

**Licensing Application Packet**  
**Family Child Care Home**

## Table of Contents

Original Application for a Family Child Care Home License.....	1
Application Instructions.....	4
Affidavit (English).....	6
Affidavit (Spanish).....	7
Health Evaluation Form.....	8
Background Investigation Unit Facility Inquiry Form.....	10
Home Care Checklist.....	11
Child and Adult Care Food Program Sponsor List for Family Child Care Homes.....	13

Colorado Department of Human Services CCS37 (Rev. 5-08) (Page 1 of 3) Website: <a href="http://www.colorado.gov/CDHS/childcare">www.colorado.gov/CDHS/childcare</a>  <b>ORIGINAL APPLICATION FOR A FAMILY CARE HOME LICENSE</b>	Provider I.D. _____  Worker Name _____ License Fee Received \$ _____ # of CBI Cards Received _____ CBI/FBI Fee Received \$ _____ Total Fee Received \$ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**COMPLETE THIS FORM IN BLACK INK ONLY. KEEP A COPY FOR YOUR RECORDS. A NONREFUNDABLE license fee is required at the time of application. Send SIGNED ORIGINAL of this application, required fingerprint cards, and one check or money order to cover the license and CBI fees to the following address. Make the check or money order payable to the Department of Human Services.**

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

**Check one of the following:**               **Original**               **Change of Address**               **Change of License Type**

<b>Check one:</b>					
Family Child Care Home (less than 24-hour care)	Family Child Care Home 3 children under 2 yrs (less than 24-hour care)	Infant/Toddler Home	Large Family Child Care Home (less than 24-hour care)	Experienced Family Child Care Home Provider	Family Foster Home (24-hour care) School Dist # _____
<b>The above (5) five license types have specific additional requirements. See <a href="#">Rules Regulating Family Child Care Homes</a> for requirements.</b>					
Applicant (1) <b>Last Name</b>		First Name	Middle Name	Social Security # or Federal I.D.#	
Applicant/Spouse (2) <b>Last Name</b>		First Name	Middle Name	Social Security #	
Address of Home		City	Zip	County	Telephone #
Mailing Address If Different		City	Zip	County	E-Mail Address

**The undersigned hereby applies for a license to operate a Family Care Home under 26-6-101 et seq. C.R.S. 1999 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 standard rules and regulations for family foster homes issued by the Colorado Department of Human Services, 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 from more than one family.

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 revocation.

I hereby give authorization to the Department to obtain reports from the State automated database of child abuse or neglect pursuant to state law. Applicants must sign for their minor children living in the childcare facility.

I understand that the applicant or any person 18 years of age or older who resides in the family care home is required to submit a complete set of fingerprints to the Colorado Bureau of Investigation, and that all costs will be borne by the applicant or person who resides in the family care home.

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.

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.

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.

**Please note: Applicants 1 & 2 must sign below.**

Signature of Applicant (1)	Signature of Applicant/Spouse (2)	Date
----------------------------	-----------------------------------	------

**Please Complete the Following Questions:**

Length of time at present address: \_\_\_\_\_

Directions for reaching home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever applied for a license for childcare in Colorado before? If "Yes," when, what type, and provider number"  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," what name and address appeared on the application?  
 \_\_\_\_\_

**Previous addresses for applicant(s) during last five years: (Use additional paper if necessary)**

Street Address	City	State	From	To
Street Address	City	State	From	To

Has any adult living in the home including **yourself** ever used or been known by another name eg. maiden name, alias?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," state Present name \_\_\_\_\_ Previous name \_\_\_\_\_

List below **all** persons living in your home including **yourself**, spouse/significant other, children, relatives, roommates, boarders, unrelated persons

Name	Social Security #	Birth Date	Relationship To Applicant	Date of last Medical

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? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," name of person \_\_\_\_\_ Birth Date \_\_\_\_\_

Name at time of conviction or deferred sentence, if different than listed above \_\_\_\_\_

Type of conviction/deferred sentence \_\_\_\_\_ Date of conviction/deferred sentence \_\_\_\_\_

In what town, county, state did conviction/deferred sentence occur?  
 \_\_\_\_\_  
 (Town) (County) (State)

The following section applies **ONLY** to adults (18 and older) **OTHER THAN APPLICANTS 1 & 2** living in the home.

