

National Child Protection Act/Volunteers for Children Act Background Check General Information



The National Child Protection Act/Volunteer for Children Act (NCPA/VCA) and Minnesota Statutes §299C.60-64 allow for a **Qualified Entity** to request state and federal background checks on **Covered Individuals**. Criminal History Record Information requested under the NCPA/VCA and M.S. 299C.60-64 must follow these specific guidelines in order to be processed.

Qualified Entity must be certified

- Complete the National Child Protection Act/Volunteers for Children Act Qualified Entity Certification Statement
- Send completed form to the BCA CHA Unit via email: BCA.CHA@state.mn.us
- Once the Qualified Entity has been certified and notified of their certification, background check requests may be submitted

Information to include when submitting a request for a state and federal criminal history background check:

- The completed, signed consent form
- Payment of \$15.00 (for the state check) and \$18.25 (for the federal check) (checks are to be made payable to the Minnesota Bureau of Criminal Apprehension)
- A classifiable set of fingerprints on an FBI applicant fingerprint card. The applicant fingerprint card should be completed with the full name, date of birth, and identifying information of the covered individual. The OCA field must be completed with your "account" number (this number will be assigned at the time of your initial FBI request).
- Qualified Entity name and address should be the department that the response will be forwarded to when returned from the FBI
- In the "Reason Fingerprinted" block please reference NCPA/VCA
- Your agency's assigned ORI number (**private agencies** should reference MNBCA0000). All Noncriminal Justice (NCJ) **Public Agencies** receiving federal criminal history information must enter into an agreement with the BCA and obtain a Federal Bureau of Investigation (FBI) assigned ORI. Please see "Requirements to receive criminal history information for Noncriminal Justice Public Agencies" on our website for more information about this process.

Checking the Predatory Offender Registry

If you choose to conduct a check of the Predatory Offender Registry, include a signed Predatory Offender Registry consent form with your criminal history background check request. There is no additional fee for this service.

Where to send your request

Minnesota Bureau of Criminal Apprehension, MNJIS – CHA Unit
1430 Maryland Ave. E
St. Paul, MN 55106

Questions?

If you have any questions regarding the above outlined procedures or if you require assistance, you may contact the Criminal History Access Unit at (651) 793-2400, option 1.

National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

The criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA) and Child Protection Improvements Act, and Minnesota Statutes §§299C.60-64 will determine if you, as a covered individual (current or prospective employee, volunteer, or owner/operator), have been convicted of crimes that bear upon your fitness to have access and/or responsibility for the safety and well-being of children, the elderly, or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks). Pursuant to the NCPA/VCA and MnSA §§299C.60-64, this form must be completed and signed by any current or prospective employee, volunteer, or owner/operator for whom criminal history records are requested by a Qualified Entity (QE). QEs are business or organizations, whether public, private, for-profit or voluntary, that provide care (including treatment, education, training, instruction, supervision, recreation) or care placement services, or license/certify others who provide care to children, the elderly, or individuals with disabilities.

Please provide the following information:

Qualified Entity Name: _____ Qualified Entity Address: _____

Qualified Entity Phone: _____ Qualified Entity Account/ORI: _____

Position Applied for: _____

I am a current or prospective (check one): Employee Volunteer Owner/Operator

I have been convicted of or pled guilty to a crime. No Yes

If yes, please provide a description of the crime and the particulars of the conviction in the space below.

I hereby authorize the requesting QE to submit a set of my fingerprints to the Minnesota Bureau of Criminal Apprehension (BCA) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me to determine my suitability. I further understand the following:

- My fingerprints will be used to check the criminal history records of the BCA and the FBI;
- I can receive a copy of the state criminal history record from the BCA and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
- I am entitled to challenge the accuracy and completeness of any information contained in such records;
- The QE may choose to deny me access to persons to whom the QE provides care until the criminal history record check is completed; and
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this waiver, it is my intent to authorize the dissemination of any state or national criminal history record which may pertain to me, to the requesting QE, or in the case of a private entity, a notification as to whether I am fit for the aforementioned position. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ *Date of Birth _____

Other name(s) used: _____

*Signature _____ Date _____

*as it appears on a valid identification document issued by a governmental agency

National Child Protection Act/Volunteers for Children Act Qualified Entity Certification Statement

Agency Name _____

Street Address _____

City, State and ZIP _____

Telephone Number _____ ORI/Account Number _____

The National Child Protection Act/Volunteer for Children Act and Minnesota Statutes §§299C.60-64 allow for a **Qualified Entity** (a business or organization, whether public, private, for-profit, not-for-profit, or voluntary, that provides care or care placement services, including a business or organization that licenses or certifies others to provide care or care placement services) to request state and federal background checks on **Covered Individuals** (individual:(1) who has, seeks to have, or may have access to children, the elderly, or individuals with disabilities, served by a qualified entity; and(2) who: (i) is employed by or volunteers with, or seeks to be employed by or volunteer with, a qualified entity; or (ii) owns or operates, or seeks to own or operate, a qualified entity).

For the purpose of certifying the status of the above listed agency as a Qualified Entity, I hereby declare, on behalf of the above listed agency, that:

1. I am authorized under applicable state law to certify the status of the above listed agency;
2. The above listed agency is a Qualified Entity, as defined in 34 USC §40104(10) as we provide the following service(s)

to: Children Elderly Individuals with Disabilities ; and that

3. Only requests for criminal history record checks of prospective and current employees¹, volunteers, owners or operators of the above listed agency will be submitted.

I further declare that the information obtained as a result of the state and national criminal history record check, including any determination by a state agency, will be used solely for the purpose of screening covered individuals of the above listed agency, and that the above listed agency, will abide by other regulatory obligations. Pursuant to applicable state law, I declare that the foregoing is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

Name (printed) _____ Title _____

¹ Contractors are not eligible for a background check pursuant to the NCPA/VCA as they are not included in the definition of Covered Individuals.