

LOUISIANA DEPARTMENT OF EDUCATION

CONSENT AND DISCLOSURE FORM TO ADD THE CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES TO AN ENTITY'S ELIGIBLE EMPLOYEE LIST

Full	Legal	Name of	f Individual	(print	last n	ame,	first	name,	middle	name)
Nam	e of	Child	Care	Pro	vider		or	§180	09	Entity
BY S	SIGNING BE	ELOW:								
	I,		(Legal	Name of In	dividual),	give my	consent	for and auth	orize	
										Louisiana Department
	of Education (LDOE) for the addition of my Child Care Criminal Background Check (CCCBC)-based determination of eligibility for									
	child care purposes to the eligible employee list maintained by the above-listed child care provider or the §1809 entity.									
			otified of my detern							
										and that the above-listed
	child care provider or §1809 entity will receive notice of any changes to my determination or status.									
3.										rice of changes in my
	eligibility determination or provisional employment status, provided that I am no longer employed by the child care provider or no									
	longer providing services in early learning centers on behalf of the §1809 entity, and that I timely submit my request in writing to									
	LDEchildcareCBC@la.gov.									
4.	I understand	that my eligibil	ity determination a	nd employm	ent status	will be se	earchable	by other ch	ild care prov	iders and §1809 entities
	with access t	to the Child Care	e Civil Background	Check Syst	em if I am	determin	ned to be	eligible for	child care pu	rposes or if I am
	granted provisional employment status. I consent to and authorize the above-listed child care provider or §1809 entity to submit to LDOE an application requesting a new									
	CCCBC-based determination of eligibility on my behalf every five years at or around the expiration of my current CCCBC-based									
	determination of eligibility, provided I remain employed by the above-listed child care provider or provided I am continuing to provide									
	services in early learning centers for the above-listed §1809 entity at the time of the expiration of my current determination of eligibility I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and									
6.										
	based on the information requested and received, to determine whether I am eligible for child care purposes based on the requirements									
	set forth in 45 C.F.R 98:43, R.S. 17:407.42, R.S. 17:407.71, BESE Bulletin 137-Louisiana Early Learning Center Licensing Regulations, §1803 and BESE Bulletin 139-Louisiana Child Care Development Fund Programs, §309.									
			wing will be reques							
	records from the Louisiana State Police (LSP) and the Federal Bureau of Investigation (FBI); a name-based search of the Louisiana									
	Child Abuse and Neglect Registry (SCR) maintained by the Louisiana Department of Children and Family Services (DCFS); a name- based search of the Louisiana State Sex Offender and Child Predator Registry, the National Sex Offender Registry (NSOR) through the									
: !										
			on Center (NCIC),							
			state sex offender i	egistries and	l registries	of child	abuse an	d neglect to	r each state 1	n which I have resided
		ast five years.	. D. I' (T.CD)				1			
										eir files, other states
			licable) which may	confirm or c	ieny my el	ıgıbılıty	for child	care purpos	es with the c	hild care provider or
		named above.	GEG .	1 0.0		. 15			, , ,	i a la l
		and authorize D	CFS to conduct a c	learance of t	he State C	entral Re	gistry fo	r child abuse	e/neglect and	release the results to
	LDOE.	1 4 . 1	DOE: 1	11					1.	1 1
										al security number, it
										and the Louisiana Sex
								iivea in otne	r states with	n the last five years,
			ies, to aid in the ide					1/ 1	1.1	14.1 6.1 1
				DE of any ch	ange in ph	ysical, n	nailing ar	id/or email a	ddress withi	n 14 days of the change
	in physical a	ddress or email	address.							
LOE	DOTES OU	ATE ALL INDO		HIC EODM	TO TENE	AND	OMENT I		INDEDCE	A NID OUT A OF
I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND COMPLETE AND I UNDERSTAND THAT PROVIDING FALSIFIED INFORMATION OR WITHHOLDING INFORMATION IS GROUNDS FOR DENYING										
			ARE PURPOSES		DING III	FUKWI	ATION	is GROUN.	DS FOR DE	MING
LLI	GIDILLI I	OK CHILD C	ARE FURFUSES	•						
FULL NAME OF INDIVIDUAL, or legal guardian, if applicable. (PRINT CLEARLY):										
1 ODD 1411111 OF 14101110 OHD, or regarding if applicable, (1 KHAI CDEAKELI).										
SIG	NATURE O	F INDIVIDUA	L, or legal guardian	, if applicable	e. :				D	ATE:

For Child Care Criminal Background Check information, contact LDEchildcareCBC@la.gov