<b>Adults (18 and older) OTHER THAN APPLICANTS 1 &amp; 2 living in the home:</b> eg grandparents, aunts, uncles, children going to college and also including permanent substitutes and additional primary caregivers, must sign and have notarized the statement below.	
I hereby authorize the Colorado Department of Human Services, Division of Child Care, to review my name with the State automated data base to obtain any reports of child abuse or neglect.	
Print Full Name	Signature
Birth Date	Address _____ _____
Subscribed and sworn to before me this _____ day of _____ (year)	
My commission expires _____ (year)	
_____ NOTARY	
_____ ADDRESS	

**Applicants for the Experienced Family Child Care Home license must sign both page 1 and page 3 (below).**

I affirm that I:

Have been a family child care home provider in Colorado for at least the last 6 consecutive years

Have completed 90 clock hours of training (excluding pre-licensing training) within the preceding 6 years, 40 hours of which are in the area of infant/toddler development.

Will complete, each year, at least 12 clock hours of ongoing training, with a minimum of 6 of the hours in the area of child growth and development

Have had no substantiated complaints in the preceding 2 years for violations that could directly threaten the health or safety of children in care

Have had no negative licensing action taken against my license in the preceding 2 years

Meet requirements of 35 square feet of inside space and 75 square feet of outside space per child

Am in compliance with local zoning restrictions

Am in compliance with all rules regulating Experienced Family Child Care Home Providers as well as all other rules regulating Family Child Care Home Providers

Understand that if I am approved by the Department of Human Services as an Experienced Family Child Care Home Provider I waive the right to appeal any rules related to capacity or space requirements

Understand that should Section 7.707.2D of the Rules Regulating Family Child Care Homes be eliminated, my experienced provider license will revert to regular license status.

Understand that the experienced provider license will immediately revert to regular license status if at any time the home is found to be over capacity by a licensing representative.

\_\_\_\_\_  
**Signature of Applicant (1)**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Signature of Applicant/Spouse (2)**

\_\_\_\_\_  
 Date

## INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKET FOR A FAMILY CHILD CARE HOME LICENSE

This application packet contains the information and forms you need to apply for a license to operate a family child care home. It is very important for you to complete all of the application requirements. Allow approximately ninety (90) days to become licensed after the Division of Early Care and Learning receives your completed application packet. To avoid delay in the processing of your application packet, please carefully follow these instructions. **Incomplete application forms will result in the entire packet being returned to you.**

### Your application packet contains the following items:

- ✓ *General Rules for Child Care Facilities*
- ✓ *Rules Regulating Family Child Care Homes*
- ✓ *Rules Regulating Special Activities*
- ✓ **Original Application For A Family Care Home License**
- ✓ **Affidavit**
- ✓ **Health Evaluation Form – Family Care Home**
- ✓ **3 fingerprint cards**
- ✓ **Background Investigation Unit Facility Inquiry Form**
- ✓ **Home Care Checklist**
- ✓ **Qualistar information**
- ✓ **Child and Adult Care Food Program Sponsor List for Family Day Care Homes**
- ✓ **White envelope addressed to Application Processing, Division of Early Care and Learning**

### 7 Steps to Obtain a Child Care License:

1. Carefully and completely read the General Rules for Child Care Facilities, Rules Regulating Family Child Care Homes, and Rules Regulating Special Activities.
2. Complete the entire application form; this includes a signature from both the applicant and the spouse/second applicant. **Before completing the application, obtain information about and ensure that you are in compliance with any local zoning, building or planning ordinances, and any homeowner association covenants.** Pursuant to General Rules 7.701.34 "...[The facility] must submit to the State Department written approval from the local zoning department approving operation of the facility".
3. Complete the top section of the Health Evaluation Form - Family Child Care Home. A prescribing health care professional must complete the front and back sections of the form, as well as sign it for each person residing in the home. Keep the completed form at your home for your licensing specialist to review when your specialist inspects your family child care home to verify that you have complied with all of the licensing rules and regulations.
4. Complete fingerprint cards for you, the second (2nd) provider if you are applying for a large family child care home, all adults eighteen (18) years of age and older living in the home, and for permanent substitutes. These cards are used to obtain criminal record checks from the Colorado Bureau of Investigation (CBI) and Federal Bureau of Investigation (FBI). The same card is used for both the CBI and FBI criminal record checks. Complete the following items on each card: Name (full name), Aliases (all aliases), Citizenship, Social Security Number, Address, and Reason Fingerprinted (CRS 26-6-107). Also, be certain to complete the physical description portion of the card (Sex, Race, Height, Weight, Eyes, and Hair), Date of Birth, and Place of Birth. Leave the "Employer and Address" space blank.

