

# Understanding the Camp Administrator Comprehensive Background Clearance

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OVERVIEW OF CRIMINAL HISTORY CHECK INCLUDING LICENSING RECORD CLEARANCE  
(BCAL-1326-CAMP) AND LIVESCAN FINGERPRINT (RI-030) REQUIREMENT

MCL 722.115C

**State of Michigan**  
**Camp Licensing Unit**

# Who needs to complete the Camp Administrator Comprehensive Background Clearance?

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“Camp Administrator” includes the following persons: Applicant, Person, Licensee, Chief Administrator, Program Director, and Licensee Designee.

Statute reference:

MCL 722.115(c) Applicant for childcare organization license; criminal history check and criminal records check

(1) Except as provided in subsection (6), when a person or partnership, or licensee designee if the applicant is a limited liability corporation, firm, corporation, association, or nongovernmental organization applies for or to renew a license for a childcare organization under section 5, the department shall request the department of **state police to perform a criminal history check** on the person, licensee designee, chief administrator, and program director of a childcare organization.

(2) Each person applying for a license to operate a child care organization shall give written consent at the time of the license application for the department of state police to conduct the criminal history check required under this section. The department shall require the person to submit his or her **fingerprints to the department of state police and the Federal Bureau of Investigation** for the criminal history check described in subsection (1).

MCL 722.119(5) Staff members or unsupervised volunteers in children’s camps or children’s campsites who are 21 years of age or older may not have contact with a child who is in the care of a children’s camp until the staff member or volunteer provides the children’s camp with **documentation from the department of health and human services that he or she has not been named in a central registry case as the perpetrator of child abuse or child neglect.**

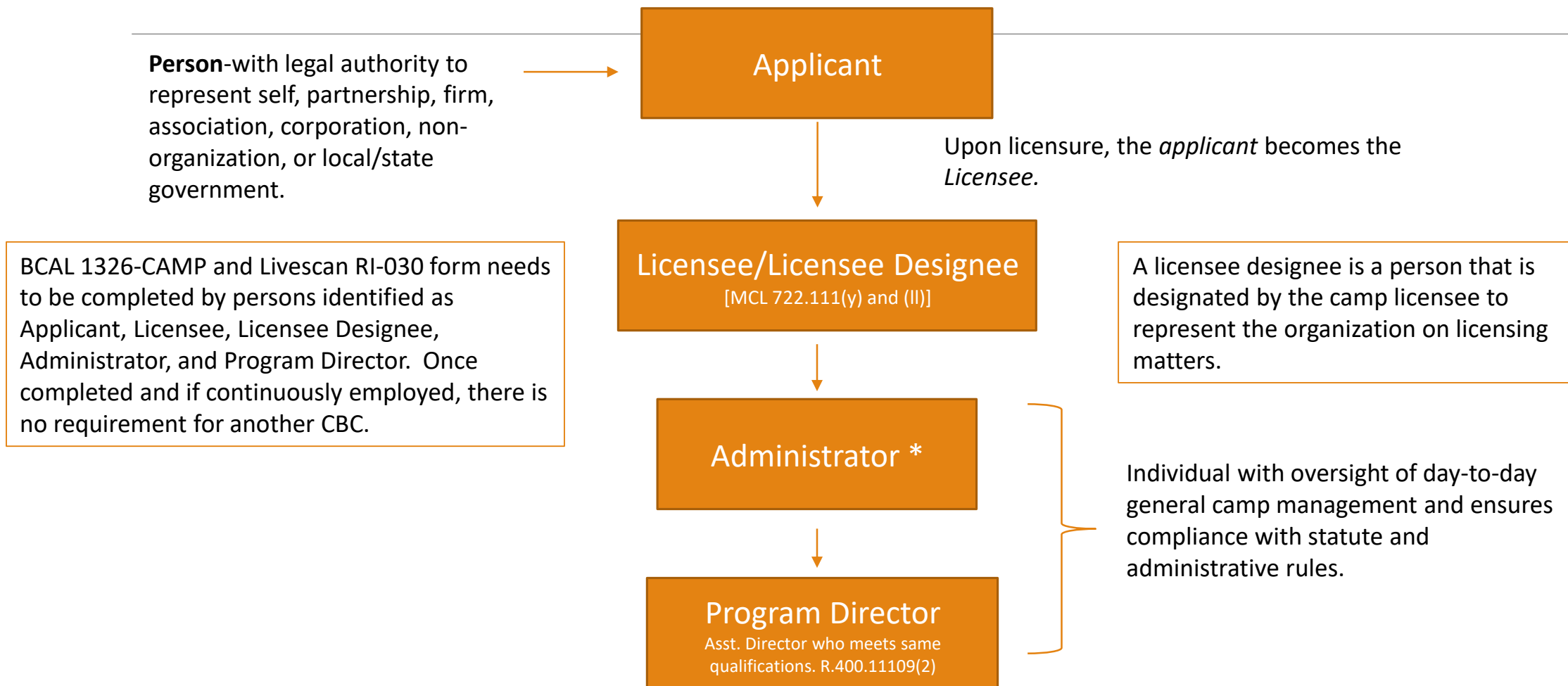
# Comprehensive Background Clearance (CBC) for Camp Administrators and Camp Staff Background Checks

