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MICHIGAN CHILD CARE BACKGROUND CHECK CONSENT AND DISCLOSURE

The Child Care Background Check Program is used for the comprehensive background check of license exempt child care providers in the state of Michigan. The system will be used by the Michigan Department of Education (MDE) to receive result findings (eligible or ineligible) for a license exempt-parent on site facility.

The following individuals connected to a child care provider must have a comprehensive background check, to include FBI fingerprints:

- Program business owners
- Program directors
- Child care staff members, includes contract and self-employed individuals
- Unsupervised volunteers

Refusal of any staff member to submit to this comprehensive background check will result in the child care facility being found ineligible to receive CDC Subsidy payments.

Child Care Provider (this section is to be completed by the Child Care Provider)

Contact Name: _____

Contact Title: _____

Facility Name: _____

Provider ID: _____ Federal Employer Identification Number (FEIN): _____

Name of Staff Applicant: _____

The child care provider:

- a. Must not knowingly employ or allow an individual to have unsupervised access to children in care if that individual has been convicted of a disqualifying crime or is listed on a disqualifying registry.
- b. Must ensure that the individual has been fingerprinted and approved prior to allowing the individual to work in the program and/or have unsupervised access to children.
- c. May terminate the background check or decide not to hire the individual at any stage of the process.
- d. Must ensure that any background check information provided will only be used for the purpose of determining an individual's eligibility to be connected with a child care program.
- e. Must retain a copy of the signed Consent and Disclosure form on file at the child care location.
- f. Must ensure that all individuals connected with their program meet the requirements for the comprehensive background check as outlined above.

Part 1 – Individual Rights

- a. I understand that upon my written request, the department will provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. I understand that if I believe the results of any disqualifying information found on any relevant registry is inaccurate, it is my responsibility to contact the agency that maintains the registry to correct the registry information.
- c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that was expunged or set aside, I may file a redetermination request with the Department of Licensing and Regulatory Affairs.

Part 2 –Disclosure Statements (applicant disclosure)

Convictions for certain crimes, and/or being listed on certain registries, will make an individual ineligible to be employed at or connected to a child care facility. For more details on the convictions or registries, go to www.michigan.gov/ccbc.

Listed below are all offenses that I have been convicted of and/or a substantiated finding of child abuse and/or neglect was found. (Attach additional sheets if necessary).

Offense	Date of Conviction/ Finding	City	State

Part 3 – Applicant Information required to process a comprehensive background check.

You must answer all questions completely and neatly or delays could result.

Individual Information

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

Facility and Role

Facility _____ Employment Start Date ____ / ____ / ____

Personal Information (Legal Name)

List All Previous Names

First Name _____

Middle Name _____

Last Name _____

Suffix _____

Place of Birth (State) _____ Citizenship, Country of _____

Height _____ Hair Color _____ Gender Male Female

Weight _____ Eye Color _____ Race _____

Current Address

Address _____

City _____ State/Province _____ Zip _____ County _____

Add previous Michigan address as needed

Address _____

City _____ State/Province _____ Zip _____ County _____

Do you have more previous Michigan addresses? **Yes** **No**

Residency

Did you live outside of Michigan within the last five years? **Yes** **No**

If Yes, you must complete previous addresses

Previous non-Michigan address (use additional paper, if applicable)

Date of Residency From _____ To _____

Country _____ Address _____

City _____ State/Province _____ Zip _____ County _____

Do you have more previous non-Michigan addresses? **Yes** **No**

Phone/E-mail address

Phone Number _____ Email _____

Driver's License or State Identification _____

Part 4 – Reporting Requirement

After a determination of eligible, I understand that if I am a child care program owner, staff member, volunteer, and/or director, I am required to report to the department within 3 business days after I (or one of my staff members) have been arraigned for or convicted for a crime listed on the crime code list, located at www.michigan.gov/childcare in the Providers section.

Part 5 – Consent to Conduct Background and Criminal Record Check (applicant consent)

As a condition of being considered for employment or connection with a child care facility:

- a. I hereby consent to and authorize the Department of Licensing and Regulatory Affairs, on behalf of the Department of Education, to conduct a comprehensive background check that includes: 1) a review of the licensing database of individuals with previous disciplinary action within a child care center, group child care home, family child care home, or an adult foster care facility; 2) a search of the individual through the national and state sex offender registries; 3) a search of the individual through all state criminal registries or repositories for any states of residence in the past five years; 4) a request that the Department of State Police perform a criminal history check on the individual; and 5) a search of the child abuse and neglect registry for Michigan and any states of residence for the past five years.
- b. I understand that refusing to the comprehensive background check or knowingly providing false information in connection with a background check will result in my being found ineligible.
- c. I understand that the child care program may terminate the background check or decide to not allow me to be connected with the child care program at any stage in the process.
- d. I agree to provide all the information necessary to conduct a comprehensive background check.

Privacy Act Statement:

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statues pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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.

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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.

Procedure to Obtain a Change, Correction, or Update of Identification Records: If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34). To challenge or correct an In State record the subject may contact the Michigan State Police directly at (517) 241-0606 or by email at MSP-CRD-APPLHELP@michigan.gov. He/she should provide their name, method of contact, and reason behind the challenge/correction request.

Consent: I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Part 6 – Certification

I certify that all of the information I have provided is correct and complete and that failure to provide correct information may result in being found not eligible; and I agree to all information contained in this form.

Applicant's Name(Printed)_____

Applicant's Signature_____ Date _____

THIS FORM MUST BE MAINTAINED IN THE MDE PROVIDER FILE