CENTRAL REGISTRY CHECKS RELEASE AUTHORIZATION

FOR

SUBSTITUTES/ASSISTANTS/EMPLOYEES

In a CERTIFIED FAMILY CHILD CARE HOME

I hereby authorize the Cabinet for Health and Family Services, Department for Community-Based Services, Division of Child Care, to perform Child Abuse/Neglect (CAN) check of the Central Registry; **and** to provide the person specifically mentioned below with the results of the record checks. These checks are to determine if I qualify for employment with the child care provider named below. **922 KAR 2:100 prohibits employment of persons who have a substantiated incident of abuse or neglect of a child or who has a history of behavior that may impact the safety or security of a child in care.**

NAME OF CHILD CARE PROVIDER:_____

ADDRESS:_____ **CITY:**_____

STATE:_____ **ZIP:**_____ **PHONE:**_____

PERSONAL INFORMATION: (PLEASE PRINT)
THE FOLLOWING MUST BE COMPLETED IN ORDER TO PROCESS REQUEST

NAME:_____
(First) **(Middle)** **(Maiden)** **(Last)**

Sex:___ **Race:**_____ **Date of Birth:** _____ **Social Security Number:**_____

Present Address:_____

List information about your own children:

Child's Name	Date of Birth	Social Security #

I release the Cabinet for Families and Children, Department for Community-Based Services, its officers, agents and employees from any liability or damages resulting from the release of this information.

_____ _____
Signature Date Witness Date

MAIL TO:

DEPARTMENT FOR COMMUNITY-BASED SERVICES
DIVISION OF CHILD CARE
275 East Main 3 C-F, Frankfort, Ky 40621

OFFICIAL USE ONLY: RESULTS OF RECORD CHECKS

Child Abuse/Neglect

Physical Abuse	____**Substantiated** ____**Found & Substantiated**
Sexual Abuse/Exploitation	____**Substantiated** ____**Found & Substantiated**
Neglect	____**Substantiated** ____**Found & Substantiated**

There are no investigations with the above findings as of: _____
(Date) **(Initials)**

AGENCY USE ONLY
Referral to Specialist:
Yes:_____No: _____

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