

CHILD CARE LICENSING RECORD CLEARANCE REQUEST (BCAL-1326-CC) and LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST INSTRUCTIONS

The purpose of these forms is to:

1. Produce a Department of State Police check regarding the possible existence of a conviction record. Conviction records will be checked under authority of the Good Moral Character Statute.
2. Produce a Department of Health and Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a licensing file check against current or previous license status of the applicant in any county of the state.

Note: The Department may perform this check at any time while you are licensed/registered or associated with a licensed/registered facility.

Instructions for Livescan Fingerprinting: Livescan Fingerprints are required for an applicant, licensee, licensee designee, and/or program director. You may select a fingerprint vendor from the list of Private Livescan Vendors on the Michigan State Police website at: www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html. The Livescan Fingerprint Background Check Request form (available at www.michigan.gov/documents/msp/ri-030_393611_7.pdf) **must** be taken with you at the time the fingerprint is conducted. You must complete Sections I and II. Section I must be filled out as follows:

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
DCL	10971L-Fee	Department of Licensing and Regulatory Affairs

Section III will be completed by the Fingerprint Specialist when you are fingerprinted. After you are fingerprinted, you must submit the completed Livescan Fingerprint Background Check Request form **and** the Child Care Licensing Record Clearance Request (BCAL-1326-CC) form to licensing. **Both of these forms must be submitted to licensing together.** At renewal, fingerprinting is not required for registrants, licensees, licensee designees, and program directors if it was already completed for licensing.

Adult household members in child care homes are not fingerprinted. However, adult household members must complete the Child Care Licensing Record Clearance Request (BCAL-1326-CC) form **and** the Livescan Fingerprint Background Check Request form. Sections I and III on the Livescan Fingerprint Background Check Request form will be left blank. **Both of these forms must be submitted to licensing together.**

Note: School district Livescan fingerprints are acceptable for an applicant, licensee, licensee designee and/or program director at a school-based child care center only. These individuals must be school employees. Individuals with school fingerprints must complete the Livescan Fingerprint Background Check Request form **and** the Child Care Licensing Record Clearance Request (BCAL-1326-CC) form and submit them to licensing. The school fingerprint box on the Child Care Licensing Record Clearance Request (BCAL-1326-CC) form must be completed and Sections I and III on the Livescan Fingerprint Background Check Request form will be left blank. **Both of these forms must be submitted to licensing together.**

The existence of a conviction record does not necessarily disqualify an individual for licensure or employment in a licensed facility. However, it does provide licensing with background information which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide licensing with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES OR USE OF THE WRONG LICENSE RECORD CLEARANCE REQUEST FORM ARE THE RESPONSIBILITY OF THE INDIVIDUAL. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. ****

AUTHORITY: 1973 PA 116 COMPLETION: Required CONSEQUENCE: Registration/Licensure may be denied or revoked.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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CHILD CARE 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 form.
- Type or print CLEARLY so that the information provided can be read.
- The Livescan Fingerprint Background Check Request form **and** this form must be submitted to licensing together.
- Mail both completed forms to Licensing Central Office or address noted in box below.

REQUESTOR INFORMATION

Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems P O Box 30664 Lansing, MI 48909		Livescan Fingerprint Code Information DCL (Child Care License) – Agency ID 10971L-Fee	
		<div><input type="checkbox"/> School Fingerprints Only School Fingerprint (I am a school-based center employee who has been fingerprinted for this employment.) TCN# Provided by School: _____ Date of School Fingerprint: _____</div>	
Licensing Consultant (if known):			
LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)	
LICENSE/APPLICATION TYPE (CHECK ONLY ONE BOX): <input type="checkbox"/> Family/Group Child Care Home -OR- <input type="checkbox"/> Child Care Center			
THE PERSON BEING CLEARED IS (CHECK ONLY ONE BOX): <input type="checkbox"/> Applicant/Licensee/Registrant -OR- <input type="checkbox"/> Licensee Designee (Centers Only) -OR- <input type="checkbox"/> Program Director -OR- NOT TO BE FINGERPRINTED: <input type="checkbox"/> Adult Member of Household: Specific relationship to applicant/licensee/registrant:			

CLEARANCE INFORMATION – PRINT CLEARLY

To be completed by each person to be cleared – see the instruction page. Each person cleared must complete this form **and** the Livescan Fingerprint Background Check Request form.

NAME (Last, First, Middle Jr., II, etc.)		GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER - - -			
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> 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
HOW LONG HAVE YOU LIVED IN MICHIGAN?		OTHER STATES RESIDED IN DURING PAST 10 YEARS?					
HOW LONG HAVE YOU LIVED IN THIS COUNTY?							
HAVE YOU EVER: Been convicted of a crime, felony or misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Been substantiated for abuse or neglect of children or adults? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location and Date of Conviction(s) or Substantiations: (for additional space attach separate sheet)							
My signature certifies that I have reviewed the instruction page. SIGNATURE OF PERSON TO BE CLEARED					DATE		

CENTRAL RECORDS CLEARANCE (Licensing Use Only)

CONVICTION CLEARANCE

ADDRESS ON MI PUBLIC SEX OFFENDER REGISTRY? CHILD CARE HOMES ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	INITIALS/CLEARANCE DATE	For Licensing Use Only
SECRETARY OF STATE DISCREPANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	
INDIVIDUAL ON CENTRAL REGISTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	
PREVIOUS REGISTRATION/LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	INITIALS/CLEARANCE DATE	
REGISTRATION/LICENSE NUMBER:	ADVERSE ACTION? <input type="checkbox"/> YES	