



MICHIGAN CHILD CARE BACKGROUND CHECK CONSENT AND DISCLOSURE

The Child Care Background Check Program is used to conduct background checks of license exempt child care providers in Michigan. The system will be used by the Michigan Department of Education (MDE) to receive results for license exempt - unrelated applicants.

Applicants must have a background check, including fingerprints.

Refusal to submit to this background check will result in not being eligible to receive Child Development and Care (CDC) payments.

Part 1 – Individual Rights

- a. I understand that with my written request, I will receive a copy of any records found on any of the registries or databases.
- b. I understand that if the results of any information found on any registry is not correct, it is up to me to contact the registry to correct it.
- c. I understand that if the results of the background check are not correct, or if the conviction found in the record is one that was expunged or set aside, I may file a redetermination request with the Department of Licensing and Regulatory Affairs (LARA).

Part 2 –Disclosure Statements (applicant disclosure)

Convictions for certain crimes, and/or being listed on certain registries, will stop you from being enrolled in the CDC program. For more details on the crimes or registries, go to www.michigan.gov/ccbc. List all crimes that you have been convicted of, as well as any findings of child abuse or neglect. (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 _____ / _____ / _____

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

Driver's License or State Identification

Phone Number _____

Number _____

Email _____

State issued _____

Part 4 – Reporting Requirement

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

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.

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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 PROVIDER FILE