

New       New substitute/helper  
 Renewal       Renewal substitute/helper

## AUTHORIZATION FOR BACKGROUND STUDY

**PLEASE SEE BACK OF THIS FORM FOR DESCRIPTION OF INFORMATION REQUIRED AND PURPOSES FOR USE.**

I hereby authorize the following agencies to release the information listed below in connection with the evaluation of my application for Child Care licensure, or continued licensure of my home for child care. The information may be released to the Minnesota Department of Human Services and the following agency:

**CHILD CARE LICENSING UNIT (TEL: 952-891-7400)**  
**Dakota County Social Services**  
**14955 Galaxie Avenue**  
**Apple Valley, MN 55124-8581**

Date: \_\_\_\_\_

This release expires one (1) year from the date of your signature.

Signature of Subject: \_\_\_\_\_ Parent/Guardian if under 18: \_\_\_\_\_

**\*\*\*A PHOTOCOPY OF THIS FORM SHALL BE ACCEPTED IN PLACE OF ORIGINAL\*\*\***

**SUBJECT DATA.** (Please print information clearly)

Name (Last, First, Full Middle)		Maiden Name		Previous Married	
Date of Birth	Telephone	Social Security # (optional)		Driver's License #	
Current Street Address		City	State	County	Zip

<b>RACE:</b> (✓ one)	<input type="radio"/> White	<input type="radio"/> Black; African American	<input type="radio"/> Hispanic, Latin American
	<input type="radio"/> American Indian	<input type="radio"/> Asian; Pacific Islander	<input type="radio"/> All others

I have continuously resided at the above address for 5 or more years.       Yes       No

If no, please list city, county and state where you maintained residence during the last 5 years.

Address	City	County	State	Dates residing at address
1.				
2.				
3.				
4.				
5.				

Name and address of provider if different from Subject above:

Name		
Street Address	City/State	Zip

LICENSOR: \_\_\_\_\_ LICENSOR PHONE #: \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

<b>Local Police / Sheriff:</b> All Contacts (Complaints may include states other than Minnesota)	<b>Juvenile Court:</b> (Obtain from county courts, any juvenile court records on file.)
<b>BCA:</b> (including complete driving record; may apply to states other than Minnesota.)	<b>Agency Records Children/Adults:</b>

**(Agencies complete reverse side)**

*We are required to notify you within 15 working days either of the results of the background study or that more time is needed to conduct the study. It has been our agency's experience that background studies take more than 15 working days to complete. You are hereby notified that our agency needs more time than 15 working days to complete your background study.*

NOTICE: You are hereby notified that the Bureau of Criminal Apprehension, the commissioner of health, County Attorneys, County Sheriffs, County Corrections Departments, County agencies, local Chiefs of Police, other states, the courts, or the Federal Bureau of Investigations will, as required by Minnesota Statute 245A.04, Subdivision 3, be required to release the following types of data contained in their investigation results available from local, state and national criminal records repositories, including the Criminal Justice Data Communications Network: criminal conviction data; reports about the maltreatment of adults substantiated under MN Statute section 626.557 and the maltreatment of minors in licensed programs substantiated under MN Statute section 626.556; juvenile court records relating to delinquency proceedings held within either the five years immediately preceding the application or the five years immediately preceding the individual's 18<sup>th</sup> birthday, whichever time period is longer. You are notified that the individuals required to be listed on this form for release of data include: (1) the applicant; (2) persons age 13 and over living in the household where the license program will be provided; (3) 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, and—when the commissioner has reasonable cause—(5) persons age 10 to 12 living in the household where the licensed program will be provided, and (6) persons who, without providing direct contact services at a licensed program, may have unsupervised access to persons receiving services from the licensed program.

**Each of the individuals falling within categories listed above must complete a separate NOTICE OF BACKGROUND STUDY form.** You are further instructed that each individual is to sign on the line provided above their name and by such signature is acknowledging receipt of this notice and further is acknowledging consent to release the above described types of information by the agencies listed.

**Your Privacy Rights:** The Minnesota Government Data Practices Act seeks to protect the rights of the citizens on whom government agencies maintain information. It protects the privacy of sensitive documents. It also provides for the release of information that the public has the right to know. As an individual falling within categories listed above, the information that you are asked to provide this agency is affected by this Act.

Statutory authority for licensing day care providers is found in Minnesota Statutes, section 245A., et.seq. Minnesota Rule 9502 specifies the requirements that must be met in order to obtain a family day care license. Failure or refusal to cooperate in the completion of this form or provision of information required constitutes reasonable cause to disqualify a subject, deny a license application, or immediately suspend, suspend, or revoke a license. Failure or refusal of an individual to cooperate with the study is just cause for denying or terminating employment of the individual if the individual's failure or refusal to cooperate could cause the applicant's application to be denied or the license holder's license to be immediately suspended, suspended, or revoked.

The information we collect about you may be shared with employees of this agency or other agencies who need the information to do their jobs and which statute authorizes to be shared. Information may be shared with other agencies of the welfare system. The information may be shared if you move and apply to be licensed by one of these agencies. Information collected about you will be classified as either public data, private data or confidential data under the Act.

---

---

**\*\* THIS SECTION TO BE COMPLETED BY THE AGENCY LISTED \*\***

- We have no information.
- Information attached.

<b>Signature</b>		<b>Title</b>	
<b>Date</b>		<b>Agency</b>	
Information requested is as follows:			