

## INDEX

### PERSONNEL

1. Approved First Aid and CPR Training  
(7.707.21, 7.707.32.A6, 7.707.94,B)
2. Child Abuse Reporting Form  
(7.707.36.B6,7.707.41.B30)
3. Child Care Employee Health Form  
(7.707.34.C.4)
4. FCCH Continuation Tracking Form  
(7.707.32.B)
5. Instructions for Completing the Application Packet  
(7.707)
6. Required Social and Emotional Clock Hours  
(7.707.32.B3h)
7. Sample Lost Child Report  
(7.707.37.B)
8. Sample Visitor's Log  
(7.707.6.E)
9. Staff Illness Guidelines  
(7.707.71.D2)

**CDHS DIVISION OF CHILD CARE**  
**DIRECTORY OF APPROVED FIRST AID/CPR TRAINING VENDORS\*\***  
**(Listed Alphabetically by City/State)**

| <b>Name</b>                                   | <b>Contact</b>                             | <b>Address</b>                 | <b>City</b>           | <b>State</b> | <b>Zip</b>     | <b>Phone</b>                 | <b>First Aid</b> | <b>CPR</b> | <b>Universal Precautions</b> |
|---|--|--------------------------------|-----------------------|--------------|----------------|------------------------------|------------------|------------|------------------------------|
| <i>EMS Safety Services</i>                    | Rob Pryce, EMT-P<br>Operations Dir.        | 1046 Calle Recodo<br>#K        | San Clemente          | CA           | 92673          | 800-215-9555<br>x107         | Yes              | Yes        | *                            |
| <i>HeartSmart</i>                             | Richard Perse<br>(also in <i>Espanol</i> ) | 7985 Vance Drive<br>#103       | Arvada                | CO           | 80003          | 303-456-8543<br>800-894-3439 | Yes              | Yes        | Yes                          |
| <i>Anderson, Jim</i>                          | Jim Anderson                               | 2838 S. Killarney<br>Way       | Aurora                | CO           | 80013          | 303-981-8905                 | Yes              | Yes        | Yes                          |
| <i>Challenger CPR.com</i>                     | Rich Passarelli                            | PO Box 471022                  | Aurora                | CO           | 80047<br>-1022 | 720-327-7629                 | Yes              | Yes        | Yes                          |
| <i>Korzeniowski, Darla</i>                    | Darla Korzeniowski                         | 954 S. Richfield<br>Way        | Aurora                | CO           | 80017          | 303-475-3799                 | Yes              | Yes        | Yes                          |
| <i>Moffitt, Susan</i>                         | Susan Moffitt                              | 3198 S. Nepal Way              | Aurora                | CO           | 80113          | 303-725-0831                 | Yes              | Yes        | Yes                          |
| <i>Posey, Isadell</i>                         | Isadell Posey                              | 1536 S. Goldbug<br>Circle      | Aurora                | CO           | 80018          | 303-690-8212                 | Yes              | Yes        | *                            |
| <i>Strohmaier, Betsy</i>                      | Betsy Strohmaier                           | PO Box 3666                    | Boulder               | CO           | 80307          | 720-2492997                  | Yes              | Yes        | Yes                          |
| <i>Child Care Ed. Opportunities</i>           | Judy Eggleston                             | 710 W. 1 <sup>st</sup> Avenue  | Broomfield            | CO           | 80020          | 303-469-5596                 | Yes              | Yes        | Yes                          |
| <i>McPeck, Diana</i>                          | Diana McPeck                               | 1401 Oak Creek<br>Grade Road   | Canon City            | CO           | 81212          | 719-269-1523<br>x211         | Yes              | Yes        | Yes                          |
| <i>Colorado EMS Consultants</i>               | Greg Svenson<br>Bill Larson                | 8319 Briar Haven<br>Place      | Castle Pines<br>North | CO           | 80108          | 720-470-3401                 | Yes              | Yes        | Yes                          |
| <i>Rocky Mountain CPR &amp; First Aid</i>     | Jennifer Nelson                            | 13275 E. Fremont<br>Place #302 | Centennial            | CO           | 80112          | 303-768-8088                 | Yes              | Yes        | Yes                          |
| <i>American Red Cross, Pikes Peak Chapter</i> | Heather Walma                              | 1040 S. 8 <sup>th</sup> Street | Colorado Springs      | CO           | 80906          | 719-632-3563<br>719-785-2728 | Yes              | Yes        | Yes                          |
| <i>Pikes Peak Family Connections</i>          | Dee Thomas                                 | 2220 E. Bijou #2E              | Colorado Springs      | CO           | 80909          | 719-442-6333                 | Yes              | Yes        | No                           |
| <i>Sav-A-Life</i>                             | Cindy Slater<br>Jeffrey Slater             | 3415 Birnamwood<br>Drive       | Colorado Springs      | CO           | 80920          | 719-282-1779                 | Yes              | Yes        | Yes                          |
| <i>Sheldon, Jim</i>                           | Jim Sheldon                                | 34 South<br>Roosevelt St.      | Colorado Springs      | CO           | 80910          | 719-473-5482                 | Yes              | Yes        | *                            |

