

**STATE OF LOUISIANA
 DEPARTMENT OF EDUCATION
 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 licensed by the Louisiana Department of Education for themselves. Any owner, operator, administrator, current or prospective employee, or volunteer of a child care 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
 (check one) 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.

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

If the LDOE Division of Licensing 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