

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



New employees are required to complete an application for a Moscow Day Care License within FIVE (5) DAYS of employment. Please do not jeopardize your license or that of your employer. Incomplete applications or applications without the necessary attachments will be returned and a denial of license may be recommended.

THE CITY OF MOSCOW REQUIRES:

1. A processing fee ninety-two dollars (\$92) with this application which includes the background check and fingerprinting charges. Fee is nonrefundable.
2. Signed and notarized *Health and Welfare Child Abuse and Neglect Registry check form*.
3. Proof of Current First Aid Certification (within 30 days of your application date).
4. Proof of Current CPR Certification (within 30 days of your application date).
5. Proof of four (4) hours of training in Early Childhood Development and/or children's health and safety (within 30 days of your application date). Do not include first aid or CPR as part of this requirement.

Fingerprints must be completed at the Moscow Police Department (118 East 4th St). Call 883-7054 for hours of fingerprinting.

Name: _____
LAST FIRST MIDDLE (MAIDEN)

Permanent Address: _____
STREET CITY STATE ZIP

Local Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Place of Birth (*City & State*): _____

Cell or Local Phone #: _____ Social Security #: _____

Email: _____

EMPLOYMENT INFORMATION:

Daycare Facility Name: _____

Date my employment begins with the above daycare facility: _____

Are you immunized against communicable diseases? [] YES [] NO

Have you ever previously worked at a daycare facility in Moscow? [] YES [] NO

If you answered "YES" above, please list the daycare facility name and dates of employment:

(Continue to next page)

PAST HISTORY

Have you ever, anywhere or at any time, 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 _____, _____.

<SEAL>

Residing at _____
My Commission Expires: _____

Updated 1/20/2017 lmh



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):

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

THE ABOVE NAMED INDIVIDUAL **IS NOT** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.

THE ABOVE NAMED INDIVIDUAL **IS** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.

UNABLE TO PROCESS DUE TO:

INCOMPLETE FORM

PAYMENT NOT INCLUDED

ILLEGIBLE – UNABLE TO READ INFORMATION ON FORM

OTHER:

COMPLETED BY: (IDHW STAFF ONLY)

SIGNATURE:

DATE:



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/>.

700 S. Stratford Dr., Ste. 120
Meridian, ID 83642

Nov-19