



License Exempt Provider Consent and Disclosure

Child Development and Care (CDC)

Consent and Disclosure

License Exempt Provider – Unrelated Only

MICHIGAN CHILD CARE BACKGROUND CHECK CONSENT AND DISCLOSURE

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| Part 1 – Consent |
| Part 2 – Disclosure Statements |
| Part 3 – Reporting |
| Part 4 – Individual Rights |
| Part 5 – Applicant Information |
| Part 6 - Certification |

The Child Care Background Check Program is specifically for the comprehensive background check of licensed and license exempt child care providers in the state of Michigan. License Exempt - Unrelated Providers must have a comprehensive background check, including fingerprints:

Refusal to submit to this comprehensive background check will result in being found ineligible to be a license exempt – unrelated provider or hold any of the above roles in a licensed facility within the State of Michigan. Falsifying, omitting, or failing to provide complete information in connection with a comprehensive background check will also result in the individual being found ineligible

Part 1 – Consent

To be considered for enrollment in the CDC program:

- a. I consent to and give permission to MiLEAP CDC Office through Child Care Background Check (CCBC), 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.
 - 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 MiLEAP CDC Office will make the final decision as to whether I am enrolled as a license exempt provider. I also understand that MiLEAP may end the background check or decide to not allow me to enroll as a license exempt provider 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.

Signature of License Exempt - Unrelated Applicant (Required)

Date



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Child Development and Care (CDC)

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 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 2-Disclosure Statements (applicant disclosure)

Convictions for certain crimes and/or being listed on certain registries will make an individual ineligible to be an approved license exempt – unrelated provider. For more details on the convictions or registries, located in BEM 705 [CRIME CODES \(michigan.gov\)](#).

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

☐ I have no prior offenses to report.

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 License Exempt - Unrelated Applicant (Required)

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Child Development and Care (CDC)

Part 3 - Reporting

After a determination of eligible:

- I understand that Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP) will make the final decision as to whether I am enrolled in the Child Development and Care (CDC) program. I also understand that MiLEAP may end the background check or decide to not allow me to enroll in the CDC program at any stage in the process.
- 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 in BEM 705 [CRIME CODES \(michigan.gov\)](https://www.michigan.gov/crimecodes)

I certify that the above statements are correct and complete to the best of my knowledge.

Signature of License Exempt – Unrelated Applicant (Required)

Date

Part 4- Individual Rights

- 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.
- 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.
- 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 may be expunged or set aside, I may file a redetermination request with the Department of Lifelong Education, Advancement, and Potential.
- 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.

Signature of License Exempt - Unrelated Applicant

Date



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Part 5 – Applicant Information. This information is required to process a complete comprehensive background check. As the comprehensive background check includes name-based searches of registries, you must include all aliases.

Personal Information (Legal Name – As appears on driver's license or ID). All aliases must be listed. Omitting or providing false information below will result in a determination of ineligible.

First _____ Middle _____ Last _____ Suffix _____

Add All First and
Last Name
Aliases/Maiden _____

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

Height _____ Weight _____ Hair Color _____ Eye Color _____ Gender ☐ Male ☐ Female Race _____

Address

Country _____ Address _____
City _____ State/Province _____ Zip _____ County _____

Phone/E-mail address

Phone Number _____ Email _____

Residency

Did applicant continuously reside in Michigan within the last five years? ☐ Yes ☐ No

If No, you must enter
previous addresses.

Previous address (use additional paper, if applicable)

Date of Residency _____ To _____ From _____

Country _____ Address _____

City _____ State/Province _____ Zip _____ County _____

Previous address

Date of Residency _____ To _____ From _____

Country _____ Address _____

City _____ State/Province _____ Zip _____ County _____

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 BY THE PROVIDER