

Adam Walsh State Contacts and Procedures for Child Abuse Registry Checks

We strive to keep this list accurate and up to date. If you do notice any discrepancies, please contact us at centersupport@usf.edu so we can make any needed corrections.

STATE	CONTACT INFO	REQUIREMENTS/PROCEDURES
ALABAMA	<p>Jon Perdue Program Manager Office of Child Protective Services Alabama State Dept of Human Resources, Family Services Division 50 Ripley Street Montgomery, AL 36130</p> <p>Phone: (334) 242-9500 Fax: (334) 242-0939 Email: jon.perdue@dhr.alabama.gov</p>	<p>Form Required: Alabama Department of Human Resources Child Abuse/Neglect (CA/N) Central Registry Clearance</p> <p>Original copy required, must be mailed or hand- delivered to office.</p> <p>Complete instructions available Online: http://www.dhr.alabama.gov/services/Child_Protective_Services/CentralRegistryClearance.aspx</p>
ALASKA	<p>Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99501</p> <p>Phone: (907) 269-4026 Fax: (907) 269-4098</p>	<p>Form Required: Clearance Form</p> <p>Email completed form to: Hss.ocsanccpchecks@alaska.gov</p> <p>Complete Instructions Available Online: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</p>
ARIZONA	<p>Arizona Department of Child Safety Central Registry Site code C035-2, P.O. Box 6030, Phoenix, AZ 85005-6030 C/o Yvonne Santos</p> <p>Phone: 602-364-4255 Fax: (602) 265-3993</p>	<p>Form Required: For placement/foster/adoption purposes, please use form 1131A. Form can be found here: https://dcs.az.gov/sites/default/files/DCS-Forms/CSO-1131A.pdf</p> <p>Adam Walsh requests requires an email address and must be typewritten. Incomplete, hand written or unsigned requests cannot be processed and will be returned.</p> <p>Additional info can be found online here: https://dcs.az.gov/</p> <p>If you have any questions regarding this email or Adam Walsh inquiries and requests, please send an email to FHLAWA@azdcs.gov.</p> <p>May be submitted via mail, fax or emailed to DCSCentralRegistry@azdcs.gov</p>

ARKANSAS

Arkansas Child Maltreatment
Central Registry
P.O. Box 1437, Slot S 566
Little Rock, AR 72203

Phone: (501) 682-0405
Fax: (501) 682-0407

Form Required: Application for Child Maltreatment
Central Registry, available for download here (at
bottom of page):
<http://arkedu.state.ar.us/commemos/static/fy0809/4299.html>

<http://humanservices.arkansas.gov/dcfs/DCFSformsLibrary/CFS-316.pdf>

Fax this form and standard cover letter on
letterhead.

CALIFORNIA

California Dept. of Justice
Bureau of Criminal
Information & Analysis
CACI
P.O. Box 903387
Sacramento, CA 94203

Phone: (916) 227-5052
Fax: (916) 227-6364

Caci-inquiry@doj.ca.gov

Form Required: [BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies](#)

Original signature required, form can only be
submitted by mail.

\$15 Processing fee

More information available online:

<http://oag.ca.gov/childabuse/outofstatefosteradoption>

http://cclid.ca.gov/adamwalshi_2609.htm

Note: CA does not have a mechanism for releasing
information for the purpose of Investigation unless
to Law Enforcement conducting an investigation of a
child abuse case.

COLORADO

CDHS Background
Investigation Unit
1575 Sherman Street,
Ground Floor
Denver, CO 80203
Phone: (303) 866-7436 or
866-4614

Form Required: BIU Individual Inquiry Form
<https://dcfs.my.salesforce.com/sfc/p/410000012srR/a/41000000Cfvz/hsgwrNUiscdkir3QQ2yL3JJjbm4tqkyQFaNej0HBVl>

Original Signature Required, form can only be
submitted by mail.

