



Background Checks for Teaching Artists & Arts Programs

A How-To Guide for JCPS Requirements

2023

Introduction

- Any organization or teaching artist providing services in JCPS schools - more than a one-time basis and excluding field trips - will have to meet insurance and background check requirements.
- This impacts residencies and multi-session in-school workshops.
- There are two parts included in the required background check.
- These requirements have always been included in JCPS agreements directly with arts organizations.
- ***Fund for the Arts recommends that all teaching artists complete background checks and that organizations confirm insurance policies are up to date.***

JCPS Requirements – Background Checks

"Require all employees, volunteers and contractors (including employees of contractors) of Cultural Partner or selected arts organization performing services on JCPS school premises during JCPS school hours under this Agreement submit per KRS 160.380 to a national and state **criminal history background check** by department of Kentucky State Police and the Federal Bureau of Investigation and have a letter, provided by the individual, from the Cabinet for Health and Family Services stating **no administrative findings of child abuse and neglect records** maintained by the Cabinet for Health and Family Services."

JCPS Requirements – Background Checks

"Prohibit Cultural Partner or selected arts organization contractors, employees, interns and volunteers under this Agreement from performing services under this Agreement and from remaining upon the premises of a JCPS facility for any purpose if the contractor, employee, intern or volunteer has been convicted of the following:

- Any conviction for sex-related offenses.
- Any conviction for offenses against minors.
- Any conviction for felony offenses except as provided in f below.
- Any convictions for deadly weapon-related offenses.
- Any conviction for drug-related offenses, including felony drug offences, within the past seven (7) years.
- Any conviction for violent, abusive, threatening or harassment related offenses; OR other convictions determined by the Superintendent/designee to bear a reasonable relationship to the ability of the applicant to serve as a volunteer.
- Cultural Partners or selected arts organization contractors, employees, interns, and volunteers under this Agreement shall immediately notify the school principal or the Volunteer Talent Center if they are convicted of or plead guilty to one of the criminal offenses listed above and shall immediately cease providing services under this Agreement and shall not remain upon premises of a JCPS facility for any purpose under this Agreement."

JCPS Requirements - Insurance

Cultural Partner or selected arts organization will maintain an all-risk property and casualty insurance policy with respect to the facilities and a policy of commercial general liability in amounts no less than \$1,000,000/\$2,000,000 per policy and provide JCPS with a certificate of insurance upon request.

Example Certificate of Liability Insurance (COI)

		DATE (MMDDYYYY)				
<p>1 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>						
<p>2 PRODUCER</p>		<p>CONTACT NAME: _____ FAX: _____ PHONE: _____ JAC. No. FAX: _____ E-MAIL: _____ ADDRESS: _____</p>				
		<p>INSURER(S) AFFORDING COVERAGE</p>				
		<p>INSURER A: _____ NAIC # _____</p>				
		<p>INSURER B: _____</p>				
		<p>INSURER C: _____</p>				
		<p>INSURER D: _____</p>				
		<p>INSURER E: _____</p>				
		<p>INSURER F: _____</p>				
<p>3 INSURED</p>						
COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:			
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
FORM	TYPE OF INSURANCE	INSURANCE	POLICY NUMBER	POLICY EFF.	POLICY EXP.	LIMITS
1/1/1	<p>GENERAL LIABILITY</p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> Broad Form Property Damage</p> <p><input type="checkbox"/> Blanket Contractual</p> <p>GEN. AGGREGATE LIMIT APPLIED PER:</p> <p>POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> RET- <input type="checkbox"/> LDC</p>					<p>EACH OCCURRENCE \$</p> <p>DAMAGE TO RENTED PREMISES (EA maximum) \$</p> <p>WED EXP (per person) \$</p> <p>PERSONAL & ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COMPROM AGG \$</p>
	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p>					<p>COMBINED SINGLE LIMIT (EA accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
	<p>UMBRELLA LIAB</p> <p><input type="checkbox"/> EXCESS LIAB</p> <p><input type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> CLAIMS-MADE</p> <p>DEF <input type="checkbox"/> RETENTION \$</p>					<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY EMPLOYEES TO BE PART OF THE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(Mandatory in NH)</p> <p>If yes, indicate number and DESCRIPTION OF OPERATIONS below</p>	Y/N	N/A			<p>WC STATE - (per employee) \$</p> <p>WC STATE - (per accident) \$</p> <p>E.L. EACH ACCIDENT \$</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>
<p>6 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACCORD 101, Additional Remarks Schedule, if more space is required)</p>						
<p>7 CERTIFICATE HOLDER</p>			<p>8 CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>			
			<p>9 AUTHORIZED REPRESENTATIVE</p>			

Was there a change in requirements?

