

CITY OF POCATELLO LICENSE APPLICATION
CHILD CARE FACILITY

INSTRUCTION SHEET PLEASE READ

1. Complete the enclosed application for your child care business. Fill out your information in the **top box** only on the forms for the Fire department and for the Planning department. Do not arrange for the fire inspection, the cost is included in your fees. **PLEASE DO NOT CHECK OFF** on the Fire Inspection form!!!
2. You will need to arrange for a health inspection by filling out the enclosed form and returning it to Southeastern Idaho Public Health.
3. **If this is a new facility**, the provider and any residents over 12 years of age (including spouse), as well as any employees, visitors, or volunteers who will be on the premise for more than 12 hours a month or if they are ever left alone with child care kids will need to come to the Police Department fill out an application and pay the appropriate fee. You will be given a receipt and be fingerprinted and photographed for the background check.
4. If you have indicated in your application that you will be transporting children, **enclose a copy of the proof of liability insurance coverage for each vehicle used.**
5. **Please include a FLOOR PLAN of the child care with measurements, windows and exits clearly marked.** Mark which rooms are used for child care. (A copy of your fire escape route is NOT A FLOOR PLAN.)
6. **For centers with 13 or more children, you MUST also include a SITE PLAN which includes the parking spaces**, which the Planning dept. will review.
7. Failure to complete any parts of the application form or failure to include all required information will result in a delay in the processing, until you provide all information.
8. Please mail or deliver your completed application and necessary documentation to the Pocatello Police Department, Attention: Records, PO Box 2877, Pocatello, ID 83205-2877



POCATELLO CHILD CARE LICENSE APPLICATION



***** USING BLUE OR BLACK INK, COMPLETE EACH SECTION. *****
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PROVIDER _____ EMPLOYEE _____ RESIDENT/VISITOR _____ VOLUNTEER _____

NEW _____ RENEWAL _____

NAME : _____
Last First Middle Name (Maiden & Former Names)

PHYSICAL ADDRESS _____

City State Zip Phone and/or Cell Phone

YOUR EMAIL ADDRESS: _____

NAME/ADDRESS OF BUSINESS: _____

LIST WHERE YOU HAVE LIVED FOR THE **PAST TEN YEARS**, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012)	CITY	STATE	ZIP CODE

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CITY AND STATE OF YOUR BIRTH: _____ SEX: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ RACE: _____

DRIVER'S LICENSE #: _____ STATE: _____ CLASS: _____

HAVE YOU BEEN LICENSED TO DRIVE IN ANOTHER STATE? _____ STATE(S) _____

HAVE YOU BEEN LICENSED AS A CHILD CARE EMPLOYEE IN ANOTHER JURISDICTION? _____

IF YES, WHERE: _____

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: _____

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE SHEET, IF NECESSARY

ARE YOU CERTIFIED IN CPR? YES _____ NO _____
HAVE YOU RECEIVED FORMAL FIRST AID TRAINING? YES _____ NO _____

IF YOUR ANSWER IS NO, YOU MUST BE CERTIFIED/RECEIVED TRAINING WITHIN 90 DAYS FROM DATE OF HIRE OR COMMENCEMENT OF OPERATION OR YOUR LICENSE WILL BE REVOKED. DO YOU UNDERSTAND THIS REQUIREMENT? YES _____ NO _____

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.28 CHILD CARE, AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT: _____ **Date:** _____

***** NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION *****

******* CITY USE ONLY BELOW*******

RECORDS CHECK COMPLETED BY: _____ DATE: _____

Local: Yes No Attached ISTARs: Yes No Attached

IHOT: Yes No NCIC: Yes No D.L. Valid: Yes No

New applicants only: H/W State Registry/Nurses Registry checks completed by: _____

New applicants only: Return from BCI-Fingerprints: _____

RECOMMENDATION TO MAYOR /COUNCIL: _____ APPROVE _____ DISAPPROVE

SIGNATURE OF POLICE: _____ DATE: _____

SIGNATURE OF CLERK: _____ DATE: _____

LICENSE # BL (Business): _____ LICENSE # PL (Business): _____

LICENSE # BL (Individual): _____ LICENSE # PL (Individual): _____

POCATELLO POLICE DEPARTMENT

Community Commitment

Scott L. Marchand, Chief of Police

911 North 7th Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • (208) 234-6113 • Fax (208) 234-6290

www.pocatello.us/police

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____
(Include maiden name and other names previously used.)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

WITNESS SIGNATURE: _____

Idaho Department of Health and Welfare *NEW APPLICANTS ONLY*
AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize and direct the Idaho Department of Health and Welfare to conduct a name search to determine if I am listed on the Child Abuse and Neglect Central Registry as a person responsible for a substantiated case of abuse, abandonment, or neglect of a child or vulnerable adult.

I further authorize and direct the Idaho Department of Health and Welfare to release the results of this search of the Child Abuse and Neglect Central Registry to: THE POCATELLO POLICE DEPARTMENT.

