

**COLORADO DEPARTMENT OF HUMAN SERVICES  
CHILD CARE STANDARDS FOR QUALIFIED PROVIDERS  
SELF-ASSURANCE FORM / CLIENT ACKNOWLEDGEMENT**

Provider Name: \_\_\_\_\_

Provider #: \_\_\_\_\_

Care will be provided by:  Relative Provider  Non-Relative Provider

Where?  Qualified Provider's Home  Child's Home

**Provider, please answer each of the following questions by placing an X in the appropriate box.**

<b>A. PROVIDER</b>	<u>Yes</u>	<u>No</u>
1. Do you have an interest in and knowledge of children and a concern for their proper care and well being?	[ ]	[ ]
2. Have any of your own children ever been placed in foster care or a residential treatment facility?	[ ]	[ ]
3. Are you at least 18 years of age? Date of Birth: _____	[ ]	[ ]
4. Do you have adequate physical stamina and mental capacity to meet the needs of the children?	[ ]	[ ]
5. Are you free of other responsibilities and demands that would interfere with the provision of care, individual attention, and nurturing for the children in care?	[ ]	[ ]
6. Are you experienced in the care of children, knowledgeable of their needs and development, and able to deal effectively with problems, emergencies, and discipline?	[ ]	[ ]
7. Are you able to work cooperatively with the clients and agency in providing appropriate discipline, care, and direction for the children that will not be in conflict with parental practices?	[ ]	[ ]
8. 1) Are you willing to participate in training programs?	[ ]	[ ]
2) Are you aware of the "Back to Sleep" Initiative that recommends all infants be put to sleep on their backs in order to reduce the incidence of Sudden Infant Death Syndrome (SIDS)?	[ ]	[ ]
 <b>B. HOUSE AND YARD</b>		
Is your house and yard maintained free from hazards to health and safety?	[ ]	[ ]
 <b>C. EQUIPMENT</b>		
Do you have materials and equipment appropriate for the age of children in care and in good repair that will be available for both active and quiet play?	[ ]	[ ]
 <b>D. FEEDING AND HEALTH CARE OF THE CHILDREN</b>		
1. Will you serve the children nutritious meals suited to the age and special needs of the children in care and to the period of time children are in care?	[ ]	[ ]
2. Will you provide daily activities that promote normal physical, mental, social and emotional development of children and sufficient rest periods?	[ ]	[ ]
 <b>E. NUMBER OF CHILDREN IN CARE</b>		
a. <u>Qualified Care in the Child's Own Home</u> : When children are in care in their own home, there is no limit to the number of children in care as long as they are all residents of that home		
b. <u>Qualified Care in the Qualified Provider's Home</u> : Children in the home for whom the Provider is the legal guardian or parent are not limited, <b>AND</b>		
• Relative provider may care for any number of children related to the provider as the grandparent, brother, sister, step brother, step sister, uncle, aunt, niece, nephew or cousin of the child by marriage, blood, court decree or adoption, <b>AND/OR</b>		
• Non-relative provider may care for children from one family household (in addition to children who are related to the Provider as above)		

**F. REMARKS**

If you cannot agree to all of these assurances, your application must be verified by the County Department and may result in non-approval.

Provider's Signature	Date	Provider's Printed Name
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**ATTENTION CLIENT: QUALIFIED PROVIDER STATUS**

By signing below I state that I have reviewed the assurances above and understand the following statements. This provider is not required to obtain a child care license or meet monitoring requirements for licensed providers by Colorado law. The parent assumes the responsibility to monitor the care provided to the child. Non-licensed providers may apply for a license if they choose to do so. The local county department will make information available to parents on how to assess and choose child care settings.

Client's Signature	Date	Client's Printed Name
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