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The Comprehensive Background Clearance(CBC) process described in this slide deck reviews the specific background clearances for **camp administrators** including: Applicants, Licensees, Designees, Chief Administrators, and Directors/Program Directors. This Comprehensive Background Clearance (CBC) process involves the required livescan fingerprint.

Camp staff background checks are required under MCL 722.115d, MCL 722.119, and R 400.11109(7). These background checks are the responsibility of the camp administrator to complete on all staff (paid or volunteers) and maintain in their records for review during onsite visits. For information about the camp staff background checks **that do not** require a livescan fingerprint, please see the licensing webpage at [www.Michigan.gov/mileapcamps](http://www.Michigan.gov/mileapcamps) within the licensee tile under the “Background Check Information and Forms” title.

# Organizational Chart Outlining Who Needs the Camp Administrator Comprehensive Background Clearance



\*May be referred to: Camp Director or Director.

Note: Camps may identify others that they want to obtain this level of clearance.

# A note about titles:

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For the Comprehensive Background Clearance process, Camp organizations must identify their camp leaders as one or more of the following titles on the Camp Licensing Record Clearance Request (BCAL-1326-CAMP) form. The Comprehensive Background Clearance must be completed by the individuals identified:

1. **Applicant/Licensee/Licensee Designee:** this individual has the legal authority to represent the camp. All license applications must be signed by the Applicant/licensee/Licensee Designee. [MCL 722.111(y) and (II)]
2. **Administrator:** This individual has overall day-to-day responsibility for managing the camp operations. This person is also identified on the license applications or interim notifications.
3. **Program Director:** This person assists in the management of the day-to-day operations for program and/or campsite.

*Every camp must have a licensee/licensee designee and an administrator who is responsible for day-to-day operations. The licensee designee and the administrator could be the same person. Camp organizations must identify an additional individual(s) as program directors who may be needed as substitutes according to R 400.11109(4).*

# What forms are used for the Comprehensive Background Clearance?

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The Camp Administrator Comprehensive Background Clearance requires the completion and submission of the following two forms:

1. Camp Licensing Record Clearance Request (BCAL-1326-CAMP) Form
2. Live Scan Fingerprint Background Check Request (RI-030) Form

**Forms are obtained by contacting the Camp Licensing Unit at 866-685-0006  
or your licensing consultant.**

# How frequently does the Camp Administrator Comprehensive Background Clearance need to be completed?

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The Camp Administrator Comprehensive Background Clearance including the Licensing Record Clearance and Live Scan Fingerprint needs to be completed before an original license is issued or within 30 days of a change of leadership [R 400.11109(3)] at the licensed camp. If the licensee, licensee designee, camp administrator, or program director has continued employment with the camp, the Comprehensive Background Clearance does not need to be completed again.

**Note:** If an individual transfers to another licensed camp owned by a different licensee, a new BCAL-1326-Camp and RI-030 affiliated with the new licensee must be submitted.

