CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
COA ACCREDITED AGENCY

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Contract Correspondence Transmittal (CCT)

CCT Number: 18-01	**Date of Issue:** 1/02/2018
Issuance: Division of Protection and Permanency, Assistant Director - Michelle Anderson	
Key Words/Phrases: Background Checks for Applicants or Foster/Adoptive Parents, DPP-157 Form, Central Registry Check, DPP-156, 922 KAR 1:490 Update	
Attachments/Forms: DPP-156 and DPP-157 Form	

As you may recall from CCT 17-04; 922 KAR 1:490 was amended and filed as an emergency regulation effective July 1, 2017. At that time updated DPP-156 and DPP-157 forms were distributed to you and posted on our Forms Browser. However, since that time, regulation changes have been submitted that require an update to the DPP-156 and DPP-157 forms. This regulation and the updated forms go into effect on **January 5, 2018**.

The DPP-156 (Central Registry Check) has modified the Categories. You will now find the PCP and PCC provider boxes at the top of the listing on page one. Page two has been modified to include an authorization to share the results with an employer or another agency. At the bottom of the second page is an additional box to identify when "A matter subject to administrative review found in accordance with 922 KAR 1:470" is found.

The DPP-157 (Background Checks for Applicants or Foster/Adoptive Parents) has no changes to page one. At the bottom of page two, the following has been added, "* Authorization provided by signature expires in 30 days". Near the top of page three, "The substantiated" was added in front of abuse or neglect (between the third and fourth check box).

All providers should begin submitting their requests to Records Management Section (RMS) on the new forms with a revision date of 1/18 (see attached DPP-156 and DPP-157) beginning January 5, 2018. DO NOT use the new forms until that date. Beginning, February 15, 2018 RMS will no longer accept a request on the old form(s). If the old form is submitted, it will be returned to the requestor with an updated corresponding blank form.

If you have any questions regarding this clarification, please contact Gayle Learned via email (gayle.learned@ky.gov) or by telephone at (502) 564-6852, ext. 3608.

DPP-156
(R. 1/18)
922 KAR 1:470

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)
☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

____

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: ____
(first) (middle) (maiden/nickname) (last)

Sex: ___ **Race:** _________ **Date of Birth:** _______________ **Social Security #:**_______________________

Date of Initial Hire: ____________________

Present Address: ____
City State Zip Code

Previous Address: ____
City State Zip Code

Previous Address: ____
City State Zip Code

Previous Address: ____
City State Zip Code

Previous Address: ____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars ($10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment. Mail check or money order and this completed form to:

Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621

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 or 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.

____
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 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: ______________________________

ADDRESS: ________________________ **CITY:** ______________

STATE: ____________________ **ZIP:** ______ **PHONE:** ______________

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** ________________________

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COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

Check One (DCBS Staff Only):
___Initial w/fingerprints
___Initial wo/fingerprints
___Annual
___Adoption only

BACKGROUND CHECKS FOR APPLICANTS OR FOSTER/ADOPTIVE PARENTS

922 KAR 1:490 requires each applicant or foster or adoptive parent, and each adult household member to submit to a child abuse or neglect check, criminal records check, and sex offender registry check. 922 KAR 1:490 also requires that adolescent members of households (age 12 through 17) submit to a child abuse or neglect check. Checks should be completed prior to initial approval and annually thereafter. Please indicate if the check is initial or annual in the box above and check the appropriate category below.

- ☐ DCBS Foster/Adoptive Parent or Applicant
- ☐ Household member of DCBS Foster/Adoptive Parent or Applicant
- ☐ Child placing agency – Foster/Adoptive Parent or Applicant
- ☐ Child placing agency – Household member of Foster/Adoptive Parent or Applicant
- ☐ Respite Care Provider
- ☐ Out of State request

Personal information regarding the individual submitting a check.
Please list your addresses for the last five years. Use another sheet of paper, if necessary.