\$35 Processing Fee, made payable to CDHS, BIU,
Records and Reports

More Information available online:

		http://coloradoofficeofearlychildhood.force.com/oecc/OEC_Providers?p=Providers&s=Background-Checks&lang=en
<i>CONNECTICUT</i>	Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106	Form Required: DCF-3033 Foster Care and Adoption Background Search Release, available on this page: https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF-3033-O.pdf?la=en
<i>DELAWARE</i>	DSCYF, OCCL Criminal History Unit 1825 Faulkland Road Wilmington, DE 19805 Phone: 302-892-5800 Fax: 302-633-5191	Form Required: Delaware Child Protection Registry Request Form More information available online: http://kids.delaware.gov/information/adamwalsh.shtml
<i>DISTRICT OF COLUMBIA</i>	Child & Family Services Agency Child Protection Register 200 I Street, SE Washington, DC 20003 Phone: 202-442-6100 Fax: 202-727-8040 Email: cfsa@dc.gov	Form Required: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Check_Application_FINAL_030818_English_fillable_0.pdf (General CPR Check Application) Submit letter via Fax, Attn: Supervisor, DC Child Protection Register Unit
		Additional Information may be available online: http://cfsa.dc.gov/service/background-checks
<i>FLORIDA</i>	Florida Department of Children and Families Office of Child Welfare Building 6 Room 339 1317 Winewood Boulevard Tallahassee, FL 32399 Fax: 850-487-6064 Email: Adamwalsh.requests@myflfamilies.com	Form Required: http://www.dcf.state.fl.us/programs/abuse/docs/CentralAbuseHotlineRecordSearch.pdf Submit via Fax, Mail or email

<p><i>GEORGIA</i></p>	<p>Georgia Dept of Human Services Attn: Child Protective Services Screening 2 Peachtree St. NW, 18 Floor Atlanta Georgia 30303</p> <p>For questions send e-mail to: georgiaadamwalshcheck@dhs.ga.gov</p>	<p>Georgia's Child Protective Services Information System (Child Abuse Registry)</p> <p>Please ensure that the required documents below are available before submitting the screening request.</p> <p>1) Request on Letterhead 2) Signed Screening Request Form</p> <p>Note: If the request is for a foster/adoptive parent, have the applicant to sign the form.</p> <p>Online screening request: https://gacar.dhs.ga.gov/Screening/Home/AgencyRequest (State or government agency of this state or any other states.) Downloadable submission form: https://gacar.dhs.ga.gov/General/Home/Download/1?option=view</p> <p>* Georgia will not allow a private foster care agency access to their Central Registry check</p>
<p><i>GUAM</i></p>	<p>Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue Hagatna, Guam 69610</p> <p>Phone: 671-475-2653 Fax: 671-477-0500</p>	<p>Form Required: None. Print request for information on letterhead.</p> <p>Signed release required.</p>
<p><i>HAWAII</i></p>	<p>Department of Human Services Child Welfare Services Section 420 Waiakamilo Road, Suite 300A Honolulu, HI 96817</p> <p>Phone: 808-832-0609 Fax: 808-832-0628</p>	<p>Form Required: Consent to Release Information from the Child Protective Services System Central Registry</p> <p>Original form must be mailed.</p> <p>Additional Information available online: http://humanservices.hawaii.gov/ssd/backgroundcheck/</p>

IDAHO

Idaho Department of Health & Welfare

Criminal History Unit
PO Box 83720
Boise, ID 83707-9815

Phone: 208-332-7990

Fax: 208-332-7991

Email:

crimhist@dhw.idaho.gov

Contact: Fernando Castro,
Program
Supervisor

E-mail:

Fernando.castrof@dhw.idaho.gov

Alternate e-mail:

crimhist@dhw.idaho.gov

Website: <https://chu.dhw.idaho.gov>

Form: The form is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check. Additional documentation should be included to clarify request specifics.

Form:

https://chu.dhw.idaho.gov/documents/Idaho_CP_Registry_Check_Request_Form.pdf

Go to: Instructions (<https://chu.dhw.idaho.gov>)

Is the Form Required? Yes.

Signed release required. Yes – signed and notarized

Methods of transmission: Mail, fax, e-mail with attachment scanned in PDF format. E-mail to: crimhist@dhw.idaho.gov

Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request.

Note: Processing fees are reimbursable under Title IV-E administrative expenses.

