


























City of Coeur d'Alene
Municipal Services Department
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Coeur d'Alene, Idaho 83814
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CHILD CARE LICENSING





CHILD CARE LICENSE

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WHAT DO I DO FIRST?

Step One – Home/Facility Qualification

1

- Will your home or facility meet Fire and Building safety requirements?
(Read through appropriate Fire Inspection Checklist)
- Is your Child Care located on a lower level or in a basement?
- Is your child care located on an upper level other than main floor?
(If yes to either above, please call the Fire Prevention Team at 769-2245 to make sure your home qualifies.)
- Is this a new Center or remodel of an existing building?
(If yes, call to schedule a project review with Cori Wood at 769-2209)
- Will your Childcare be in your home and you want a partner/ employee?
(If yes, contact Planning – you may need a special use permit 769-2271)



Note: We are unable to accept debit or credit cards –Please pay by cash or check

2 Step Two – Applications

- Submit Facility Application
 - a. Application
 - b. Annual Fee for less than 13 children is \$60.00, more than 13 children is \$100.00. If in an Athletic Facility and the care is less than 2 hours with parent present the fee is \$20.00.
 - c. Planning Form
 - d. Pay any sewer cap fees due (See Approximate Cost Break Down Sheet)
 - e. If Commercial Center– schedule project review with Cori Wood at 769-2209
 - f. If Home, submit Home Occupation Certificate application (\$25.00)
- Submit Owner/Operator Application (All owners/residents/ providers/volunteers must obtain a license.)
 - a. Application
 - b. \$61.50 fee includes annual license plus criminal history background check
 - D Documentation of life safety is required. (See Steps 5 and 6)



3 Step Three – Criminal History Background Check

The background check may take up to 90 days and the City requires the returned results before you may open. Please note: Prints may not be accepted from any other agency.

A Criminal History Background check is required for:

- Facility Center – All Staff and anyone on regularly on premise.
- Home – All persons 12 years of age and older residing at this address, substitute providers and any person regularly on the premise.

First Step: Complete paperwork and fees at City Hall (710 E Mullan). Note: Check or Cash only 8 am-5 pm Monday through Friday (\$61.50 for license plus background check) (12-18 years of age \$10.00 fee only –requires parent authorization.)



Second Step: Prints completed at the Coeur d’Alene Police Station (3818 Schreiber Way), 9a.m.– 3p.m., Tuesday and Thursday.

4 Step Four – Health Inspection

- To be an ICCP approved provider – contact Tish Aquilar at Panhandle Health at 415-5146. After completing training, a health inspection will be scheduled for you at no charge.
- If you are not an ICCP approved provider – please schedule an appointment with Panhandle Health at 415-5200, located at 8500 North Atlas Road, Hayden ID 83835. An annual fee of \$75.00 applies for unapproved



ICCP providers.

Step Five – Tuberculosis Test – this is a one time item

5

If you have already completed a test, please submit the documentation. If not, the test may be obtained from any local physician or at:

Panhandle Health
8500 North Atlas Road, Hayden ID 83835
415-5200



Please retain documentation as you may be required to supply a copy in the future.

Step Six – Emergency Training

6

Complete both an Infant/Child CPR Class **AND** an Infant/Child First Aid Class.

You will be required to submit your cards with your application each year. We will make a copy.

Some sources:

- | | |
|-----------------------------------|----------|
| A L E R T | 664-0839 |
| CPR4Work | 620-1949 |
| Coeur d’Alene Pediatrics– MaryAnn | 777-1330 |
| Kootenai County Fire—Larry Sande | 667-5738 |



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Step Seven – Fire Department – Review Fire checklist in packet



Contact the Coeur d’Alene Fire Prevention Team at 769-2245 and schedule an inspection. Renewal inspections will be performed automatically.

If you have done the following, you may license at this point

Facility License – You must complete a Health and Fire Inspection, Planning Review, pay required sewer cap fees and have a licensed owner/operator. If the Facility is in your home, obtain the Home Occupation Certificate. All persons residing at the home must have a background check. All Facility staff must have a temporary license at a minimum.

Owner/Operator. License – You must have an Infant/Child CPR & First Aid, Tuberculosis Test, and Criminal History background check completed. If in a home, all persons 12 & over must have a background check.

