

What type of provider is this application for?

This application is for individuals who are applying to be enrolled by the State of Michigan as either a *License Exempt-Related* or *License Exempt-Unrelated* child care provider.

License Exempt-Related	License Exempt-Unrelated
<ul style="list-style-type: none"> • Provider is related to the child as a: <ul style="list-style-type: none"> ○ Sibling (not living with the child) ○ Aunt or Great Aunt ○ Uncle or Great Uncle ○ Grandparent or Great Grandparent • Provider and all household members (people 18 years or older who live with the provider) must pass a criminal history background check. • Provider must complete a one-time Great Start to Quality Orientation training. • Provider must complete Michigan Ongoing Health & Safety Training Refresher annually by December after you are enrolled. 	<ul style="list-style-type: none"> • Provider is not related to the child (as listed for related). • Provider must provide care in the child’s home. • Provider must pass a comprehensive background check that includes a FBI fingerprint. The provider is responsible for the cost of the background check. • Provider must participate in an annual health and safety visit. • Provider must complete a one-time Great Start to Quality Orientation training. • Provider must complete Michigan Ongoing Health & Safety Training Refresher annually by December after you are enrolled.

How do I apply?

Complete the application and submit it along with the required verification to:

Mail: Child Development and Care Program
 Provider Enrollment
 P.O. Box 30267
 Lansing, MI 48909
Fax: 517-284-7529
Email: MDE-ApplyProvider@michigan.gov

By choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.

Verifications:

- **Verification of your age.** (ie. Birth certificate, drivers license or state ID)
- **Current proof of your identity.** (ie. Drivers License or state ID, passport)
- **Proof of where you currently live.** (ie. Drivers License, current utility bill, lease/rental agreement)
- **Copy of your valid Social Security card.**

Note: The name on the application and all verifications must match your current name.

Child Development and Care - License Exempt Provider Registration Process

Step 1: Application and Verifications: Submit completed application and verifications. Note: Failure to provide the required proofs and a valid phone number will result in your application being denied.

Step 2: Complete Orientation Training: All license exempt-related and unrelated child care providers are required to take a one-time Great Start to Quality Orientation training within 30 days of approval to receive CDC payments. To remain enrolled the provider must complete an annual ongoing training (Michigan Ongoing Health & Safety Training Refresher) starting next calendar year. To register for these trainings, visit www.miregistry.org or call 877-614-7328 or contact the resource center in your area. It is NOT necessary to wait until your application is processed before you sign up and complete the orientation training. If you previously have taken the orientation training you need to complete the Michigan Ongoing Health & Safety Training Refresher during the application process.

Step 3: Enrollment Process: Applicant and household member information for background checks will be completed in the following manner:

- License Exempt-Related applicants: Background checks will be done on the applicant and all adult household members using Internet Criminal History Access Tool (ICHAT), Public Sex Offender Registry (PSOR), Offender Information Tracking System (OTIS), and the Child Abuse and Neglect Central Registry.
- License Exempt-Unrelated applicants: Background checks will be done on the applicant using Internet Criminal History Access Tool (ICHAT), Public Sex Offender Registry (PSOR), Offender Information Tracking System (OTIS), and the Child Abuse and Neglect Central Registry. In addition to the checks mentioned above, License Exempt-Unrelated applicants will also need a comprehensive FBI fingerprint check. We will contact you by phone and/or email with fingerprint instructions.

Step 4: Interview: The CDC office will contact you for a mandatory phone interview at the phone number listed on the application. Please be sure that your voicemail is set up, is not full, and that you regularly check your messages in case we've tried to reach you. Interviews typically happen within 30-45 days after receipt of the application.

Step 5: Eligibility Decision: You will receive the Eligibility Decision Notice, which will include your provider ID number. If no criminal history matches were found during your enrollment, the notice will indicate you are approved. If there were criminal history matches found during the enrollment, the notice will indicate you are denied.

Step 6: Review of Denial of a License Exempt Related Provider Application Due to Background Check: If your License Exempt provider application is denied due to the criminal background check you will be notified by mail of the denial and provided instructions regarding your options to request an Administrative Review of the denial.

Step 7: Review of Denial of a License Exempt Unrelated Provider Application Due to Fingerprint Check: If your License Exempt-Unrelated provider application is denied due to the results of the fingerprint check and you believe that the results are in error, you may file a redetermination request with the Department of Licensing and Regulatory Affairs. Note: The fingerprint check only applies to License Exempt-Unrelated providers.