ILLINOIS

Department of Family & Children Services
406 E. Monroe Street, Station 30
Springfield, IL 62701

Phone: 217-557-0758

Fax: 217-782-3991

Form Required: [CFS 689 Authorization for Background Check for Programs NOT Licensed by DCFS](#) (note: This form is also available in Spanish at <http://www.illinois.gov/dcs/aboutus/notices/Pages/default.aspx>)

Request may be submitted via mail, fax or email. Please specify on subject line: Out-of-State Child Welfare

INDIANA

Indiana Dept. Of Child Services, COBCU
302 W. Washington St.
Room E306, MS08
Indianapolis, IN 46204

Fax: 317-234-4633

Email:

background.checkunit@dcs.in.gov

Requests for CPI/CPS history checks must be submitted via Indiana's on-line portal.

For updates and implementation of this new portal and information specific to CPI/CPS History Check Requests, please visit the IN DCS Background Check Webpage at: <https://www.in.gov/dcs/3928.htm>

Additional information may be available online: <http://www.in.gov/dcs/2363.htm>

<p>IOWA</p>	<p>Central Abuse Registry Iowa DHS P.O. Box 4826 Des Moines, IA 50305 Fax: 515-564-4112 Email: DHSAbuseRegistry@dhs.state.ia.us</p>	<p>Form Required: Request for Child Abuse Information</p> <p>Forms may be submitted via Mail, Fax or Email.</p>
<p>KANSAS</p>	<p>Attn: DCF/Child Abuse and Neglect Central Registry P.O. Box 2637 Topeka, KS 66612</p> <p>Fax: 785-296-8609</p>	<p>Form Required: http://www.dcf.ks.gov/services/PPS/Documents/OBI_1011_CAN_ROI.pdf</p> <p>Required fee of \$10</p> <p>Requests should be submitted via Mail/Email/or Fax” Email Address: DCF.CentralRegistry@ks.gov</p> <p>Additional Information available online: http://www.dcf.ks.gov/services/PPS/Pages/Adam-Walsh-Legislation.aspx</p>
<p>KENTUCKY</p>	<p>Department for Community Based Services Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: 502-564-3834 Fax: 502 564-9554</p>	<p>Form Required: None</p> <p>Requests should be printed on letterhead and submitted via mail or fax.</p> <p>Additional information may be available online: http://chfs.ky.gov/dCBS/adamwalshforms.htm</p>
<p>LOUISIANA</p>	<p>Louisiana department of Children and Dept. of Children & Family Services P.O. Box 3318 Baton Rouge, LA 70821</p> <p>Phone: 225-219-3461 Fax: 225-342-3480 Email: dcfs.childprotectiveservices.dcfscfs@la.gov</p>	<p>The following types of clearances must be submitted through the Louisiana Child Abuse and Neglect Clearance System (CANS):</p> <ul style="list-style-type: none"> • Clearances for out of state licensed child care facility employees/volunteers (must be requested by the licensed facility and requires a \$25.00 fee) • Requests from out of state Child Protection Agencies (no fee at this time) • Requests for out of state agencies certifying foster/adoptive parents that serve foster children (no fee at this time) <p>The CANS system can be accessed through the following link https://dcfscans.dcfscfs.la.gov/.</p> <p>***Please visit the following website for additional information: http://www.dcfscfs.la.gov</p>

<p>MICHIGAN</p>	<p>Division of Child Welfare Licensing Michigan Department of Health and Human Services 235 S Grand Ave, Suite 1305 PO Box 30650 Lansing, MI 48909 Fax: 517-284-9719</p> <p>If you are with a child placing agency working with a foster home or adoptive applicant, mail, email, or fax requests to:</p> <p>Attention: Will McGrath Phone: 517-284-9758 Email: mcgrathw@michigan.gov OR: Patricia Neitman Phone: 517-284-9742 Email: neitmanp@michigan.gov</p>	<p>Additional Information may be available online: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--00.html#Section_1</p> <p>Requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include</p> <ol style="list-style-type: none">1) Name and title of individual requesting the information.2) Contact information (phone, fax numbers, email address, etc.)3) The following information on individuals for which Central Registry clearance is being requested:<ul style="list-style-type: none">• Name(s) of individuals.• Any previous names.• Date of birth.• Social Security number.
<p>MINNESOTA</p>	<p>Minnesota Department of Human Services Background Studies Division P.O. Box 64172 St. Paul, MN 55164-0172</p> <p>Phone: 651-431-6620 Fax: 651-431-7670</p>	<p>Form Required: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7124-ENG</p> <p>Additional Information may be available online: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_138686</p>