| <b>Name</b>                               | <b>Contact</b>   | <b>Address</b>                       | <b>City</b>      | <b>State</b> | <b>Zip</b> | <b>Phone</b>                 | <b>First Aid</b> | <b>CPR</b> | <b>Universal Precautions</b> |
|---|--|--------------------------------------|------------------|--------------|------------|------------------------------|------------------|------------|------------------------------|
| <i>Simple CPR, LLC</i>                    | Mark Schaefer  | 21 W. Polk Street                    | Colorado Springs | CO           | 80907      | 719-205-0003                 | Yes              | Yes        | Yes                          |
| <i>American Heart Association</i>         | Michelle Hubbard Pitts   | 1280 S. Parker Road                  | Denver           | CO           | 80231      | 303-369-8087<br>800-242-8721 | Yes              | Yes        | Yes                          |
| <i>AHA Heartsaver Pediatric First Aid</i> | Michelle Hubbard Pitts   | 1280 S. Parker Road                  | Denver           | CO           | 80231      | 303-369-8087<br>800-242-8721 | Yes              | No         | *                            |
| <i>Grisby, Artie Mae</i>                  | Artie Mae Grisby   | 4942 Upton Court                     | Denver           | CO           | 80239      | 303-371-6750                 | Yes              | Yes        | Yes                          |
| <i>American Red Cross</i>                 | Lindsay Ishman   | PO Box 120                           | Dillon           | CO           | 80435      | 970-262-0530                 | Yes              | Yes        | Yes                          |
| <i>Isham, Cindy</i>                       | Cindy Isham, RN  | 858 Rainbow Road                     | Durango          | CO           | 81303      | 970-759-5349                 | Yes              | Yes        | Yes                          |
| <i>JM Life Safety</i>                     | Jamie Morgan<br>Jim Major  | PO Box 688                           | Eastlake         | CO           | 80614      | 720-217-5795<br>303-263-5707 | Yes              | Yes        | Yes                          |
| <i>HR Safety Consulting</i>               | Dale Robinson  | 1571 Bain Drive                      | Erie             | CO           | 80516      | 303-828-4999                 | Yes              | Yes        | Yes                          |
| <i>Front Range Institute of Safety</i>    | Mark Rosoff  | 1437 S. Summit View Dr.              | Fort Collins     | CO           | 80524      | 970-416-9650                 | Yes              | Yes        | Yes                          |
| <i>Be Prepared</i>                        | Sybil Ryan   | 1601 Carriage Road                   | Fort Collins     | CO           | 80525      | 970-221-4114                 | Yes              | Yes        | Yes                          |
| <i>Cardicare</i>                          | Bill McBride   | 1120 Lords Hill Drive                | Fountain         | CO           | 80817      | 719-471-3063                 | Yes              | Yes        | *                            |
| <i>Advanced Care</i>                      | Debra Waller   | P.O. Box 5115                        | Golden           | CO           | 80401      | 303 384-3696                 | Yes              | Yes        | Yes                          |
| <i>Turner, Kellie</i>                     | Kellie Turner  | 448 S. Camp Road                     | Grand Junction   | CO           | 81507      | 970-640-5365                 | Yes              | Yes        | Yes                          |
| <i>Colorado Safety Training</i>           | Brandon Christensen  | 7625 W. 5 <sup>th</sup> Avenue #100E | Lakewood         | CO           | 80226      | 303-847-3596                 | Yes              | Yes        | Yes                          |
| <i>First Aid in Schools</i>               | Sheila Furman  | 2520 S. Zinnia Way                   | Lakewood         | CO           | 80228      | 303-982-9575                 | Yes              | Yes        | *                            |
| <i>AAA Life Rescue CPR</i>                | Jeffrey Speer  | 10641 W. Indore Drive                | Littleton        | CO           | 80127      | 303-932-6268                 | Yes              | Yes        | Yes                          |
| <i>All Pro CPR (also en Espanol)</i>      | Dennis Hollister, EMT-P<br>Craig Hurtado<br>Ivan Soto<br>Jennifer Straub | 11638 W. Coal Mine Drive             | Littleton        | CO           | 80127      | 303-728-4194                 | Yes              | Yes        | Yes                          |
| <i>Partners in CPR</i>                    | Don Lombardi   | 3952 E. Nobles Rd.                   | Littleton        | CO           | 80122      | 303-773-3504                 | Yes              | Yes        | Yes                          |
| <i>SOS Technologies</i>                   | Jennifer Jones   | 621 Southpark Drive #700             | Littleton        | CO           | 80109      | 303-694-4310                 | Yes              | Yes        | Yes                          |