Acronyms:

- LARA – License and Regulatory Affairs
- BCHS – Bureau of Community and Health Systems
- MDHHS – Michigan Department Health and Human Services
- MDE – Michigan Department of Education
- CDC – Child Development and Care
- LEP – License Exempt Provider

SECTION A: Provider Information (License Exempt-Related/Unrelated)

Instructions: Provider, use this section to tell us about yourself.				
What type of child care provider are you applying to be?				
<input type="checkbox"/> I am applying to become a License Exempt-Related provider (Only complete sections A, B and C.)				
<input type="checkbox"/> I am applying to become a License Exempt-Unrelated provider (Only complete section A, B and D.)				
First Name	Middle Name	Last Name	Gender	
Do you have a former name, maiden name or previous name? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, list all previous names here:				
Date of Birth	Driver License/ID Number	Email Address		
Address where provider lives (Number, Street, Apt. Number)		City	State MI	Zip Code County
P.O. Box (only complete if you are using a P.O. Box for mail)		City	State MI	Zip Code County
Telephone Number (required)	Social Security Number (SSN)	Provider ID Number (if known)		
Have you ever had a provider license or registration suspended or revoked by LARA, BCHS, or MDHHS?				
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain why:				
Do you receive MDHHS payment for providing Adult Home Help Services? Note: Adult home help services cannot be provided during the same hours you are providing child care.				
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list the person(s) you care for:				
I will be caring for a child(ren) who are currently placed in foster care ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your relationship to the child(ren)? Must be related by blood or marriage			<input type="checkbox"/> I am unrelated – *Care must be provided in the child’s home	
<input type="checkbox"/> Sibling (Not living with the child) <input type="checkbox"/> Aunt or Great Aunt				
<input type="checkbox"/> Uncle or Great Uncle <input type="checkbox"/> Grandparent or Great Grandparent				
Have you lived outside of Michigan within the last 5 years?				
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please list your out of state address(es) in the area below.				
(Number and Street, Apt. Number)	City	State	Zip Code	County
(Number and Street, Apt. Number)	City	State	Zip Code	County

SECTION B PART 1: Requirements and Signature

I certify that I meet the following requirements to be a CDC provider, and I understand the following:

1. I am at least 18 years of age.
2. Neither I, nor any adult in my household (License Exempt-Related only), have been found responsible for the neglect or abuse of children by Children’s Protective Services (CPS) or been charged/convicted of crimes associated with money, abuse, or related to health and safety.
3. I do not have any physical, emotional, or other barriers that would prevent me from giving adequate care and supervision to children in my care.
4. I know how and when to seek help from others, such as how to use the telephone and how to respond to emergency situations that might arise while children are in my care.
5. I have not had any license or registration revoked or suspended by the Child Care Licensing Bureau (CCLB), the Michigan Department of Licensing and Regulatory Affairs (LARA), or the Michigan Department of Health and Human Services (MDHHS).
6. I have no other jobs or other obligations that conflict or interfere with the hours that I provide child care.
7. As a License Exempt Related provider I am related to the child/ren in care as an aunt/uncle (great), grandparent (great) or sibling that lives at another residence. This relationship is by blood or marriage.

I HAVE READ AND UNDERSTAND THESE REQUIREMENTS. (Must be completed by provider)

Signature (required)	Date of signature
Make a copy of the rights and acknowledgements and keep the copy for your records.	

SECTION B PART 2: ACKNOWLEDGEMENTS

I certify that I understand the following:

1. I have read the **CDC Handbook** [Child Development and Care \(CDC\) Handbook \(michigan.gov\)](http://michigan.gov) and will review it at a minimum annually for updates.
2. The terms and conditions of my provider enrollment may be changed without advanced notice.
3. **I will not receive CDC payments for any care provided for children before my application date, completion of background checks or more than 30 days before I complete the Great Start to Quality Orientation training.**
4. I understand that the DHS-4025 ([Child Development And Care \(CDC\) Provider Verification \(michigan.gov\)](http://michigan.gov)) must be completed by the parent and provider and then submitted to MDHHS once approved.
5. All changes in my name, address, household members, or telephone number must be reported within 10 calendar days to the Child Development and Care office at 866-990-3227. Failure to report changes may result in termination of my enrollment.
6. I can only receive CDC payment for care provided in Michigan.
7. I must not care for more than six (6) children at the same time. Children not related to me must be cared for in the child’s own home.
8. I must not care for more than two (2) children under 12 months of age at the same time.
9. I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
10. I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
11. I must immediately report suspected child abuse or neglect to MDHHS Central Intake at 855-444-3911.

