

## CABINET FOR HEALTH AND FAMILY SERVICES Department for Community Based Services Division of Child Care

Andy Beshear Governor

275 East Main Street, 3C-F Frankfort, KY 40621 Phone: 502-564-2524 Fax: 502-564-3464 www.chfs.ky.gov/agencies/dcbs Eric C. Friedlander Secretary

Lesa Dennis Commissioner

## Parental Authorization to Complete Criminal History and Child Abuse and Neglect Check

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_

hereby authorize the Division of Child Care (DCC) to conduct a criminal history check and Child Abuse and Neglect (CAN) check on my child. I waive the right to claim this request is an invasion of privacy, as it is made with my explicit consent and is in the best interest of my child's consideration for employment. I release DCC from any liability regarding the release of any criminal history or abuse and neglect information gathered in the background check.

Parent/Legal Guardian Signature

Date

