

### 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.

<u>Please note</u>: 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 857338-3030.



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

<b>Purpose:</b> X Employment □ I	Licensing   Other	(Please Explain):	
Requestor Information:			
Easthampton Public Schools			
Requestor Name			
50 Payson Avenue, 2 <sup>nd</sup> Floor Ea	sthampton, MA 01	027	
Requestor Address	,		
Suzanne Colby	Suzanne Colby 413		scolby@epsd.us
Contact Person Name (if different from above)		Phone Number	Email Address
Applicant/Employee Informat	ion:		
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 Nicknan	nes Used:	
Current Home Address and A	Any Prior Address	es 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

Annlicont/Employee Consents			
Applicant/Employee Consent:  I, Children and Families to:	, (Applicant/Employee Name) authorize the Department of		
Children and Families to:			
and/or neglect involving me and inform	use/Neglect to determine if there are any supported reports of child abuse in the requestor of the result; and ving me, provide copies of the reports to the requestor.		
I certify that the information above is correct.			
Signature	Date		
Requestor Certification:			
I, _Suzanne Colby, (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.			
	c Central Registry based on the information provided by the be limited to exact matches to the provided information.		
I request that the results of this Central Registry	y Check are returned by: ☑ Secure Email or ☐ Mail		
<u>Suzanne Colby</u> Staff Signature			
Staff Signature	Date		
Department of Children and Families Officia	al Use Only:		
☐ Supported Report(s) have been found in Mas of the information provided on the request form	ssachusetts involving the above-named individual based on an exact match n. Copies of all supported reports are attached.		
☐ No Record of supported reports has been for	und in Massachusetts involving the above-named individual.		
Signature	Date		
Department Central Registry Record Request Form			