Senate Bill 15, March 2019, an act relating to school policies, KRS 160.380 amendment

"Requirements for background checks shall be as follows: A superintendent shall require the following individuals to submit to a national and state criminal background check by the Department of Kentucky State Police and the Federal Bureau of Investigation and have a clear CA/N check, provided by the individual:

- Any adult who is permitted access to school grounds on a regularly scheduled and continuing basis pursuant to a written agreement for the purpose of providing services directly to a student or students as part of a school-sponsored program or activity"

Background Check – Part 1: Criminal Records Check (CRC)

- To begin the national and state criminal background check by the Department of Kentucky State Police and the Federal Bureau of Investigation, you will register and complete a fingerprint scan and photograph through Identogo
- Visit <https://uenroll.identogo.com> to make an appointment
- Enter service code 27G265 (code is specific to JCPS)

Enter service code 27G265
(code is specific to JCPS)



English

Enter your Service Code to get started.

Enter Code

GO

Don't know your Service Code?
Contact your agency or [click here](#).

IdentoGO® has a growing number of convenient locations across the U.S. to meet your identity-related needs.



Check the Status of your Service

Check your status or reprint your cardscan registration form.
For additional help, [contact customer service](#).



Manage an existing Appointment

Reschedule an existing appointment or schedule a retake.

Click on “Schedule or Manage Appointment”



English

27G265 - Kentucky Education-Jefferson County-Applicant

[← Back to Home](#)

[Schedule or Manage Appointment](#)

Schedule an in-person appointment or change an existing appointment.

[What do I need to bring to enrollment?](#)

Find out which documents you need to bring to the enrollment center to facilitate processing.

[Locate an Enrollment Center](#)

Locate and get directions to an enrollment center near you.

[Submit A Fingerprint Card by Mail](#)

Complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail.

Enter **First, Middle, and Last Name, Date of Birth, Method of Contact**, and click “Next” at the bottom right of your screen.

Note: If you provide an email address as the method of contact, you will receive notifications via email. If you do not provide an email address, contact will be made via phone only.

Service Code – Service Name

Essential Info Additional Info Citizenship Personal Questions

* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to check the status of your service or 'Cancel' to exit.

Name / Method of Contact UE ID / Date of Birth

Notes:

- Important! You must finish the registration process to be fingerprinted. You will receive an email or confirmation number when registration is complete.
- Legal Name must match exactly on all identification documents brought to enrollment.
- Remember the phone numbers and/or email address provided below, as they will be used to retrieve your information during your in-person enrollment.

Legal Name

* First Name

* Middle Name (or NMN if no middle name)

* Last Name

Suffix
-- Choose One --

Date of Birth

* Date of Birth

* Confirm Date of Birth

* Method of Contact (at least one method is required)

