

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families

Office of the General Counsel
Background Record Check Unit
2 Boylston Street, 5th floor
Boston, MA 02111

Department Central Registry Record Requests

Information and Instructions:

An individual may allow potential or current employers, professional licensing entities and others to access their Massachusetts Department of Children and Families (Department) records by requesting a check of the Department's Central Registry.

The Department's Central Registry check will show whether an individual has any supported report(s) of child abuse and/or neglect within Massachusetts. The Department's Central Registry check does not include unsupported reports, reports with a finding of substantiated concern, or reports where the named individual was reported as an alleged victim of child abuse and/or neglect.

To request a Central Registry check, the individual must fill out the "Applicant/Employee" sections on page 1 of the form, including providing a signature to consent to sharing the results of the Central Registry check with the organization or person that is requesting it. As part of this consent, the applicant's/employee's identity must be verified by a staff member of the requestor and that staff member must sign the certification on page 2.

Please note: State child welfare agencies and/or law enforcement agencies may request a check of the Department's Central Registry by submitting the request from an official government email address or by mailing or faxing a written signed request on the agency's official letterhead using the contact information below.

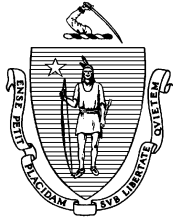
Completed requests may be submitted by email, fax or mail to:

Scan/email: MA.CPS.CHECK@Mass.Gov

Mail: Massachusetts Department of Children and Families
Attn: Background Record Check Unit
2 Boylston Street, 5th Floor
Boston MA 02111

Fax: 857-338-3045

For questions, please contact the Department of Children and Families Background Record Check Unit at 857-338-3030.



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**Department Central Registry Record Request
 for Child Placement, Employment or Licensure**

Purpose: Employment Licensing Other (Please Explain): _____

Requestor Information:

Office of Licensing & Accreditation

Requestor Name

700 Governors Dr Pierre, SD 57501

Requestor Address

Kyli Hill

650-773-3612

dsscrrs@state.sd.us

Contact Person Name (if different from above)

Phone Number

Email Address

Applicant/Employee Information:

Last Name

First Name

Middle Name

Date of Birth

Place of Birth

Last 4 Digits of Social Security Number

Mother's Maiden Name

Applicant/Employee Phone Number

Applicant/Employee Email Address

All Prior First, Middle, Last Names or Nicknames Used:

Current Home Address and Any Prior Addresses in the Past 5 Years:

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Applicant/Employee Consent:

I, _____, (Applicant/Employee Name) authorize the Department of Children and Families to:

- search its Central Registry of Child Abuse/Neglect to determine if there are any supported reports of child abuse and/or neglect involving me and inform the requestor of the result; and
- if there are any supported reports involving me, provide copies of the reports to the requestor.

I certify that the information above is correct.

Signature

Date

Requestor Certification:

I, _____, (Name of Staff Member/Requestor), certify that the applicant/employee named on page 1 has provided proof of their identity and that the applicant/employee information above is correct to the best of my knowledge based on the proof of identity provided.

I understand that the Department will search its Central Registry based on the information provided by the applicant/employee and that search results will be limited to exact matches to the provided information.

I request that the results of this Central Registry Check are returned by: Secure Email or Mail

Staff Signature

Date

Department of Children and Families Official Use Only:

Supported Report(s) have been found in Massachusetts involving the above-named individual based on an exact match of the information provided on the request form. Copies of all supported reports are attached.

No Record of supported reports has been found in Massachusetts involving the above-named individual.

Signature

Date