

**Department of Public Health and
Human Services - QAD - Child Care
Licensing
Employee Information Form**

CAPS _____
PS _____
Office Use

Facility

Name: _____ Provider # _____

Director Name: _____ Phone # _____

Mailing Address: _____ City: _____ Zip: _____

Employee

Name: _____

Last
First
Middle
Maiden

Mailing Address: _____

City
State/Zip

Phone#: _____ Role Type: _____ Date of hire: _____

General Information	Immunizations <i>Please provide the date.</i>	Training ** Please note: You may not be left alone with children until this training has been completed. If you have not completed training, please provide the scheduled date.	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Tetanus (last 10 yrs.) Date: _____ OR Medical Exemption Date: _____	<u>Child CPR</u> Expiration Date: _____ Scheduled Date: _____	<u>First Aid (hands on)</u> Expiration Date: _____ Scheduled Date: _____
Date of Birth: _____	MMR Date: _____ OR Medical Exemption Date: _____	<u>Infant CPR</u> Expiration Date: _____ Scheduled Date: _____	<u>Safe Sleep</u> Date: _____ Scheduled Date: _____
SSN: _____		<u>Adult CPR</u> Expiration Date: _____ Scheduled Date: _____	

Please describe your Education / Experience: (If you are a Primary Caregiver, please submit Education Verification).

Attestation

- I understand I am required to complete CPR and First Aid training within 30 days of hire.
- All of the information provided in this form is true and accurate.

Statement of Health Attestation:

Applicant and providers must meet certain personal health requirements. As the agency responsible for child Care registration/licensing, the Department of Public Health and Human Services must ensure that the health of each provider is adequate to meet the demands of the care being provided.

- I attest that I have no disabling chronic conditions; physical, mental, or emotional illness that would prohibit me from providing care to children.

X

Employee Signature

Date



**Department of Public Health and Human Services
STATE OF MONTANA**

**Release of Information
Registered and Licensed Child Care Providers
Criminal, Protective Services and Motor Vehicle
Background Checks**

The facility that I am working/living at is: _____

Facility Mailing Address: _____

Director Name: _____ **PV#** _____

My Start Date: _____

<p>My role with this facility is:</p> <p align="center">Family and Group</p> <table border="0"> <tr> <td><input type="checkbox"/> Director</td> <td><input type="checkbox"/> Substitute Provider</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Caregiver</td> </tr> <tr> <td><input type="checkbox"/> Non-provider Staff</td> <td><input type="checkbox"/> Volunteer</td> </tr> <tr> <td><input type="checkbox"/> Other Adult</td> <td></td> </tr> </table>	<input type="checkbox"/> Director	<input type="checkbox"/> Substitute Provider	<input type="checkbox"/> Spouse	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Non-provider Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other Adult		<p>My role with this facility is:</p> <p align="center">Center Child Care</p> <table border="0"> <tr> <td><input type="checkbox"/> Director</td> <td><input type="checkbox"/> Substitute</td> </tr> <tr> <td><input type="checkbox"/> Primary Caregiver</td> <td><input type="checkbox"/> Volunteer</td> </tr> <tr> <td><input type="checkbox"/> Non-provider</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Aide</td> <td></td> </tr> </table>	<input type="checkbox"/> Director	<input type="checkbox"/> Substitute	<input type="checkbox"/> Primary Caregiver	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Non-provider		<input type="checkbox"/> Aide	
<input type="checkbox"/> Director	<input type="checkbox"/> Substitute Provider																
<input type="checkbox"/> Spouse	<input type="checkbox"/> Caregiver																
<input type="checkbox"/> Non-provider Staff	<input type="checkbox"/> Volunteer																
<input type="checkbox"/> Other Adult																	
<input type="checkbox"/> Director	<input type="checkbox"/> Substitute																
<input type="checkbox"/> Primary Caregiver	<input type="checkbox"/> Volunteer																
<input type="checkbox"/> Non-provider																	
<input type="checkbox"/> Aide																	

Legal Name: _____
 (Last) (First) (Middle) (Maiden) (Alias)

Date of Birth: _____
 Mo-Day-Year Social Security#

Sex: Female Male **Marital Status:** _____ **Race:** _____ **Tribal Affiliation:** _____

Residential Address: _____
 (Street) (City) (State/Zip Code)

Mailing Address: _____
 (Street) (City) (State/Zip Code)

Past Residences:

YES NO Have you ever lived in another state in the last five years and...

YES NO Have you lived on or do you now live in an area designated as an Indian reservation?

If you answered YES, please declare where you have lived in the table below. Out-of-state/tribal background checks will be required. There may be an associated cost.

City	State	County	Date(s) of Residency	Age	Reservation

Authorization Statement and Signature

I, (Applicant Name) _____ am aware the following person/provider/facility (name) _____, has requested confidential information, in accordance with 41-3- 205(3) (o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that Child and Family Services Division (CFSD) and Department of Justice records may contain information that could adversely affect my employment or volunteer status/approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, motor vehicle records as well as any report(s) of child abuse or neglect in Montana that indicates a risk to children. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that shows that the person has had their caregiver rights to a child terminated. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with Dept. of Public Health and Human Services (DPHHS) to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to the provider or its authorized representative identified above, and I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

X

Signature

Date

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993
AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

(This document consists of two pages)

To _____:
 (your name)

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) DPHHS/QAD - Licensure for the position of (please be specific) CHILD CARE staff or household member.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act(VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity 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 <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____
 First Middle Maiden Last

Date of Birth: _____

Address: _____
 Street Apt.

_____ City State Zip

I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

I have not been convicted of, nor am I under pending indictment for, any crimes.

Your signature below acknowledges this entity has informed you of your privacy rights for fingerprint-based background check requests used by the entity for non-criminal justice purposes.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611

How to Fill Out Fingerprint Cards

Child Care Licensing

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK						LEAVE BLANK					
				LAST NAME	FIRST NAME	MIDDLE NAME									
SIGNATURE OF PERSON FINGERPRINTED: <i>Jane Doe</i>		ALIASES <u>AKA</u> Brown, Jane Smith, Jane		CITIZENSHIP <u>US</u>		SEX <u>F</u>		HAIR <u>white</u>	HT <u>5'6"</u>	WT <u>150</u>	HAIR <u>Grn</u>	BLD <u>BLD</u>	DATE OF BIRTH <u>DOB</u> Month Day Year <u>01 01 1976</u>	PLACE OF BIRTH <u>MOB</u> <u>Helena.MT</u>	
RESIDENCE OF PERSON FINGERPRINTED: 1234 5 th Ave Helena, MT 59601		YOUR NO. <u>CCA</u>		LEAVE BLANK											
DATE: <u>6/15/17</u>		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: <i>Whitney Zehm</i>		FBI NO. <u>EE</u>		ARMED FORCES NO. <u>MMU</u>		CLASS		REF.					
EMPLOYER AND ADDRESS: DPHHS-QAD		SOCIAL SECURITY NO. <u>SSN</u> 123-45-6789													
RELATIONSHIP TO PERSON: NCPA/VCA Child Care Licensing		MISCELLANEOUS NO. <u>MMU</u>													
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY					I. THUMB		II. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY						

**Each fingerprint card should be examined to ascertain all information that is required on the fingerprint card has been provided and is legible. Incomplete cards will not be processed and will be mailed back. All fingers need to be in the correct position and rolled. To avoid delays, ask the requestor of the background check or call Montana Criminal Records at (406) 444-3625 for assistance.*