

# APPEAL FORM

Stamp date received in this area only.

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

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

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

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

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

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> School-age Child Care Center    | <input type="checkbox"/> Resident Camp |
| <input type="checkbox"/> Child Care Center      | <input type="checkbox"/> Specialized Group Facility      | <input type="checkbox"/> Day Treatment |
| <input type="checkbox"/> Preschool              | <input type="checkbox"/> Residential Child Care Facility |  |

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

Date of Original License: \_\_\_\_\_

Date of Last visit by this Department\*: \_\_\_\_\_ (required you include a copy of this Report of Inspection)

What is the date the hardship for this appeal request 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. Appeal forms received after this timeframe will not be processed.**

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**The Rule number(s) is required and your appeal will not be valid without the required rule number.**

**List the specific rule number(s) for this appeal:** \_\_\_\_\_

**Briefly describe the issue(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print only using black or blue ink. If additional space is needed, please use an 8½ x 11 sheet of white paper only. 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 10/1/08-10/31/08 will be heard on 11/24/08.

### Instructions for Completing the Appeal Form

1. Please complete this side of the appeal form. Attach any additional information you feel the panel may need as they consider your request.

**The following forms are required: Weekly Schedule of Children’s Attendance** for Family Child Care Homes and the **Family Foster Home Children** for Family Foster Homes and appeals cannot be processed if this form is not included with the appeal request. This form lists all of the children in attendance, their names, ages, and schedule and should include your own children and the children that you are appealing.

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                                | Any other pertinent information |
| Pictures (pictures of children should not be submitted with appeal) |                                 |

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 schedule 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. You can also go to our website at [www.cdhs.state.co.us/childcare](http://www.cdhs.state.co.us/childcare), click on the “Licensing” tab, and then click on the “Appeals” tab located on the left-hand side of the screen.

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

**Note: Submitting an appeal does not mean the department has given preliminary approval. It is the expectation that the provider is in compliance to rules and regulations pertaining to the type of license that was approved. The department will make the final decision and written notification mailed to the licensed provider within 30 days of the appeal panel meeting.**

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 (required)

\_\_\_\_\_  
Date (required)

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