| <b>Name</b>   | <b>Contact</b>                             | <b>Address</b>                 | <b>City</b> | <b>State</b> | <b>Zip</b> | <b>Phone</b>                 | <b>First Aid</b>         | <b>CPR</b> | <b>Universal Precautions</b> |
|---|--|--------------------------------|-------------|--------------|------------|------------------------------|--------------------------|------------|------------------------------|
| <i>RN Services</i>  | Laurie Laxton                              | 1601 Hallet Peak Drive         | Longmont    | CO           | 80503      | 720-840-5661                 | Yes                      | Yes        | Yes                          |
| <i>Boylan, Terri</i>  | Terri Boylan                               | 2525 Empire Avenue             | Loveland    | CO           | 80538      | 970-222-0049                 | Yes                      | Yes        | *                            |
| <i>Hands for Hearts</i>   | Ron Krohm                                  | 4597 S. Coors Street           | Morrison    | CO           | 80465      | 303-621-4972                 | Yes                      | Yes        | Yes                          |
| <i>CPRColorado.com<br/>Emergency First<br/>Care Program</i>               | Dave Moschner<br>(also in <i>Espanol</i> ) | 6246 Riviera Court             | Parker      | CO           | 80134      | 303-818-3737                 | Yes                      | Yes        | Yes                          |
| <i>4 Your Heart</i>   | Alma Haupt                                 | 4990 Bur Oak Lane              | Parker      | CO           | 80134      | 720-234-5619                 | Yes                      | Yes        | Yes                          |
| <i>Helping Hands<br/>CPR</i>  | Tammy Aaron                                | 11226 Glenmoor Circle          | Parker      | CO           | 80138      | 720-851-8983                 | Yes                      | Yes        | Yes                          |
| <i>American Medical<br/>Response</i>                                      | Leslie Reindollar                          | 922 S. Santa Fe Avenue         | Pueblo      | CO           | 81006      | 719-545-1226                 | Yes                      | Yes        | Yes                          |
| <i>CPR Save A Life</i>  | Jeff Mitchem                               | 13740 Kearney Street           | Thornton    | CO           | 80602      | 303-919-4918                 | Yes                      | Yes        | Yes                          |
| <i>Beaman, Charity</i>  | Charity Beaman                             | PO Box 736                     | Walden      | CO           | 80480      | 970-723-8572                 | Yes                      | Yes        | Yes                          |
| <i>Cornwell, Lisa</i>   | Lisa Cornwell                              | PO Box 993                     | Walden      | CO           | 80480      | 970-819-7069                 | Yes                      | Yes        | Yes                          |
| <i>CPR Professionals</i>  | Dave Rush                                  | 11424 King Way                 | Westminster | CO           | 80031      | 877-290-2572<br>(toll free)  | Yes                      | Yes        | Yes                          |
| <i>Siemek, Thomas</i>   | Thomas Siemek                              | 4692 Dudley Street             | Wheat Ridge | CO           | 80033      | 303-420-9548<br>303-921-9002 | Yes                      | Yes        | Yes                          |
| <i>American Red<br/>Cross Centennial<br/>Chapter</i>                      | Janet Brueggeman                           | 29885 County Road 35           | Wray        | CO           | 80758      | 970-332-5036                 | Yes                      | Yes        | Yes                          |
| <i>National Safety<br/>Council</i>  | Donna Siegfried                            | 1121 Spring Lake Drive         | Itasca      | IL           | 60143      | 630-775-2099                 | Yes                      | Yes        | *                            |
| <i>American Safety &amp;<br/>Health Institute and<br/>Medic First Aid</i> | Marybeth Schombert                         | 1450 Westec Drive              | Eugene      | OR           | 97402      | 800-246-5101<br>x325         | Yes                      | Yes        | Yes                          |
| <i>RH Sanders &amp;<br/>Associates</i>                                    | Ronald Sanders                             | 7807 – 15 <sup>th</sup> Avenue | Kenosha     | WI           | 53143      | 800-869-9289                 | Yes                      | Yes        | Yes                          |
| <i>Wilderness<br/>Medicine Institute<br/>of NOLS</i>                      | Shana Tarter, Assistant<br>Director        | 284 Lincoln Street             | Lander      | WY           | 82520      | 866-831-9001                 | 16/hrs<br>Camp.<br>Assn. | Yes        | *                            |