Email

Country Code

Country Code

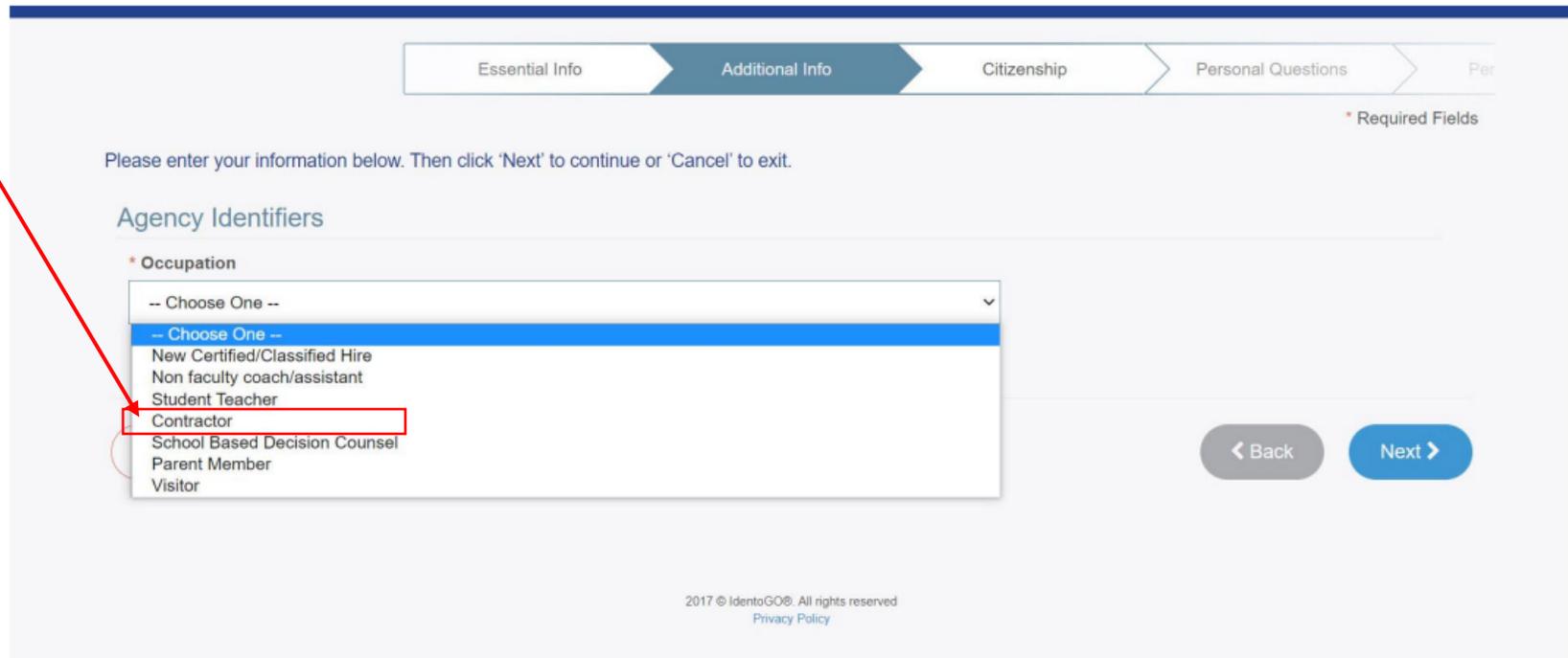
* Preferred Method of Contact

Confirm Email

Phone 1

Phone 2

For **Occupation**, select “**Contractor**” from the drop-down menu and then click “**Next**” on the bottom right of your screen



The screenshot displays a web form with a progress bar at the top containing five steps: 'Essential Info', 'Additional Info', 'Citizenship', 'Personal Questions', and 'Per'. The 'Additional Info' step is currently active. Below the progress bar, there is a message: 'Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.' The form is titled 'Agency Identifiers' and features a required field for 'Occupation'. A dropdown menu is open, showing a list of options: '-- Choose One --', 'New Certified/Classified Hire', 'Non faculty coach/assistant', 'Student Teacher', 'Contractor', 'School Based Decision Counsel', 'Parent Member', and 'Visitor'. The 'Contractor' option is highlighted with a red box, and a red arrow points from the text above to this option. At the bottom right of the form, there are two buttons: a grey 'Back' button and a blue 'Next' button. The footer of the page contains the text '2017 © IdentoGO®. All rights reserved' and a link to 'Privacy Policy'.

Enter **Country, City of Birth, Country of Citizenship** and click “Next” at the bottom right of your screen

27G265 - Kentucky Education-Jefferson County-Applicant

Essential Info > Additional Info > **Citizenship** > Personal Questions > Personal Info > A

* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Citizenship

* Country of Birth

-- Choose One --

City of Birth

Country of Citizenship

-- Choose One --

Cancel < Back Next >

Answer the **Personal Questions** and click “Next” at the bottom right of your screen.

Note: Unless otherwise provided, select "No" for "Do you have an Authorization Code (Coupon Code) that you will be using as a method of payment?"

Additional Info > Citizenship > **Personal Questions** > Personal Info > Address > Done

* Required Fields

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

* Have you ever used an alias? Yes No

* Is your mailing address the same as your residential address? Yes No

* Do you have an Authorization Code (Coupon Code) that you will be using as a method of payment?
NOTE: Please have Authorization Code available to enter on the website later in the scheduling process. Yes No

Cancel **Back** **Next**

Enter **Personal Information** and click “Next” at the bottom right of your screen

Citizenship

Personal Questions

Personal Info

Address

Documents

L

* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to continue or 'Cancel' to exit.

