ Yes ____ No		
Make and year of each vehicle used by the facility:	AND	Manufacturer's vehicle capacity for each vehicle:
Names of staff authorized to transport children:	AND	Type and expiration date of staff's driver's license:

IMPORTANT: It is the facility's responsibility to check with the local zoning and building code officials to ensure compliance with their regulations. Non-compliance with zoning and building codes could give reason for those authorities to close the facility. Written approval from zoning must be attached to this application.

SAFETY FROM FIRE HAZARDS: I hereby certify that the above premises have been inspected by an authorized representative of the local fire department and have been found to meet the requirements of the local fire district, applicable to the operation of a child care facility.

Name of facility:	
Address of facility:	
Name of fire department:	
Address of fire department:	
Inspector's signature:	Inspector's title:
Date:	
Comments:	

SANITATION SURVEY: I, a duly authorized health officer of the area in which this establishment is located, hereby certify that the above premises have been inspected and have been found to meet the requirements of the Colorado Department of Public Health and Environment and local requirements, applicable to the operation of a child care facility.	
Name of facility:	
Address of facility:	
Name of health department:	
Address of health department:	
Inspector's signature:	Inspector's title:
Date:	
Comments:	

The undersigned hereby applies for a license to operate a child care agency/facility under 26-6-101 et. seq., current C.R.S. as amended, and certifies to the following facts:

I have read and am fully familiar with the licensing rules regulating child care facilities issued by the Colorado Department of Human Services, including the *General Rules for Child Care Facilities*, and I agree to fully comply with them.

I understand that before a license is issued an investigation must be completed, and I will cooperate with the Department of Human Services in its investigation to determine conformity with the regulations.

I understand that if issued a 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 suspension or revocation or may be changed to probationary and/or the facility may be subject to fines.

I hereby give authorization to the Department to obtain reports of child abuse or neglect and to review the State Trails Data Base for Child Protection pursuant to state law. Applicants must sign for their minor children living in the child care facility.

I understand that the owner, applicant, director of agency, and all employees of the child care facility, are required to submit a complete set of fingerprints to the Colorado Bureau of Investigation, and that all costs will be borne by the owner, applicant, director, or employee of the child care facility.

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.

I understand that the original application fee is non-refundable.

Responses to the questions, which follow, 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, and the license application being denied.

I understand that should I knowingly or willfully make a false statement of any material fact or thing in this application, I am guilty of perjury in the second degree as defined in *Section 18-8-503, Colorado Revised Statutes*, and, upon conviction thereof, shall be punished accordingly.

Print name of applicant:	Signature:	Title:	Date:

MAIL COMPLETED APPLICATION, ANY REQUIRED DOCUMENTS AND ATTACHMENTS, AND LICENSE FEE TO:

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

For further information or clarification, contact your licensing representative at 1-800-799-5876 or 303-866-5958.