\*Check with trainer to see if Universal Precautions is offered.

\*\*as of May 2009

## **Abuse Reporting Acknowledgement for Child Care Workers**

Under the "Child Protection Act of 1987" (C.R.S. 19-3-301) in the Colorado Children's Code, workers in any facility that is licensed or certified pursuant to the Child Care Licensing Act (C.R.S. 26-1-101) are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department or local law enforcement agency."

"Abuse" or "child abuse or neglect", means an act or omission in one of the following categories that threatens the health or welfare of a child: Any case in which a child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, or death and either: Such condition or death is not justifiably explained: the history given concerning such condition is at variance with the degree or type of such condition or death; or the circumstances indicate that such condition may not be the product of an accidental occurrence: Any case in which a child is subjected to unlawful sexual behavior as defined in section 16-22-102 (9), C.R.S. :Any case in which a child is a child in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take :Any case in which a child is subjected to emotional abuse: Any act or omission described in section 19-3-102 (1) (a), (1) (b), or (1) (c): Any case in which, in the presence of a child, or on the premises where a child is found, or where a child resides, a controlled substance, as defined in section 18-18-102 (5), C.R.S., is manufactured or attempted to be manufactured;

If at any time a child care worker reasonably suspects child abuse, it is the responsibility of that child care worker to report or to cause a report to be made immediately upon receiving such information to the local county department of social or human services at \_\_\_\_\_ or the police/sheriff's department. It is not the child care worker's role to investigate suspected abuse--only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 19-3-304(4)(a)(b), C.R.S. The staff person could also be liable for damages "proximately caused thereby."

I have read and understand the above requirements concerning my responsibility regarding child abuse reporting.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Rev Jan 2010

## CHILD CARE PROVIDER HEALTH FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Type of essential job functions:

- close contact with children    lifting, carrying children or equipment up to 40 pounds
- food preparation    driver of vehicles    desk work    facility maintenance

### To be completed by the health care provider:

Does this person have any other limiting condition(s) that would prevent him or her from working in a child care setting in the above activities:       yes       no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Based upon my evaluation (select one)

- Applicant can perform the essential functions of the job without direct threat to the health and safety of self or others.
- Applicant can perform the essential functions of the job without direct threat to the health and safety of others if the following restrictions can be accommodated:

\_\_\_\_\_

Unless otherwise required by the health care provider this health form must be completed every two years. Please indicate the frequency of this assessment:

- Yearly       Every two years       Other, describe \_\_\_\_\_

Health Care Provider Printed Name \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## FCCH Provider Continuation Tracking Sheet

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Record Class Dates for the Following:**

First Aid \_\_\_\_\_ Medication Administration \_\_\_\_\_

CPR \_\_\_\_\_ Universal Precautions \_\_\_\_\_

**Medical Dates for Provider and Family Members:**

|             | Medical | CBI   | Central Registry |
|-------------|---------|-------|------------------|
| Name: _____ | _____   | _____ | _____            |
| Name: _____ | _____   | _____ | _____            |
| Name: _____ | _____   | _____ | _____            |
| Name: _____ | _____   | _____ | _____            |
| Name: _____ | _____   | _____ | _____            |
| Name: _____ | _____   | _____ | _____            |

**Regular Substitute Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Central Registry: \_\_\_\_\_ CBI Fingerprints: \_\_\_\_\_ First Aid: \_\_\_\_\_ CPR: \_\_\_\_\_

**Emergency Contacts for Provider:**

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Annual Training Hours:**

| Topic Area/Core Knowledge Area | Date of Class | Certificate on File | Name of Instructor | Total Hours of Class |
|--------------------------------|---------------|---------------------|--------------------|----------------------|
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
|                                |               |                     |                    |                      |
| Total                          |               |                     |                    |                      |