# “Camp Licensing Record Clearance Request”

(Form BCAL-1326-CAMP)

This form is obtained by calling the licensing unit at 866-685-0006 or your assigned camp licensing consultant.

**CAMP LICENSING RECORD CLEARANCE REQUEST**  
**STATE OF MICHIGAN**  
 Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems

**DIRECTIONS FOR COMPLETING FORM:**

- You must read the accompanying instructions before completing this form and the Livescan Fingerprint Background Check Request (RI-030) form.
- Type or print CLEARLY so that the information provided can be read.
- The Livescan Fingerprint Background Check Request (RI-030) form and this form must be submitted together to the licensing unit at the address below.

**Livescan Fingerprint Code Information**  
Call 800-541-5500 (Outside Michigan) or 800-541-5500 (In Michigan)

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems  
 P O Box 30664  
 Lansing, MI 48909

Licensing Consultant (if known): \_\_\_\_\_

**REQUESTOR INFORMATION**

NAME OF CAMP ORGANIZATION	COUNTY OF CAMPSITE	LICENSE NUMBER (if assigned)
_____	_____	_____

LICENSE/APPLICATION TYPE: CAMP

THE PERSON BEING CLEARED IS: (Person may be both Applicant/Licensee/Designee and Administrator)

**APPLICANT/LICENSEE/DESIGNEE:** this individual has the legal authority to represent the childcare organization (camp). All license applications must be signed by the Applicant/ licensee/ Licensee Designee. [MCL 722.111(ee)]

**ADMINISTRATOR:** Administrator: This individual has overall day-to-day responsibility for managing the childcare organization's (camp) operations. This person is also identified on the license applications or interim notifications.

**PROGRAM DIRECTOR:** Program Director: This person assists in the management of the day-to-day operations for program and/or campsite.

**CLEARANCE INFORMATION – PRINT CLEARLY**  
 To be completed by each person to be cleared – see the instruction page. Each person fingerprinted must complete and submit this form and the Livescan Fingerprint Background Check Request form to the licensing unit.

NAME (Last, First, Middle Jr., II, etc.)		GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER	
_____		_____	____/____/____	____-____-____	
MARITAL STATUS		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names)			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		_____			
ADDRESS (Street Number and Name)			MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER		
_____			_____		
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE HEIGHT WEIGHT
_____	_____	_____	_____	_____	_____

Focus

Purpose: This form provides authorization by the identified individual to conduct a licensing record clearance including a state police check, central registry check in Michigan, and a file check against current or previous license status of the individual in any county of the state.



# “Live Scan Fingerprint Background Check Request”

(Form RI-030)

This form is obtained by calling the licensing unit at 866-685-0006 or your assigned camp licensing consultant.

RI-030 (01/2019)  
Michigan State Police  
Page 1 of 2

**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
**COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

### LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.  
**Instructions:** See page two.

I. Authorizing Information			
1. Fingerprint Reason Code	2. Requestor/Agency ID	3. Agency Name	4. Individual ID (MNU-OA)
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.			
1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases		3. Social Security Number (Optional)	
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number
8. Issuing State			
9. Home Address	10. City	11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight
17. Eye Color	18. Hair Color		
III. Live Scan Information			
1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.			
IV. Privacy Act Statement			
<b>Authority:</b> 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. <b>Principal Purpose:</b> 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			

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

# Completion of the Comprehensive Background Clearance Process

Individuals statutorily required to complete the Comprehensive Background Clearance (CBC) including the Livescan Fingerprint requirement must complete the following steps:

1. Contact the Licensing unit or licensing consultant for the **Camp Licensing Record Clearance Request (BCAL 1326-Camp)** and Michigan State Police **Livescan Fingerprint Background Check Request (RI-030)** forms necessary to complete the Livescan fingerprint requirement.
2. Complete *Requestor Information, Clearance Information, and Signature* areas on the **Camp Licensing Record Clearance Request (BCHS-1326-Camp)** form.
3. Complete sections 1, 2, and 6 of the **Livescan Fingerprint Background Check Request (RI-030)** form.
4. Schedule a Livescan fingerprint session by selecting a vendor from [Michigan State Police website](#). Many states participate in livescan fingerprinting. However, if you reside in a state that doesn't participate, please see instructions listed here: : [Non-Resident Card Scan Processing Procedures](#).
5. Attend the scheduled Livescan fingerprint session. You must have the Livescan vendor complete section 3 on the RI-030.
6. Make a copy for your own records and mail both completed **Camp Licensing Record Clearance Request (BCHS-1326-Camp)** and **Livescan Fingerprint Background Check Request (RI-030)** forms to:

Camp Licensing Unit  
P.O. Box 30664  
Lansing MI 48909  
1-866-685-0006

*Individuals not residing in Michigan, completing the Comprehensive Background Clearance, are required to submit a verification from their state or country of residency's Department of Health and Human Services that they have not been a perpetrator of abuse or neglect along with their Comprehensive Background Clearance forms.*

# How to complete the forms?

**CAMP ADMINISTRATOR COMPREHENSIVE BACKGROUND CLEARANCES**  
Licensing Record Clearance (BCAL-1326-CAMP) and Livescan Fingerprint Background Check (RI-030)

The Camp Administrator Comprehensive Background Clearance must be completed by individuals who are statutorily required to complete the livescan fingerprint requirement. Two forms are required to be completed for the Comprehensive Background Clearance: *Licensing Record Clearance Request Form (BCAL-1326-CAMP)* and the *Livescan Fingerprint Background Check Request (RI-030)* forms.

Who is required to complete the Camp Administrator Comprehensive Background Clearances?

**Applicant/Licensee/Licensee Designee:** This individual has the legal authority to represent the childcare organization (camp). All license applications must be signed by the applicant/licensee/Licensee Designee. [MCL 722.111(ee)]  
**Administrator:** This individual has overall day-to-day responsibility for managing the childcare organization's (camp) operations. This person is also identified on the license applications or interim notifications.  
**Program Director:** This person assists in the management of the day-to-day operations for PROGRAM and/or CAMPSITE.

What is the purpose of the Camp Administrator Comprehensive Background Clearance?

- 1) produce a state police check regarding the existence of a conviction record,
- 2) produce a Michigan Department of Health and Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record and,
- 3) produce a licensing file check against current or previous license status of the applicant in any county of the state.
- 4) conduct a civil fingerprint-based background check for employment, to volunteer, or form licensing purposes as authorized by law.

What is the procedure for completing the Camp Administrator Comprehensive Background Clearances?

1. Complete *Requestor Information, Clearance Information, and Signature* areas on the **Camp Licensing Record Clearance Request (BCHS-1326-Camp)** form.
2. Complete sections I, II, and VI of the **Livescan Fingerprint Background Check Request (RI-030)** form. The following codes are needed for Box 1, Box 2, and Box 3 in Section I:

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
		Department of Licensing and Regulatory Affairs

3. Schedule a Livescan fingerprint session by selecting a vendor from [Michigan State Police private livescan vendor website \(https://www.michigan.gov/msp/0,4643,7-123-1878\\_8311-237862--00.html\)](https://www.michigan.gov/msp/0,4643,7-123-1878_8311-237862--00.html). If you reside outside of Michigan and the state or country doesn't participate in livescan fingerprinting please see instructions listed here: [Non-Resident Card Scan Processing Procedures \(https://www.identogo.com/uploads/general/NonResidentCardScanInstructions-MI-20200831.pdf\)](https://www.identogo.com/uploads/general/NonResidentCardScanInstructions-MI-20200831.pdf)
4. Attend the scheduled Livescan fingerprint session. The forms must be taken with you at the time the fingerprint is conducted. You must have the Livescan vendor complete section III on the **Livescan Fingerprint Background**

## Instructions Page:

1. Identifies who needs to complete the Comprehensive Background Clearance.
2. Gives purpose of the Criminal History Check.
3. Provides procedures for completing the Comprehensive Background Clearance including important Camp Licensing Codes for Livescan Fingerprint Form.

