

The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER Governor

KARYN E. POLITO Lieutenant Governor MARYLOU SUDDERS Secretary

MONICA BHAREL, MD, MPH Commissioner

MEMORANDUM

Tel: 617-624-6000 www.mass.gov/dph

- TO: BSAS Licensed Treatment Programs Serving Youth and/or Families with Children
- FROM: Monica Bharel, Commissioner, Department of Public Health Linda S. Spears, Commissioner, Department of Children and Families

DATE: June 14, 2016

RE: Screening by Department of Children and Families (DCF) for Program Staff

To help ensure the safety and protection of minors, 105 CMR 164.000 *Licensure of Substance Abuse Treatment Programs* was amended to include the following requirements:

A licensee serving individuals under 18 years of age, or serving families with children under 18 years of age, shall require volunteers, students, employees, and employment candidates being considered for hire to sign a consent form allowing DCF to release information to the licensee about the volunteer, student, employee, or employment candidate, regarding whether or not there is a support decision of abuse and/or neglect within the DCF's Central Registry (*164.041 (F) Personnel*).

A licensee shall maintain information received from DCF pursuant to 105 CMR 164.041(F) about a volunteer, student, employee, or employment candidate in a separate file (*164.046 (D*) *Personnel Records*) and shall keep such information confidential.

The Adam Walsh/Child Protective Service (CPS) Background Record Request Form is attached. Licensed treatment programs are required to submit this form for volunteers, students, employees, and employment candidates currently working with or being considered to work with individuals under the age of 18 or families with children under the age of 18. All currently licensed programs are expected to be in compliance with this regulatory requirement within 60 days of the date of this letter. It is the responsibility of licensed programs to make appropriate employment decisions and determinations based on all information available to the program, including information obtained through this process. The form includes specific instructions for completion and mailing. Further information regarding the DCF background check can be reviewed at: http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html

Mail completed forms to the DCF Background Record Check Unit, 600 Washington Street, 6th floor, Boston, MA 02111. Questions regarding the submission of the form should be directed to Claudel Francoeur at (617) 748-2079 at DCF. Questions regarding the BSAS regulations should be directed to Erica Piedade, Director of Quality Assurance and Licensing (QAAL), BSAS, at 413-586-7525x3182 or erica.piedade@state.ma.us

Attachment: Department of Children and Families (DCF) Adam Walsh/Child Protective Service (CPS) Background Record Request Form