MISSISSIPPI

Mississippi State Department
of Human Services
Division of Family and
Children's Services,
Protection Unit, Child Abuse
Central Registry
P.O. Box 352
Jackson, MS 39205-0352

Phone: 601-359-4487

**Form Required: Child Abuse/Neglect (CA/N)
Common Central Registry Application (Docu-sign
form)**

<https://na2.docuSign.net/member/PowerFormSigning.aspx?PowerFormId=648d8b01-c287-45f5-9d43-31f10f7a915f>

<http://www.dps.state.ms.us/wp-content/uploads/Authorization-to-Release-MS-Criminal-Record-Inquiry.pdf>

Complete instructions available here:

http://www.mdhs.ms.gov/media/202522/can_ccr_app_instructions.pdf

Additional Information may be available online:

<http://www.mdhs.ms.gov/family-childrens-services/child-abuse-central-registry/#>

MISSOURI

Missouri Children's Division
Background
Screen/Investigations Unit
P.O. Box 88
Jefferson City, MO 65103

Phone: 573-751-2330
Fax: 573-751-2607

Form Required:

<http://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Forms/documents/SHP-159J.pdf>

Completed form should be mailed to Missouri
Children's Division Background
Screen/Investigations Unit

Additional Information may be available online:

<http://dss.mo.gov//cd/>

MONTANA

Records Request
DPHHS/CFSD
PO Box 8005
Helena, MT 59604-8005

DPHHS/CFSD
ATTN: Records Request
Fax: 406-841-2487

Form Required:

<https://dphhs.mt.gov/Portals/85/cfsd/documents/BackgroundChecks/cfs-lic-018releaseofinformation.pdf>

Completed form should be signed and notarized and
submitted by mail or fax. Incomplete or illegible
forms will be returned.

Additional Information may be available online:

<http://dphhs.mt.gov/CFSD/BackgroundChecks.aspx#149211309-where-to-send-child-protective-service-background-check-requests>

Questions should be emailed to:

ChildFamilyServicesDiv@mt.gov

NEBRASKA	<p>Nebraska Department of Health & Human Services Children & Family Services, Policy Unit Attention Central Registry P.O. Box 95026 Lincoln, NE 68509</p> <p>Phone: 402 471 9272 Fax: 402 742 2344 (Fax is preferred) Email: DHHS.CFSCentralRegistry@nebraska.gov</p>	<p>Requests are accepted via mail with the form below OR requests are accepted via our online portal found here: https://ecmp.nebraska.gov/DHHS-CR/</p> <p>Form Required: APS CPS CFS Form</p> <p>Form must be signed, notarized and mailed</p> <p>Additional Information may be available online: http://dhhs.ne.gov/Pages/Abuse-and-Neglect-Central-Registry.aspx</p> <p>Please note:</p> <ul style="list-style-type: none">• Requests via fax or e-mail are no longer accepted.• There is a charge of \$2.50 per background check request with additional fees for payment processing when requests are completed on the online portal.
NEVADA	<p>Nevada Division of child and Family Services Attn: Child Abuse and Neglect Records Check 4126 Technology Way, 1st Floor Carson City, NV 89706</p>	<p>Form Required: Request for Child Abuse & Neglect Screening (linked at the bottom of this page: http://dcfs.nv.gov/Forms/CentralRegistry/)</p> <p>Form must be signed and mailed to the Nevada Division of Child and Family Services</p> <p>Additional Information may be available online: http://dcfs.nv.gov/Forms/CentralRegistry/</p>

