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.

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| **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.

Department Central Registry Record Request

for Child Placement, Employment or Licensure

|  |  |  |
| --- | --- | --- |
| **Purpose:** [ ]  Employment | [ ]  Licensing | [ ]  Other (Please Explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |  |
| Requestor Information: |
| Requestor Name |
|  |
| Requestor Address |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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 |