

Louisiana Department of Children and Family Services

State Central Registry Disclosure Form

**This form must be completed by each individual owner, operator, volunteer, prospective employee, or employee of an Early Learning Center licensed by Department of Education or any prospective or current employee of the Department of Children and Family Services. Any person 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**

**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.**

Name of Licensed Facility (Print or Type)	License Number and Physical Address (print or Type)	Date Signed Form Received
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		(     ) -     /     / Home Ph. #		(     ) -     /     / Cell Ph. #
Name of Individual or Applicant (Print or Type)				
Street Address	Date of Birth	Social Security Number	City and State	Zip Code
My name <input type="checkbox"/> is <input type="checkbox"/> is not (check one) currently recorded as a perpetrator on the State Central Registry for what the Department of Children and Family Services has determined to be a justified (valid) finding of child abuse or neglect.  <b>If it is determined that I do pose a risk to children, I am prohibited from requesting another risk evaluation assessment for 24 months from the date of this notice.</b>				

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

Signature	Date
Signature of Licensed Facility Representative	Date

<b>DCFS Office Use Only</b>	Name of Regional Administrator or designee:	Date Reviewed:
	Date State Central Registry Check Completed:	Date of notification of results to Child Residential Licensing or Child Care Licensing: