



## 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
- Staffing Agencies for Licensed Child Care Centers
- Michigan Department of Education (License Exempt Facilities)

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

- Applicants/licensees
- Licensee designees
- Program directors
- Child care staff members, includes contract and self-employed individuals
- 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 in the State of Michigan.

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

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

**Facility Name:** \_\_\_\_\_

**Facility License Number:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

The child care provider:

- a. 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.
- b. Must ensure that the individual has been fingerprinted and approved prior to allowing the individual to work in the child care facility, move into the home, and/ or have unsupervised access to children.
- c. May terminate the background check or decide not to hire the individual at any stage of the process.
- d. Must ensure that any background check information provided will only be used for the purpose of determining an individual's eligibility to be connected with a child care program.
- e. Must retain a copy of the signed Consent and Disclosure form on file at the child care facility.
- f. Must ensure that all individuals entered into the system for their facility meet the requirements for the comprehensive background check as outlined above.
- g. Must make the final decision regarding whether the individual is connected with the child care facility.

**Part 1 – Consent to Conduct Background and Criminal Record Check (applicant consent)**

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

- a. I hereby consent to and authorize the Department of Licensing and Regulatory Affairs to conduct a comprehensive background check that includes: 1) a review of the licensing database of individuals with previous disciplinary action within a child care center, group child care home, family child care home, 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; and 5) a search of the child abuse and neglect registry for Michigan and any states of residence for the past five years.
- b. I understand that my personal information and biometric data, being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI) for the purposes 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.

During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Federal Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification.

Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

- c. I understand that refusing to the comprehensive background check or knowingly providing false information in connection with a background check will result in my being found ineligible.
- d. 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 to not allow me to be connected with the child care facility at any stage in the process.
- e. I agree to provide all the information necessary to conduct a comprehensive background check.

Applicant's Name (Printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 was found. (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 may result in a determination of ineligible.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Part 3 – Final Employment and Reporting Requirements**

After a determination of eligible:

- a. I understand that if I am a child care licensee, licensee designee, and/ or program director, I am required to report to the department within 3 business days after I have been arraigned for or convicted for a crime listed in MCL 722.115r.
- b. I understand that if I am a child care staff member, I am required to report to the child care facility within 3 business days after I have been arraigned for or convicted for a crime listed in MCL 722.115r.
- c. A child care center licensee, licensee designee, or program director, group child care home licensee, and family child care home licensee 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, 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, 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
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 was expunged or set aside, I may file a redetermination request with the Department of Licensing and Regulatory Affairs.

**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 Rd., 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)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE MAINTAINED IN THE EMPLOYEE FILE  
AND SHALL BE MADE AVAILABLE TO THE CHILD CARE  
LICENSING DEPARTMENT UPON REQUEST**

**Part 5 – Applicant Information required to process a comprehensive background check.**

**Individual Information**

Social Security  
Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Facility and Role**

**Facility** \_\_\_\_\_

**Role**

- Adult Household Member
- Child Care Staff Member
- Licensee
- Licensee Designee
- Licensee/Licensee Designee  
and Program Director
- Program Director
- Unsupervised access to children

**Personal Information (Legal Name)**

First Name \_\_\_\_\_ **List All Previous Names** \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Suffix \_\_\_\_\_

Place of Birth (State) \_\_\_\_\_

Citizenship, Country of \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_

Gender  Male  Female

Race \_\_\_\_\_

**Address**

Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Add previous address as needed**

Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Add previous address as needed**

Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Phone/E-mail address**

Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

**Driver's License or State Identification**

Number \_\_\_\_\_  
State issued \_\_\_\_\_

**Residency**

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

**Previous address (use additional paper, if applicable)**

If No, you must complete previous addresses

Date of Residency From \_\_\_\_\_ To \_\_\_\_\_

Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Add previous address as needed**

Date of Residency From \_\_\_\_\_ To \_\_\_\_\_

Country \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_