

## Becoming a Licensed Family Child Care Provider

If you have questions or run into a barrier, please email [Sue@ecpac.org](mailto:Sue@ecpac.org) or call 303-428-2929 and ask to leave a message for Sue.

Initial steps to be taken		Date of Completion
<input type="checkbox"/>	Contact my <a href="#">Early Childhood Council</a> for FREE help with these steps AND for support on how to get an <a href="#">EIN</a> and establish and maintain my business as an <a href="#">Limited Liability Company (LLC)</a> (Not required but highly recommended business practices.)	
<input type="checkbox"/>	I have checked with my local zoning department to make sure that I can operate a licensed family child care home in my area. (Get a zoning permit in writing)	
<input type="checkbox"/>	I have checked with my landlord for authorization to run a licensed child care in my leased home.	
<input type="checkbox"/>	I have notified my HOA that I will be operating a licensed family child care home in their community. I agree to add them to an insurance rider (as allowed by law) if they request it. <a href="#">Legislation</a> passed does not permit HOAs to denying your business.	
<input type="checkbox"/>	Print off copy of the licensing submission guide to reference <a href="#">HERE</a> .	
<input type="checkbox"/>	I have submitted an application to the Colorado Office of Early Childhood (OEC) including: <ul style="list-style-type: none"> <li>• Check/money order for \$65 to CDHS <a href="https://sforce.co/2XEiYtJ">https://sforce.co/2XEiYtJ</a></li> <li>• Application completed in it's entirety <a href="https://sforce.co/2G7VETq">https://sforce.co/2G7VETq</a></li> <li>• Signed Affidavits for me and for my spouse <i>if they are providing care as well</i> <a href="https://sforce.co/30DlmgT">https://sforce.co/30DlmgT</a></li> <li>• <a href="#">TRAILS request form</a> for anyone else who is 18 or older that resides in the home (not including me or my spouse). To expedite my application I can overnight it via UPS (approximately \$25)</li> </ul>	
<input type="checkbox"/>	Within 2 weeks, I will receive a letter that contains my (pending) license number. <u>At that time</u> , I can schedule a CBI/FBI Background check (fingerprinting) for myself and for anyone 18 or older in my home. This will cost \$50 each. Take a valid ID when getting prints done* (see next page for options)	
<input type="checkbox"/>	I have completed my Fingerprinting	
Required Trainings – In PDIS (Professional Development Information Site) Print and save copies of certificates for licensing inspections and to show potential families		Date of Completion
<input type="checkbox"/>	I have a PDIS account: <a href="https://ecpd.costartstrong.org/ets/login.aspx?goto=%2fets%2fhome">https://ecpd.costartstrong.org/ets/login.aspx?goto=%2fets%2fhome</a>	
<input type="checkbox"/>	Prevention of Sudden Infant Death Syndrome and Use of Safe Sleep Practices	
<input type="checkbox"/>	Preventing Shaken Baby Syndrome and Abusive Head Trauma	
<input type="checkbox"/>	Standard Precautions including prevention of Infectious Diseases and Immunizations	
<input type="checkbox"/>	Recognition and Reporting of Child Abuse and Neglect	
<input type="checkbox"/>	Medication Administration Part I	
<input type="checkbox"/>	Child Care and Preschool Immunization	
<input type="checkbox"/>	FEMA – Emergency Management Training	
Trainings from Approved Vendors <a href="https://docs.google.com/spreadsheets/d/1dKfIA8yqkLddtDsbwMKf7W3WZoo_mfBKgAKZH4rCY3k/edit#gid=175248514">https://docs.google.com/spreadsheets/d/1dKfIA8yqkLddtDsbwMKf7W3WZoo_mfBKgAKZH4rCY3k/edit#gid=175248514</a>		Date of Completion
<input type="checkbox"/>	<a href="#">Pre-Licensing Training</a>	
<input type="checkbox"/>	Medication Administration Part II (approximately \$20). This MUST be taken within 30 days of Part I	
<input type="checkbox"/>	CPR/1 <sup>st</sup> Aid Certification (approximately \$65)	
Miscellaneous Requirements		Date of Completion
<input type="checkbox"/>	<a href="#">Medical Statement</a> from doctors visit within past 6 months for me and all of my family members	
<input type="checkbox"/>	I have read the regulations for <a href="#">family child care homes (7.707)</a> ; <a href="#">General Rules (7.701)</a> ; <a href="#">Special Activities (7.719)</a>	
<input type="checkbox"/>	Develop a “Building & Physical Premises Safety/Storage of Hazardous Materials & Bio-Contaminants training for anyone else that works in my program. Link to information on this is in PDIS.	
<input type="checkbox"/>	Rabies certificates for any cats/dogs in care	
<input type="checkbox"/>	In the future, if I need a break: Contact <a href="#">Child Care Connections</a> to provide licensed substitute care for my program	
<input type="checkbox"/>	Develop program policies and procedures. OEC sample <a href="#">HERE</a> .	
<input type="checkbox"/>	Develop a business contract to use with families.	

<input type="checkbox"/>	Develop authorizations/forms. <a href="#">Media use. Sunscreen Permission Form and General Health Appraisal Form.</a> <a href="#">Sign in sheet/Emergency Drill Log</a> Transportation, <a href="#">Emergency Medical Care Authorization</a>	
<input type="checkbox"/>	Develop enrollment Paperwork. OEC sample <a href="#">HERE</a> .	

**\*Background checks (choose ONE):**

**Employer and Address**

Please note that Licensed Family Child Care Home Providers employer is the Colorado Department of Human Services. The address for fingerprinting purposes is:

CBC Unit  
1575 Sherman Street, 1st Floor  
Denver, CO 80203

[www.coloradofingerprinting.com](http://www.coloradofingerprinting.com) Select CABS fingerprinting. Printing costs \$50 per person.

When registering be sure to enter:

[Family Child Care Home link](#)

[CBI Unique Code: 1705DCLI](#)

[Daycare License Number: \(from letter received after application was submitted\)](#)

[Reason for Fingerprinting:](#) 26-6-101

Please contact them at 720-292-2722, toll free 833-224-2227 or email [info@coloradofingerprinting.com](mailto:info@coloradofingerprinting.com) if you have any questions or need assistance.

[IdentoGO](#) -

<https://uenroll.identogo.com/>

Select Schedule or Manage Appointment. Printing costs \$50 per person.

**Service Code: 25YJ15**

**CBI Account Number CONCJ1705**

**License Number: (from letter received after application was submitted)**

Don't have access to the Internet? You can still schedule an appointment by calling 844.539.5539

Keep for my Records and to be able to show licensing: [Privacy Act Notification](#) and [ADA Definition](#)

**If you wish to file a complaint about this facility contact:**

**The Colorado Department of Human Services  
Division of Early Care and Learning  
Child Care Licensing  
1575 Sherman Street, 1<sup>st</sup> floor  
Denver, Colorado 80203-1714**

**Or call:**

**(303) 866-5958 or 1-800-799-5876**

**Our most recent report of inspection is available upon request.**