Take the fingerprint card(s) to a local law enforcement agency, such as a police department or sheriff's office, for fingerprinting. Fingerprint cards can be obtained and fingerprinting can be completed at State Forms located at 4999 Oakland Street, Denver, CO 80239. The official taking the fingerprints must sign and date the card(s) and witness the signature of the individual(s) being fingerprinted.

**PLEASE DO NOT FOLD THE FINGERPRINT CARDS.** If more fingerprint cards are needed, contact the Division of Early Care and Learning, Colorado Department of Human Services at 303-866-5958 or 1-800-799-5876.

5. Make out a check or money order, payable to the Colorado Department of Human Services, to cover both the application fee and the CBI/FBI fee.

**Fee Schedule**

Type of Facility	License Application Fee	CBI and FBI Fingerprinting Fee		Total Due
		Adult(s) Living in Household, 2nd Provider for a Large Family Child Care Home, and Permanent Substitutes	Fees	
Family Child Care Home	\$27.00	1 Adult	\$39.50	\$66.50
		2 Adults	\$79.00	\$106.00
		3 Adults	\$118.50	\$145.50
Large Family Child Care Home	\$39.00	1 Adult	\$39.50	\$78.50
		2 Adults	\$79.00	\$118.00
		3 Adults	\$118.50	\$157.50

**FBI Fingerprint Fees:**

Colorado Statute requires that an FBI check is also completed. The FBI background check fee is \$22.00. This fee is included in the above price list.

**Background Investigation Unit Facility Inquiry Form:** This form is required for each adult **NOT LIVING** in the provider’s home that provides care for children. Any permanent substitute(s) is included. The completed form must be accompanied by a **SEPARATE** check or money order for **\$28.00**, made payable to CDHS, BIU Records and Reports. Include the completed form and check with your application packet.

6. Complete the Pre-Licensing Training, First Aid Training, CPR Training, Universal Precautions Training and Medication Administration Training prior to the Initial Licensing Visit.

- Training for Pre-Licensing, First Aid, CPR and Universal Precautions must be through a Department-approved Vendor. Please visit our website at [www.colorado.gov/CDHS/TrainingVendors](http://www.colorado.gov/CDHS/TrainingVendors) and click on the “Approved Training Vendor Directory Link” to view the most current list or call the Division of Early Care and Learning at 303-866-5948.
- Medication Administration training can be taken through Qualistar Colorado. To view the schedule, go to <http://www.qualistar.org/medication-administration.html> or call Qualistar Colorado at 303-339-6800.

7. When Steps 1 – 5 have been completed, return the following items to the Division of Early Care and Learning:

- Completed and signed Original Application for a Family Child Care Home License.
- Completed and signed Affidavit for applicant 1 and applicant 2; include a photocopy of a Driver’s License or Colorado Identification Card for applicant 1 and applicant 2.
- Completed fingerprint cards for you, the second (2nd) provider for a large family child care home, all adults eighteen (18) years of age and older living in the home, and permanent substitute(s).
- Completed and signed Background Investigation Unit Facility Inquiry Form and fee for any staff members who are non-residents of the home (if required). A **SEPARATE** check or money order for **\$28.00** made payable to CDHS, BIU Records and Reports must be included with the sheet.
- Check or money order, payable to the Colorado Department of Human Services (for the Original Family Care Home Application fee, fingerprint fee for each adult and Background Investigation fee for non-resident staff members (if applicable).
- Mail all items listed above to: Application Processing Division of Early Care and Learning, Colorado Department of Human Services, 1575 Sherman Street, 1st Floor, Denver, CO 80203-1714.

After the Division of Early Care and Learning receives the items above and processes your application, a licensing specialist will contact you to set-up a time to inspect your home to verify that you have complied with all of the licensing rules and regulations.

