

## 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 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 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, 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:	Date:
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