State of Nevada – Division of Child and Family Services
Request for Child Abuse and Neglect Central Registry Screening
NRS 432.100-130, NRS 432B and NAC 432B.170

Overview:
Substantiated child abuse and neglect information from the Central Registry may be requested under NRS 432.100. This background check confirms whether an individual has been substantiated to have abused or neglected a child. It does not include CPS reports or investigative history. **There is no fee for this service.**

Instructions to complete this request:

- **All Requests** must include:
  - Subject's full name (AKAs, maiden names, and aliases);
  - Date of birth; and
  - Social Security Number (SSN)
- **Employer/Volunteer Requests:**
  - The form must be:
    - Signed by agency's representative AND
    - Signed by subject and accompanied by a copy of a Photo ID; OR
    - Signed by subject and notarized
- **Self-Request:**
  - The form must be:
    - Signed by subject and notarized; AND
    - Accompanied by a copy of a Photo ID
- **Child Safety Requests (child welfare agencies or licensed child-placing agencies):**
  - The form must be:
    - Signed by agency's representative AND
    - Include a copy of representative's work badge
    - Complete 1 form per individual living in the home
  - For the purpose of child placement **also include**:
    - Signed by agency's representative AND
    - Signed by subject and accompanied by a copy of a Photo ID; OR
    - Signed by subject and notarized

Processing:

- Each request must include all documentation and must be saved in PDF format.
- Email completed forms and photo ID to the confidential email: DCFS-CANS@dcfs.nv.gov.
- Please **allow 30 business days for the processing** of your request. If no response is received after the 30-business days, follow-up by email, DCFS-CANS@dcfs.nv.gov.

Incomplete or unreadable forms will be returned and may delay processing. Common reasons include**:**

1. Illegible or poor-quality copies
2. Missing, incomplete, or unclear information on any part of the form including ID
3. Missing or unclear notary signature or seal
4. Use of correction fluid or tape (e.g., white-out)
5. Alterations made after notarization
6. Official Letterhead in lieu of a completed form
7. Completed a prior version of the request form

Note: Child Protective Services History is not included in this request. If needed contact:

- Clark County (Las Vegas/Henderson): (702) 455-6683
- Washoe County (Reno/Sparks): (775) 785-8600
- All other counties: (775) 684-1930

Purpose of Search:

☐ Adoption
☐ Foster/Kinship care
☐ International Adoption
☑ Child Welfare Agency
☐ Employment
☐ Volunteer
☐ CASA
☐ Institutional Facility
☐ Group/Res. Facility
☐ Law Enforcement Agency
☐ Business Licensure
☐ Self-Request
☐ Other (Please Specify): _____

Part 1: Agency Information:

(If this is an individual request, skip "Part 1")

Agency	Name of Agency Representative
Office of Licensing Accreditation	Kyli Hill

Agency Address	Representative's Phone Number
700 Governors Dr, Pierre, SD 57501	605 - 480 - 9407

Representative's Email

dsscrs@state.sd.us

Agency Representative Signature: _____ **Date:** _____

Part 2: Subject's Consent for Release of Information to Selected Agency/Individual:

I, the subject of the child abuse registry check, do hereby authorize the Nevada Division of Child and Family Services to research its records to determine if I am on the Central Registry list of persons responsible for child abuse and neglect. I understand this information will be released to the requesting agency or employer.

Subject Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If Subject is under age 18 this must be signed by Subject's parent/guardian & Subject)

Part 3: Search Information **(To be completed in full by subject whose name is being searched)**

Last Name	First Name	Middle Name (FULL)	Maiden/Birth Name/Alias

Social Security #	Alien/USCIS – Number	Date of Birth	Daytime Telephone Number

Address	Email

Children in the Home:

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

This form must be notarized for self-requests, or in lieu of photo ID for employment/volunteer requests.

The following section is to be completed in the presence of an Official Notary only.
A notary public verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of this document**.**

Signature and Notary

State of [State] _____

County of [County] _____

This record was acknowledged before me on _____ [Date], by

_____ [Printed name of Signer], who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed in this document.

Subject Signature: _____ **Date:** _____
(Signature must be blue ink)

(Notary Seal)

_____
Notary Public Signature

My Commission Expires: _____

Review to ensure ALL sections are complete. Do not alter this form in any way.
Altered forms will not be accepted.

**********STOP**********

(For DCFS Family Programs Office Use Only)

☐ **No Record Found**
☐ **Child Welfare History Found** (applicable for self-requests, child welfare agencies, or licensed child-placing agencies)
☐ **Central Registry Record Found:**
  ☐ **Abuse was substantiated**
  ☐ **Neglect was substantiated**

*Please be aware that the person in this report may still have the right to appeal these substantiations. Refer to **Instruction for Inquiry of Appeal Rights** for further instruction.

To request additional information regarding the results of this request please contact:
☐ Clark County Family Services **(702) 455-6683**
☐ Washoe County Human Services Agency **(775) 785-8600**
☐ Division of Child and Family Services **(775) 684-1930**

FPO Staff:

Printed Name and Title	**Signature**	**Date**