



Bobby P. Jindal
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Alan Levine
SECRETARY

To: EarlySteps Providers
From: Leona White, Provider Specialist
Re: Background Checks

As a requirement of the EarlySteps provider agreement, a criminal background check must be completed for all newly enrolled providers. Attached are forms required by the LA State Police. These forms are to be used for providers that will not provide services in the Child Care Centers or Early Head Start. Providers who will be in Child Care or Early Head Start should follow instructions on page 2. Please ensure that each form is filled out correctly and completely. The appropriate boxes have been checked for you. Applications will be returned if the authorization or disclosure forms are incomplete, not legible, or are not accompanied by the \$26.00 per request fee. Payments may be made with either a credit or debit card. However we strongly suggest a prepaid Visa or MasterCard. After completing all the requested information at the bottom of this notice please mail this notice and completed forms to:

OCDD/EarlySteps
Leona White, Provider Specialist
1010 Common St., Suite 600
New Orleans, LA 70112

Name: _____

Address: _____ City/State/Zip Code: _____

Email: _____

Day time Phone: (work, home, cell) _____

Credit/Debit Card: Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Provider will be notified when background check information is received.

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$16.50 FEE. (Cashier Check, Business Check with pre-printed business name or Money Order)

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

****PLEASE PRINT****

OCDD EarlySteps
AGENCY, FACILITY OR INDIVIDUAL
1010 Common STREET Suite 600
MAILING ADDRESS
NEW ORLEANS, LA 70112
CITY STATE ZIP CODE
Leona White, Provider Specialist
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL
Leona White
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL
(504) 620 2208
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER
leona.white@la.gov
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS OF PSYCHOLOGIST
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE
DENTISTRY BOARD
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
MEDICAL EXAMINERS
MENTAL HEALTH COUNSELORS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS
INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
RIGHT TO REVIEW
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
USED MOTOR VEHICLE COMMISSION
VOLUNTEER LOUISIANA COMMISSION
WORKING WITH CHILDREN

APPLICANTS FULL NAME:
****PRINT - USE INK****
LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # - - - - - DATE OF BIRTH: - / - / -

ID or DRIVERS LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police 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 with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

Instructions Regarding Background Check Process beginning November, 2010:

For: New Provider Enrollees or Current EarlySteps Providers with Expiring Criminal Background Checks

In November, 2010, the Department of Child and Family Services (DCFS) issued a new rule requiring that a criminal background check (CBC) must be on file at a Child Care Center in order for provider's services to be provided at the Center, according to new procedures. This requirement can be met through one of three options:

1. Obtain a "certified copy" of your background check by appearing in person at the Louisiana Bureau of Criminal Identification and Information Section of the Louisiana State Police (LSP) for a total of \$36. The "certified copy," also called "Right to Review" is portable and may be copied by each Child Care Center and kept on file after you present the Certified Copy to them and keep the original for your files. The certified copy is good for one year. To obtain the certified copy you report to the LSP Headquarters at 7919 Independence Blvd in Baton Rouge. You must bring: 2 money orders, one for \$26 and one for \$10 and a picture ID.
2. The attached form can also be used for current or newly enrolling providers who want to obtain the **certified copy/Right To Review** for their Criminal Background Check *by mail*—to be sent in with fingerprints obtained where you live. The CBC results will be mailed to the provider directly. You must mail in \$26.00 payable only by cashier's check, money order, or business check. Receiving the results by mail can be a lengthy process. You may have to pay for fingerprints at your local Sheriff or Police Department.
3. Current providers only: Have each child care center you visit run your background check themselves for the \$26.00 fee, payable by the provider, and kept on file at that Child Care Center. A CBC obtained in this manner does not expire, so once on file will always be able to be used by that Center which ran the CBC—it is not "portable."

New Providers: This form which follows should be used for any provider newly enrolling with EarlySteps to obtain the CBC Certified Copy by mail. If a new provider (not currently enrolled) chooses, they can send the CBC results once received from the State Police with their completed, signed enrollment packet to the CFO. EarlySteps will accept this as verification of a current criminal background check. If a new provider doesn't want to wait for the CBC to come back using the mail-in process, they can either appear in person at the Louisiana State Police office in Baton Rouge for a certified copy or submit the CBC request on the EarlySteps form also posted to the website for Leona White, EarlySteps Provider Specialist, to run the CBC and receive the results more quickly. There is also a \$26 fee for EarlySteps to run the CBC, submitted by credit card only. Instructions are with the alternate form posted on the website.

CBC Renewals from currently enrolled providers: EarlySteps requires a 3 year renewal of the CBC and will accept a copy from a child care agency, from a copy of the LSP Certified Copy obtained in person or from the response from this application received by mail as long as the date does not exceed the 3-year renewal period. When you receive an email from the CFO that your background check is expiring, one of the above processes is accepted by EarlySteps.

Please contact your EarlySteps Regional Coordinator for questions about the CBC Process.

SUBMIT TO:

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Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

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****PLEASE PRINT****

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

()
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> OMVI – CONTRACT PROCESS |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> INQUIRY/TRANSACTION |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> AGENT |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> MENTAL HEALTH COUNSELORS | <input type="checkbox"/> WORKING WITH CHILDREN |

APPLICANTS FULL NAME:

****PRINT – USE INK****
LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

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