IDAHO DEPARTMENT OF HEALTH & WELFARE

APPLICATION FOR STATE DAYCARE LICENSE OR CERTIFICATION

Office Use Only:
- ☐ New Application
- ☐ Application Renewal (Fee Paid)
- ☐ Application Approved
- ☐ Application Denied

Section 1: License Type

☐ Basic Day Care Center License (13 or more children)	☐ Group Day Care Facility License (7 - 12 Children)	☐ Day Care Home License (6 or Fewer Children)	☐ Certified Group Day Care Facility (7 - 12 Children)

Section 2: Applicant Information

Business Name (if applicable) _____

First Name _____ Initial ____ Last Name _____

Address _____

City _____ State ____ Zip Code _____

Phone Number _____ email _____

Section 3: Provider, Other Adults In Home, Substitute Caregivers, Volunteers and/or Frequent Visitors

NOTE: *Use additional page if needed.*

Criminal background checks on all individuals under the age of eighteen (18) years of age shall include a check of the Juvenile Justice Records of Adjudications of the Magistrate Division of the District Court, County Probation Services and Department of Health and Welfare records as authorized by the minor and his parent or guardian. There shall also be a check of the statewide child abuse register regarding all of the above-named persons. "Volunteers" when used in this chapter shall mean only those persons who have direct unsupervised contact with children in care for more than twelve (12) hours in any one month.

	Name	DOB	Social Sec. #	Live in Home	Relationship
1					SELF
2					
3					
4					

Section 4: All Children Living in Home ***NOTE:*** *Use additional page if needed.*

	Name	Date of Birth	Gender		Name	Date of Birth	Gender
1				5			
2				6			
3				7			
4				8			

I hereby apply for a Basic Day Care License or Certification (indicate above) in accordance with Idaho Code 39-1101. I understand that my facility must comply with all applicable health and fire standards and all owners, operators, employees and volunteers and all other individuals twelve (12) years of age or older having unsupervised direct contact with children in care shall have criminal history checks.

The Department of Health & Welfare will process your application upon receipt of the necessary reports from the Health & Welfare Department, Fire Department and the Criminal Idenfication Bureau.

Signature _____ Date _____

Submit by Email | Print Form