

**Utah Department of Health, Child Care Licensing  
Disclosure & Consent Statement for CBS/LIS Background Screening (2.5 – A6, 12/11)**

**Name of Facility:** \_\_\_\_\_

**Facility Type:**  Licensed Family     Residential Certificate     Center     Hourly Center     Out of School Time Program

**License or Certificate #:** \_\_\_\_\_      **Current License/Certificate Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Provider's Address (include City & Zip Code):** \_\_\_\_\_

Below you must list the names of all owners, directors, employees, volunteers, and members of the governing board of the child care facility. For in-home Licensed Family and Residential Certificate providers, you must also list all household members age 12 and older. **(Do not fax this document. Original signatures are required)**

<b>Disclosure &amp; Consent Statement</b>		
<p>Pursuant to Title 26-39-404 and UCA R430-6, I hereby state that I have not been arrested, convicted of, and am not awaiting trial on charges for any felony or misdemeanor, nor have I had a substantiated finding of abuse or neglect with the Department of Human Services, within the past twelve (12) months. Or, if I have been arrested, convicted of, or am awaiting trial on any criminal charge, or have had a substantiated finding of abuse or neglect, I have reported this to Child Care Licensing as required in R430-6. I hereby authorize the Utah Department of Health to conduct a background check to review any and all information which may be pertinent to my qualifications. I do hereby release all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.</p>		
Individual's Full Name (Print) and Current Full Address (include City & Zip Code)	Verification of Disclosure Statement By signing below, I hereby verify that I have read and agree to the Disclosure statement printed	
1. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
2. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
3. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
4. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
5. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
6. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
7. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
8. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
9. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____
10. _____	<b>Signature:</b>	<b>Date:</b> ____/____/____

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

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11. _____	Signature: _____	Date: _____
12. _____	Signature: _____	Date: _____
13. _____	Signature: _____	Date: _____
14. _____	Signature: _____	Date: _____
15. _____	Signature: _____	Date: _____
16. _____	Signature: _____	Date: _____
17. _____	Signature: _____	Date: _____
18. _____	Signature: _____	Date: _____
19. _____	Signature: _____	Date: _____
20. _____	Signature: _____	Date: _____
21. _____	Signature: _____	Date: _____
22. _____	Signature: _____	Date: _____
23. _____	Signature: _____	Date: _____
24. _____	Signature: _____	Date: _____
25. _____	Signature: _____	Date: _____

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

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26. _____	Signature: _____	Date: _____
27. _____	Signature: _____	Date: _____
28. _____	Signature: _____	Date: _____
29. _____	Signature: _____	Date: _____
30. _____	Signature: _____	Date: _____
31. _____	Signature: _____	Date: _____
32. _____	Signature: _____	Date: _____
33. _____	Signature: _____	Date: _____
34. _____	Signature: _____	Date: _____
35. _____	Signature: _____	Date: _____
36. _____	Signature: _____	Date: _____
37. _____	Signature: _____	Date: _____
38. _____	Signature: _____	Date: _____
39. _____	Signature: _____	Date: _____
40. _____	Signature: _____	Date: _____

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

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42. _____	Signature: _____	Date: _____
43. _____	Signature: _____	Date: _____
44. _____	Signature: _____	Date: _____
45. _____	Signature: _____	Date: _____
46. _____	Signature: _____	Date: _____
47. _____	Signature: _____	Date: _____
48. _____	Signature: _____	Date: _____
49. _____	Signature: _____	Date: _____
50. _____	Signature: _____	Date: _____
51. _____	Signature: _____	Date: _____
52. _____	Signature: _____	Date: _____
53. _____	Signature: _____	Date: _____
54. _____	Signature: _____	Date: _____
55. _____	Signature: _____	Date: _____

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

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57. _____	Signature: _____	Date: _____
58. _____	Signature: _____	Date: _____
59. _____	Signature: _____	Date: _____
60. _____	Signature: _____	Date: _____
61. _____	Signature: _____	Date: _____
62. _____	Signature: _____	Date: _____
63. _____	Signature: _____	Date: _____
64. _____	Signature: _____	Date: _____
65. _____	Signature: _____	Date: _____
66. _____	Signature: _____	Date: _____
67. _____	Signature: _____	Date: _____
68. _____	Signature: _____	Date: _____
69. _____	Signature: _____	Date: _____
70. _____	Signature: _____	Date: _____