**The cost of an individual's fingerprinting is the responsibility of the camp and the individual seeking employment.**

# Licensing Record Clearance Request

**CAMP LICENSING RECORD CLEARANCE REQUEST**  
STATE OF MICHIGAN  
Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

**DIRECTIONS FOR COMPLETING FORM:**

- You must read the accompanying instructions before completing this form and the Livescan Fingerprint Background Check Request (RI-030) form.
- Type or print CLEARLY so that the information provided can be read.
- The Livescan Fingerprint Background Check Request (RI-030) form and this form must be submitted together to the licensing unit at the address below.

Livescan Fingerprint Code Information  
Complete this form if you are using a Livescan Agency ID number.

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
P O Box 30664  
Lansing, MI 48909  
Licensing Consultant (if known):

**REQUESTOR INFORMATION**

NAME OF CAMP ORGANIZATION	COUNTY OF CAMPSITE	LICENSE NUMBER (if assigned)

LICENSE/APPLICATION TYPE: CAMP

THE PERSON BEING CLEARED IS: (Person may be both Applicant/Licensee/Designee and Administrator)

APPLICANT/LICENSEE/DESIGNEE: this individual has the legal authority to represent the childcare organization (camp). All license applications must be signed by the Applicant/licensee/Licensee Designee. [MCL 722.111(6a)]

ADMINISTRATOR: Administrator. This individual has overall day-to-day responsibility for managing the childcare organization's (camp) operations. This person is also identified on the license applications or interim notifications.

PROGRAM DIRECTOR: Program Director. This person assists in the management of the day-to-day operations for program and/or campsite.

**CLEARANCE INFORMATION – PRINT CLEARLY**  
To be completed by each person to be cleared – see the instruction page. Each person fingerprinted must complete and submit this form and the Livescan Fingerprint Background Check Request form to the licensing unit.

NAME (Last, First, Middle Jr., II, etc.)	GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER

MARITAL STATUS  Single  Married  Divorced  Widowed ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names)

ADDRESS (Street Number and Name) MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER

CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE	HEIGHT	WEIGHT

Focus

## Requestor Information:

- Camp Organization:* Enter the name of the organization that is recognized as the applicant or Licensee for the license(s).
- County of Campsite:* This is the county where the camp SITE is located.
- License number(s)* with prefix (CR, CD, SR, SD, CV, CT, AC). The license number(s) affiliates the person completing the form with the correct camp PROGRAM and/or SITE license. Original Applications will not have a license number assigned until after the applications are enrolled.

Clearance information must be filled out completely

# Live Scan Fingerprint Request Form

RI-030 (01/2019)  
Michigan State Police  
Page 1 of 2

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

### LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.  
Instructions: See page two.

I. Authorizing Information			
1. Fingerprint Reason Code	2. Requestor/Agency ID	3. Agency Name	4. Individual ID (MNU-OA)

II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.			
1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases		3. Social Security Number (Optional)	
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number
8. Issuing State			
9. Home Address		10. City	11. State
12. ZIP Code			
13. Sex	14. Race	15. Height	16. Weight
17. Eye Color		18. Hair Color	

III. Live Scan Information			
1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*

\*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

#### IV. 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

## Section I: Authorizing Information

1. Fingerprint Reason Code: *Listed on instructions page*
2. Requestor/Agency ID: *Listed on instructions page.*
3. Agency Name: **Department of Lifelong Education, Advancement, and Potential.**
4. Individual ID (MNU-OA): **N/A**

**Section II. Applicant Information:**  
Complete as required.

**Section III. Live Scan Information**  
*(This is filled out by the live scan vendor)*  
Make sure to note the Transaction Control Number (TCN) for your own records.

**Section VI: Consent:**  
Signature for authorization required.  
(bottom of the form)

# Where to send the forms when completed?

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Both forms must be mailed to the licensing unit at:

Camp Licensing Unit  
P.O. Box 30664  
Lansing, MI 48909-8164

Any questions please call the licensing unit: 866-685-0006