**If you have additional questions, please call the Division of Early Care and Learning at 303-866-5948.**



**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 law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to 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 under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**





**AFFIDAVIT**

**DECLARACION / JURAMENTO**

**Departamento de Servicios Sociales del Estado de Colorado  
y el Departamento de Política y Financiamiento de la Salud  
Como Prueba de Presencia legal en los Estados Unidos**

Yo, \_\_\_\_\_, juro o afirmo bajo pena de perjurio bajo las leyes del Estado de Colorado que (cheque uno):

- \_\_\_ Soy ciudadano de los Estados Unidos, o
- \_\_\_ Soy residente permanente de los Estados Unidos, o
- \_\_\_ Estoy legalmente presente en los Estados Unidos conforme a la ley federal.

Yo entiendo que esta declaración jurada es un requerimiento de la ley porque he solicitado ayuda pública. Yo entiendo que las leyes del estado requieren que yo proveé prueba de que Yo estoy presente legalmente en los Estados Unidos antes de que pueda recibir esta ayuda pública. Tambien reconozco que hacer una declaración o representación falsa, ficticia o fraudulenta en esta declaracion jurada es penada bajo la ley criminal de Colorado como perjurio de segundo grado bajo el Estatuto Corregido de Colorado 18-8-503 y constituirá una ofensa criminal separada cada vez que ayuda pública sea fraudulentamente recibida.

\_\_\_\_\_  
**Firma**

\_\_\_\_\_  
**Fecha**



<b>FOR STATE USE ONLY</b>
License #
Worker Name

Colorado Department of Human Services  
 Division of Child Care  
 1575 Sherman Street, 1<sup>st</sup> Floor  
 Denver, Colorado 80203-1714  
 Telephone: 303-866-5948  
 Fax: 303-866-4453

**HEALTH EVALUATION FORM – FAMILY CARE HOME**

**This section is to be completed by the applicant. The sections below must be completed for all persons residing in the home. This form can be copied if necessary.**

I authorize \_\_\_\_\_ to give the above-name department information about my family’s physical and mental condition. (Medical Provider’s Name)

1<sup>st</sup> Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name

2<sup>nd</sup> Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name

Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street

City State Zip Code Telephone No: \_\_\_\_\_

**TO BE COMPLETED BY MEDICAL PROVIDER:**

The above-named person is applying for a family care home license to care for unrelated care of children in the home. Please indicate below your opinion as to whether any of the residents of this home suffer from any physical, mental or emotional illness or condition or any communicable disease which could adversely affect children in care. This information will be used for licensing purposes only.

**APPLICANT** Name \_\_\_\_\_

Date you last saw patient: \_\_\_\_\_ Is patient under treatment \_\_\_\_\_  
 for chronic illness?  Yes  No

If yes, what is the diagnosis? \_\_\_\_\_

What medications are prescribed? \_\_\_\_\_

General Assessment of Patient’s Health: \_\_\_\_\_

List below any emotional, mental or physical conditions of the patient that could adversely affect non-related children in care.

Please indicate recommended date of next health evaluation for licensing purposes. \_\_\_\_\_

(Medical Providers: **PLEASE SIGN BACK OF THIS FORM**)

**OTHER ADULTS**

Name \_\_\_\_\_

Date you last saw patient: \_\_\_\_\_ Is patient under treatment for chronic illness?  Yes  No

If yes, what is the diagnosis? \_\_\_\_\_

What medications are prescribed? \_\_\_\_\_

General Assessment of Health: \_\_\_\_\_

List below any emotional, mental, or physical conditions of the patient that could adversely affect children in care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Licensing rules now permit medical providers to exempt family members from annual health evaluations if a part of a written plan.**

Please indicate recommended date of next health evaluation for licensing purposes. \_\_\_\_\_

**CHILDREN**

Child's Name \_\_\_\_\_

General condition of health \_\_\_\_\_

List below any emotional, mental, or physical conditions for the patient that could adversely affect children in the home.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unless otherwise indicated here, the next health evaluation will be required in two years: \_\_\_\_\_  
Alternative Date

Child's Name \_\_\_\_\_

General condition of health \_\_\_\_\_

List below any emotional, mental, or physical conditions of the patient that could adversely affect children in the home.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unless otherwise indicated here, the next health evaluation will be required in two years: \_\_\_\_\_  
Alternative Date



Medical Provider's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Provider's Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_  
Street City Zip Code



Background Investigation Unit  
1575 Sherman St. 1<sup>st</sup> Floor  
Denver, CO 80203