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 affect 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.**

Please Print – Complete spelling of the name is required – no initials		
Name:	Date of Birth:	Sex:
Maiden/Former Name/Aliases:	Social Security Number:	
Signature:		Date:

~This section to be completed by the authorized Idaho Department of Health and Welfare employee only~

Results of the search of the Idaho Child Abuse and Neglect Registry

The above name **is not listed** in the Child Abuse and Neglect Central Registry.

The above name **is listed** in the Child Abuse and Neglect Central Registry as having abused or neglected a child.

Other-See attached correspondence for additional information.

Signature of Authorized UDHW Employee

Date



Pocatello Fire Department Child Care Facility Inspection Checklist



Facility Name	
Address	Phone Number
Operator	Number of Children Licensed for?
Square footage of area to be used for child care purposes-	
Was a diagram of the layout of the child care facility checked to verify that the areas used have not been changed?	

The following apply to all child care facilities.					
#		YES	NO	N/A	Corrected
1	Is the address number posted properly?				
2	a) Is there a hardwired telephone on the premises? b) Are the emergency numbers posted clearly near it?				
3	Is the proper fire extinguisher(s) installed and maintained on a monthly and annual basis?				
4	Are smoke detectors properly installed and in working order?				
5	Is there a record of fire drills being held at least once a month? (except in cases of severe weather)				
6	Is the facility self-inspection sheet posted and up to date?				
7	Are there at least 35 square feet of net space per each child?				
8	a) Are two separate exits provided from each level of the facility used? b) Are exits and exit corridors free of obstacles and combustibles?				
9	a) Are stairwells under <u>exit pathways</u> being used for storage? If so has the area been sheet rocked with 5/8" type X sheetrock? b) From the ceiling, is all combustible storage stacked lower than 2' in non-sprinklered or 16" in sprinklered areas? c) Are all combustibles stored more than 36" from the front of LPG or NG appliances?				
10	Are all displays of combustible educational materials displayed upon the walls limited to 25% or less of the wall surface area?				
11	Is a working flashlight easily accessible to employees?				
12	If the facility operates after 8:00 p.m., do any bedrooms used by the children have at least one (1) emergency egress and rescue window conforming to Fire Department specifications?				

Facilities caring for more than 12 children must meet all of the preceding items plus the following:					
#		YES	NO	N/A	Corrected
13	Does this child care business operate 1/2 hour before sunrise or 1/2 after sunset? Are there any rooms that have no windows? If either applies are they compliant with the emergency lighting regulations?				

Child Care Facility
Planning and Development Services Review

NAME OF CENTER: _____ PHONE: _____

ADDRESS: _____ DOES APPLICANT LIVE
AT THIS ADDRESS: _____

NAME OF CHILD CARE PROVIDER: _____

HOURS OF OPERATION (opening and closing times) _____

NUMBER OF CHILDREN PROPOSED TO BE CARED FOR: _____

HOW MANY CHILDREN ARE 2 ½ TO 5 YEARS OF AGE? _____

HOW MANY EMPLOYEES OCCUPY THE BUILDING, PER SHIFT: _____

A SITE PLAN OF THE BUILDING, INCLUDING THE PARKING SPACES, MUST BE ATTACHED IF YOU ARE LICENSING FOR 13 OR MORE CHILDREN.

City use only below this line

COMMENTS – RECOMMENDATIONS: _____

Is a CUP Required? _____ Date was CUP approved by Council: _____

RECOMMENDATION TO MAYOR & COUNCIL: _____ APPROVE _____ DISAPPROVE

Zoning

Date

Building

Date

(PLEASE ATTACH ALL PERTINENT DOCUMENTS)

AFFIDAVIT

COMES NOW _____, hereby deposes and swears as follows:

1. I am the owner/operator/director of _____ child care business.
2. I hereby certify that the above named child care business is keeping immunization records as required by State Law.
3. I hereby certify that I, as the director of the child care business, have received 12 hours of on-going training in each licensing year.
4. I hereby certify that each part time employee has received 4 hours and full time 12 hours of on-going training in each licensing year.
5. I hereby certify that I and all employees and/or volunteers have received or will receive the required Infant and Pediatric CPR and First Aid training.
6. I hereby certify that I am maintaining children's attendance records and staffing records in accordance with the City Code. These records will be available for inspection.
7. I have reviewed the City of Pocatello Municipal Codes on child care facilities and the applicable Fire Codes. I understand it is my responsibility to read, understand and accept these rules as a condition of my City of Pocatello Child Care license.
8. I hereby acknowledge that I understand any false statements in this affidavit and/or my application, and/or failure to comply with any of the licensing requirements could be grounds for license denial and/or license revocation.
9. I understand that it is my responsibility to ensure that a licensed child care employee or licensed volunteer is in or on the portion of the premise where the children are located at any given time whether indoors or outdoors while the children are on the premise.
10. I understand any violations of the Child Care or Fire Code could result in a misdemeanor citation and/or denial, suspension, or revocation of my license.

DATE

OWNER/DIRECTOR SIGNATURE