<p><i>NEW HAMPSHIRE</i></p>	<p>NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301</p> <p>Phone: 603-271-8383 Fax: 603-271-4729</p>	<p>Form Required: https://www.dhhs.nh.gov/dcbcs/nhh/documents/central-registry.pdf</p> <p>Must be signed and notarized</p> <p>Form must be mailed, and include a self-addressed stamped envelope.</p>
<p><i>NEW JERSEY</i></p>	<p>Department of Children & Families Office of Licensing/CARI Unit P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: : 877-667-9845</p>	<p>Form Required: Out-of-State CARI Check Application (linked at the bottom of this page: http://www.state.nj.us/dcf/reporting/record/)</p> <p>Include the following with the form:</p> <ul style="list-style-type: none"> • A Copy of your agency license or certification • A pre-paid return envelope for each request <p>Form must be submitted via mail, though fax may be approved in emergency situations.</p>
<p><i>NEW MEXICO</i></p>	<p>CYFD Protective Services PO Drawer 5160 CRC Unit Room 225 Santa Fe, NM 87502-5160</p> <p>Phone: 505-827-8400 Email: cyfd.pscriminalreco@state.nm.us</p>	<p>Form Required: https://cyfd.org/docs/NM_Child_Abuse_and_Neglect_Check_Form.pdf</p> <p>Form must be signed, notarized and mailed.</p>
<p><i>NEW YORK</i></p>	<p>Office of Children & Family Services New York State Central Register P.O. Box 4480 Albany, NY 12204</p> <p>Phone: 518-474-5297 Fax: 518-486-3424</p>	<p>Form Required: Adam Walsh Child Protective and Safety Act of 2006 (multiple languages available); Search “Adam Walsh” in the search box on this page: http://ocfs.ny.gov/main/documents/docsKeyword.asp (Click here for form to request records for potential Child Care providers)</p> <p>Form must be signed and notarized;</p>
<p><i>NORTH CAROLINA</i></p>	<p>NC Division of Social Services 820 S. Boylan Ave. MSC 2408 Raleigh, NC 27699 Attn: RIL</p> <p>Fax: 919-715-6714 Phone: 919-527-6340</p>	<p>Form Required: http://info.dhhs.state.nc.us/olm/forms/dss/dss-5268-ia.pdf</p> <p>Must be signed and submitted via fax or Mail; If mailed, a self-addressed stamped envelope must be included.</p>

NORTH DAKOTA	<p>Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept 325 Bismarck, ND 58505</p> <p>Phone: 701-328-1846 Fax: 701-328-3538</p>	<p>Form Required: For the purposes of requesting CPS history for an open investigation, request can be made on agency letterhead and emailed to Jen Grabar at jjgrabar@nd.gov or faxed to her attention at 701-328-3538. Her direct line is 701-328-1863</p> <p>For other CA/N Index checks, applicants are required to complete a form: (https://www.nd.gov/eforms/Doc/sfn00433.pdf) S submitted to dhscfscbc@nd.gov or Fax to: 701-328-0358.</p>
OHIO	<p>Ohio SACWIS Registry Ohio Dept. of Job & Family Services</p> <p>Office of Families & Children PO Box 183204 Columbus, OH 43218-3204</p> <p>Phone: 614-752-1298 Fax: 614-728-6726</p>	<p>Form Required: https://iowafosterandadoption.org/wp-content/uploads/2019/03/OHIO-2019-1.pdf</p> <p>Instructions: https://iowafosterandadoption.org/wp-content/uploads/2019/03/OHIO-Instructions.pdf</p> <p>Form must be typewritten and signed</p> <p>The completed form should be submitted to SACWIS_Registry_Request@jfs.ohio.gov. Please note OUT OF STATE REQUEST in the Subject line of your e-mail.</p>
OKLAHOMA	<p>Email: caniscps@okdhs.org Fax: 405-521-4373</p>	<p>****Please note: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter stating the above information.</p>

<http://www.okdhs.org/services/cps/pages/outofstaterequestsforoklahomacpshistory.aspx>

OREGON

Oregon Department of
Human Services
Background Check Unit
P.O. Box 14870
Salem, OR 97309

Phone: 503-378-5470

Fax: 503-378-6314

Attn: Adam Walsh
Coordinator

Email:

[Adam-
Walsh.Oregon@dhs.ohio.state.gov](mailto:Adam-Walsh.Oregon@dhs.ohio.state.gov)

Form required:

- Please e-mail Adam-Walsh.Oregon@dhs.ohio.state.gov to request a copy of the form.
- Form must be type-written and signed.
- E-mail completed forms to Adam-Walsh.Oregon@dhs.ohio.state.gov

PENNSYLVANIA

ChildLine & Abuse Registry
Department of Public
Welfare
PO Box 8170
Harrisburg, PA 17105

Phone: (717) 783-6211

Toll-Free: 1-877-371-5422

Online Clearance Application:

<https://www.compass.state.pa.us/cwis/public/home>

By mail application:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s_001762.pdf

The Consent/Release of Information Authorization form is available here:

http://dhs.pa.gov/cs/groups/webcontent/documents/form/c_228197.pdf

Fee: \$13, may be submitted as check or money order payable to Department of Public Welfare