**Please note:  
Fee increase to  
\$28.00 effective  
November 16, 2015.**

**FACILITY REQUEST FOR BACKGROUND INVESTIGATION  
IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE**

*Send this request with a check or money order for \$28 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 1575 Sherman St. 1<sup>st</sup> floor, Denver, CO 80203. **Incomplete or unsigned requests cannot be processed and will be returned. Do not send finger print cards. Cash payments will not be accepted.***

*Please circle the reason for your request: Family Child Care Home, Child Care Center, Preschool, School Age Child Care Center, Day Treatment, Specialized Group Home, RCCF, Adoption (one form per couple), Foster Care (one form per couple), and Camp*

*The following facility information is completed by the Business Officer:*

Facility Name: \_\_\_\_\_ CDHS License#: \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Business Officer Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
List up to four other license numbers (less than 24 hour facilities only) where the employee works for this governing body:  
 CDHS License#: \_\_\_\_\_ CDHS License#: \_\_\_\_\_ CDHS License#: \_\_\_\_\_ CDHS License#: \_\_\_\_\_

(Please print legibly)

Full name of person to be checked: \_\_\_\_\_  
 Maiden name and other names used: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Current address: \_\_\_\_\_  
 Previous address: \_\_\_\_\_

*Please circle one of the following: Spouse, Former Spouse, Parent(s) of your children and provide their information below. Add additional names on back of this form.*

Full name: \_\_\_\_\_  
 Maiden name and other names used: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*Please provide your children's full name, birthdate and sex. Additional children may be noted on back of this form.*

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Person being checked: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are under 18 years of age, your parent or legal guardian must sign this request.*

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For adoption and foster care, both marriage partners must provide signatures for processing this request.*

**Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.**



## FAMILY CHILD CARE HOME CHECKLIST

Purpose: To assist the provider in preparation for the initial home visit.

<b>TRAINING</b>	
	Current first aid and CPR card? Training in Universal Precautions and Expanding Quality Infant/Toddler? 15 clock hours of pre-licensing training with a passing score? Medication Administration training?
<b>SUBSTITUTE</b>	
	Substitute at least 18 years of age? Substitute familiar with the <i>Rules Regulating Family Child Care Homes</i> , policies and procedures, children, and location of emergency information?
<b>RECORDS</b>	
	An admission records for each child (child's name, d.o.b., current address, date of enrollment, persons authorized to pick-up child, parent contact information, additional emergency contacts, emergency medical care authorization, current medical, immunization card, permissions to transport, and viewing T.V. and media use)?
	A secure place for records?
<b>POLICIES</b>	
	Available and written policies and procedures for parents to read? Supporting document available for parents to sign?
<b>COMMUNICATION AND EMERGENCY PROCEDURES</b>	
	A working, unblocked telephone that has the capacity to receive all incoming and reverse 911 calls, and record messages during child care hours?
	Emergency numbers posted near the telephone (police, fire, poison control, 911, parent's name and emergency numbers, substitute provider's name and phone number, and hospital)? Designated place for children's emergency contact information?
	A written plan and emergency response procedures?
<b>HEALTH</b>	
	Available first aid supplies (band aids, tape, gauze, disposable gloves, and compression bandages) in the home and in all transportation vehicles? Lock box or area where medication will be kept inaccessible?
	Children are protected from exposure to second hand smoke?
	Designated diaper changing area with durable, smooth, nonabsorbent, cleanable surface? Disposable gloves available for diaper changing? Sink to wash hands in after diapering, excluding the sink used for food preparation?
	Hand washing area, an area that supports self-help skills, step stools, soap, and towels accessible to children?
	If paper towels are not used, individual towels are available? Individual cups are available?
<b>NUTRITION</b>	
	An area available for a breast feeding mother to breast feed child during business hours?
	An adequate number of high chairs or other suitable equipment used for feeding children, which meets nationally recognized standards, is provided for each child under 2 years of age?
<b>REST TIME</b>	
	Toddlers, preschoolers, and older children, have suitable mats not less than 2 inches thick, cot, bed, or sofa, with a clean washable sheet that has been sanitized between uses by children?
	For each child under 12 months, daily rest periods are provided in a crib, playpen, or futon manufactured for children under 12 months of age, each with a firm pad or mattress and a clean, washable cover? Soft bedding and materials are not permitted in rest equipment for children under 1? Space between crib slats is no wider than 2 3/8 inches?
<b>MATERIALS &amp; LEARNING ACTIVITIES</b>	
	Activities for children are culturally sensitive and represent diversity in ethnicity, race, gender, and age? Variety exists in toys, books, and pictures?
	Plans include at least 1 provider-initiated language activity daily and 1 interactive musical activity weekly?
	<b>AVAILABLE MATERIALS:</b> Selections of books are available for the ages of children in care? 4 language development materials (telephones, puppets, dolls, and story boards) are available? 4 eye-hand materials (crayons, paper, scissors, and sewing cards) are available? 4 nature or science related materials, games, or activities (natural object collections, plants, and magnets) are available? 4 math or number materials (counting objects, rulers, dominoes, and balance scales) are available? 4 art materials (pencils, markers, play dough, crayons, and glue) are available?

