State of Nevada - Division of Child and Family Services
EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY INFORMATION
NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432.100. This form authorizes the Division of Child and Family Services to inform the employer or agency requesting the information whether the person who is the subject of the background check has been found to have abused or neglected a child.

Instructions: The person who the subject of the background check must complete this form with the employer to ensure the form is completed it its entirety. The form must include the person's complete name (include any other names used, e.g. maiden name, alias, etc.), date of birth, and Social Security Number (SSN). This form must be either be signed and notarized or be signed with a copy of the Photo ID attached (in lieu of notary). This decision is at the discretion of the requesting employer/agency who is responsible to verify the identity of the individual with their Photo ID or require the individual to obtain the notarization.

Email the request form to: DCFS-CANS@dcfs.nv.gov (Include the word "Secure" in the email subject line to protect the information in the email).

If you do not receive a response after 15 business days, please email DCFS-CANS@dcfs.nv.gov.

PART I. EMPLOYER REQUESTING INFORMATION (completed by employer/agency)

I am an employer and request information in accordance with subsection 3 of NRS 432.100.

Mychelle Brown, Program Specialist I
_____
Print Name/Title of Person Requesting   Signature
Data   Date

NH DHHS - Child Care Licensing Unit   CCLUnit@dhhs.nh.gov   603-271-9025
_____
Employer/Agency Name   Email   Phone Number

129 Pleasant Street, Concord, NH 03301
_____
Business Address

Employer reason for request:

Release to an agency/individual related to:
☑ Childcare related employment   ☐ Elder care related employment   ☐ CASA
☐ Schools/public and private   ☐ Other (explain): _____

PART II. IDENTIFYING INFORMATION
(completed by individual(s) for whom information is being requested)

List all adults age 18 and over for whom information is being requested

_____
Name (Adult #1)   Date of Birth   Social Security Number
                                        ☐ Male ☐ Female
_____
Alias/Maiden Name(s) used   Gender/Sex

_____
Email

_____
Address

_____
Name (Adult #2)   Date of Birth   Social Security Number
                                        ☐ Male ☐ Female
_____
Alias/Maiden Name(s) used   Gender/Sex

_____
Email

_____
Address

Children in family or home

Name	Any other name(s) used	Date of Birth	Social Security Number

PART III. AUTHORIZATION TO RELEASE INFORMATION
(completed by individual(s) for whom information is being requested)

Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse and Neglect Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

(Name of employer/agency)_____about a finding of a substantiated report of abuse or neglect in the Central Registry.

If a Central Registry record is found, you will also receive the results of this request. Indicate preferred method to receive results: Adult #1: ☐ Email ☐ Address   Adult #2: ☐ Email ☐ Address

SIGNATURE AND IDENTIFICATION VERIFICATION

This form must be either be signed and notarized or be signed with a copy of the Photo ID attached (in lieu of notary). This decision is at the discretion of the requesting employer/agency who is responsible to verify the identity of the individual with their Photo ID or require the individual to obtain the notarization.

_____
Print Name (Adult #1)   Signature   Date

_____
Print Name (Adult #2)   Signature   Date

STATE OF_____)

COUNTY OF_____)

This instrument was acknowledged before me on (date)_____by:

_____
Printed Name of Individual

                                                        _____
                                                                    Notary Public

(Notary Stamp)

(FOR DCFS CENTRAL OFFICE USE ONLY)

☐ **No Record Found**

☐ **Central Registry Record Found:**

   A report of ☐ ABUSE and/or ☐ NEGLECT was substantiated on_____.
   *Please be aware that the person(s) in this report may still have the right to appeal these substantiations and they will be provided separate instructions on how to inquire about their appeal rights.

_____
Print Name/Title   Signature   Date