Care Provider License (other than owner/operator) – You must have an Infant/Child CPR, First Aid and Tuberculosis Test. You can obtain a temporary license if supervised at all times by a licensed provider until the background check results are returned.

On-site, non-provider License – Requires a one-time Criminal History background check performed.

Parent, Volunteers and NIC Practicum Students – If supervised at all times and never left alone with children, then a Criminal History background check and tuberculosis test is required. Fee is \$61.50 and includes license.

Step Eight – Introduction to Childcare

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Under the Municipal Code, within 120 days of licensing, you are required to attend an Introduction to Child Care Class (ABC’s of Childcare) regardless of previous training. Call Jayne at 769-2300, to place your name on a waiting list for class.



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(Office Use Only)
 Amount Paid _____
 Receipt # _____
 Date _____
 License # _____
 Date Temporary Issued _____
 Date Perm Lic Issued _____ by _____

CHILDCARE FACILITY / HOME APPROXIMATE COST BREAKDOWN SHEET

1	CRIMINAL HISTORY BACKGROUND CHECK — Required of all persons 12 and over residing at premises or regularly on the premises including all spouses and all volunteers and assistants. One time only.	\$61.50 per person \$10 age 12-17	
2	FACILITY LICENSE FEE — This covers expense of mailings, forms, document processing, safety reviews, enforcement and fire inspection	Annually 1-12 Children \$60.00 13+ Children \$100.00	
3	TUBERCULOSIS TEST — Required of all persons in contact with children. This is a one-time test which may be done at Panhandle Health or by any physician.	\$35 per person (approximately)	
4	INFANT CHILD CPR/ PEDIATRIC FIRST AID – Must provide current documentation. Some sources are ALERT, CPR4Work, Workforce Training Center and American Red Cross.	\$40 per person (approximately)	
5	HEALTH INSPECTION – Performed by Panhandle Health Department. If you are an ICCP approved provider, then ICCP will schedule an inspection at no charge. If you are a non- ICCP approved provider, then the fee is \$75 at Panhandle Health.	Approved ICCP - \$0 Non-approved ICCP - \$75	
6	SEWER CAP FEE – Center: \$227 for each child and staff. Home: First seven children are no charge. The 8 th and 9 th children are \$227 each. (One time)	No. _____ x \$227	
7	HOME OCCUPATION CERTIFICATE — Required if business is located in a home and in a residential zone. Planning will review to ensure meets zoning.	\$25 Annually	
8	INTRODUCTION TO CHILDCARE CLASS – Required of all new providers. Name is placed on list at City and owner notified when enough attendees to hold the class. Price is determined by the instructor.	\$30 - \$50 (one time)	
9	RENEWAL – INDIVIDUAL is \$10 annually. Must submit proof of 8 hours continuing education and current CPR and First Aid cards.	No. _____ x \$10 Annually	
10	CONTINUING EDUCATION – Must submit evidence of 8 hours of continuing education in child development or childcare training annually. Various classes are available.	\$20 - \$100 Annually	
11	PEDIATRIC CPR/FIRST AID – Must provide evidence of current training at renewal. Cards usually valid for a two year period.	\$40 (usually 2 years)	
Approximate Total Cost:			



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(Office Use Only)

Amount Paid _____
Receipt # _____
Date _____
License # _____
Date Temporary Issued _____
Date Perm Lic Issued _____ by _____

