

County Name: \_\_\_\_\_ Provider ID#: \_\_\_\_\_ CST #: \_\_\_\_\_

Colorado Department of Human Services, Division of Early Care and Learning  
QUALIFIED EXEMPT FAMILY CHILD CARE HOME PROVIDER INFORMATION FORM (PIF)

Date CCCAP  
Office received:

Please carefully review this entire form for accuracy before submitting it to your county department for processing. All sections of this form must be completed and signed where required. Any omission or error on this form may result in the entire application packet being returned to you, which will delay the review process.

Once the complete application packet is accepted by your county department, and the packet is being processed, instructions will be provided to you on how to properly submit fingerprints.

**PLEASE PRINT CLEARLY**

1. Provider Name: \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

Alias, AKA, or Previous Name(s): \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

Physical/Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you lived in any state other than Colorado in the last five (5) years? Yes  No

If "Yes" list all states and dates of residence (see Page 4). \_\_\_\_\_  
\_\_\_\_\_

Are you lawfully present and residing in the United States? Yes  No

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

I attest that no one in the home where care will be provided has been determined to be insane or mentally incompetent by a court of competent jurisdiction; or, specifically that the mental incompetence or insanity is not of such a degree that I cannot safely operate as a qualified exempt provider.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Are you adding a household member(s) to your previously approved household? Yes  No

If care will ONLY be provided in the CCCAP client's (parent's) home, not in your home, each household member in your home DOES NOT fill out Page 2.

If care will be provided in your home, on Page 2 complete information on each household member (relative, non-relative, and temporary resident, regardless of age) living in your home. Only persons 18 years of age and older must sign on Page 2.

A provider shall not be a sibling of the child receiving care if living in the same residence.

**HOUSEHOLD MEMBERS**

**2. Name:** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

**Alias, AKA, or Previous Name(s):** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_ (Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_ (Legal Last Name) (Legal First Name) (Middle Initial)

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** \_\_\_\_\_

Have you lived in any state other than Colorado in the last five (5) years? Yes  No

If "Yes" list all states and dates of residence (see Page 4): \_\_\_\_\_

\_\_\_\_\_

**Relationship to provider:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**3. Name:** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

**Alias, AKA, or Previous Name(s):** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_ (Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_ (Legal Last Name) (Legal First Name) (Middle Initial)

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** \_\_\_\_\_

Have you lived in any state other than Colorado in the last five (5) years? Yes  No

If "Yes" list all states and dates of residence (see Page 4): \_\_\_\_\_

\_\_\_\_\_

**Relationship to provider:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**4. Name:** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

**Alias, AKA, or Previous Name(s):** \_\_\_\_\_  
(Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_ (Legal Last Name) (Legal First Name) (Middle Initial)

\_\_\_\_\_ (Legal Last Name) (Legal First Name) (Middle Initial)

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** \_\_\_\_\_

Have you lived in any state other than Colorado in the last five (5) years? Yes  No

If "Yes" list all states and dates of residence (see Page 4): \_\_\_\_\_

\_\_\_\_\_

**Relationship to provider:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ATTACH ADDITIONAL PAGES IF NECESSARY.**

**AUTHORIZATION TO SUPPLY INFORMATION**

I hereby authorize the person, agency, or institution entered below, to supply information requested by the Colorado Department of Human Services as a condition of contracting to provide "Qualified Child Care" with my local county department of social/human services, and to allow the inspection and reproduction of records pertaining to me or any other household member.

Colorado Department of Human Services Child Welfare Automated System

Colorado Bureau of Investigation

Federal Bureau of Investigation

I understand, based on the information received, my local county department of social/human services may be unable to enter into a fiscal agreement with me.

This authorization is given only in connection with its use by designated Colorado Department of Human Services employees and/or designated employees of other agencies who will be accessing information to determine my eligibility to provide "Qualified Child Care". I understand this authorization shall be in effect unless rescinded by me in writing.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRIVACY ACT STATEMENT**

I certify that I have read the Privacy Act Statement.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STATEMENT OF CRIMINAL HISTORY**

1. Has any member of your household been arrested or convicted of a crime? Yes  No

2. Has any member of your household been investigated, charged with or convicted of child abuse, neglect or child molestation? Yes  No

