

Family Child Care Licensure or Relicensure Background Study Form

Pine County Health and Human Services

Requested by: Nikki Wiener

Name of Applicant/License Holder or Corporation: _____

The person for whom the background study is being conducted needs to complete and sign this form. By completing and signing the form you acknowledge that you are aware a background study is being conducted and agree to PCHHS accessing criminal and maltreatment information about you.

LAST NAME	FIRST	FULL MIDDLE	(MAIDEN, if any)	(PREVIOUS MARRIED NAME, if any)
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CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER: _____ **RACE:** _____

DATE OF BIRTH: _____ **GENDER:** (circle) Male Female

Social Security Number [optional pursuant to Minn.Stat. 245C.05 Subd. 3(a)] _____

(SSN is requested for identification purposes but is not required. It may enhance the speed and accuracy of the background study)

YES NO **I have continuously resided at the above address for 5 or more years. If no, please list every address, city, county and state where you maintained residence during the last 5 years.**

Street Address	City	County	State	Dates residing at this address
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Street Address	City	County	State	Dates residing at this address
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SIGNATURE: _____ **Date:** _____

Parent signature (if under 18) _____ **Date:** _____

Court Administration: Initials: _____ Date: _____	Other County: Initials: _____ Date: _____	Child Services Records: Initials: _____ Date: _____
Sheriff/Dispatch BCA: Initials: _____ Date: _____	Other County: Initials: _____ Date: _____	Adult Services Records: Initials: _____ Date: _____

Licensors: _____ **Date:** _____ **PASS OR FAIL**

CHILD CARE BACKGROUND STUDY NOTICE AND FORM
PINE COUNTY HEALTH AND HUMAN SERVICES
315 Main St S, Suite 200
Pine City, MN 55063

NAME OF APPLICANT/LICENSE HOLDER: _____

Persons who must complete a copy of this form include:

- (1) the applicant;
- (2) persons over the age of 13 living in the household where the license program will be provided;
- (3) current employees or contractors of the applicant who will have direct contact with persons served by the program; and
- (4) volunteers who have direct contact with persons served by the program, if the contact is not directly supervised by the individuals listed in (1) or (3) above.

Each person falling within categories (1) through (4) listed above, including children age 13 years or older living in the household, must complete a copy of this Background Study Form. (Foster care residents living in the household do not complete this form.)

A child care or family foster care license may not be issued or renewed if any person living, working, or supervising in the household (except a foster care resident) has a conviction for, juvenile delinquency adjudication, admission of committing, or substantial evidence of committing: maltreatment of a minor under Minn. Stat. 626.556, maltreatment of a vulnerable adult under Minn. Stat. 626.557, or a violation that would be a crime, or an anticipatory crime, against persons or reasonably related to provision of services, as listed in Minn. Stat. 245A.04, Subd. 3d.

The Human Services Licensing Act requires that reviewing relevant records completes a background study. Information on this form will be used to conduct our background study.

NOTICE: *You are hereby notified that, in accordance with the Minn.Stat. 245C.08, records of the Minnesota Bureau of Criminal Apprehension (245C.08), county attorneys, county sheriffs, courts, county agencies, local police, the national record repository, criminal records of other states, and applicable juvenile court records will be reviewed in order to conduct your background study.*

Minn. Stat. 245C.05 Subd.1 requires each individual who is the subject of the study to provide sufficient information to ensure an accurate background study. (Only the items marked optional may be left blank.) Information provided might be shared with the agencies listed and with the Minnesota Department of Human Services and others within the welfare system whose jobs require access to this information.

In accordance with Minn. Stat. 245C.09 subd. 1, failure or refusal to cooperate by completing all necessary copies of this form or providing all information required constitutes reasonable cause to deny an application or revoke or suspend a license. A disqualification may result if any person is found to have a history with a particular characteristic set forth in Minn Stat. 245A.04 Subd. 3d.

The individual subject of the study must sign on the signature line as the person completing the form. By signing, you are acknowledging receipt of this notice that the background study will be done in accordance with Minn. Stat. 245A. 04. You are also agreeing to the conduct of the background study and release of information on the conviction, adjudication, maltreatment reports, or any investigative records by the agencies listed. If you are determined to be disqualified, the applicant/license-holder will be told that you are disqualified but will not be told the information that caused your disqualification.