

# APPEAL FORM

Stamp date received in this area only.

Date: \_\_\_\_\_ License #: \_\_\_\_\_

Facility Name: (please print) \_\_\_\_\_

Note: Family Child Care Homes should not fill out Facility Name

**Facility Address:**

Location: (please print) \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing: (please print) \_\_\_\_\_ City/Zip: \_\_\_\_\_

Your Name: (please print) \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Check Type of Facility( check one):**

- Family Child Care Home
- Resident Camp
- Child Placement Agency
- Child Care Center
- Specialized Group Facility
- Family Foster Home
- Preschool
- Residential Child Care Facility
- School-age Child Care Center
- Day Treatment

Licensed Capacity and Ages: \_\_\_\_\_

License Dates (if Provisional/Probationary) **OR** Anniversary Date (if Permanent License): \_\_\_\_\_

Date of last visit by a representative of this Department: \_\_\_\_\_  
(If within the past 6 months attach copy of Report of Inspection)

What is the date this hardship was created? \_\_\_\_\_

**\*Note: Request for waiver must be submitted within 60 days of the date on which the rule allegedly was too stringently applied or created the hardship.**

**List the specific rule(s), BY NUMBER, for which waiver is requested and briefly describe the issue(s).**

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Please describe the specific hardship that compliance would create to you and the children and families of your community.

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Print only using black or blue ink. If additional space is needed, please use an 8½ x 11 sheet of paper. Do not write on reverse side of this sheet of paper.

Note: Appeals received in this office by the last day of the current month will be heard by the appeal panel the last Monday of the following month, e.g., appeals received between 3/1/05-3/31/05 will be heard on 4/25/05.

### Instructions for Completing the Appeal Form

1. Please complete the form on the reverse. Attach any additional information you feel the panel may need as they consider your request.

**Family Care Homes and Family Foster Homes must attach a list with the schedule and ages of all children in attendance including their own and the children they are appealing to care for in their home.**

Below is a listing of exhibits or information you may attach for the appeal panel to consider:

- |   |   |
|---|---|
| Detailed letter from you                | Staffing patterns                         |
| Floor plan of the facility              | Letters from affected parents             |
| Documentation re: education, experience | Letters of support                        |
| Health or Fire Department Inspection    | Photos (do not send pictures of children) |
| Any other pertinent information         |   |

2. Send the completed form and any attachments to the address below:

Child Care Licensing Appeal Panel  
 Division of Child Care  
 Colorado Department of Human Services  
 1575 Sherman Street, 1<sup>st</sup> Floor  
 Denver, Colorado 80203-1714

3. Appeals are heard by the panel the month after they are received. You do not need to attend this meeting. You will receive the decision of the appeal panel by mail within 30 days of the meeting.
4. Consult the General Rules for Child Care Facilities at 7.701.13 for more information or contact your licensing worker if you have any questions about this form or the appeal process.

**Note:** *If the form is not completed properly and all relevant information included it will cause a delay in a decision regarding your waiver request.*

The information contained in this request for a waiver is accurate and all relevant information has been included. 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. **THIS FORM MUST BE SIGNED AND DATED TO BE PROCESSED.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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