Personal Information

US

Metric

* Height

* Weight

* Hair Color

* Eye Color

* Preferred Language (Receipts & other communication)

* Gender

* Race

✕ Cancel

◀ Back

Next ▶

Enter **Mailing Address** and click “Next” at the bottom right of your screen

Service Code – Service Name

hip > Personal Questions > Personal Info > **Address** > Documents > Location > Date and Time

* Required Fields

Please enter your information below. Then click 'Next' to continue or 'Cancel' to exit.

Mailing Address

* Country

* Address Line 1

Address Line 2

* City

* Postal Code

For **Documents**, select the document type you wish to bring with you to your appointment from the drop-down menu. We recommend “Driver’s License”, or other frequently carried or available document. Click “Next” on the bottom right of your screen.

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Personal Info > Address > **Documents** > Location > Date and Time

* Required Fields

Please select the required documents to bring to your enrollment. Then click 'Next' to continue or 'Cancel' to exit.

Documents

* Document

Driver's License issued by a State or outlying possession of the U.S. ▾

* Does the name you are enrolling under match the name on all documents selected? Yes No

Bring the following Required Identity Documents to your enrollment:

1. Driver's License issued by a State or outlying possession of the U.S.

Search for a **location** to schedule your appointment and then click “Next” on the bottom right of your screen

Enter a Postal Code, City, Airport Code or Special Location Access Code to search for a location to schedule your appointment. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

Note: Your registration is not yet complete. You must select a location, as well as a date/time on the following pages prior to receiving your appointment confirmation.

Search for an Enrollment Center by Postal Code, City and State, or Airport Code. Number of Results: 5 ▾

Location	Address	Next 7 Days	Distance
▾ Louisville, KY	5341 Mitscher Ave	0 appointments available	5.98 mi
<p>📍 IdentoGO 5341 Mitscher Ave Louisville, KY 40214-2633</p>	<p>Hours: Monday - Friday: 09:00 AM - 12:30 PM & 01:00 PM - 05:00 PM Saturday: 10:00 AM - 12:30 PM & 01:00 PM - 04:00 PM</p> <p>The Enrollment Center is located in the back of the Iroquois Manor Shopping Center, in the building to the left of the Valu Market. The Enrollment Center is in between the Vietnam Kitchen and Louisville International Pub. The Enrollment Center is inside of WellnessMart.</p>		
▸ Louisville, KY	4010 Dupont Cir	0 appointments available	6.69 mi

Select a **date and time** for your appointment and then click “Submit” on the bottom right of your screen

Documents > Location > **Date and Time**

* Required Fields

Select a preferred date and time for your appointment at the specified location. Then click 'Submit' to confirm or 'Cancel' to exit. If you are unable to make an appointment for the available times or all appointments are booked, click the 'Back' button below, to select another location.

Appointment Date and Time (first available displayed by default)

Select Date **Select Time**

-- Choose One -- -- Choose One --

Location Details:

IdentoGO
5341 Mitscher Ave
Louisville, KY 40214-2633

The Enrollment Center is located in the back of the Iroquois Manor Shopping Center, in the building to the left of the Valu Market. The Enrollment Center is in between the Vietnam Kitchen and Louisville International Pub. The Enrollment Center is inside of WellnessMart.

✕ Cancel < Back Submit >

You will receive confirmation on the website and via email or phone*

For your scheduled appointment, be prepared for the following:

- Present the document indicated in the online form (i.e. driver's license or other document)
- A technician will assist you in scanning your fingerprints
- A technician will take your photograph
- Pay a fee of \$53.25
- Consider wearing a mask, as some IdentoGo locations share space with WellnessMart, where other health testing is performed

*You will receive confirmation via the Method of Contact provided (see slide 10).

IdentoGO Service Confirmation - 27G265 - Kentucky Education-Jefferson County-Applicant - Message (HTML)

File Message Help Adobe PDF Tell me what you want to do

Mon 7/11/2022 10:54 AM
nobody@uemail.identogo.com
IdentoGO Service Confirmation - 27G265 - Kentucky Education-Jefferson County-Applicant

To Sarah Lindgren

IdentoGO

Status as of 07/11/22

Pre-Enrolled
You have successfully pre-enrolled.

[Click here to check your status](#)

IMPORTANT!
ALL CUSTOMERS MUST WEAR A FACE COVERING TO ENTER OUR CENTERS UNLESS EXEMPTED DUE TO AGE OR A MEDICAL CONDITION.

