



UTAH DEPARTMENT OF  
**HEALTH**

Child Care Licensing  
**Annual Renewal of CBS/LIS  
Criminal History Information**  
10/2012

Facility Name (for centers), Provider Name (for homes)

Facility ID #

Address (include City & Zip Code)

Facility Type:  Home  Center

Phone #: \_\_\_\_\_

**(Do not fax this document. Original signature is required)**

I certify this request is made pursuant to Utah Code 26-39-404, for renewal of a child care license or certificate, and that all information provided on this form is true and accurate. I further certify that a Statement of Disclosure has been signed by all individuals listed below. I understand that these signed forms must be provided upon request. I certify that all information provided herein is true and correct, and includes all owners, directors, board members, employees, volunteers, and minors age 12 and over who work, reside, or volunteer in this child care facility.

Director's Signature (Provider for Home)

Date

Director's Name (please print)

Phone #

You must submit a separate initial CBS/LIS form for individuals who reside outside the state. Do not include their names on this form. These individuals require an initial background screening and finger prints every year for the renewal process. Please make a separate payment of \$36.50 finger print fee per person. If you have any questions, please call 801-883-4675.

You must  mark next to the name of any individual below who has had a criminal arrest, warrant, or conviction since your last annual background clearance. Documentation and/or explanation regarding such incidents must be attached for Department review.

**TYPE OR PRINT IN BLACK INK ONLY.** Please use the same number lines for each person on the Disclosure Statement form if not using the electronic form.

Sex M / F	#	Individual's Full Name Last Name, First Name, Middle Name	Mark if lives in the facility	Date of Birth	Social Security #	Driver's License #
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					

Use additional pages as needed to include all owners, directors, board members, employees, volunteers, and minors age 12 and over who work, reside, or volunteer in this child care facility.

**For Department use only. Do not write below this line.**

Date Received		CBS Approval
		LIS Approval



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Sex M / F	#	Individual's Full Name Last Name, First Name, Middle Name	Mark if lives in the facility	Date of Birth	Social Security #	Driver's License #
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					

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Sex M / F	#	Individual's Full Name Last Name, First Name, Middle Name	Mark if lives in the facility	Date of Birth	Social Security #	Driver's License #
	26					
	27					
	28					
	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					

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Sex M / F	#	Individual's Full Name Last Name, First Name, Middle Name	Mark if lives in the facility	Date of Birth	Social Security #	Driver's License #
	41					
	42					
	43					
	44					
	45					
	46					
	47					
	48					
	49					
	50					
	51					
	52					
	53					
	54					
	55					

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Sex M / F	#	Individual's Full Name Last Name, First Name, Middle Name	Mark if lives in the facility	Date of Birth	Social Security #	Driver's License #
	56					
	57					
	58					
	59					
	60					
	61					
	62					
	63					
	64					
	65					
	66					
	67					
	68					
	69					
	70					

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UTAH DEPARTMENT OF  
**HEALTH**

Child Care Licensing  
**Disclosure & Consent  
Statement for CBS/LIS  
Background Screening**  
10/2012

Facility Name (for centers), Provider Name (for homes)

Facility ID #

Address (include City & Zip Code)

Facility Type:  Home  Center

Phone #: \_\_\_\_\_

Below you must list the names of all owners, directors, employees, volunteers, and members of the governing board of the child care facility. For in-home Licensed Family and Residential Certificate providers, you must also list all household members age 12 and older.

**(Do not fax this document. Original signatures are required)**

**Disclosure & Consent Statement**

Pursuant to Title 26-39-404 and UCA R430-6, I hereby state that I have not been arrested, convicted of, and am not awaiting trial on charges for any felony or misdemeanor, nor have I had a substantiated finding of abuse or neglect with the Department of Human Services, within the past twelve (12) months. Or, if I have been arrested, convicted of, or am awaiting trial on any criminal charge, or have had a substantiated finding of abuse or neglect, I have reported this to Child Care Licensing as required in R430-6. I hereby authorize the Utah Department of Health to conduct a background check to review any and all information which may be pertinent to my qualifications. I do hereby release all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.

<p align="center"><b>Individual's Full Name (Print) and Current Full Address</b> (include City &amp; Zip Code) Please mark <input type="checkbox"/> next to the name and address if different from last year and make any corrections if needed</p>	<p align="center"><b>Verification of Disclosure Statement</b> By signing below, I hereby verify that I have read and agree to the Disclosure statement printed above.</p>	
1. _____	Signature: _____	Date: _____
2. _____	Signature: _____	Date: _____
3. _____	Signature: _____	Date: _____
4. _____	Signature: _____	Date: _____
5. _____	Signature: _____	Date: _____
6. _____	Signature: _____	Date: _____
7. _____	Signature: _____	Date: _____
8. _____	Signature: _____	Date: _____
9. _____	Signature: _____	Date: _____
10. _____	Signature: _____	Date: _____

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11. _____	Signature: _____	Date: _____
12. _____	Signature: _____	Date: _____
13. _____	Signature: _____	Date: _____
14. _____	Signature: _____	Date: _____
15. _____	Signature: _____	Date: _____
16. _____	Signature: _____	Date: _____
17. _____	Signature: _____	Date: _____
18. _____	Signature: _____	Date: _____
19. _____	Signature: _____	Date: _____
20. _____	Signature: _____	Date: _____
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26. _____	Signature: _____	Date: _____/_____/_____
27. _____	Signature: _____	Date: _____/_____/_____
28. _____	Signature: _____	Date: _____/_____/_____
29. _____	Signature: _____	Date: _____/_____/_____
30. _____	Signature: _____	Date: _____/_____/_____
31. _____	Signature: _____	Date: _____/_____/_____
32. _____	Signature: _____	Date: _____/_____/_____
33. _____	Signature: _____	Date: _____/_____/_____
34. _____	Signature: _____	Date: _____/_____/_____
35. _____	Signature: _____	Date: _____/_____/_____
36. _____	Signature: _____	Date: _____/_____/_____
37. _____	Signature: _____	Date: _____/_____/_____
38. _____	Signature: _____	Date: _____/_____/_____
39. _____	Signature: _____	Date: _____/_____/_____
40. _____	Signature: _____	Date: _____/_____/_____

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42. _____	Signature: _____	Date: _____
43. _____	Signature: _____	Date: _____
44. _____	Signature: _____	Date: _____
45. _____	Signature: _____	Date: _____
46. _____	Signature: _____	Date: _____
47. _____	Signature: _____	Date: _____
48. _____	Signature: _____	Date: _____
49. _____	Signature: _____	Date: _____
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51. _____	Signature: _____	Date: _____
52. _____	Signature: _____	Date: _____
53. _____	Signature: _____	Date: _____
54. _____	Signature: _____	Date: _____
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58. _____	Signature: _____	Date: _____
59. _____	Signature: _____	Date: _____
60. _____	Signature: _____	Date: _____
61. _____	Signature: _____	Date: _____
62. _____	Signature: _____	Date: _____
63. _____	Signature: _____	Date: _____
64. _____	Signature: _____	Date: _____
65. _____	Signature: _____	Date: _____
66. _____	Signature: _____	Date: _____
67. _____	Signature: _____	Date: _____
68. _____	Signature: _____	Date: _____
69. _____	Signature: _____	Date: _____
70. _____	Signature: _____	Date: _____