

LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> Please read the accompanying instructions before completing this form. Please type or print CLEARLY so that the information provided can be read. Mail completed form to BCAL Central Office or address noted in box below. 		LIVESCAN FINGERPRINT REQUEST (MUST BE FILLED IN PRIOR TO RETURNING) TCN# _____ Date Fingerprinted: _____ Type of Picture I.D. presented: _____ <input type="checkbox"/> DCL (Child Care License)-Agency ID: 10971L-Fee <input type="checkbox"/> CCI/CPA/Camp-Agency ID: 88695H-Fee <input type="checkbox"/> AWP-Private Adoption-Agency ID: 68466H-Fee <input type="checkbox"/> AWF-Foster Parent-Agency ID: 68465P-Voucher <input type="checkbox"/> AWA-DHS Child/Adoption-Agency ID: 48464J-Voucher	
SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)		CPA License Number _____	
Return this form to: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>			
LICENSEE/APPLICANT NAME _____		County _____	
LICENSE/APPLICATION TYPE (CHECK ONLY ONE BOX):		<input type="checkbox"/> Institution/Agency – CCI/CPA -OR- <input type="checkbox"/> Camp -OR-	
<input type="checkbox"/> Family/Group Child Care Home – DCL -OR- <input type="checkbox"/> Child Care Center - DCL -OR- <input type="checkbox"/> International Adoption -OR-		<input type="checkbox"/> Foster Parent – AWF -OR- <input type="checkbox"/> Adoption – Foster Child – AWA -OR- <input type="checkbox"/> Adoption – Non-Foster Child - AWP	
THE PERSON BEING CLEARED IS (CHECK ONLY ONE BOX):		<input type="checkbox"/> Applicant/Licensee/Registrant (DCL or AWF) -OR- <input type="checkbox"/> Director/Program Director -OR- <input type="checkbox"/> Administrator	
<input type="checkbox"/> Licensee Designee (Centers/CCI's/CPA's) -OR-		<input type="checkbox"/> Adult Member of Household: Specific relationship to licensee: _____	

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326) PRINT CLEARLY

NAME (Last, First, Middle Jr., II, etc.)				GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER	
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> WID		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))					
ADDRESS (Street Number and Name)					MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER		
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE	HEIGHT	WEIGHT
HOW LONG HAVE YOU LIVED IN MICHIGAN?				OTHER STATES RESIDED IN DURING PAST 5 YEARS?			
HOW LONG HAVE YOU LIVED IN THIS COUNTY?							
HAVE YOU EVER: Been convicted of a crime, felony or misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Been substantiated for abuse or neglect of children or adults? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location and Date of Conviction(s) or Substantiations: (for additional space attach separate sheet)							
My signature certifies that I have reviewed the information on the back of this form.							
SIGNATURE OF PERSON TO BE CLEARED						DATE	

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)				SECTION IV: CONVICTION CLEARANCE			
ADDRESS ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY? CHILD CARE HOMES ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A		INITIALS/CLEARANCE DATE		For BCAL Use Only			
SECRETARY OF STATE DISCREPANCY?		INITIALS/CLEARANCE DATE					
INDIVIDUAL ON CENTRAL REGISTRY?		INITIALS/CLEARANCE DATE					
PREVIOUS REGISTRATION/LICENSE?		INITIALS/CLEARANCE DATE					
REGISTRATION/LICENSE NUMBER:		ADVERSE ACTION? <input type="checkbox"/> YES					

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

The purposes of this form is:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a Bureau of Children and Adult Licensing (BCAL) Files check against current or previous licensee status of the applicant in any county of the state.
4. **Child Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting the application to BCAL.**
5. **Foster Parents/Adoptive Parents (AWP, AWF & AWA):** Live Scan Fingerprint Request is required for foster home or adoptive applicants and licensees. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist or Child Placing Agency and must be completed prior to submitting application to BCAL.**
6. **CCI's, CPA's and Camp:** Live Scan Fingerprint Request is required for applicant, licensee, and/or chief administrator. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist or Child Caring Organization and must be completed prior to submitting the application to BCAL.**

The existence of a conviction record does not necessarily disqualify an applicant for licensure. However, it does provide BCAL and the child placing agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

- I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed.
- I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.
- 28 CFR §16.34- Procedure to obtain change, correction or updating 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.
- ****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES.** **I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.

AUTHORITY:	1973 PA 116	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Required	
CONSEQUENCE:	Registration/Licensure may be denied or revoked.	