Name: ____
(first) (middle) (maiden/nickname) (last)

Sex: _____ Race: _____ Date of Birth: ____________ Social Security Number: ________________

Present Address:
____
(street address) (city) (state) (zip code)

Previous Address:
____
(street address) (city) (state) (zip code)

Previous Address:
____
(street address) (city) (state) (zip code)

Previous Address:
____
(street address) (city) (state) (zip code)

Use another sheet of paper, if necessary.

BACKGROUND CHECKS FOR APPLICANTS OR FOSTER/ADOPTIVE PARENTS

Initial application requirements:
I hereby authorize the Cabinet for Health and Family Services to complete a check of the Kentucky Central Registry (child abuse or neglect), Criminal Records Check, and an address check of the Sexual Offender Registry and provide the results to the agency listed below. I further authorize the Cabinet for Health and Family Services to complete a fingerprint Criminal Records Check (adults only). Fingerprints submitted will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). I understand I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and its employees from any claim for damages arising from the dissemination of inaccurate information. 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.

Procedures for obtaining a copy of FBI criminal history record are set forth at 28 C.F.R. 16.30-16.33 or go to the FBI website at http://www.fbi.gov/about-us/cjis/background-checks. Procedures for obtaining a change, correction, or updating of an FBI criminal history records are set forth at 28 C.F.R. 16.34.

Annual application requirements:
I hereby authorize the Cabinet for Health and Family Services to complete a check of the Kentucky Central Registry (child abuse or neglect), Criminal Records Check, and an address check of the Sexual Offender Registry and provide the results to the agency listed below. I understand I have the right to inspect my criminal history record and to request correction of any inaccurate information. 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.

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.

____
Signature of the individual (or parent/guardian of household member age 12-17) requesting the check (date)*

____
Signature of witness (date)

FOR COMPLETION BY THE CHILD-PLACING AGENCY or CABINET STAFF

Name of child placing agency or DCBS office:_______________________
Name and title of representative:_______________________
Address: _______________________
City: _______________________ State: ___________ Zip Code: ___________
Phone: _______________________ Fax: _______________________
Print Name:

____
(representative requesting information) (date)

Signature: ____
(representative requesting information) (date)

Send the completed form to: **Cabinet for Health and Family Services**
Department for Community Based Services
Records Management Section
275 E. Main St., 3E-G
Frankfort, KY 40621
Fax: (502) 564-9554
Email: CHFSDCBS.RMS@ky.gov

*** Authorization provided by signature expires in 30 days**

BACKGROUND CHECKS FOR APPLICANTS OR FOSTER/ADOPTIVE PARENTS

Results of Child Abuse or Neglect Check

(Required of applicant and all household members age 12 and over, at initial and annual application or out-of-state requests)

☐ No reportable incident found in accordance with 922 KAR 1:490

☐ Substantiated child abuse found Date of finding:________________________

☐ Substantiated child neglect found Date of 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

Results of Kentucky Criminal Records Check

(Required of applicant and all adult household members at initial and annual application)

☐ No reportable incident was found in accordance with 922 KAR 1:490.

☐ A reportable incident was found in accordance with 922 KAR 1:490.

Results of the address check of the Sexual Offender Registry

(Required of applicant and all adult household members at initial and annual application)

☐ Address was not matched to an address on the sex offender registry.

☐ Address was matched with an address associated with a registered sex offender.

Results of the Check of the Criminal History Records of FBI

(Required of applicant and all adult household members at application only)

☐ No reportable incident found in accordance with 922 KAR 1:490

☐ A reportable incident was found, and in accordance with 922 KAR 1:490, Section 2(4), the applicant shall not be approved.

☐ A reportable incident was found, and in accordance with 922 KAR 1:490, Section 6(2), approval shall be handled on a case-by-case basis with consideration given to the nature of the offense, length of time that has elapsed since the event, and the applicant's life experiences during the ensuing period of time. A criminal records check revealed that the applicant or adult member of the applicant's household has been convicted of a nonviolent felony or misdemeanor (alcohol/drug or other) in the state of ______________.

Reviewed by: ____ ____________________

Records Management Staff Personnel Date of Check

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