12. As a license exempt provider, I understand that I am not employed by the State of Michigan or the CDC program, and I am not eligible for employee-related benefits, such as Worker's Compensation, healthcare, or Unemployment Insurance.
13. As a license exempt provider receiving payment from the State of Michigan CDC program, I understand that I am either self-employed or employed by the parent. I (or the parent) am responsible for reporting my earnings to Federal, State, and local tax authorities in accordance with IRS rules. For IRS information, visit www.irs.gov.
14. I must use the required CDC Daily Time and Attendance Record, found at [Providers \(michigan.gov\)](http://Providers(michigan.gov)), showing the Care Begin and Care End times for each CDC child. The parent/substitute parent must certify that these records are accurate by initialing each day for each child to indicate the entries are correct. I must keep these records for four (4) years.
15. I must provide my CDC Daily Time and Attendance Records, and any other requested information, when asked by the State of Michigan.
16. I must only bill for child care services when a CDC child is physically in my care (except for child absences on a day when the child would normally be in my care).
17. Payment for all CDC eligible children in my care is limited to 2,016 hours in a two-week (biweekly) pay period.
18. I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
19. If I am overpaid for any reason, even if I am overpaid in error, I must repay the CDC program. If I am overpaid, the CDC program may collect up to 20% of any future payments, which will be applied to my overpayment balance until the overpayment has been fully repaid.
20. I understand if I violate any of the CDC program rules, I may be removed from the CDC program for six (6) months, twelve (12) months, or a lifetime.
21. I understand that as a License Exempt – Unrelated provider I must complete fingerprint-based FBI Background Check, and must submit to health and safety visits. As the provider, I am responsible for the cost of this background check. Care for the child must be done in the child's home.
22. I understand that as a License Exempt – Related provider I can provide care in my own home or the child's home.
23. I understand that as a provider who is caring for a CDC eligible child must complete Great Start to Quality Orientation training to receive CDC payments. If I have not already completed this one-time required training, I should visit www.miregistry.org or call 877-614-7328 as soon as possible to find a Great Start to Quality Orientation training in my area.
24. I understand that to remain enrolled as a provider I must complete an annual training (Michigan Ongoing Health & Safety Training Refresher) by December each year.
25. I understand that by applying to become enrolled in the CDC provider program I am consenting to a background check. When applying to be a License Exempt-Related provider I understand that my adult household members are required to complete a background check as well.
26. By choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.

By signing this, I am agreeing to all terms on this application and those in the Child Development and Care Handbook found at www.michigan.gov/childcare.

I am also indicating that the information I have provided is true and accurate to the best of my knowledge.

SIGNATURE: I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM. (must be completed by provider)

Signature (required)	Date of signature
Make a copy of the rights and acknowledgements and keep the copy for your records.	

License Exempt – Unrelated provider skip to Section D (page 7)

SECTION C: Household Member Information (Completed by License Exempt-Related only)

Household members are defined by any adult 18 years or older that has a current address at this residence or stays in the home on a regular ongoing basis.

Instructions: In the section below, list all adults (people 18 years of age or older) who live with you.					
Name	Former/Maiden/Alias	Date of Birth	Gender	Relationship to You	SSN

SIGNATURE: I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM. (must be completed by provider)

Signature (required)	Date of signature
Make a copy of the rights and acknowledgements and keep the copy for your records.	

License Exempt - Related applicants STOP here.

- Review application to ensure all sections on pages 3 – 6 are completed and clearly written.
- Select verifications.
- Mail, Fax or Email documents (pages 3-6) (Sections A, B and C).

A completed application must include:

- Answers to all applicable questions
- Proof of your age and identity
- Proof of where you currently live
- A clear copy of your valid Social Security card
- Signatures.

Mail: Child Development and Care Program
P.O. Box 30267
Lansing, MI 48909

Fax: 517-284-7529

Email: MDE-ApplyProvider@michigan.gov

** Missing documents will result in a delay in processing of your application.



STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY
 AFFAIRS

Part 1 – Disclosure Statements
Part 2 – Applicant Information
Part 3 – Reporting Requirements
Part 4 – Individual Rights
Part 5 – Consent to Conduct

Section D

**MICHIGAN CHILD CARE BACKGROUND CHECK
 CONSENT AND DISCLOSURE**

The Child Care Background Check Program is specifically for the comprehensive background check of license exempt providers in the state of Michigan.

