



Background Checks for Kentucky Caregivers Seeking Childcare

Application

WAIVER AND RELEASE OF LIABILITY

PREVENT CHILD ABUSE KENTUCKY, INC.

In consideration for receiving child abuse and criminal background check services paid for by Prevent Child Abuse Kentucky, Inc. ("PCAK") and administered by the Kentucky Department for Community Based Services ("DCBS") and the Kentucky Administrative Office of the Courts (AOC) ("Background Check"), I, the undersigned, hereby agree as follows:

I, for myself and my estate, heirs, administrators, executors, and assigns ("Representatives"), hereby acknowledge and agree that PCAK does not participate in, administer, supervise, control, deliver, manage, execute, contribute to, engage in, or play any role in the Background Check, except providing payment for the services performed by DCBS and AOC. I further acknowledge that PCAK does not warrant, guarantee, or assure the outcome or results of Background Check.

I, for myself and my Representatives, hereby expressly release and covenant not to sue PCAK and its officers, directors, employees, representatives, agents, affiliates, and volunteers ("Releasees") from any and all liability associated with Background Check, including any and all claims, damages, losses, causes of action, costs or expenses of any kind or nature whatsoever, injuries, pain and suffering, death, or property damage, whether foreseeable or unforeseeable, anticipated or unanticipated, that I, or my Representatives may have arising out of, connected with, or in any manner pertaining to the Background Check.

I shall indemnify and hold PCAK and Releasees harmless from and against any claims by me or my Representatives as a result of Background Check.

By signing my name, I HAVE READ THIS WAIVER AND RELEASE, UNDERSTAND AND ACCEPT THE RISKS ASSOCIATED WITH THE BACKGROUND CHECK, UNDERSTAND I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER AND RELEASE, AND VOLUNTARILY AGREE TO BE BOUND.

Signature: _____ Date: _____

First Name: _____ Last Name _____

Address: _____

Email: _____ Phone: _____

Name of the individual you will be seeking the background checks on:

First Name: _____ Last Name _____

Number of children who will be in the care of this babysitter or nanny: _____

List the ages of children in the space provided: _____

Please indicate the approximate hours per week this caregiver will be responsible for your child/ren:

Please check each box, once you have read the following statements:

The following caregiver or potential baby-sitter is not part of an in-home service caring for more than three children, operating a learning pod or watching my child as part of a child care facility. **These types of child care are not eligible for this opportunity.** If so, please refer your provider to the Division of Child Care at 502-564-2524 to ensure they meet state operating guidelines.

The following are things I will pay attention to after my child is left alone with the caregiver. By checking this box, I am indicating I have read the statements below.

- If my child or children are upset after being left alone with the caregiver, I will ask why. It may be they miss you. But, it is always a good idea to discuss your child's feelings and comfort level with the caregiver.
- I will be empowered to have a discussion with my child's caregiver if I have any concerns.
- Bruising on a non-mobile infant or bruising on a child ages 4 or young on the neck, ears or torso is a cause for concern and should be medically evaluated. For more information visit <https://faceitabuse.org/ten4rule/>.

Background checks are only one step needed to ensure your child's safety when choosing a child care provider or babysitter. The following list outlines considerations when selecting someone to care for your children. Your answers to the questions will not be taken into consideration when funding your background checks. They are for your educational purposes, only. Please indicate your answers by circling yes or no.

- | | | |
|-----|----|---|
| Yes | No | I have checked with others who know or have used this child care provider in the past to ensure their experience was positive and there are no concerns. |
| Yes | No | I have asked, or plan to ask for references and contacted references in regard to the person caring for my child. |
| Yes | No | I have asked, or plan to ask what type of experience this provider has with children. |
| Yes | No | I have observed, or plan to observe this caregiver with my child or children and feel confident in their ability to work with my children and provide for their safety. |

- | | | |
|-----|----|---|
| Yes | No | I have asked, or plan to ask what type of activities the caregiver plans to do with my child or children during the day. |
| Yes | No | If my child or children are being cared for outside of my home, I have, or will make sure the environment is appropriate, safe, clean and free of hazards such as firearms, medicine or weapons. |
| Yes | No | I know how many other children this provider is watching while caring for my child or children or I will find out. |
| Yes | No | I have discussed, or will discuss transportation and the expectations for transporting my child or children. |
| Yes | No | I have discussed, or plan to have a discussion with this provider regarding my expectations regarding the care of my child or children, including my expectations for how/when discipline will be administered. |
| Yes | No | I have asked, or plan to ask my provider questions to determine how he/she deal with stress. |

Please mail, fax or email this application to the following:

**PCAK
801 Corporate Drive, Ste. 120
Lexington, KY 40503**

**Fax: 859-225-8969
Email: pcaky@pcaky.org**

Upon receipt of your application, a Prevent Child Abuse Kentucky staff member will mail or email you the required forms for completion along with instructions. This may take up to 10 business days. Background checks can only be completed on individuals 18 years of age and older. It is important to let the potential babysitter or caregiver know you are requiring background checks and they will need to complete the necessary documents with you or another adult signing as a witness. The needed documents are as follows:

- 1) A criminal background check from the Kentucky Administrative Offices of the Courts.
- 2) A Child Abuse and Neglect Registry form.
- 3) A copy of their driver's license or social security card will be required.

After the potential caregiver has completed the two background check forms with a witness and have obtained a copy of their driver's license, these three items can either be sent via mail to PCAK, 801 Corporate Drive, Ste. 120, Lexington, KY 40503 or emailed to pcaky@pcaky.org. Background checks may take several weeks to complete and will be returned to the email or mailing address provided on this application. If you have any questions, please contact pcaky@pcaky.org or 859-225-8879.