## FAMILY CHILD CARE HOME CHECKLIST

Purpose: To assist the provider in preparation for the initial home visit.

### MATERIALS & LEARNING ACTIVITIES (continued)

<input type="checkbox"/>	<b>ACCESSIBLE MATERIALS:</b> Age appropriate blocks for at least 2 children are available? 4 types of dramatic play materials (backpacks, purses, hats, clothing, housekeeping toys, toy animals, cars, and trucks) are available?
<input type="checkbox"/>	Monthly plans include some sand, or equivalent dry material, or water play indoors or outdoors?
<input type="checkbox"/>	Clean and soft toys are available?
<input type="checkbox"/>	All materials are age appropriate and don't pose as a choking hazard for children under 3?
<input type="checkbox"/>	Daily plans include outdoor play for all ages?

### SAFETY

<input type="checkbox"/>	Tool sheds and garages are locked?
<input type="checkbox"/>	All animal contamination is free from areas where children play or pass?
<input type="checkbox"/>	Window wells are protected to prevent children from falling into the window well?
<input type="checkbox"/>	All permanently installed climbing equipment surrounded by at least 4 inches (6 inches by 12/31/10) of protective surface underneath? If sand is used, is it raked?
<input type="checkbox"/>	Yard is free of unsafe materials (e.g., lawn mower, tools, propane tank, gasoline, and wood piles)? Gas grill with a propane tank has a safety on/off knob?
<input type="checkbox"/>	All garbage and other waste is stored inaccessible to children?
<input type="checkbox"/>	All stairways with more than 5 steps are equipped with banisters or handrails at children's reach? All slats on railings are no wider than 4 inches apart? All stairways with more than 4 steps have gates? All persons are aware not to ever step over a gate with a child in arms or lift a child over gate?
<input type="checkbox"/>	Walkers with wheels are prohibited?
<input type="checkbox"/>	Weapons, guns, air rifles, bb guns, bows, hunting knives, swords, hunting sling shots, and martial art weapons are locked and inaccessible to children? Ammunition and arrows are locked and stored separately? All substitutes, volunteers, and employees are aware of any weapons location?
<input type="checkbox"/>	All animals are vaccinated with proof of vaccination?
<input type="checkbox"/>	All exercise equipment is inaccessible to children?
<input type="checkbox"/>	Sharp knives are inaccessible or locked?
<input type="checkbox"/>	Protective covers are in all unused outlets and power strips? All electrical cords are in good condition?
<input type="checkbox"/>	Safety latches on doors, cabinets, and drawers where there is anything that could harm children (e.g., cleaning supplies, medications, perfumes, scissors, razors, lotions, hair products, curling irons, poisonous plants, laundry material, and plastic bags)?
<input type="checkbox"/>	Exposed light bulbs have covers? Blind cords are secured?
<input type="checkbox"/>	Smoke detectors are in working condition, installed on each level of the home? Carbon monoxide detectors are installed, including in the area where children sleep?
<input type="checkbox"/>	All levels where child care takes place have 2 means of escape?
<input type="checkbox"/>	5 lb. 2 A 10 BC fire extinguisher is in working condition?
<input type="checkbox"/>	Furnace and hot water heater are free of flammable materials and inaccessible to children?
<input type="checkbox"/>	Fireplace is fenced or not used during child care hours? Whirlpool/hot tub is locked? Trampoline and tree houses are inaccessible?
<input type="checkbox"/>	Swimming pool, permanent wading pool, and above ground pools are enclosed with a 5 foot fence and a locked gate? Decorative ponds have childproofing grates if not fenced?
<input type="checkbox"/>	Vehicles to transport children are in satisfactory condition (tires, brakes, and lights)?