Refusal to submit to this comprehensive background check will result in being found ineligible to be a license exempt provider within the state of Michigan. Falsifying, omitting, or failing to provide complete information in connection to the comprehensive background check will also result in the individual being found ineligible.

Part 1 – Disclosure Statements (applicant disclosure)

Convictions for certain crimes and/or being listed on certain registries will make an individual ineligible to be a license exempt provider. For more details on the convictions or registries, go to www.michigan.gov/ccbc.

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

Offense	Date of Conviction/Finding	City	State

I understand that if the provider (CDC) withdraws me from the Child Care Background check (CCBC) system, the department will stop processing my comprehensive background check, requiring a new background check upon being re-entered into the CCCBC System

I certify that the above statements are correct and complete to the best of my knowledge and that failure to provide accurate information will result in a determination of ineligible.

 Signature of Individual to be Background Checked

 Date

**SECTION D: Consent and Disclosure
(License Exempt-Unrelated only)**

Part 2 – Applicant Information required to process a comprehensive background check				
You must answer all questions completely and neatly or delays in processing could result.				
Social Security Number	Date of Birth	Place of Birth	Citizenship/Country	
First Name	Middle Name	Last Name		
Do you have a former name, maiden name or previous name? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list all previous names here: 				
Personal Information: Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Race: _____				
Phone Number	Driver License/ID Number include State	Email Address		
Current Address (Number, Street, Apt. Number)	City	State MI	Zip Code	County
Mailing Address	City	State MI	Zip Code	County
Do you have more Michigan Addresses? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, add addresses below: 				
Have you Lived outside of Michigan within the last 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please list your out of state address(es) in the area below. Date of Residency: From _____ To _____				
(Number and Street, Apt. Number)	City	State	Zip Code	County
(Number and Street, Apt. Number)	City	State	Zip Code	County

Part 3 – Reporting Requirements License Exempt Provider

I understand that if I am enrolled in the program, I am required to report to CDC within 3 business days after I have been charged or convicted of a crime that is on the crime code list, located at www.michigan.gov/childcare in the Providers section.

Part 4 – 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 record is one that may be expunged or set aside, I may file a redetermination request with the Department of Licensing and Regulatory Affairs.
- d. As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.
 - You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.
 - You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
 - You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
 - If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
 - If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
 - If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
 - You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Applicant's Signature

Date

Part 5 – Consent to Conduct Background and Criminal Record Checks**To be considered for enrollment in the CDC program:**

- a. I consent to and give permission to MDE through the Department of Licensing and Regulatory Affairs (LARA), to conduct a background check that includes: 1) a review of the licensing database of people with previous disciplinary action in a child care center, group child care home, family child care home, or an adult foster care facility; 2) a search through the national and state sex offender registries; 3) a search through all state criminal registries for any states where I've lived in the past five years; 4) a request that the Michigan State Police (MSP) perform a criminal history check; and 5) a search of the child abuse and neglect registry for Michigan and any states where I've lived for the past five years.
- b. I understand that refusing the background check or knowingly providing false information in connection with a background check will result in my being found not eligible.
- c. I understand that MDE will make the final decision as to whether I am enrolled in the CDC program. I also understand that MDE may end the background check or decide to not allow me to enroll in the CDC program at any stage in the process.
- d. I agree to provide all the information necessary to conduct a 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 statutes 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.

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.

Part 5 Continued – Consent to Conduct Background and Criminal Record Checks

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](mailto: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 or other method, 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 above statements are correct and complete and that failure to provide correct information may result in being found not eligible.

Applicant's Name (Printed) _____

Applicant's Signature _____ Date _____

THIS FORM MUST BE MAINTAINED IN THE PROVIDER FILE

License Exempt - Unrelated applicants STOP here.

- Review application to ensure all required sections (A, B, D) are completed and clearly written.
- Select verifications.
- Mail, Fax, or Email documents. (Pages 3 – 5 and 7-10) (Sections A, B and D)

A completed application must include:

- Answers to all applicable questions
- Proof of your age and identity
- Proof of where you currently live
- A clear copy of your valid Social Security card
- Signatures.

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