



## MICHIGAN CHILD CARE BACKGROUND CHECK CONSENT AND DISCLOSURE

The Child Care Background Check Program is specifically for the comprehensive background check of licensed child care providers in the state of Michigan. The system will be used by:

- Licensed Family Child Care Homes
- Licensed Group Child Care Homes
- Licensed Child Care Centers

The following individuals connected to a licensed child care provider must have a comprehensive background check, including FBI fingerprints:

- Applicants/licensees.
- Licensee designees.
- Program directors.
- Child care staff members.
- Unsupervised volunteers.
- Adult household members in child care homes.

Refusal to submit to this comprehensive background check will result in being found ineligible to hold one of the above roles in a licensed child care facility within the State of Michigan. Falsifying, omitting, or failing to provide complete information in connecting with a comprehensive background check will also result in the individual being found ineligible.

### Child Care Provider (This section is to be completed by the Child Care Provider)

Licensee Name: \_\_\_\_\_

Facility Name(s): \_\_\_\_\_

Facility License Number(s): \_\_\_\_\_

Name of Individual to be Background Checked: \_\_\_\_\_

#### The Child Care Provider:

- Must not knowingly employ or allow an individual to have unsupervised access to children in care if that individual has been convicted of a disqualifying crime or is listed on a disqualifying registry.
- Must ensure that the individual has been fingerprinted and found eligible prior to allowing the individual to work in the child care facility, move into the home, and/or have unsupervised access to children.
- May terminate the background check and/or decide not to hire the individual at any stage of the process.
- Must ensure that any background check information provided will only be used for the purpose of determining an individual's ability to be connected with a child care program.
- Must retain a copy of the signed Consent and Disclosure form on file** at the child care facility.
- Must ensure that all individuals entered into the system for their facility meet the requirements for the comprehensive background check as outlined above.
- Must make the final decision regarding whether the individual is connected with the child care facility.
- Must provide a copy of the signed Consent and Disclosure form to the applicant to ensure that they are aware of their rights.**

## Part 1 – Consent to Conduct Background and Criminal Record Checks

As a condition of being considered for licensing, employment, or connection with a child care facility:

- a. I hereby consent to and authorize the Department of Lifelong Education, Advancement, and Potential to conduct a comprehensive background check that includes 1) a review of the licensing database of individuals with previous disciplinary action under PA 116 as Amended, or an adult foster care facility; 2) a search of the individual through the national and state sex offender registries; 3) a search of the individual through all state criminal registries or repositories for any states of residence in the past five years; 4) a request that the Department of State Police perform a criminal history check on the individual; 5) a search of the child abuse and neglect registry for Michigan and any states of residence in the past five years.
- b. I understand that refusing to complete the comprehensive background check or knowingly providing false information in connection with a background check will result in me being found ineligible.
- c. I understand that the child care provider will make the final decision regarding whether I am connected with the child care facility. I also understand that the child care facility may terminate the background check or decide not to allow me to be connected with the child care facility at any stage in the process.
- d. I understand that if the provider 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 CCBC System.
- e. I agree to provide all the information necessary to conduct a complete comprehensive background check including but not limited to all additional names I have used.

### **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.

**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.

**Signature of Individual to be Fingerprinted:**

**Date:**

**Note: This form must be signed and dated prior to fingerprinting. A copy of this form must be provided to the applicant and maintained at the facility. The form shall be made available to the department upon request.**

**Part 2 – Disclosure Statements (Applicant Disclosure)**

Convictions for certain crimes and/or being listed on certain registries will make an individual ineligible to be employed at or connected to a child care facility. For more details on the convictions or registries, go to [www.michigan.gov/ccbc](http://www.michigan.gov/ccbc).

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).

Offense	Date of Conviction/Finding	City	State

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 Fingerprinted:**

**Date:**

**Part 3 – Final Employment and/or Connection with a Child Care Facility & Reporting Requirements**

After a determination of eligible:

- a. I understand that if I am a child care licensee, licensee designee, or program director, I shall report to the department within 3 business days after I have been arraigned for or convicted of 1 or more of the crimes listed in MCL 722.115r.
- b. I understand that if I am a child care staff member, I shall report to the child care facility within 3 business days after I have been arraigned for or convicted of 1 or more of the crimes listed in MCL 722.115r.
- c. A child care licensee, licensee designee, or program director shall report to the department within 3 business days after receiving a report from a child care staff member under subsection (b) or knows or reasonably knows that a member of the household has been arraigned for or convicted of 1 or more of the crimes listed in MCL 722.115r.
- d. If I fail to report an arraignment or conviction of a crime listed in MCL 722.115r and the crime involved in the violation is a misdemeanor that is a listed offense or is a felony, I am guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than \$2,000.00, or both.
- e. If I fail to report an arraignment or conviction of a crime listed in MCL 722.115r and the crime involved in the violation is a misdemeanor that is not a listed offense, I am guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1,000.00, or both.

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

**Signature of Individual to be Fingerprinted:**

**Date:**

## 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 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.
- 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.

**Signature of Individual to be Fingerprinted:**

**Date:**

**THIS FORM MUST BE MAINTAINED IN THE APPLICANT'S FILE AND SHALL BE MADE AVAILABLE TO CHILD CARE LICENSING UPON REQUEST.**

**If you are concerned about maintaining personal information in the file, you may only black out the following information as all additional information is required by Michigan State Police:**

- **Social Security Number**
- **Address**
- **Driver's License Number**
- **Telephone Number**
- **Email Address**
- **Prior Residency Information.**

**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.**

Facility Name:

Applicant Role (Select all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Applicant/Licensee                                     | <input type="checkbox"/> Program Director  |
| <input type="checkbox"/> Licensee Designee                                      | <input type="checkbox"/> Adult Household Member                                    |
| <input type="checkbox"/> Child Care Staff (Including Contractual/Self-Employed) | <input type="checkbox"/> Volunteer/Individual with Unsupervised access to children |

**Personal Information (Legal Name). All aliases must be listed. Omitting or providing false information below will result in a determination of ineligible.**

Applicant Name (First, Middle, Last, Suffix):				
All Maiden/Alias Names:				
Social Security Number:			Date of Birth:	
Place of Birth (State or Country):			Country of Citizenship:	
Height:	Weight:	Hair Color:	Eye Color:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	Driver's License/State ID Number:			State of Issuance:
Phone Number:		Email:		
Current Address:				Country:
City:	State:	Zip:	County:	

Has the applicant continuously resided in Michigan during the last five years? ☐ Yes ☐ No

If "No", you **must** complete the address history information below. Attach an additional sheet if necessary.

<b>Address history for the preceding 5 years:</b>			
Country:	Address:		
City:	State:	Zip:	County:
Dates of Residency (Month/Year-Month/Year):			
Country:	Address:		
City:	State:	Zip:	County:
Dates of Residency (Month/Year-Month/Year):			