



**KEEP THIS FORM WITH YOUR RECORDS**

This form is intended to assist you in meeting the requirements of 245C.20. A licensed program (child care provider) shall document the date the program initiates a background study for you, family members, substitutes, other adult helpers, co-applicants, etc. When the background study is cleared, the licensed program shall maintain a notice that the study was completed. If a licensed program has not received a response from the county/commissioner within **45 days**, it is the licensed program's responsibility to contact the county/commissioner to inquire about the status of the study.

**BACKGROUND STUDY DOCUMENTATION FORM**

Applicant/Licenseholder name \_\_\_\_\_

SUBJECT NAME	DATE BACKGROUND STUDY FORM SUBMITTED	DATE CLEARANCE LETTER RECEIVED (Retain letter in your files.)	45 DAYS HAVE PASSED- DATE FOLLOW UP CALL MADE TO COUNTY	MORE TIME NEEDED		Date subject disqualified
				Yes	No	
(example) Penny Provider	4/8/18	4/30/18		Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

**OVER**

SUBJECT NAME	DATE BACKGROUND STUDY FORM SUBMITTED	DATE CLEARANCE LETTER RECEIVED (Retain letter in your files.)	45 DAYS HAVE PASSED- DATE FOLLOW UP CALL MADE TO COUNTY	MORE TIME NEEDED		Date subject disqualified
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	