

## Attention Providers—UPDATES TO CRIMINAL BACKGROUND CHECKS

In October, 2017, we shared information with you about changes to the criminal background check process, now called the **CCCBC**.

The changes are outlined as follows:

1. The CCCBC process is now managed by the Louisiana Department of Education and not State Police.
2. Moving from a 1-check system to a 5-check finger-print based system which includes the State Police, the FBI, state and national sex offender registries, and state child abuse registry,
3. Moving from a 1 year (Right to Review) or 3 year (current EarlySteps process through the State Police) re-check to a 5 year re-check requirement,
4. Changes in the costs for the CBCs from as much as \$36 per year to as little as \$18/year for the 5 year period.

The new process went into effect as of March 2018 for child care centers. All EarlySteps providers must complete or upgrade to the new process by September 30, 2018. A webinar, handout, forms and materials describing the new requirements are posted on the Louisiana Department of Education (LDE) website at <http://www.louisianabelieves.com/early-childhood/early-childhood-programs/criminal-background-checks> under the “Hot Topics” area. Most of the information about the changes are directed to child care centers with the exception of the costs and the timeline for all EarlySteps providers (called independent contractors in the materials) who will have new CCCBCs submitted between June 1 and July 31, 2018 regardless of early intervention service setting (services provided at home or in child care, etc). New early interventionists and those with expired CBCs can apply immediately. The following outlines what you need to know:

1. Complete the following Request form including your payment information—this is used to enter required information for the application. If you have lived in another state within the past 5 years, you will also complete a separate consent form to request that state’s CCCBC results. The form is located on the website above and follows the Request form. If you submit your CCCBC through EarlySteps, use this Consent form. If you submit your CCCBC through a different site such as a child care center, use the *Add Existing Applicant Consent* form on the website.
2. Download, complete and sign the Consent and Disclosure form for the results to be shared with EarlySteps. Enter *EarlySteps* on the line that requests the “entity,” if it is not already added.
3. Prepare and send a copy of your driver’s license (a picture of it is acceptable).
4. Scan and send items 1-3 to EarlySteps—it is best if the documents are saved separately.
5. Fingerprints:
  - a. The above web link includes a list of agencies now authorized to collect fingerprints—you will no longer be able to obtain fingerprints at local sheriff’s offices. Check the list regularly, it is updated frequently.
  - b. Once the payment for the background checks is submitted, payment for the fingerprints is made separately to a different payment vendor and a unique Transaction Control Number (TCN) is issued. You will receive the TCN via email. You have 10 days to obtain fingerprints at an approved site using the TCN number.
6. Once the result/determination of the CCCBC result is made, the applicant and EarlySteps will receive an email.
7. If you had a new CCCBC since March 1, 2018, it can be accessed at any child care center and by EarlySteps with the applicant’s SSN or Driver’s License and a signed consent. You can download, sign and scan the *Add Existing Applicant Consent* form to EarlySteps for it to be added to the EarlySteps CCCBC Account.



# State of Louisiana

Louisiana Department of Health  
Office for Citizens with Developmental Disabilities  
EarlySteps

## EarlySteps (CC-CBCS) Information Request Form

This form is used to collect the required information from early interventionists to conduct a Child Care Civil Background Check (CCCBC) System. All items marked with an \* indicate required information

### Applicant Information

\* Full Name \_\_\_\_\_  
Last First M.I. Suffix

Maiden Name/Former Name / \_\_\_\_\_

Possible aliases/ \_\_\_\_\_  
Last First M.I. Suffix

\_\_\_\_\_ Last First M.I. Suffix  
\*Email Address: \_\_\_\_\_ \*Social Security Number: - -

\*Phone Number: \_\_\_\_\_ \*Date of Birth: / /

\*DL Number: \_\_\_\_\_ \*\*

\*DL Expiration Date: \_\_\_\_\_

\*DL Issuance Date: \_\_\_\_\_

\*Marital Status (Single, Divorced, Separated, Married, Widowed): \_\_\_\_\_

\*Current Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State Zip Code Time: From: /

Mailing Address (if different from residential place check here  and add below)

Mailing Address: \_\_\_\_\_  
Mailing Address Apartment/Unit #

City State Zip Code

\*\*A copy of your driver's license and a signed Consent Form must be sent/uploaded with this form.