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 Child Care receives your completed application packet. To avoid delay in the processing of your application packet, please carefully follow these instructions. **If you fail to complete all of the required forms and provide the necessary information, the entire application packet will be 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**
- ✓ **Directory of Approved Pre-licensing Training Vendors**
- ✓ **Directory of Approved First Aid and CPR Vendors**
- ✓ **Qualistar information**
- ✓ **Child and Adult Care Food Program Sponsor List for Family Day Care Homes**
- ✓ **White envelope addressed to Application Processing, Division of Child Care**

### 6 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 application form. All requested information must be filled out on the application, and both the applicant and the spouse must sign the application. 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.
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 (2<sup>nd</sup>) 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). 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. The official taking the fingerprints must sign and date the card(s) and witness the signature of the individual(s) being fingerprinted.

**Instructions for Completing the Application Packet for a Family Child Care Home License**

**Page 2**

If the individual being fingerprinted has lived in Colorado two (2) years or less, the criminal record check must also be made with the Federal Bureau of Investigation (FBI). The same card is used for both the CBI and FBI criminal record check. If an FBI check is required, please circle FBI in the upper right hand corner of the card.

PLEASE DO NOT FOLD THE FINGERPRINT CARDS. If more fingerprint cards are needed, contact the Division of Child Care, 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.

| <b>FEE SCHEDULE</b>  |                                |  |            |                  |
|--|--------------------------------|--|------------|------------------|
| <b>TYPE OF FACILITY</b>  | <b>LICENSE APPLICATION FEE</b> | <b>CBI FINGERPRINT FEE</b>   |            | <b>TOTAL DUE</b> |
|  |                                | <b>ADULT(S) LIVING IN HOUSEHOLD, 2<sup>ND</sup> PROVIDER FOR A LARGE FAMILY CHILD CARE HOME, AND PERMANENT SUBSTITUTES</b> | <b>FEE</b> |                  |
| <b>Family Child Care Home</b>  | \$24.00                        | 1 Adult  | \$17.50    | \$41.50          |
|  |                                | 2 Adults   | \$35.00    | \$59.00          |
|  |                                | 3 Adults   | \$52.50    | \$76.50          |
| <b>Large Family Child Care Home</b>  | \$36.00                        | 1 Adult  | \$17.50    | \$53.50          |
|  |                                | 2 Adults   | \$35.00    | \$71.00          |
|  |                                | 3 Adults   | \$52.50    | \$88.50          |
| <p><b>FBI Fingerprint Fees:</b> For each adult who has resided in Colorado for <b>TWO (2) YEARS OR LESS</b>, add an additional <b>\$22.00</b> to the above total to cover the cost of the FBI check.</p>   |                                |  |            |                  |
| <p><b>Background Investigation Unit Facility Inquiry Form:</b> This form must be completed for each adult <b>NOT LIVING</b> in the provider's home that provides care for children, which includes a permanent substitute(s) and the second (2<sup>nd</sup>) provider for a large family child care home. The completed form must be accompanied by a <b>SEPARATE</b> check or money order for <b>\$30.00</b>, made payable to CDHS, BIU Records and Reports. Include the completed form and check with your application packet.</p> |                                |  |            |                  |

6. When Steps 1 - 5 have been completed, return the following items to the Division of Child Care:

|  |
|--|
| <ol style="list-style-type: none"> <li>1. Completed and signed Original Application for a Family Child Care Home License</li> <li>2. Completed and signed Affidavit for applicant 1 and applicant 2; include a photocopy of a Colorado Drivers License or Colorado Identification Card for applicant 1 and applicant 2</li> <li>3. Completed fingerprint cards for you, the second (2<sup>nd</sup>) 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)</li> <li>4. Completed and signed Background Investigation Unit Facility Inquiry Form and separate check or money order (if required)</li> <li>5. Check or money order, payable to the Colorado Department of Human Services (for the Original Family Child Care Home Application fee and the CBI/FBI fee)</li> </ol> <p style="text-align: center;"><b>Mail all items listed above in the white envelope provided (postage necessary) to:</b><br/> <b>Application Processing</b><br/> <b>Division of Child Care</b><br/> <b>Colorado Department of Human Service</b><br/> <b>1575 Sherman Street, 1<sup>st</sup> Floor</b><br/> <b>Denver, CO 80203-1714</b></p> <p>After the Division of Child Care 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.</p> |
|--|

If after reading these instructions you have questions regarding your application packet, please call 303-866-5958 or 1-800-799-5876.

Contacting us for assistance will save you time and expedite the licensing process. Thank you!