Additional Information may be available online here:

<http://www.dhs.pa.gov/publications/findaform/chil dabusehistoryclearanceforms/index.htm#.Vk3l7HarRhE>

or here:

<https://www.compass.state.pa.us/cwis/public/home>

<i>PUERTO RICO</i>	Directora Centro Estatal PO Box 194090 San Juan, PR 00919 Phone: 787-625-4900 E-mail contacts: Lisa M. Agosto Carrasquillo Imagosto@familia.pr.gov or Damaris Medina Ramos dmedina@familia.pr.gov	Register of Convicted Persons for Sexual Offenses and Child Abuse http://sor.cjis.pr.gov/ Form Required: Puerto Rico Request Form
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- RHODE ISLAND* **No form Required. Print request on letterhead, and include the following:**
- A signed release from both the individual and the staff from the agency requesting the clearance. You may send this release on agency letterhead.
 - Please also include:
 - o Name
 - o DOB
 - o Previous Rhode Island address(es), if known
 - o Agency check or money order in the amount of \$10.00
 - o Made payable to "General Treasurer State of Rhode Island"
 - o Cash and personal checks are not accepted
 - o All requests must be mailed, we do not accept electronic payment

All requests can be submitted to:

The Department of Children, Youth and Families
Attn: Jan Mitchell, Record Center
101 Friendship Street
Providence, RI 02903

Phone: 800-742-4453 or 401-528-3842
Fax: 401-528-3480

<i>SOUTH CAROLINA</i>	South Carolina Department of Social Services Attn: Cashier 1535 Confederate Avenue PO Box 1520 Columbia, SC 29202 Phone: 803-898-7229	Form Required: https://dss.sc.gov/media/1753/dss-form-3072_rev-may-18.pdf Fee: \$8 payable by check or money order Form must be signed and witnessed or notarized and submitted via mail; include a stamped self-addressed envelope Additional Information may be available online: https://dss.sc.gov/content/customers/protection/cps/cr/index.aspx
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Updated 5/15/2019

SOUTH DAKOTA

Department of Social
Services/CPS
700 Governors Drive
Pierre, SD 57501

Phone: 605-773-3227
Fax: 605-773-6834
Contact: Nicole LeBeau
Email:

Nicole.lebeau@state.sd.us

Form Required: Contact by phone for instructions.

Signed, Witnessed and Notarized release required.
Original form must be submitted by mail.

<p>TENNESSEE</p>	<p>Email: EI DCS CPS CentralRegistryC heck@tn.gov</p>	<p>Form Required: Tennessee DCS Database Search Results form Available on this page: https://files.dcs.tn.gov/forms/0741.pdf</p> <p>Include the following:</p> <ul style="list-style-type: none">• Cover Letter on agency letterhead stating the reason for the request• Attached "Tennessee" DCS Database Search Results" form completed in Word Format• Copy of current agency license (if CPA/private adoption agency). For independent home study writers, include proof or verification noting your approval as a home study writer.• A copy of the person's signed "Authorization to Release Information" specifically stating information is to be shared from the Tennessee Department of Children's Services with your agency (this is a form from your agency, not Tennessee) <p>The requested information must be sent via email; the form must be submitted in word format (.doc, .docx)</p> <p>Please include "Out of State Request" in the subject line, along with the name of the requesting state.</p> <p>Additional Information may be available online: https://www.tn.gov/dcs/contact-us/records-management-division/cps-history.html</p>
<p>TEXAS</p>	<p>CBCU TX Abuse Neglect BGC, M/C 121-7 PO Box 149030 Austin, TX 78714</p> <p>Phone: 1-800-645-7549 Fax: 512-339-5829</p> <p>Email: TXAbuseNeglectBGC@dfps.state.tx.us</p>	<p>Form Required: Request for Child Abuse/Neglect Central Registry – Centralized Background Check Unit (form 2970). http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=F-500-2970.pdf</p> <p>Form must be notarized and submitted via email, fax or mail.</p>

