

CENTRAL REGISTRY CHECK

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer/agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

**SIGN
HERE**
**SIGN
HERE**

Signature of the Individual Submitting to the Child Abuse or Neglect Check _____ Date _____

Witness _____ Date _____

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: TN Department of Human Services – Child Care Licensing
ADDRESS: James Polk Building, 505 Deaderick St., 15th floor **CITY:** Nashville
STATE: Tennessee **ZIP:** 37243 **PHONE:** 615-253-4170

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

- No reportable incident found in accordance with 922 KAR 1:470.
 - Substantiated child abuse found on the registry Date of substantiated finding: _____
 - Substantiated child neglect found on the registry Date of substantiated finding: _____
- The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights Yes No
- A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ BY _____



PLEASE COMPLETE ONLY IF UNDER 18 YEARS OLD:

Authorization to Complete an Abuse and Neglect Check

I, _____, parent/legal guardian of _____
authorize the Division of Child Care (DCC) to complete a Child Abuse and Neglect (CA/N) check on my
child. I waive any right to claim the request is an invasion of privacy as it is made with my consent. I
release DCC from any liability regarding the release of any abuse and neglect information gathered in
this background check.

Parent/Legal Guardian Signature

Date