

**REQUEST FOR FAMILY CHILD CARE HOME
TEMPORARY FLEXIBILITY**

FOR STATE USE ONLY

Provider I.D.

Worker Name

COMPLETE THIS FORM IN BLACK INK ONLY. KEEP A COPY FOR YOUR RECORDS.

Provider License Number:

| | | | | |
|--------------------------------|------|-----|--------|----------------|
| Provider Last Name, First Name | | | | License # |
| Spouse Last Name, First Name | | | | |
| Physical Address | City | Zip | County | Telephone # |
| Mailing Address (If Different) | City | Zip | County | E-Mail Address |

By submitting this request for Temporary Flexibility, the provider affirms that:

- I have been licensed in Colorado for at least the last three (3) consecutive years prior to being approved for the temporary flexibility; which may include experience operating as an approved military child care home.
- I have no substantiated complaints for severity one (1) to three (3) in the last two (2) years.
- I have had no adverse action on the license within the last three (3) years.
- I have had no substantiated specific rule violations of ratio, supervision, safety, or injury to a child observed during any licensing visit in the past two (2) years.
- I have completed or will complete the Expanding Quality Infant Toddler training **prior** to the second (2nd) year of being approved for temporary flexibility.
- I understand that my own children, or visiting children under twelve (12) years of age are included in the license capacity for each day that my home is open for business.
- A daily attendance record must be kept and shall include for each child in care, the time the child arrived, the time the child left and a parent or guardian's full signature.
- I have the ability to satisfactorily demonstrate emergency evacuation of all children in care during any licensing visit.
- All attendance records will be made available during any licensing visit and kept for a minimum of three (3) years.
- In order to continue to have the temporary flexibility, I will be required to reapply annually on the continuation form.

The State Department will conduct a review of the licensing file every year to verify that the provider continues to meet all of the criteria.

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| Signature of Provider | Signature of Spouse | Date |
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