<i>UTAH</i>	Department of Human Services Division of Child & Family Services Attn: Child Abuse Background Screening 195 North 1950 West Salt Lake City, UT 84116 Phone: 801-538-4466 Fax: 801-538-3993	Form Required: https://dcfs.utah.gov/wp-content/uploads/2018/01/Informed-Consent-PDF.pdf Please also include a copy of one of the following photo identifications: <ul style="list-style-type: none">• Valid Driver's License• State Identification Card• Passport ID Form should be mailed.
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		Additional Information may be available online: http://dcfs.utah.gov/
VERMONT	<p>Child Protection Registry Self-Inquiry Department of Children and Families, Osgood 3 103 South Main Street Waterbury, VT 05671</p> <p>Phone: 802-871-6474 Fax: 802-241-3301</p>	<p>Form Required: https://dcf.vermont.gov/sites/dcf/files/Protection/docs/CPR-Selfcheck.pdf</p> <p>Mail completed form and self-addressed stamped envelope</p> <p>Additional Information may be available online http://dcf.vermont.gov/protection/registry/self-check</p>
VIRGINIA	<p>Virginia Department of Social Services Office of Background Investigations – Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219</p>	<p>Form Required: http://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf</p> <p>Fee: \$10 , must be money order, company/business check or cashier’s check made payable to Virginia Department of Social Services</p> <p>Form must be mailed</p>
WASHINGTON	<p>Department of Children, Youth, and Families 500 First AV South, Suite 501 Seattle, WA 98104-9968 Email: CANhistorychecks@dcyf.wa.gov</p> <p>Phone: 206-3341-7938 Fax: 206-341-7930</p> <p>Mail form with fee to: Department of Children, Youth, and Families ATTN: FISCAL PO Box 40970 Olympia, WA 98504-0970</p>	<p>Form Required: Washington State Child Abuse and Neglect Founded Findings Request from Another State (form DCYF #23-041) https://www.dcyf.wa.gov/safety/foundedfindings-externalrequestors</p> <p>Fee: \$20, check payable to Department of Children, Youth, and Families (DCYF) *Form must be typewritten and signed. Any handwritten or incomplete forms will be returned. *Completed forms must be submitted by mail.</p> <p><u>Requests from State Child Protective Service Investigators:</u> For a Public Child Welfare agency requesting CA/N history as part of a CPS or Child Welfare investigation, the request must be submitted on their state agency's letterhead and include language indicating the subjects are part of an ongoing investigation. For specific instructions, click:</p>

		<p>https://www.dcyf.wa.gov/safety/foundedfindings-externalrequestors</p> <p>Email the CA/N history request to CANhistorychecks@dcyf.wa.gov or Fax to 206-341-7930</p>
<i>WEST VIRGINIA</i>	<p>Bureau of Children and Families 350 Capitol Street, RM 691 Charleston, WV 25301</p> <p>Phone: 304-558-7980</p>	<p>Form Required: Authorization and Release for Protective Services and Provider Record Checks for Adoption/Foster Care Only</p> <p>Child Care Agencies use this form: https://dhhr.wv.gov/bcf/Providers/Documents/AUTHORIZATIONRELEASERECORDCHECK.pdf</p> <p>Form should be filled out using blue ink; original should be submitted via mail to address listed on form.</p>
<i>WISCONSIN</i>	<p>Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703</p> <p>Email: CWBckgrdRequests@wisconsin.gov</p> <p>Fax: (608) 226-5521</p>	<p>Form Required: DCF-F-5065-E Request for Child Protective Services Background Check for Certain Purposes.</p> <p>Search for Form #5065 on this page to access form in English, Hmong, or Spanish: https://dcf.wisconsin.gov/forms</p> <p>Or click here for the direct link to the English version: https://dcf.wisconsin.gov/files/forms/doc/5065.doc X</p> <p>Form can be emailed or faxed. Hand-written signatures are required.</p>
<i>WYOMING</i>	<p>Department of Family Services Central Registry 2300 Capitol Ave, 3rd FloorCheyenne, WY 82002</p>	<p>Form Required: https://drive.google.com/file/d/1n3TwihoSOh9ZSN_f5s4NpwRbKHKT4HwS/view</p> <p>(Central Registry Screening Form/DFS Form SS/APS-26)</p> <p>Fee: \$10 for each individual screened; check or money order Include Self-Addressed envelope (postage appreciated, but not required), typed list of names,</p>

Updated 5/15/2019

dates of birth, and social security numbers for all individuals being screened

Application should be submitted by mail.

Additional Information may be available online:

<https://sites.google.com/a/wyo.gov/dfsweb/central-registry>