Service Details:

Customer:	SARAH L LINDGREN
UE ID:	UZKY-46XJ4H
Service:	27G265 - Education-Jefferson County-Applicant
Time:	7/13/2022 @ 04:30 PM (EDT)
Location:	IdentoGO 5341 Mitscher Ave Louisville, KY 40214-2633

Important CRC Links and Contact Numbers

Registration Website: <https://uenroll.identogo.com/>

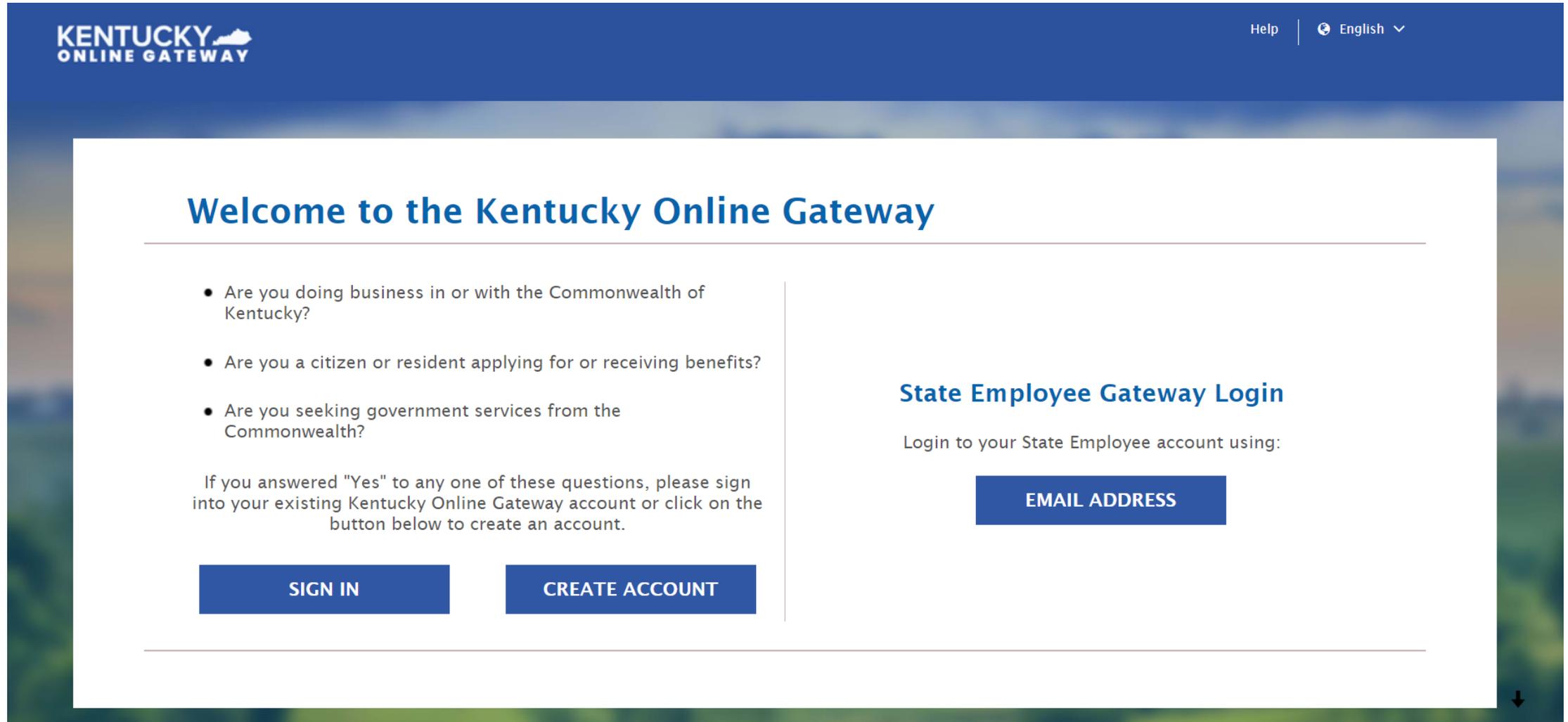
To view a list of locations please visit this website: Location Finder (to enter City or Zip Code) <https://www.identogo.com/locations>

Customer Service Number: (844) 543-9714

Background Check – Part 2: Child Abuse and Neglect (CAN) Check

- To begin the child abuse and neglect background check by the Kentucky Cabinet for Health and Family Services, you will create an account on the Kentucky Online Gateway.
- Visit <https://ssointernal.chfs.ky.gov>
- Please note: you will be required to upload at least one form of supporting documentation to this check: valid driver's license or state ID, birth certificate, social security card or individual taxpayer ID, passport or work ID. Please have one of these ready.

