

State of Montana
Department of Public Health and Human
Services QAD-Child Care Licensing

New Hire Checklist

Please attach and submit the following for all staff (any age) and for household members over 18.

❖ **Person Information Form (sign and date) 2 pages.**

Immunization dates: MMR and TDAP (tetanus, diphtheria and pertussis) - keep record in file.

❖ **Release of Information form (sign and date) 2 pages.**

❖ **Applicant Rights and Consent to Fingerprint form (FBI Release of Information) (sign and date) 2 pages.**

❖ **FBI Fingerprint card(s)**

FBI checks must be completed every 5 years. Please follow the "How to Fill out Fingerprint Card" provided in the application.

❖ **Check or Money Order**

Payable to **Montana Criminal Records** in the amount of **\$30.00** - must be attached with the fingerprint card.

❖ **Education:** The following training is required within 30 days of hire for anyone who is providing direct care to children. Please keep the appropriate certification/verifications of completion, on-site:

- Current: Infant, Child, and Adult CPR & 1st Aid Certification (CPR must be hands on).
- Infant Safety Essentials or both Safe Sleep & Shaken Baby Syndrome Training.
- Apply for MT ECP Practitioner Registry.

Please make sure everything in this checklist is complete and mail all together to our office

Mail Completed Packet To
DPHHS/QAD/CCL
PO Box 202953
Helena, MT 59620-2953

Contact us: Phone: 406-444-2012 Fax: 406-444-1742 Email: ChildCareLicensing@mt.gov
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Department of Public Health and Human Services
QAD- Child Care Licensing

CAPS _____
PS _____
Office Use

Person Information Form
(Required for all staff and adult household members)

Facility

Name: _____ Provider# _____

Director Name: _____ Phone# _____

Person

Name: _____
Last First Middle Maiden

Mailing Address: _____
City State/Zip

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

General Information:

Sex: ☐ Female ☐ Male

Date of Birth: _____ Social Security Number: _____

Immunizations (Please provide the date)

TDAP Date: _____ - OR - Medical Exemption Date: _____

MMR Date: _____ - OR - Medical Exemption Date: _____

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.

Child CPR/ Expiration Date: _____ - OR - Scheduled Date: _____

Infant CPR/ Expiration Date: _____ - OR - Scheduled Date: _____

Adult CPR / Expiration Date: _____ - OR - Scheduled Date: _____

First Aid / Expiration Date: _____ - OR - Scheduled Date: _____

Infant Safety Essentials Date: _____

- OR -

Safe Sleep Date: _____ - AND - Shaken Baby 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 before providing unsupervised care to children.
- ☐ All 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 meeting the requirements of my role type.

Employee Signature: _____ Date: _____

Please mail or fax completed form to:

**DPHHS/QAD/CCL
PO BOX 202953
HELENA, MT 59620**

FAX: (406) 444-1742



Department of Public Health and Human Services
Background Checks Release of Information
Registered and Licensed Child Care Providers
Criminal, Protective Services, and Sexual or Violent Offender Registry

Instructions: This form should be typed and signature must be hand written.

Facility PV # where you plan to work: _____

Legal Name: _____
(last) (First) (Middle) (Maiden)

Date of Birth: _____ Social Security #: _____
(MM/DD/YYYY)

Authorization Statement and Signature

I, (Applicant Name) _____ am aware that DPHHS/QAD/CCL, 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 licensee, employee of or volunteer for a licensed or registered child care facility.

I am aware that Child and Family Services Division (CFSD) and Department of Justice records may contain information that could adversely affect my status/approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, MT sexual and violent offender registry 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.

In full acknowledgement of the above information and notice, I authorize DPHHS to conduct background checks as listed above, and I hereby also release DPHHS from any claims or causes of action which may subsequently arise from release of this confidential information.

Signature: _____ Date: _____

Past Residences: Have you lived outside of Montana or on an Indian Reservation during the past 5 years?

Please list other state(s) or reservation(s) you have lived in during the past five years in the table below:

State	Country (if not USA)	Dates	Reservation

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 meeting the requirements of my role type

Signature: _____ Date: _____

Note: This form is only intended for use with the Online Provider Application for Child Care

Authorization Statement and Signature

I, (Applicant Name)_____ am aware that DPHHS/QAD/CCL, 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

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ by _DPHHS/QAD/CCL_ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials deciding of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the 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 the officials deny you the employment, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes 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.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. 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 <http://www.fbi.gov/about-us/cjis/background-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 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.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at DOJCRISS@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name	Date
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¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 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).

NCPA/VCA Applicants(FBI)

Your Name _____:

You have applied for employment with, will be working in a volunteer position with, will be residing in a child care setting or will be providing vendor or contractor services to (write in Agency or Entity name)_____ for the position of (please be specific)_____.

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.

1. 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).
2. 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.
3. 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.

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: _____

City

State

Zip

Y

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

Y

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

Y

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to _DPHHS/QAD/CCL_.

Signature of Applicant

Date

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Out Of State Criminal History Background Checks

ARM 37.95.161 CHILD CARE FACILITIES: CRIMINAL FINGERPRINT AND BACKGROUND CHECKS REQUIREMENTS: (1) *A fingerprint background check by the Montana Department of Justice and Federal Bureau of Investigation is required prior to working in a child care facility and every five years thereafter.*

* All staff of any age and household members 18 years and older **are required to complete FBI checks every 5 years.**

Please be aware that the fingerprint process could take up to 6 weeks.

To avoid processing delays, please follow the steps below:

- 1. Have your fingerprints rolled at your local Child Care Resource and Referral (R&R) office or local Law Enforcement agency.**
- 2. Ensure your original fingerprint card is completely filled out (see attached fingerprint card example)**
- 3. Make a check or money order payable to Montana Criminal Records in the amount of \$30.**
- 4. Mail FBI fingerprint card with your paperwork to the Child Care Licensing office in Helena:**

DPHHS/QAD/CCL
PO BOX 202953
HELENA, MT 59620-2953
FAX: 406-444-1742 EMAIL: childcarelicensing@mt.gov

Please note, if the card and paperwork was sent to DOJ it will be shredded.

How to Fill Out Fingerprint Cards

Child Care Licensing

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <i>Jane Doe</i>		LAST NAME <i>DOE</i>		FIRST NAME <i>Jane</i> MIDDLE NAME <i>Margaret</i>			
RESIDENCE OF PERSON FINGERPRINTED 1234 5 th Ave Helena, MT 59601		ALIASES <i>AKA</i> Brown, Jane Smith, Jane		DOB <i>MT025025y</i>		DATE OF BIRTH <i>01 01 1998</i>	
DATE <i>6/15/17</i> SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Whitney Zehm</i>		CITY/STATE <i>US</i>		SEX <i>F</i> RACE <i>whi</i> HT <i>5.6</i> WT <i>150</i> BRW <i>brw</i> BLN <i>bln</i>		PLACE OF BIRTH <i>Helena, MT</i>	
EMPLOYER AND ADDRESS DPHHS - QAD		YOUR NO. <i>1234</i>		LEAVE BLANK			
NCPA/VCA Child Care Licensing		FBI NO. <i>123</i>		CLASS			
		ARMED FORCES NO. <i>1234</i>		REF			
		SOCIAL SECURITY NO. <i>123-45-6789</i>					
		MISCELLANEOUS NO. <i>1234</i>					
<h1>EXAMPLE</h1>							
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L THUMB		R 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.*