If you answered "Yes" to either or both questions above, you must provide documentation of the household member's name, copies of any pertinent court documents, and a detailed explanation of the circumstances. This required documentation must be attached to this form (attach additional pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I provided is accurate and complete. I am aware that a fingerprint-based background check will be performed. Any arrests/convictions for any degree of crime, violent or non-violent, may result in the county not entering into, or ending a fiscal agreement with me.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.
- ONLY the provider may provide care to an authorized child(ren). Care by a substitute provider or a household member, including the provider's spouse, is PROHIBITED.
- If you will be providing care in your home, you and each applicable adult 18 years of age or older who lives in your home/on your property, shall be subject to \*\*CBI and FBI fingerprint-based background checks, \*\*Out-of-State State-Based Background Checks, review of the state administered database for child abuse and neglect and the Sexual Offender Registry Checks. Counties may choose to also review the child abuse and neglect database for household members under the age of 18. If you will be providing care in the child's home (child is not living in your home), only you will be subject to the background checks mentioned above.
- If the parent of a CCCAP child lives in your home/on your property, and you are providing care for the CCCAP child, the parent is not considered an applicable adult, and is exempt from all background check requirements.
- If care is provided in your home, no adult 18 years of age or older who resides in your home is allowed unsupervised access to CCCAP children in your care.

**Office of Early Childhood (OEC), Background Investigation Unit (BIU)  
Out-of-State State-Based Background Check Requirements**

**Dear CCCAP Provider:**

**Due to Federal requirements, the following is required for you and each \*applicable adult living in your home:**

- You and each \*applicable adult **MUST** complete a State-Based Background Check Checklist (Checklist). Copies of each Checklist must be kept in your file where care is conducted.
- If you and/or an \*applicable adult have lived outside of Colorado during the previous five (5) years, Out-of-State State-Based Background Check requests **MUST** be submitted to each state lived in.
- You **MUST** submit the following documentation directly to the BIU, for both you and the \*applicable adult: 1) Checklist for each person; and, 2) Out-of-State State-Based Background Check requests that were sent directly to each state. This information is required to show proof to the BIU that the background checks were requested. However, each state **MUST** send background check results directly to the BIU and not to you and/or the \*applicable adult.
- Send a copy of all Checklists directly to your county CCCAP worker. Keep a copy of all Checklists and all Out-of-State State-Based Background Check requests in your file at the location where child care is occurring.
- Please note:
  - If child care is conducted in your home, each \*applicable adult living in your home **MUST** complete the Checklist, and if applicable, Out-of-State State-Based Background Checks, as described above.
  - If a parent of a CCCAP child you are providing care for lives in your home, the parent is exempt from completing the Checklist and all Out-of-State State-Based Background Checks.
  - An \*applicable adult is any adult household member, eighteen (18) years of age and older, living in the provider's home/on the provider's property. An \*applicable adult is **NOT** the parent of a CCCAP child who lives in the provider's home/on provider's property, and provider is providing care for the CCCAP child; parent is not required to complete the Checklist nor complete Out-of-State State-Based Background Check requirements.

**Completing the Checklist:**

- The Checklist **MUST** be typed or completed on the fillable version; handwritten forms will be returned to you. To download and complete the Checklist (the five (5) page fillable version), please copy the following link into your internet browser:  
[https://docs.google.com/document/d/1uG3\\_4XqP5\\_iz-OZEQCubkfurKMgXt17DNAtSw4fXyBA/edit](https://docs.google.com/document/d/1uG3_4XqP5_iz-OZEQCubkfurKMgXt17DNAtSw4fXyBA/edit).
- **Important hints** on completing the following sections of the Checklist:
  - The CCCAP provider, who is also considered the "Agency/Facility", should **ONLY COMPLETE**:
    - Section A: Agency/Facility Information (Required).
  - The individual who is making the request, who the Checklist is being filled out for, whether that is the CCCAP provider or adult household member, should **ONLY COMPLETE**:
    - Section B: Applicant Information (Required);
    - The question directly under Section B: Applicant Information (Required);
    - Section E: Certification.

**Three (3) Out-of-State State-Based Background Checks:**

The following three (3) Out-of-State State-Based Background Checks must be completed for an individual who has lived in another state(s) over the past five (5) years.

- 1) Criminal History Check (SHC) - for an individual who lived outside of Colorado  
\*Please request all results be sent directly to the CDHS BIU Criminal Background Check Unit at the following address: 1575 Sherman Street, Garden Level, Denver, CO 80203, or email to [cdhs\\_oec\\_cbc\\_biu@state.co.us](mailto:cdhs_oec_cbc_biu@state.co.us).
  - This check may be conducted using a fingerprint or name-based check, and must be requested by the individual needing the background check.
  - The individual requesting the background check must follow the requirements of the state where the individual previously resided.
  - A search completed on a public-facing judicial website does not satisfy this requirement.

