

**Utah Department of Health, Child Care Licensing**  
**Initial CBS / LIS Consent and Release of Liability for Child Care** (2.2 A7, 5/13)

**INSTRUCTIONS:** You must read and **complete both sides** of this form, in **legible print in black ink or typed**. Your form will not be accepted unless all required information and signatures **on both sides** are provided. Incomplete applications cannot be processed and will be returned to you.

**SECTION 1: INDIVIDUAL APPLICANT INFORMATION**

_____/_____/_____ Legal Last Name				_____/_____/_____ Legal First Name		_____/_____/_____ Middle Name		_____/_____/_____ Maiden Name & All Previous Married Names and/or Aliases			
_____/_____/_____ Date of Birth		_____/_____/_____ Gender (male or female)		_____/_____/_____ Social Security Number			_____/_____/_____ Driver's License # and State				
_____/_____/_____ Current Street Address				_____/_____/_____ City		_____/_____/_____ State		_____/_____/_____ Zip Code		_____/_____/_____ Area Code & Home Phone Number	

**Answer ALL of the following questions. Circle "yes" or "no" for each question.**

Do you have any of the following on your adult or juvenile record:

**Yes No** Any felony or misdemeanor A convictions, pending criminal charges, pleas in abeyance, or diversions? (If yes, you will not be allowed to work in child care unless your record is first cleared or expunged.)

**Yes No** Any misdemeanor B or C convictions, pending criminal charges, pleas in abeyance, or diversions?

**Yes No** Are you currently awaiting trial on any pending criminal charges?

**Yes No** Have you ever been investigated for abuse or neglect by the Utah Department of Human Services, Division of Child and Family Services (Child Protective Services) that resulted in a supported finding of abuse or neglect?

Have you lived in Utah continuously for the past 5 years?

**Yes No** If no, list the addresses where you have lived and for how long. **Follow the instructions under "Fingerprints" on the back side of this form.** Attach additional pages if more address space is needed.

_____/_____/_____ Address		_____/_____/_____ City & State		_____/_____/_____ From (month/year) To (month/year)	
_____/_____/_____ Address		_____/_____/_____ City & State		_____/_____/_____ From (month/year) To (month/year)	

I have read **both sides** of this form in its entirety. I hereby authorize the Utah Department of Health to process this criminal history check according to Utah Code 26-39-404. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of, or resulting from, furnishing such information to the Department of Health. **I SWEAR THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

_____/_____/_____ Applicant's Signature (Do not fax this document. Original signature is required)		_____/_____/_____ Date	
_____/_____/_____ Parent / Guardian Signature (If Applicant is under 18 years of age)		_____/_____/_____ Date	

**SECTION 2: PROVIDER / FACILITY INFORMATION Was this facility licensed or residentially certified after June 30, 2013? \_\_\_ Yes \_\_\_ No**

_____/_____/_____ Name of Child Care Program or Licensee (If different than Applicant's Name)		_____/_____/_____ Area Code & Business Phone Number			
_____/_____/_____ Business Address		_____/_____/_____ City		_____/_____/_____ Zip Code	
_____/_____/_____ Mailing Address (If different than Business Address)		_____/_____/_____ City		_____/_____/_____ Zip Code	

Program Type (check one): \_\_\_ Center \_\_\_ Out of School Program \_\_\_ Licensed Family \_\_\_ Residential Certificate \_\_\_ Hourly Center

_____/_____/_____ Printed Name of Facility Representative (Owner, Director, or Director Designee)		_____/_____/_____ Signature of Facility Representative (Original signature is required)		_____/_____/_____ Date	
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## Background Screening Information

**Applicant Name:** \_\_\_\_\_ **Provider/Licensee Name:** \_\_\_\_\_

**Purpose:**

The purpose of the background screening in the Department of Health's Child Care Licensing application and renewal process is to determine whether an individual has been convicted of a crime, or has a supported finding of child abuse or neglect. This is done in order to aid in protecting the health and safety of children in regulated child care programs.

**Completing this Form:**

The **Individual Applicant** must complete and sign the SECTION 1: INDIVIDUAL APPLICANT INFORMATION section of this form.

The **Facility Representative** must complete and sign the SECTION 2: PROVIDER/FACILITY INFORMATION portion of this form. The Facility Representative is the licensee or certificate holder for licensed family and residential certificate providers; or the owner, director, or director designee for center providers. The **Facility Representative** is responsible for submitting this completed "CBS / LIS Consent and Release of Liability for Child Care" form to Child Care Licensing **within 5 days** of any new person becoming involved in the child care program, turning 12, or moving into the home where child care is provided.

**Covered Individuals:**

This form must be completed for all owners, directors, board members (for centers and out of school time programs), employees, volunteers, and individuals age 12 and older who reside, work or volunteer in the licensed or residentially certified child care facility.

**Fingerprints:**

If facility was licensed or residentially certified after June 30, 2013 and this form was submitted after April 30, 2013, fingerprints and a \$36.50 fee are required for all covered individuals age 18 and older, in addition to this form. If facility was licensed or residentially certified before July 1, 2013, Applicants age 18 and older who have not continuously resided in Utah for the past 5 years must submit fingerprints and a \$36.50 fee, in addition to this form. The fingerprints will be used to check the Applicant's FBI record. **Mark  if paid with credit card.**

**Confidentiality:**

All information regarding the Applicant's background screening will be kept confidential by Child Care Licensing, and no confidential details regarding the screening will be released or disclosed over the phone. Child care Licensing will notify the Applicant and the Facility Representative if an Applicant does not pass the background screening, based on criteria established in R430-6.

**Denials, Arrests, & New Findings:**

Child Care Licensing will deny clearance for any Applicant with a felony or misdemeanor A conviction, pending criminal charge, plea in abeyance, or diversion. Child Care Licensing will also deny clearance for Applicants with certain misdemeanor B and C convictions. For example: offenses against the family, offenses against a person, pornography, prostitution or any type of sexual offense, simple assault, domestic violence, lewdness, prostitution, child abuse, and contributing to the delinquency of a minor. If there is an error on an Applicants' record, or if the Applicant is eligible to have their record expunged, it is the Applicants' responsibility to resolve the matter by contacting The Utah Department of Public Safety, Bureau of Criminal Identification. When the matter is resolved, the Applicant must provide legal documentation of the expungement, dismissal, etc. to be considered again for clearance.

In accordance with R430-6-4(9) all child care providers must report any felony and misdemeanor arrest, charge or conviction of covered individuals to the Department of Health within 48 hours. In accordance with R430-6-6(4) if the Department of Human Services (Child Protective Services) determines that a covered individual has a supported finding of abuse, neglect or exploitation, the licensee or certificate holder and the covered individual must notify the Department of Health within 48 hours.

**Questions:**

If you have any questions or concerns regarding the criminal background screening procedure, please contact our Background Clearance Unit at (801) 883-4675.

**Submit this completed form to:**

**Utah Department of Health – Child Care Licensing Program  
PO Box 142003, Salt Lake City, Utah 84114-2003**

**Do not write below this line. For Department of Health use only.**

<b>Date Received</b>		
		<b>CBS Approval</b>
		<b>LIS Approval</b>
		<b>FBI Approval</b>