If you already have an account, click "Sign In"
If this is your first time logging in, click "Create Account"



The screenshot shows the Kentucky Online Gateway login page. At the top left is the logo "KENTUCKY ONLINE GATEWAY" with a small map of Kentucky. At the top right are links for "Help" and "English" with a dropdown arrow. The main heading is "Welcome to the Kentucky Online Gateway". Below this, there are three bullet points asking if the user is doing business in or with the Commonwealth of Kentucky, if they are a citizen or resident applying for or receiving benefits, and if they are seeking government services from the Commonwealth. Below these questions is a paragraph stating that if the user answered "Yes" to any one of these questions, they should sign into their existing account or click on the button below to create an account. At the bottom of this section are two buttons: "SIGN IN" and "CREATE ACCOUNT". To the right of this section is the "State Employee Gateway Login" section, which includes the text "Login to your State Employee account using:" and a button labeled "EMAIL ADDRESS". A small downward arrow is visible in the bottom right corner of the page.

KENTUCKY
ONLINE GATEWAY

Help | English ▾

Welcome to the Kentucky Online Gateway

- Are you doing business in or with the Commonwealth of Kentucky?
- Are you a citizen or resident applying for or receiving benefits?
- Are you seeking government services from the Commonwealth?

If you answered "Yes" to any one of these questions, please sign into your existing Kentucky Online Gateway account or click on the button below to create an account.

SIGN IN **CREATE ACCOUNT**

State Employee Gateway Login

Login to your State Employee account using:

EMAIL ADDRESS

Create Account: Enter all required information (marked with *) and click “Sign Up” at the bottom right of your screen. Note, your email address will be your username.

Please complete your Kentucky Online Gateway Profile

ⓘ If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the CANCEL button below to log into your account.

Please fill out the form below and click Submit when finished.
All fields with * are required.

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* E-Mail Address		* Verify E-Mail Address
<input type="text"/>		<input type="text"/>
* Password		* Verify Password
<input type="text"/>		<input type="text"/>
Mobile Phone		Language Preference
<input type="text"/>		English <input type="button" value="v"/>
Street Address 1		Street Address 2
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	Kentucky <input type="button" value="v"/>	<input type="text"/>
Question		* Answer
In what city were you born? (Enter full name of city only) <input type="button" value="v"/>		<input type="text"/>
Question		* Answer
What was the name of your first pet? <input type="button" value="v"/>		<input type="text"/>

Complete your Kentucky Online Gateway Profile

- An E-Mail from KOG_DoNotReply@ky.gov is automatically sent to the E-Mail address provided. **NOTE: The requestor has 4 hours to complete the registration process, or a new registration must be completed.**
- Access your E-Mail account and click on the activation link in the **Account Verification E-Mail** to complete validation of the requested KOG profile.
- Once the user clicks on the E-Mail activation link the requestor will be sent to the **Validate New Account** screen, where they will be prompted to **Continue to Sign In.**
- User will be redirected to the **KOG External Gateway Log In** screen. Enter your username and password and click **Sign In.**

Click "All Apps" and select the letter "C" from the alphabet list, then click "Enroll" under CAN Payment and Verification.

The screenshot shows the 'KENTUCKY ONLINE GATEWAY' interface. At the top right, it says 'Welcome Sarah Lindgren' with a user icon, 'English' with a dropdown arrow, 'Help', and 'Sign Out' with an external link icon. Below the header, there are two tabs: 'My Apps' and 'All Apps', with 'All Apps' highlighted in a red box. A search bar contains the text 'Search for Applications ...' and a blue 'Search' button. Below the search bar is an alphabet list with letters from # to Z. The letter 'C' is highlighted in a red box. Below the alphabet list are four application cards. The second card, 'CAN Payment and Verification', has its 'Enroll' button highlighted in a red box. The other cards are 'CHFS BI HSSMB EXT', 'CHFS BI TWIST EXT', and 'CHFS External SharePoint Sites', each with an 'Enroll' button.