### SPACE

<input type="checkbox"/>	At least 35 square feet of floor space per child is available indoors? At least 75 square feet per child is available outdoors?
<input type="checkbox"/>	Furnishings for relaxation and comfort are available to children indoors (e.g. rugs, carpets, mats, and cushions)?
<input type="checkbox"/>	Outdoor play area is enclosed? Shade is provided outdoors?
<input type="checkbox"/>	Deck, more than 12 inches high, have protective railing? Slats are no wider than 4 inches apart?
<input type="checkbox"/>	A tiered yard that has a drop off of more than 12 inches has a protective railing?

# Child and Adult Care Food Program

## Sponsor List for Family Child Care Homes

A licensed family child care provider in Colorado may participate in the Child and Adult Care Food Program under the supervision of one of the sponsor organizations listed below.

**A CHILD'S CHOICE**  
14901 E. Hampden Ave, Suite 110  
Aurora, CO 80014

P 303-627-9207  
F 303-627-9259

Paula Peirce - Director  
[peirce.paula427@gmail.com](mailto:peirce.paula427@gmail.com)

**COUNTIES SERVED:**  
Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Garfield, Gunnison, Jefferson, Mesa, Montrose, Ouray, & Weld  
Serves FDCH Homes & Child Care Centers

**KIDCARE NUTRITION SPONSOR**  
929 38<sup>th</sup> Avenue Court #106  
Greeley, CO 80634

P 970-351-8779  
F 970- 427-3170

Laura McCabe - Director  
[kidcarenutrition@yahoo.com](mailto:kidcarenutrition@yahoo.com)

**COUNTIES SERVED:**  
Adams, Boulder, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, & Yuma  
Serves FDCH Homes only

**KIDS' NUTRITION COMPANY**  
7815 W. 16th Avenue  
Lakewood, CO 80214

P 303-987-4851  
F 303-987-4855

Juliann Jacobson - Director  
[knccolorado@gmail.com](mailto:knccolorado@gmail.com)

**COUNTIES SERVED:**  
Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, Summit, Teller  
Serves FDCH Homes only

**SOUTHWEST FOOD PROGRAM, INC.**  
1531 Keaton Lane  
Colorado Springs, CO 80909

P 719-573-2246 (Office)  
F 719-573-2247

Carrie Dyster - Director  
[sw\\_foodprogram@msn.com](mailto:sw_foodprogram@msn.com)

**COUNTIES SERVED:**  
Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, El Paso, Fremont, Huerfano, Kiowa, Lake, Las Animas, Lincoln, Otero, Park, Prowers, Pueblo, Rio Grande, Saguache, & Teller  
Serves FDCH Homes only

**WILDWOOD CHILD AND ADULT CARE FOOD PROGRAM, INC.**  
12200 E Briarwood Avenue, Suite 175  
Centennial, CO 80112

P 303-730-0460  
F 303- 730-0461

Kati Wagner - President  
[kati@wildwoodcacfp.org](mailto:kati@wildwoodcacfp.org)

**COUNTIES SERVED:**  
All counties are served  
Serves FDCH Homes & Child Care Centers

### Military Sponsors

These sponsors only serve family child care homes affiliated with the military bases.

**ARMY CHILD YOUTH & SCHOOL SERVICES IMWRF**  
Child Youth & School Services  
IMNW-CAR-MW-C  
1675 Ellis Street - Bldg 1217  
Fort Carson, CO 80913-7119

P 719-526-1058  
F 719-526-1102

Cheryl Provin - Nutritionist  
[cheryl.a.provin.naf@mail.mil](mailto:cheryl.a.provin.naf@mail.mil)

**PETERSON AIR FORCE BASE**  
Family Child Care Homes  
21 SVS/SVYD  
125 E. Stewart Ave, Suite 100  
Peterson AFB, CO 80914-1630

P 719- 556-4322  
F 719-556-8422

Janet Martineua - FCC Coordinator  
[janet.martineau@us.af.mil](mailto:janet.martineau@us.af.mil)

**US AIR FORCE ACADEMY**  
Family Child Care Office  
5150 Community Center Drive  
USAF Academy, CO 80840

P 719-333-6779  
F 719-333-3242

Mary Willis - Director  
[Mary.Willis@us.af.mil](mailto:Mary.Willis@us.af.mil)

The USDA is an equal opportunity employer, provider and lender.

