

DCFS CHILD ABUSE AND NEGLECT REQUEST AND CONSENT REQUEST FORM B INSTRUCTIONS

PURPOSE

This form is to be used to request and consent to a State Central Registry check for an individual who may be identified as a perpetrator of valid child abuse or neglect. This form is completed by:

- Licensed Out of State Child Care Facilities,
- Louisiana DCFS Licensed Facilities,
- Louisiana Department of Health Licensed Therapeutic Group Homes
- Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution
- In State Licensed Office of Juvenile Justice Detention Center employees

PREPARATION

The form is completed by the individual requesting that the Department of Children and Family Services conduct a search of the State Central Registry for a perpetrator of valid child abuse or neglect for a person who is a:

- Current employee, prospective employee, volunteer, owner, or operator in a Licensed Out of State Child Care Facilities,
- Current employee, prospective employee, volunteer, owner, or operator in a DCFS Licensed Facilities,

The current employee, prospective employee, volunteer, owner, or operator applicant along with the requestor (person who will be submitting and receiving the clearance) completes the applicant's identifying information section on the form. An asterisk by any field indicates a mandatory field that must be completed in order for the request to be process:

The following information is completed on the form:

- I. Employer's Identifying Information: (This information is completed on the Licensed Out of State Child Care Facilities, Louisiana DCFS Licensed Facilities, Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a Child Care Institution, Louisiana Department of Health Licensed Therapeutic Group Homes and In State Licensed Office of Juvenile Justice Detention Center Employees,
 1. *The name of the Licensed Out of State Child Care Facilities, Louisiana DCFS Licensed Facilities, Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a Child Care Institution, Louisiana Department of Health Licensed Therapeutic Group Homes and In State Licensed Office of Juvenile Justice Detention Center Employees,
 2. *The physical address, *city, *state, and *zip,
 3. The agency license number, EIN number, or provider number (if applicable),
 4. The work phone number, home phone number, and an alternative phone number. (one main contact number is mandatory)
- II. Applicant's Identifying Information: (This information is to be completed on the current employee, prospective employee, volunteer, owner, or operator).

1. *Last name, *first name, and *middle name, and Aliases,
2. *Date of birth, *place of birth (city), *place of birth (state),
3. *Social security number,
4. Home phone number, cell phone number, work phone number, and alternative number, (one main contact number is mandatory)
5. *Current physical address and *mailing address, including *city, *state, and *zip code,
6. *An identification type (driving license or state issued identification), the *number, *State issued by, and the *expiration date,
7. *Marital status,
8. *Current spouses
9. *Previous spouse
10. *Previous addresses for the past 5 years including *physical address, *city, *state, and *zip code,
11. Children that the requestor had been responsible for including first name, last name and date of birth.

III. Applicant's Consent

*The consent form is signed and dated by the current employee, prospective employee, volunteer, owner, or operator.

IV. Requestors Agreement

The requestor who is requesting the State Central Registry Clearance **must** sign and date the consent form. The following must be completed for the requestor:

1. *Last name and *first name of the requestor,
2. *Mailing address including *city, *state, and *zip code of the requestor,

In order for a formal request to be processed the requestor must upload the Request and Consent Form B, and the Applicant's State issued driver's license or State issued identification. For Out of State Child Care Facilities a current agency license is also required.

DISPOSITION

The original version of this form should be maintained by the Licensed Out of State Child Care Facilities, Louisiana DCFS Licensed Facilities, Louisiana Department of Health Licensed Therapeutic Group Homes, Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution and In State Licensed Office of Juvenile Justice Detention Center employees. This form is uploaded into the Child Abuse and Neglect Clearance System, and the information is entered into the Child Abuse and Neglect Clearance System.