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| License Number:  For Office use only | Licensing Specialist | Monitoring Specialist |
| Date Received | Fee Paid |

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| **REASON FOR SUBMITTING APPLICATION** □New License 𑂽Add Service Type  □Change of license type □Change of address □Change of ownership/governing body  Do you currently hold a child care license? □Yes □No If Yes License Number /Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TYPE OF LICENSE APPLYING FOR (check one box and any sub categories that apply )**  □ **Child Placement Agency** □ **Residential Child Care Facility** □ **Specialized Group Facility**  \_\_ Private Adoption \_\_ Qualified Residential Treatment Program (Choose one)  \_\_ Foster Care/Foster Adoption \_\_ Homeless Youth Services \_\_ Group Home  \_\_ Treatment Foster Care \_\_ Shelter Care Services \_\_ Group Center  \_\_ Psychiatric Residential Treatment  □ **Secured Residential Treatment** □ **Homeless Youth Shelter** □ **Day Treatment** |
| **𛲠**  **LICENSE INFORMATION**  Name of child care agency/facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  General email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School district:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Federal Employer ID number: (Do Not use social security number):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Profit status: □ Non-profit (Attach 501 C 3 certificate) □ For-profit  Days and hours of operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Months of operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates agency/facility will be closed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Days open and office hours (child placement agency only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Requested child care capacity:\_\_\_\_\_\_\_\_\_\_\_\_\_Age ranges to serve at facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proposed opening date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(application must be submitted at least 90 days prior to this date) |
| **ADMINISTRATIVE INFORMATION**  Legal name of governing body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of governing body:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_  Name and phone number of current president of the Board of Directors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsoring Agency (Specialized Group Facilities only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of sponsoring agency (Specialized Group Facilities only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PERSONNEL**  Has the applicant, owner of the agency, anyone residing at the facility, or anyone employed by the facility or agency, ever been convicted of, received a deferred judgement or prosecution of any felony, child abuse, unlawful sexual behavior, a crime of violence, or domestic violence? □ No □ Yes  If yes, name/aliases of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of conviction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of conviction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/County of conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director/Administrator’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Scheduled work hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please list Director/Administrator’s qualifications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Placement Supervisor’s Name (child placement agencies only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scheduled work hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please list Placement Supervisor’s qualifications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **BUILDING SITE**  If the child care facility is in a public building, please give the building name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Directions to the agency/child care facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building Codes Department Review Completed □Yes (Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □No  Zoning Approval Completed □Yes (Attach Copy) □No  **IMPORTANT: It is the responsibility of the applicant to check with 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.** (This does not apply to child placement agencies) |
| **Fire safety** (not applicable to child placement agencies):  “I hereby certify that the above premises have been inspected by an approved 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 fire department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of fire department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Inspector’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Inspector’s title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date inspected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Health/Sanitation survey** (not applicable to child placement agencies):  “As an authorized employee of the County 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 any additional local requirements applicable to the operation of a child care facility”.  Name of health department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of health department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Inspector’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Inspector’s title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of of inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ATTESTATIONS**  The undersigned hereby applies for a license to operate a child care agency/facility under 26-6-101 et seq, current Colorado Revised Statutes, as amended, and certifies the following:  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 of 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 subjected to fines.  I hereby give authorization to the Department to obtain reports of child abuse and neglect and to review the State Automated Case Management System for child protection issues 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 or agency 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 or agency.  I agree to adhere to the non-discrimination provisions of the Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975, and 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.  I understand that providing false information to the Colorado Department of Human Services could result in my being fined as much as $100 per 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, shall be punished accordingly.  (Child Placement Agencies only): I understand that as a licensed Child Placement Agency, I must ensure that all foster parent files are maintained in accordance with all applicable requirements, and that if the foster parent files are not maintained in accordance with all applicable requirements, that the child placement agency license is subject to suspension, revocation, or may be changed to probationary, and/or the agency may be fined. |
| **AFFIDAVIT**  **FOR THE COLORADO DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AS PROOF OF LAWFUL PRESENCE IN THE UNITED STATES**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that: (check one)  \_\_\_ I am a United States citizen, or  \_\_\_ I am a legal Permanent Resident of the United States, or  \_\_\_ I am lawfully present in the United States pursuant to federal law.  I understand that this sworn statement is required by because I have applied for a public benefit (license). I understand that state law requires me to provide proof that I am lawfully present in the United States prior to the receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: Signature:  Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SUBMIT COMPLETED APPLICATION, ALL REQUIRED DOCUMENTS AND ATTACHMENTS, AND LICENSE FEE TO:**  **Colorado Department of Human Services, Division of Child Welfare, Placement Services Unit**  **1575 Sherman Street, 4th Floor**  **Denver, CO 80203-1714** |