

**CITY OF MOSCOW
DAYCARE PROVIDER LICENSE – RENEWAL APPLICATION**



THE CITY OF MOSCOW REQUIRES:

1. A processing fee of seventy-two dollars (\$72) with this application if fingerprints are required, or a fee of fifty dollars (\$50) with this application for the Idaho State Police Criminal History Records Check. Fee is nonrefundable.
2. Signed and notarized *Health and Welfare Child Abuse and Neglect Registry check* form.
3. Updated First Aid Certification if needed.
4. Updated CPR Certification if needed.
5. Proof of four (4) hours of training in Early Childhood Development and/or children’s health and safety if needed.

Fingerprints are required every 2 years and must be completed at the Moscow Police Department (118 East 4th St).

Name: _____
LAST FIRST MIDDLE (MAIDEN)

Local Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Social Security #: _____

Cell or Local Phone #: _____ Email: _____

Daycare Facility Name: _____

In the last 18 months, have you been convicted of, or had involvement with/in any crime or circumstance listed in Moscow City Code Section 9-10-8? [] YES [] NO

If you answered “YES”, regardless of subsequent court action resulting in dismissal or expungement, please explain each event fully (you may submit additional paper if necessary):

DATE OF EVENT	PLACE OF EVENT	OFFENSE	RESULT

READ CAREFULLY: I have read all of the above (including Moscow City Code Section 9-10-8) and declare under penalty of perjury that each and every statement made is true, correct, and complete. I understand that an investigation will be made on all information contained in this application and authorize the City to conduct such investigation.

Applicant’s Signature _____
Date

STATE OF IDAHO)
) ss:
 County of Latah)

Subscribed and sworn to before me this _____ day of _____, _____.

 Residing at _____
 My Commission Expires: _____



**IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION**



NAME BASED CRIMINAL BACKGROUND CHECK FORM
of the Idaho Central Repository of Criminal History Records

A \$20 processing fee must be included. Each field marked with an asterisk (*) must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. **A personal check will only be accepted if issued by the requestor or requesting agency.** A \$20.00 fee will be charged for any returned checks.

*Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.***

REQUEST			
Please provide an Idaho Criminal History on the individual named below.			
Last Name	First Name	Middle Name	
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.			
*Date of Birth (mm/dd/yyyy)	Social Security Number (optional)	Sex	Race
Address	City	State	Zip
WAIVER			
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.			
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.			
_____ Signature		_____ Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>			

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Requesting Person or Company City of Moscow Bill BCI0096	Address of Requester (Results will be mailed to this address)	
	Street	PO Box 9203
Printed Name of Requester (Print Legibly) Katie Short/ Karen Potter	City, State & Zip Code	Moscow, ID 83843
	Signature of Requester	Phone Number of Requester 208-883-7052

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642
(208) 884-7130 • FAX (208) 884-7193

Rev. 07/1/2016



IDAHO DEPARTMENT OF
HEALTH & WELFARE

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

INSTRUCTIONS

- This form **must** be completed in its entirety.
- It **must** be signed by the person that is being checked, or, by their parent/guardian if the subject of the search is under the age of eighteen (18).
- The signature **must** be notarized.
- Include a check, money order, or appropriate invoice in the amount of \$20.00 payable to: "Idaho Department of Health and Welfare" or "IDHW". DO NOT SEND CASH.
- Requests **must** be mailed to:

IDHW – Criminal History Unit
ATTN: CWIS
P.O. Box 83720
Boise, Idaho 83720

PERSON BEING CHECKED (PRINT CLEARLY OR TYPE):

IF THE FORM IS ILLEGIBLE OR INCOMPLETE, IT WILL BE REJECTED AND RETURNED

LAST NAME:

FIRST NAME:

MAIDEN/FORMER NAME(S)/ALIASES:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

AGENCY INFORMATION:

IF THIS REQUEST IS FOR A CITY DAYCARE LICENSE, LIST THE CITY NAME AS THE LICENSING AGENCY IN THE SECTION BELOW

LICENSING AGENCY/EMPLOYER NAME:

Moscow Police Department/City of Moscow

RETURN RESULTS TO:

IF AN EMAIL ADDRESS IS PROVIDED, THAT WILL BE THE DEFAULT RETURN PROCESS

NAME: **Katie Short**

STREET/PO BOX:

118 E. Fourth Street

EMAIL:

Kshort@ci.moscow.id.us

CITY/STATE/ZIP:

Moscow, ID 83843

FAX NUMBER:

208-882-4020

REASON FOR REQUEST:

SELECT THE REASON TO SEARCH THE IDAHO CHILD PROTECTION REGISTRY. IF THE REASON FOR THE REQUEST IS NOT LISTED, SELECT "OTHER" AND SPECIFY THE LAW/ORDINANCE REQUIRING THE CHECK TO BE COMPLETED.

Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)

Child Care Employment (CCDBG)

Guardian ad Litem/Court Appointed Special Advocate

Other (must specify law/ordinance):



AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

IMPORTANT:

THIS REQUEST CANNOT BE PROCESSED WITHOUT THE NOTARIZED SIGNATURE OF THE PERSON BEING CHECKED

I authorize and direct the Idaho Department of Health and Welfare Criminal History Unit to release the results of this search of the Child Abuse and Neglect Central Registry to the agency above.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing.

THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

PRINT NAME: _____	SIGN (PARENT/GUARDIAN IF UNDER 18): _____
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STATE OF _____
 COUNTY OF _____
 SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC SIGNATURE _____

MY COMMISSION EXPIRES ON _____

SEAL

RESULTS:

TO BE COMPLETED BY IDHW STAFF ONLY

<input type="checkbox"/>	THE ABOVE NAMED INDIVIDUAL IS NOT LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
<input type="checkbox"/>	THE ABOVE NAMED INDIVIDUAL IS LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
<input type="checkbox"/>	UNABLE TO PROCESS DUE TO:
	<input type="checkbox"/> INCOMPLETE FORM
	<input type="checkbox"/> PAYMENT NOT INCLUDED
	<input type="checkbox"/> ILLEGIBLE – UNABLE TO READ INFORMATION ON FORM
<input type="checkbox"/>	OTHER: _____

COMPLETED BY: (IDHW STAFF ONLY)

SIGNATURE: _____	DATE: _____
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Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from **Moscow Police Department** that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website <https://isp.idaho.gov/bci/criminal-history/>.