Previous Addresses: (within the last 5 years)

Time Period (mo/yr)

1. \_\_\_\_\_  
Street Address Apartment/Unit # From: \_\_\_/\_\_\_  
\_\_\_\_\_  
City State Zip Code To: \_\_\_/\_\_\_

2. \_\_\_\_\_  
Street Address Apartment/Unit # From: \_\_\_/\_\_\_  
\_\_\_\_\_  
City State Zip Code To: \_\_\_/\_\_\_

3. \_\_\_\_\_  
Street Address Apartment/Unit # From: \_\_\_/\_\_\_  
\_\_\_\_\_  
City State Zip Code To: \_\_\_/\_\_\_

**Demographic Information**

<b>*Citizenship</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen <input type="checkbox"/> Non-US National <input type="checkbox"/> Other: * Place of birth _____	<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>*Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi	<b>*Height:</b> _____, _____ <b>*Weight</b> _____ lbs Distinguishing marks/tattoos: _____	<b>*Hair Color</b> <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Other: _____	<b>*Eye Color</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other: _____
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Credit/Debit Card:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

My signature indicates approval for use of my credit/debit card.

**This document contains personal information and should be returned, destroyed, shredded, or disposed of in a secure manner to preserve this individual's privacy and prevent its unauthorized use or access**



# LOUISIANA DEPARTMENT OF EDUCATION

## INDIVIDUAL AUTHORIZATION AND CONSENT FORM FOR CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES

Full Legal Name of Individual (print last name, first name, middle name) \_\_\_\_\_

Name of Child Care Provider or §1809 Entity EARLYSTEPS

**BY SIGNING BELOW:**

1. I, \_\_\_\_\_ (Legal Name of Individual), give my consent for and authorize \_\_\_\_\_ (Name of Child Care Provider or §1809 Entity) to submit a request to the Louisiana Department of Education (LDOE) for a Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purposes on my behalf, and I agree to provide all information necessary for LDOE to make said determination of eligibility.
2. I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and 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.
3. I acknowledge that the following will be requested as part of the CCCBC process: fingerprint-based criminal history information 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 National Criminal Information Center (NCIC), and the public NSOR; and, if applicable, a name-based check of the state criminal history information records, state sex offender registries and registries of child abuse and neglect for each state in which I have resided within the past five years.
4. I authorize the Louisiana State Police (LSP) to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility for child care purposes with the child care provider or §1809 entity named above.
5. I consent to and authorize DCFS to conduct a clearance of the State Central Registry for child abuse/neglect and release the results to LDOE.
6. I consent to and authorize LDOE to share personal descriptive information, including but not limited to my social security number, it receives during the CCCBC-based determination of my eligibility for child care purposes with LSP, FBI, DCFS and the Louisiana Sex Offender and Child Predator Registry, as maintained by Offender Watch, and if I have lived in other states within the last five years, those applicable state agencies, to aid in the identification of records about me.
7. I understand that I will be notified of my determination of eligibility or ineligibility for child care purposes and of any provisional employment status, and that I will receive notice of any changes to my determination or status. I further understand that the above-listed child care provider or §1809 entity will receive notice of any changes to my determination or status.
8. I understand that I may revoke my consent for the above-listed child care provider or §1809 entity to be sent notice 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.
9. I understand that my eligibility determination and employment status will be searchable by other child care providers and §1809 entities with access to the Child Care Civil Background Check System if I am determined to be eligible for child care purposes or if I am granted provisional employment status.
10. 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.
11. I acknowledge that I am required to notify LDOE of any change in physical, mailing and/or email address within 14 days of the change in physical address or email address.

**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 ELIGIBILITY FOR CHILD CARE PURPOSES.**

**FULL LEGAL NAME OF INDIVIDUAL (print clearly):** \_\_\_\_\_

**SIGNATURE OF INDIVIDUAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMAIL ADDRESS OF INDIVIDUAL:** \_\_\_\_\_