Using the toolbar at the top of the screen, click “Form” to select “Central Registry Check (DPP-156)” from the drop-down menu

Kentucky.gov CAN Payment and Verification Welcome : slindgren@fundforthearts.org CAN User Guide

Home My Dashboard Form

- Child Care Central Registry Check (DCC-374)
- Central Registry Check (DPP-156)
- Public Child Welfare Worker Certification Program

For te 66-231-0003 Option 3 during the hours of Monday – Friday 7:30am – 5:00pm or TWISTHelpDesk@ky.gov.

Use a Laptop or a Desktop to access this (CAN) application.

Welcome

Welcome to the CAN Payment and Verification system. This system allows you to request and pay for Child Abuse and Neglect Registry checks.
No refunds will be issued regardless of circumstances. Per Kentucky Revised Statutes, please allow up to 30 days for processing your request.

The CAN Payment and Verification home screen will be displayed

Welcome

Welcome to the CAN Payment and Verification system. This system allows you to request and pay for Child Abuse and Neglect Registry checks.

No refunds will be issued regardless of circumstances. Per Kentucky Revised Statutes, please allow up to 30 days for processing your request.

Instructions

To begin a new request, select the correct form from the Form Menu located in the upper left hand corner.

- **For requests related to a licensed, certified or registered child care or an out of state child care employee, please complete the Child Care Central Registry Check (DCC-374).**
- **For all other child abuse neglect checks, please complete the Central Registry Check (DPP-156).**
- **FOR MINORS UNDER THE AGE OF 18, you must upload the [parental consent form](#) in order for your request to be processed. The request will be denied and your money will not be returned if this item is not uploaded.**

The CAN Payment and Verification database requires a social security or taxpayer identification number. If you do not have a social security or taxpayer identification number, please submit a paper DCC-374([EN / SP](#)) or DPP-156([EN / SP](#)).

The CAN Payment and Verification Database does not accept international addresses. Please list US addresses only.

Please make sure to include an employer/agency name and email address on your request. This allows results to go directly to the employer/agency.

For DPP 156 request only: Agencies requesting Central Registry Checks on behalf of their employees, potential employees, or volunteers must upload a signed copy of the current DPP-156 (R. 8/2019) [EN / SP](#) form.

To check the status of a previously submitted request, select My Dashboard in the upper left hand corner

On the Central Registry Check screen, check the box for “Public School Employee, Student Teacher, Contractor...”

Note: It is essential that this box is appropriately checked, otherwise your application may be rejected, and refunds are not available.

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 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)

Enter Personal Information and Current Address

Note:

All **Personal Information** fields are required. If either Middle or Maiden/Nick/Other Name is not applicable enter N/A. If you do not have a Social Security or Taxpayer Identification number, enter all 9s in the SSN field and use the Other box under Regulations to explain why you are using all 9s.

If you have not lived at your **current address** for longer than 5 years, select "No," and a second question will appear asking if your previous address is/was International. If "No", the Previous Address section will populate. Click on "Add Previous Address". If you have more than one additional address, click on "Add Previous Address" again until you have entered all the necessary addresses.

Personal Information

Personal information regarding the individual submitting to a child abuse or neglect check

* First Name Ex. John	* Last Name Ex. Smith
* Middle Name Ex. Jones	* Maiden/Nick Name/Other Ex. Dave
* Sex -- Please select a Sex --	* Race -- Please select a Race --
* Date of Birth MM/DD/YYYY	* Social Security/Individual Taxpayer Identification # XXXX-XX-XXXX
* Date of Initial Hire MM/DD/YYYY	

Current Address

* Address Line 1 Ex. 123 Main St	Address Line 2 Ex. Apt 10 Or Suite 200	
* City Ex. Frankfort	* State -- Please select a State --	* Zip Code Ex. 12345
* Living at the current address longer than 5 years? <input checked="" type="radio"/> Yes <input type="radio"/> No 		

Upload documents (driver's license or other preferred ID), and then click "Submit" at bottom right of the screen.

Please Note: You will need to scan or photograph and save your chosen document to the device from which you are completing this form before completing this step. Clicking just "Save" will save the current request to be submitted later. If you are an organization submitting this form for multiple Teaching Artists/staff, click "Save and Add Applicant" instead of "Submit" at the bottom right of the screen. Up to 10 CAN checks can be processed under one submission.

