

STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
STATE CENTRAL REGISTRY DISCLOSURE FORM

This form must be completed by each individual owner, operator, administrator, current or prospective employee or volunteer of a child care facility or juvenile detention facility licensed by the Louisiana Department of Children and Family Services for themselves. Any owner, operator, administrator, current or prospective employee, or volunteer of a child care facility or juvenile detention facility licensed by the department who knowingly falsifies the information on the State Central Registry Disclosure Form shall be guilty of a misdemeanor offense and shall be fined not more than five hundred dollars, or imprisoned for not more than six months, or both. R.S. 46:1414.1.C or R.S. 15:1110.2(C).

This form shall be maintained by the owner/operator of the licensed facility in accordance with current licensing standards as mandated by R.S. 46:1414.1.B or R.S. 15:1110.2(B).

Name of Licensed Facility (Print or Type) _____	
Physical Address of Licensed Facility _____	License # _____

Name of Individual/Applicant (Print or Type) _____	Date of Birth _____	Social Security # _____
Maiden, Previous or Any Other Name Used _____	Race _____	Sex _____
Current Street Address _____	City and State _____	Zip Code _____
Most Recent Previous Address _____	City and State _____	Zip Code _____
() - _____	() - _____	() - _____
Current Home Phone # _____	Current Cell Phone # _____	Work Phone # _____

My name is is not currently recorded as a perpetrator on the State Central Registry for what the Department of Children and Family Services (DCFS) has determined to be a justified (valid) finding of child abuse or neglect.
(check one)

I have have not been determined to have a justified (valid) finding of abuse or neglect since the Risk Evaluation Panel finding.

If the DCFS Licensing Section has reasonable suspicion or is provided with facts or information that your name is on the State Central Registry as a perpetrator with a valid/justified finding of abuse and/or neglect, the Licensing Section may request a clearance of the SCR without your permission. If your name does in fact appear on the SCR as described above, the department will notify both your employer (the facility named above) and the appropriate District Attorney's office of your failure to comply with R.S. 46:1414.1 or R.S. 15:1110.2.

The information given is true and complete to the best of my knowledge.

Signature

Date

Signature of Licensed Facility Representative

Date