



IDAHO DEPARTMENT OF
HEALTH & WELFARE

APPLICATION FOR STATE DAYCARE LICENSE

FOR OFFICE USE ONLY

New Application Renewal

Date App. Rcvd. _____

Date Approved: _____

Fee Paid: Date _____
Amt. _____

Date Denied: _____

Additional Information:

Section 1. Applicant Information

First Name Initial Last Name

Address

City State Zip Code Primary Phone

Email Address Secondary Phone

Section 2. License Type

Daycare Center | New Application Renewal
(13 or more children)

Name of Daycare Facility

Facility Street Address

City State Zip Code

Mailing Address

Primary Phone Secondary Phone

Hours of daycare operation _____ Days of the week for daycare operation _____ Have you been a licensed or certified daycare provider in Idaho before Yes No

Maximum number of children, under 13 years of age, that will be cared for at the facility (include your own) _____

Section 3. Type of Organization (check one box only)

Individual Owner or Sole Proprietorship	<input type="checkbox"/>
Corporation: Identify below the <u>corporation</u> by name, address, and phone number. Identify all owner(s), officer(s), and board member(s) by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed.)	<input type="checkbox"/>
Partnership: Identify below <u>each partner</u> by name and include addresses and phone numbers for each individual. (Attach additional pages if needed.)	<input type="checkbox"/>
Limited Liability Company: Identify below <u>each partner</u> by name and include addresses and phone numbers for each individual. (Attach additional pages if needed.)	<input type="checkbox"/>
Other: Attach a page describing the <u>ownership</u> arrangement. Identify all owner(s), board members(s) by name and title.	<input type="checkbox"/>

Application For State Daycare License (cont. from page 1)

Daycare Name: _____ Applicant Name: _____

Name	Owner/Operator	Address	Telephone Number

*please use additional page in needed

Section 4. List Owners, Operators, Employees and All other Individuals thirteen (13) years of age or older who have unsupervised direct contact with children or are regularly on the premises of the daycare facility for more than 12 hours per month

Name	DOB	Social Sec. #	Relationship or Position at Daycare Facility

*please use additional page in needed

Section 5. Documents Required:

You must include all of the following documents when you submit your application:

- _____ The application form, completely filled out, signed and dated.
- _____ Copy of approved fire inspection.
- _____ Results of Criminal History Background check and Juvenile Justice check for all applicable persons.
- _____ Proof of compliance with local city or county Building code (where applicable).
- _____ Proof of compliance with local city or county Electrical code (where applicable).
- _____ Proof of compliance with local city or county Planning & Zoning code (where applicable).

Section 6. Certification of Understanding

I hereby apply for a daycare license as indicated above in accordance with Idaho Code Title 39, Chapter 11. I understand that my facility must comply with all applicable health and safety standards and all owners, operators, employees and all other individuals thirteen (13) years of age or older having unsupervised direct contact with children or who are regularly on the premises of a daycare facility shall complete criminal history checks.

I understand that this document serves as the formal request upon which a decision to issue me a daycare license will be based. I agree, for the purpose of determining compliance with daycare licensing rules established by the Department of Health and Welfare and Idaho State licensing laws, to allow authorized Department of Health and Welfare representatives with proper identification to:

1. Enter and inspect any part of the home, property, and premises without a warrant at any reasonable time.
2. Review daycare documents.
3. Interview employees, volunteers, children, household members and others as necessary.

I agree to read and follow the daycare rules and laws established by the State of Idaho. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

* Your application will be processed upon receipt of all necessary documents, licensing fee and Criminal History clearance(s).

Applicant Signature

_____/_____/_____
Date

Mail completed application, fees, and all required application documents to:
Idaho Department of Health and Welfare
Daycare Licensing Program
823 Park Center Way
Nampa, ID 83651
[Daycare Licensing@dhw.idaho.gov](mailto:DaycareLicensing@dhw.idaho.gov)
FAX: 208-465-8431

For More Information call the Idaho CareLine at 2-1-1