Kentucky.gov **CAN Payment and Verification** Welcome : slindgren@fundforthearts.org CAN User Guide

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID.
*Approved file types: .JPEG, .PNG, .BMP or .PDF.
*Please ensure that the supporting document image is clearly recognizable and file size is less than 2 MB.
*If you are under the age of 18, you **MUST** upload the [parental consent form](#).

*** Document Description**

Choose File No file chosen

Upload

Save And Add Applicant **Save** **Submit**

Payment & Confirmation

- You may pay the \$10.00 fee by credit card/debit card and confirm with electronic signature
- Payment will be confirmed on the screen.
- An E-Mail will be sent to the email address on file upon CAN Check request completion or cancellation stating that results are available for review.
- Log into your account on <https://ssointernal.chfs.ky.gov>, select “My Dashboard”, there will be an option for result, edit or print.
- Note: Refunds are not given for any reason, so make sure all information provided is correct. If you are unsure of any details, please reach out to grants@fundforthearts.org before paying.

CHFS Child Abuse & Neglect (CAN) Checks

Visa Card Details [EDIT](#)

Card Number *****1111 Expiration Date 1/2020

Cardholder Details [EDIT](#)

Jonathan Vandiver
Frankfort, KY 40601 United States

[PAY NOW](#)

[Cancel and return to CHFS Child Abuse & Neglect \(CAN\) Checks](#) [Login with Kentucky Online Gateway](#)

Summary	
CAN Application Fee	\$10.00
Item Price: \$10.00	
Quantity: 1	
Sub Total	\$10.00
Total	\$10.00

[Policies](#) [Security](#) [Disclaimer](#) [Accessibility](#)


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Kentucky.gov

Print, Save, and Submit CAN Check to JCPS

- Your CAN check is not complete until you've emailed your results to JCPS.
- An E-Mail will be sent to the email address on file upon CAN check request completion stating that *results are available for review*.
- Log in to your account on <https://ssointernal.chfs.ky.gov> and select "My Dashboard".

From your Dashboard, click the **"Print"** button next to the CAN check you want to submit to JCPS. This will open a PDF file that you can print and scan or **save**. You might have to "Print to PDF". If you need assistance, contact grants@fundforthearts.org.

Requestor Dashboard

Applicant Search

Applicant First Name

Applicant Last Name

Form - Select Form -

Status - Select Status -

Applicant Search

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	View	Edit	Print
1051	1068	CHRS20190000104	Tyrion	Lannister	DPP	5/6/2019	5/6/2019	Completed	Result	Edit	Print
1052	1069	CHRS20190000105	Jane	Dixon	DPP	5/6/2019	5/6/2019	Completed	Result	Edit	Print
1053	1070		Morpheus	Endless	DPP	5/13/2019	5/13/2019	Saved	View	Edit	Print
1054	1071	CHRS20190000106	Jonathan	Vandiver	DPP	5/13/2019	5/13/2019	Submitted	View	Edit	Print

Showing 21 to 24 of 24 entries

Previous 1 2 Next

Email your results to jcps.welcomecenter@jefferson.kyschools.us. Make sure you are submitting a 2-3-page PDF document with DPP-156 listed in the top lefthand corner. On the second or third page there will be a "CHECK CONDUCTED ON _____ BY _____" that will be filled in.

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

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

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 (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- 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) (nickname) (maiden) (last)

Sex: ___ Race: ___ Date of Birth: _____ Social Security #: _____

Date of Initial Hire: _____

Present 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: Jefferson County Public Schools

ADDRESS: _____ CITY: Louisville

STATE: KY ZIP: 40218 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 _____

Substantiated child neglect found on the registry Date of substantiated _____

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 08/15/2010 BY Erika Bauford

In Review

- Any organization or teaching artist providing services in JCPS schools - more than a one-time basis and excluding field trips - will have to meet insurance and background check requirements.
- This impacts residencies and multi-session in-school workshops.
- There are two parts included in the required background check.
- Your check is not complete until you have emailed CAN results to JCPS.
- These requirements have always been included in JCPS agreements directly with arts organizations.
- ***Fund for the Arts recommends that all teaching artists complete background checks and that organizations confirm insurance policies are up to date.***

Questions?

Contacts:

Fund for the Arts

Community Investment & Support Team

502-582-0100

grants@fundforthearts.org

(for assistance in verifying status of background checks)

Toni Martin

Jefferson County Public Schools

502-485-3370

toni.martin@jefferson.kyschools.us