

MA DCF Online 51A Report

See “Child Abuse” in the SW website for the link to the reporting website (and additional information)

Select “Mandated Reporter”

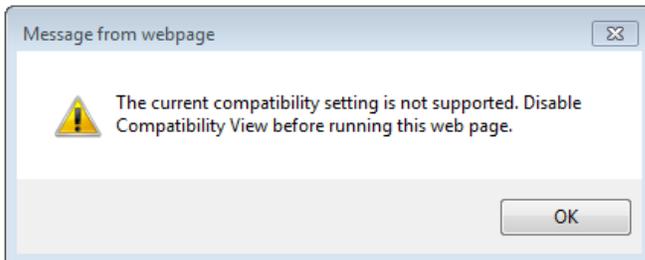
Report child abuse or neglect as a mandated reporter

Mandated reporters like teachers, nurses, or police officers are required by law to complete a written report with 48 hours of calling to report child abuse or neglect. The written report does not replace the requirement to call first.

First-time mandated filers:
Report child abuse or neglect
online →

Return mandated filers:
Report child abuse or neglect
online →

Select either “First-time mandated filer” or “Return mandated filers”



FYI – You may see this box pop us several times. Click “OK” and it will disappear

First time filers will need to complete the online form to create your account

Setting Up Your Account

This registration process is for individual users requesting access to the Virtual Gateway for individual services. All other Users (for example, Providers or State Agency users) must submit requests for Virtual Gateway accounts through their organization's Access Administrator.

Please complete Steps 1-6 to create your Virtual Gateway account. Please note that the Virtual Gateway Portal is a secure website managed by the Commonwealth of Massachusetts. By law we must keep your information private and secure.

If you already have a Virtual Gateway username, please [click here to log in](#)

Virtual Gateway Customer Service
 Monday through Friday
 8:30 am to 5:00 pm
 800-421-0938 (Voice)
 617-847-6578 (TTY for the deaf and hard of hearing)

Step 1: Terms And Conditions
Virtual Gateway Terms and Conditions
 The Virtual Gateway and its related business services are provided subject to your agreement and compliance with the terms and conditions of use set forth below. Please read the following carefully. If you do not agree to be bound by these terms and conditions, promptly exit this application.

I ACCEPT I DO NOT ACCEPT
[View Terms and Conditions \(PDF reader can be downloaded from here\)](#)

Step 2: Personal Information
 Please highlight the service to which you would like access and complete all of the sections below. When you are finished, click the 'Submit' button.

Service Name:

First Name:

Middle Initial: (Optional)

Last Name:

4 Digit PIN: Please choose any four digit number that you will be able to remember. You may be asked to give this number for identification reasons in the future.

Birth Date (Month/Day):

Email Address:

Confirm Email Address:

Security Question
 Answers that are numbers should be typed as numbers not words (for example, enter 8 rather than 'eight' or 3 rather than 'three')

What number comes after 14?

You will be assigned a Username, which will be e-mailed to the e-mail address that you provided on the form.

Once you receive your user name, you will be able to Log In.

Executive Office of Health and Human Services - Virtual Gateway

Welcome to the Virtual Gateway

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Login

Username:

Password: (Case sensitive)

[Forgot Password](#)

Important Messages
 When logging in, you may be required to change your password and update your user profile. For assistance with logging in, please visit www.mass.gov/vg/loginassistance.

Maintenance Notices

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Once signed in, select "DCF Partner Services"

Welcome SANDRA J STOKES

Please select one of the following Business Services:
(Clicking on link will open in a new window)

- [Catalog of Services](#)
- [DCF Partner Services](#)

Important Messages

When logging in, you may be required to change your password and update your user profile. For assistance with logging in, please visit www.mass.gov/vg/loginassistance.

Manage My Account

- Change My Password
- Answer My Secret Questions
- Update My Personal Information
- Logout

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The Dashboard will remind you to (Step 1) call your report in to a local DCF Area Office, and then (Step 2) create and submit your online report

Step 1 Call a DCF Area Office

Immediately reporting by oral communication to the:

- > Local [DCF Area Office](#) (weekdays 9am to 5pm)

or

- > Child-At-Risk-Hotline [+1-800-792-5200](tel:+1-800-792-5200) (weekdays after 5pm or weekends and holidays).

Step 2 File a Report with DCF

Submit a report to DCF within 48 hours of the oral report.

* **Type of Report:**

Mandatory

* **Date Oral Report filed:**

10/09/2018

+ Start Report

Fill out the report as completely as possible. Click “Submit.”

Once your report is submitted, you will receive verification of receipt via e-mail

You can keep track of filed reports in your dashboard.

Child Abuse/Neglect Reports: 5						
(1 of 1) << < 1 > >>						
Report ID	Date Oral Report filed	Intake Name(ID)	Intake Status	Intake Decision	Report Status	Action (Delete, Clone, Upload, Print, Open)
1970	09/24/2018	[REDACTED]	Approved	Screened In: Non-Emergency Response	Submitted	[Delete] [Clone] [Upload] [Print] [Open]
1432	09/05/2018	[REDACTED]	Approved	Screened In: Non-Emergency Response	Submitted	[Delete] [Clone] [Upload] [Print] [Open]
1030	08/13/2018	[REDACTED]	Approved	Screened In: Non-Emergency Response	Submitted	[Delete] [Clone] [Upload] [Print] [Open]
936	08/07/2018	[REDACTED]	Approved	Screened In: Emergency Response	Submitted	[Delete] [Clone] [Upload] [Print] [Open]
871	08/01/2018	[REDACTED]	Approved	Screened Out	Submitted	[Delete] [Clone] [Upload] [Print] [Open]

Note the following icons next to each report



Select this icon to **Delete the Report** (perhaps you created an erroneous report; or accidentally duplicated a report).



Select this icon to **Clone the Report**. You would use this if you are re-filing on a family that you have previously filed on. The primary demographic information will copy over, however, the new report details will need to be added.



Select this icon to **Upload Documents** for the Report (we do not typically do this)



Select this icon to **Create a PDF** (this can be sent to CPT/ SS Dept, or saved to your records)



Select this icon to **Open the Report** (you are able to save your report and come back to it later, prior to submitting)