

# State of Montana

Department of Public Health and Human Services  
Early Childhood Services Bureau / Child Care Licensing

## New Hire Checklist

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**Please complete and submit the following for all staff members (any age) and for any household members over the age of 18:**

1. Person Information Form (2 pages)
  - Please include verification of TDAP booster and MMR immunization—only complete dates are accepted and must include Month, Date and Year (dates with only a Month & Year will not be accepted) *\*Please note these verifications must also be kept on file at your facility*
  - Role Type: Please only use Role Types listed on Page 1 of the Release of Information—these are the only available roles; listing a different role type may delay processing of the application
2. Release of Information (2 pages)
3. Fingerprint Consent Forms (2 page) *\*\*Only required if fingerprints are being submitted*
4. If applicant is under the age of 18, all applicant signatures must be co-signed by parent or guardian

### Fingerprints/Backgrounds:

A FBI Fingerprint background check is required every 5 years, **OR** if the applicant has not worked in a child care facility in the State of Montana for a period greater than 6 months. The following are required to process the background check:

1. Completed Fingerprint Card (only originals are accepted) - *see attached "How to Fill Out Fingerprint Card" instructions*
2. Check or Money Order made payable to 'Montana Criminal Records' in the amount of \$30.00.
3. Local R&R Centers may offer this service. Please contact your local R&R for more details.
4. If the applicant has lived outside the State of Montana within the last 5 years, Out of State backgrounds checks will be required—If required we will send additional forms to be completed

### Education/Training:

The following training is required to be completed within 30 days of hire for anyone who is providing direct care to children (Directors, ECTs, ECATs, ECLTs and Substitutes) and before being left alone with children.

1. Current Infant, Child and Adult CPR certification (class must be "hands-on")
2. Current First Aid and Pediatric First Aid certification
3. Infant Safety Essentials ([www.childcaretraining.org](http://www.childcaretraining.org))
4. Register with the Montana Early Childhood Project Practitioner Registry ([www.mtecp.org](http://www.mtecp.org))  
*\* not required for Substitutes*

The following training is required to be completed within 90 days of hire for anyone who is providing direct care to children (Directors, ECTs, ECATs, ECLTs and Substitutes).

1. New Staff Health & Safety Orientation ([www.childcaretraining.org](http://www.childcaretraining.org))
2. Together We Grow ([www.childcaretraining.org](http://www.childcaretraining.org))
3. Early Childhood Essentials
4. **Directors Only** - Program Management Essentials must be completed within 60 days ([www.childcaretraining.org](http://www.childcaretraining.org))

Contact Us:

Phone: (406) 444-2012

Fax: (406) 444-2750

Email: [childcarelicensing@mt.gov](mailto:childcarelicensing@mt.gov)

# Criminal History Background Checks

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**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/ECFSD/CCL  
PO BOX 4210  
HELENA, MT 59620  
FAX: 406-444-2750    EMAIL: [childcarelicensing@mt.gov](mailto: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 |  |
|---|--|-------------|--|--|--|-------------|--|-------------|--|-----|--|---------------------------|--|-------------|--|
|   |  |             |  | LAST NAME: <u>NAME</u>                 |  | FIRST NAME  |  | MIDDLE NAME |  |     |  |                           |  |             |  |
| SIGNATURE OF PERSON FINGERPRINTED<br><i>Jane Doe</i>                              |  |             |  | Aunt: <u>ALL</u>                       |  | Brown, Jane |  | Smith, Jane |  |     |  | DATE OF BIRTH: <u>DOB</u> |  |             |  |
| RESIDENCE OF PERSON FINGERPRINTED<br>1234 5 <sup>th</sup> Ave<br>Helena, MT 59601 |  |             |  | COUNTRY: <u>CIT</u>                    |  | F           |  | whi         |  | 5.6 |  | 150 brw bln Helena, MT    |  |             |  |
| DATE: <u>6/15/17</u> SIGNATURE OF OFFICIAL (and FINGERPRINT)                      |  |             |  | YOUR ID: <u>CCA</u>                    |  |             |  |             |  |     |  |                           |  |             |  |
| EMPLOYER AND ADDRESS  |  |             |  | PHONE: <u>123</u>                      |  |             |  |             |  |     |  |                           |  |             |  |
|   |  |             |  | ADDRESS (OPTIONAL): <u>54321</u>       |  |             |  |             |  |     |  |                           |  |             |  |
| ALIAS (if any) (FINGERPRINT)  |  |             |  | LOCAL TELEPHONE: <u>123</u>            |  |             |  |             |  |     |  |                           |  |             |  |
|   |  |             |  | 123-45-6789                            |  |             |  |             |  |     |  |                           |  |             |  |
|   |  |             |  | FINGERPRINT NO. <u>54321</u>           |  |             |  |             |  |     |  |                           |  |             |  |
| <h1>EXAMPLE</h1>  |  |             |  |  |  |             |  |             |  |     |  |                           |  |             |  |

\* 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.

## 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).

**State of Montana**  
**Department of Public Health and Human Services**  
**Early Childhood Services Bureau / 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/ECSB/CCL**

**PO BOX 4210**

**HELENA, MT 59620**

**FAX: (406) 444-2750**



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 name: \_\_\_\_\_

Director Name: \_\_\_\_\_ PV# \_\_\_\_\_

~~My role with this facility is:~~

~~Family and Group~~

- ~~☐ Director ☐ Trainee  
☐ ECT - Teacher ☐ Spouse  
☐ Substitute ECT ☐ Other Adult  
☐ Support Staff~~

My role with this facility is:

Center Child Care

- ☐ Director ☐ Support Staff  
☐ ECLT - Lead Teacher ☐ Trainee  
☐ ECAT - Assistant Teacher  
☐ Substitute ECT

Legal Name: \_\_\_\_\_  
Last) First) Middle) Maiden)

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_  
Mo-Day-Year

Sex: ☐ Female ☐ Male

Residential Address: \_\_\_\_\_  
Street) City) State/Zip Code)

Past residences:

☐ Yes ☐ NO 1- In the last 5 years, have you lived in another state(s)? If yes, please list below.

☐ Yes ☐ NO 2- In the last 5 years, have you lived or do you now live in an area designated as an Indian reservation?

A) If yes, are you a tribal member? ☐ Yes ☐ No

B) If you are a tribal member, please complete a tribal or a FBI background check.

| State | Country | Date(s) of Residency | Reservation |
|-------|---------|----------------------|-------------|
|       |         |                      |             |
|       |         |                      |             |
|       |         |                      |             |
|       |         |                      |             |

## **Authorization Statement and Signature**

I, (Applicant Name)\_\_\_\_\_ am aware that DPHHS/ECFSD/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 notification<sup>1</sup> by \_DPHHS/ECFSD/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.<sup>2</sup>

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.<sup>3</sup>

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](mailto: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.*

Name (Typed or printed) : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> 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: \_\_\_\_\_  
Street 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

☐

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to DPHHS/ECFSD/CCL\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date