# Required Social-Emotional Clock Hours

"Social emotional development means the development of self-awareness and self-regulation as reflected in the desire and growing ability to connect with others and the ability to experience, express and regulate a full range of emotions, to actively participate in activities, make successful transitions from one activity to another, and cooperate in the context of relationships with others."

(7.707.21 Definitions)

The three clock hours of required early childhood social-emotional professional development/training for every licensed provider (7.707.32 B) must relate to at least one of the following topic categories:

1. Nurturing and responsive relationships with children, families and coworkers.
2. High quality environments that promote healthy social-emotional development.
3. Teaching social-emotional skills in group care.
4. Interventions and supports to address concerning behaviors and promote healthy social-emotional development in group care.
5. Understanding early childhood mental health consultation.

Examples of comprehensive standardized trainings that could meet the requirement include but are not limited to:

Circle of Security

Devereaux Early Childhood Assessment (DECA)

ECE Cares

Expanding Quality in Infant/Toddler Care (EQ I/T)

The Incredible years

Kid Connects

Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care (PCAN)

The Pyramid Model

Relationship Roots

Touchpoints

College coursework and informal trainings and workshops are also acceptable to meet the three clock hours in social-emotional content within any one of the above five topic categories.

**SAMPLE LOST CHILD REPORT**

**Provider Name** \_\_\_\_\_ **License #** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Home Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Sex** M F **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mother or Guardian's Name** \_\_\_\_\_

**Address if different from child's** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Father or Guardian's Name** \_\_\_\_\_

**Address if different from child's** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Date child was lost** \_\_\_\_\_ **Time** \_\_\_\_\_

**Location** \_\_\_\_\_

**Describe the circumstances when the child was lost** \_\_\_\_\_

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**Actions taken to locate child** \_\_\_\_\_

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## CHILD CARE PROVIDER ILLNESS GUIDELINES

**These guidelines refer to child care providers who come into direct contact with children.  
A child care provider and other staff should be excluded from work for the following conditions:**

| SYMPTOM OR ILLNESS  | EXCLUSION AND COMMENTS   |
|---|--|
| <b>DIARRHEA</b>   | 3 or more episodes during past 24 hours, until diarrhea resolves   |
| <b>FLU SYMPTOMS</b><br>Fever over 100°F with a cough or sore throat.<br>Other flu symptoms can include fatigue, body aches, vomiting and diarrhea | Until at least 24 hours after there is no longer a fever, without the use of fever-reducing medicine                               |
| <b>RASH</b>   | Staff should be excluded if rash occurs with fever or joint pain.  |
| <b>RESPIRATORY SYMPTOMS (mild)</b><br>stuffy nose with clear drainage, sneezing, mild cough   | May attend with simple colds. If illness limits staff ability to work and compromises health and safety of children, then exclude. |
| <b>VOMITING</b>   | Until vomiting resolves or a health care provider decides it is not contagious. Observe for other signs of illness.                |
| <b>CHICKEN POX</b>  | Until sores have dried and crusted, usually by 6 days  |
| <b>CONJUNCTIVITIS</b><br>Pink color of eye <i>and</i> thick yellow/green discharge  | Until 24 hours after treatment starts.   |
| <b>FIFTH'S DISEASE</b>  | May attend, no longer contagious once rash illness appears   |
| <b>HAND, FOOT AND MOUTH</b>   | May attend, If illness limits staff ability to work, then exclude  |
| <b>HEAD LICE AND SCABIES</b>  | Until after first treatment is completed   |
| <b>HEPATITIS A</b>  | For 1 week after onset, or as directed by health department  |
| <b>HERPES COLD SORES</b>  | May attend, if covered and sores are not touched. Staff should not kiss or nuzzle children. Follow hand washing policies.          |
| <b>IMPETIGO (skin infection)</b>  | Until 24 hours after treatment starts  |
| <b>PERTUSSIS (whooping cough)</b>   | Until 5 days after antibiotic therapy  |
| <b>SHINGLES</b>   | May attend, if covered by a dressing until the sores have crusted  |
| <b>STREP THROAT</b>   | Until 24 hours after antibiotics and fever free without the use of fever-reducing medicine   |

References:

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, *Caring for Our Children: National Health and Safety Performance Standards*, Second Edition, Elk Grove Village, IL 2002
- Kendrick AS, Kaufman R., Messenger KP, Eds. *Healthy Young Children: A Manual for Programs*. Washington, D.C. National Association for the Education of Young Children; 2002