CHECKLIST FOR CHILDCARE – PAYMENTS MUST BE CHECK OR CASH

FACILITY LICENSE	√ Requirements	Description
New Facility Center or Home	Health Inspection Schedule Appointment	Approved ICCP – no charge. Not Approved ICCP - \$75 Paid to: Panhandle Health, 8500 N Atlas Rd. To become an ICCP approved provider contact Tish Aquilar with Panhandle Health at 415-5146.
New Facility Center or Home	Sewer Cap Fees	Home – First seven children are no charge. Over seven the fee is \$227. Center – The fee is \$227 per child and staff.
New Facility Center or Home	Fire Inspection	Once your license fee is paid, contact the Fire Prevention Team at 769-2245 to schedule an inspection.
New Facility Center or Home	Planning Form	Complete the top half of the attached Planning Checklist form. Be sure to include the legal description. You may contact the County Assessor at 446-1500 for assistance with the legal description.
New Facility Center or Home	Application	Complete all fields. The fee for less than 13 children is \$60 and the fee for 13 or more children is \$100 for a center or a home. A \$20 fee applies to Athletic facilities for the first two hours or less with a parent present.
New Facility Center Only	If Commercial Center – project review required	Contact Cori Wood, City of Coeur d'Alene Building Team at 769-2209.
Home Only	Home Occupation Certificate	Complete the application for a New business in residential zone. The fee is \$25 and the license is an annual license which expires 12/31. See Renewals below for renewal information.
New Licensees	Intro To Childcare Class	Required after obtaining first the Facility Center or Home Occupation license. To schedule, contact Jayne with the City of Coeur d' Alene at 769-2300.
INDIVIDUAL LICENSE		
NEW APPLICANTS – Any license including on-site, non- providers	Fingerprinting is required for any resident, care giver or volunteer over 18.	There is a fee of \$61.50 per adult, 18 and older. A fee of \$10 applies for ages 12-18. _____ Date Fingerprints taken.
Pediatric First Aid and Pediatric CPR	Infant/Child First Aid	Must be dated to include entire license year. Required of Owner/Operator and all care providers. Not required for volunteers or athletic license (may not be alone).
All persons including Volunteers and any person in contact with children.	Tuberculosis Test	You may obtain at Kootenai Urgent Care, Panhandle Health, Dirne Clinic or Doctor office. Cost is approximately \$35. This test is completed once. Obtain a copy for your records.
RENEWALS		
Individual Renewal – All	Application	Complete application and remit fee of \$25.
Individual Renewal (Athletic Facilities Exempt)	Continuing Education for renewals only and Current CPR/First Aid Documentation	Yearly, 8 hours of approved training is required for all Owner/Operators and provider staff. Submit copies of education completion certificates and CPR/First Aid cards with the renewal application.
Facility Renewal	Home or Center	Complete application and remit fee of \$60 if there are 1-12 children or a fee of \$100 if there are 13 or more children. The facility is required to have a fire and health inspection within the past year.
Home Renewal	Home Occupation Certificate-Renewal	Complete the renewal application and remit fee of \$25. Expires 12/31 annually.



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Amount Paid _____
Receipt # _____
Date _____
License # _____
Date Temporary Issued _____
Date Perm Lic Issued _____ by _____

Childcare Facility License Application

Facility License 1-12 Children \$60.00 / 13+ Children \$100 Fee -Expires Annually on December 31st

NEW

RENEWAL (Complete This Page ONLY)

- If Applicant is a **Partnership**, each partner must fill out an application.
- If Applicant is a **Corporation**, the application shall be completed by the manager. A corporation must be authorized to do business in the State of Idaho.

NECESSARY DOCUMENTATION

1. See checklist for requirements. All care providers or persons who reside on premises or may regularly be on premises of facility, including volunteers, 12 years of age and older must obtain an individual license.
2. Owner/Operator must have completed Criminal History Background check results (NOTE: May take up to 90 days) and have completed all requirements for individual owner/operator license.
3. Business must have completed Health Inspection.
4. Business must have completed Fire Inspection.

FACILITY INFORMATION

Name of Facility: _____ Facility Phone Number: _____
 Facility Physical Address: _____
 Facility Mailing Address: _____
 Email: _____
 Owner/Operator Name: _____ Social Security Number: _____ Date of Birth _____
 Email: _____ Cell Phone: _____
 Manager Name: _____ Cell Phone: _____ Email: _____
 Hours of Operation: Open _____ Close _____
 Maximum number of children you provide care for in any 24 hour period: _____
 Maximum number of children on premises at any one time: _____
 Maximum number of staff present on premises at any one time: _____
 Do you provide overnight care (after 8 PM or prior to 6 AM): _____
 Have you had an ICCP child in your program within the last year? Yes No
 Are you a current approved ICCP provider? Yes No
 If yes, is this your first ICCP health inspection? Yes No

APPLICANT CERTIFIES AS FOLLOWS:

That they are a good citizen of the United States; over eighteen (18) years of age; of good reputation; the information listed on this application is complete and true to the best of their knowledge, and that they shall continue to be in compliance with City Code 5.68, which related to I.C. 39-1118, throughout the terms of this license.

Applicant Signature _____

Date _____