**Three (3) Out-of-State State-Based Background Checks (continued):**

- This check is not required for an individual who has lived in any one of the following states, because these states participate in the National Fingerprint File (NFF) program: Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Maryland, Minnesota, Missouri, Montana, North Carolina, New Jersey, New York, Ohio, Oklahoma, Oregon, Tennessee, West Virginia, and Wyoming.
- 2) **State Sex Offender Registry (SSOR) Check** -- for an individual who lived outside of Colorado  
\*This check will be conducted by the Colorado Department of Human Services (CDHS).
- 3) **State Child Abuse and Neglect Registry Check (SCAN)** -- for an individual who lived outside of Colorado  
\*Please request all results be sent directly to the CDHS BIU Criminal Background Check Unit at the following address: 1575 Sherman Street, Garden Level, Denver, CO 80203, or email to [cdhs\\_oec\\_cbc\\_biu@state.co.us](mailto:cdhs_oec_cbc_biu@state.co.us).
  - This check is a name-base search and must be requested by the individual needing the background check, you or the \*applicable adult.
  - Information on how to request and complete an Out-of-State State-Based Background Check from any of the 50 states where an individual previously resided over the past five (5) years can be found on the state's website from which the individual is requesting the background check. Each state's child care background check contact information and website can be found on the Interstate Child Care Background Check Contact List, which can be downloaded by copying the following link into your internet browser: [https://childcareta.acf.hhs.gov/sites/default/files/public/interstate\\_child\\_care\\_background\\_check\\_contact\\_list.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/interstate_child_care_background_check_contact_list.pdf).

**In-State Background Checks:**

**In-State Child Abuse and Neglect Registry Check (SCAN)** -- for all individuals living in Colorado

This check is a name-based search and is automatically completed by CCCAP.

**Provider must ensure the following occurs:**

Within 20 days of initiating the CBI and FBI fingerprint-based background checks for the provider and \*applicable adult, the following must be completed:

- 1) Background check requests must be submitted to each state the individual resided in outside of Colorado.
- 2) The completed Checklist(s) and copies of all background check requests must be submitted in one (1) packet to the Office of Early Childhood (OEC) Background Investigations Unit (BIU).
- 3) A copy of all documents submitted to the BIU must be retained in your file where care is being provided.

**Submit complete packet to the Background Investigations Unit (BIU):**

Submit all completed Checklist(s) and all required documents to the BIU for processing, via email or mail.

Email one (1) file per applicant only to: [cdhs\\_oec\\_cbc\\_biu@state.co.us](mailto:cdhs_oec_cbc_biu@state.co.us).

Mail one complete packet with all Checklist(s) and all required documents to:  
Colorado Department of Human Services (CDHS)  
Attn: Criminal Background Check  
OEC Background Investigation Unit (BIU)  
1575 Sherman Street, Garden Level  
Denver, CO 80203-1714

**The Background Investigations Unit (BIU) will:**

- 1) Return your packet to you if any Checklists are incomplete or missing, if the packet is missing proof that each background check was requested, or if complete copies of all background check requests are not included. If the packet is incomplete, the BIU will return the entire packet to you for completion.
- 2) Review all Checklists and all out-of-state results to determine eligibility status of each individual. This process may take up to 25 days to complete. BIU will create one (1) result letter per individual regarding eligibility status, and each result letter will be sent directly to you. The BIU will also notify State CCCAP regarding each individual's results. All result letters should be retained in your file at the location where care is provided.

If you have questions, please call the BIU at 303-866-5043. This is a monitored voicemail line; calls are returned within two (2) business days. You may also email the BIU at [cdhs\\_oec\\_cbc\\_biu@state.co.us](mailto:cdhs_oec_cbc_biu@state.co.us).

**Requirements for Yearly QE Fiscal Agreement Renewal:**

- Yearly, when you renew as a Qualified Exempt Provider with your county CCCAP office, the following information **MUST** be included in the Qualified Exempt Fiscal Agreement Renewal Packet that you submit to your county CCCAP worker:
  - For you and all \*applicable adults, include copies of all current Checklists.
  - If you and/or an \*applicable adult lived outside of Colorado over the past five (5) years, include copies of all result letters received from the BIU.
- If you and/or any \*applicable adult require background checks, each individual must **IMMEDIATELY** complete the Checklist and proceed with the background check process. (Please see above for background check process and submission details.)

Thank you!  
The CCCAP Team