



## DC Child Protection Register (CPR) Check Request Instructions

Authorized individuals may request CPR background checks to establish whether an individual has a record of substantiated abuse or neglect of a child. A CPR check is a civil, not criminal, records check. CPR results are NOT part of any national registries and must be checked separately in each jurisdiction where the applicant lived or worked.

***This application may be used only to determine if abuse or neglect of a child occurred in the District of Columbia.***

- ▶ To request a local police clearance for the District of Columbia, please visit <https://mpdc.dc.gov/node/187552>.
- ▶ For information about the Sex Offender Registry, visit: <https://mpdc.dc.gov/service/sex-offender-registry>.
- ▶ Requests from a state child welfare agency outside of the District of Columbia, for the history of a family previously living in the District of Columbia, may call 202-671-SAFE.



- Get the latest application form online at <https://cfsa.dc.gov/service/child-protection-register-cpr>.
- Don't make photocopies of forms to be completed; they are updated regularly and old forms may not be accepted.



- Typed forms are preferred. If you fill out the form by hand, use block lettering; if we can't read the handwriting, results may be delayed.
- Fill the form out completely; incomplete forms will delay results.
- Don't leave any blank spaces: write "no middle name" if you don't have one, or if a middle name is an initial only, write "initial only." If the question is not applicable, write "N/A".



- Applicants for employment/volunteering in DC must include addresses for the **last 5 years**.
- Applicants for adoption/foster/kinship care and living in DC must provide addresses **from the age of 18**.
- Unless otherwise requested, CPR checks are conducted based on the years of residence required by DC law.



- Applicants must sign the form to give consent for CFSA to release results to an authorized requestor.
- Forms must either be notarized; government-issued ID presented to CFSA staff; or a color copy of a government-issued ID must be submitted with the application in order to verify the applicant's identity.



- Applications are submitted online: download the fillable PDF application, type it and submit via secure file upload (mail and hand delivery are not options during the COVID-19 public health emergency).
- Applications may be scanned or photographed with a cell phone or digital camera and submitted online.
- Get the online submission instructions at <https://cfsa.dc.gov/service/child-protection-register-cpr>.



- CPR check results are not transferrable and can't be shared from one requester/employer to another.
- Results of CPR self-checks **may not** be used for employment purposes.
- Anyone who provides incomplete or false information may be subject to fines.



- Submit applications within 30 days of being filled out to make sure the information is up to date.
- Results are returned within 45 days; CFSA will complete most new hire requests within 14 days.
- Results sent by encrypted email will expire after 30 days; don't wait too long to open the email.

<b>MAIL or HAND DELIVERY</b>	Attn: CFSA Child Protection Register Unit 200 I Street SE, 3rd Floor Washington, DC 20003	Applications may be hand delivered between 8:30 am and 4:30 pm Monday through Friday, except holidays
<b>ELECTRONIC SUBMISSION</b>	Get submission instructions at <a href="https://cfsa.dc.gov/service/child-protection-register-cpr">https://cfsa.dc.gov/service/child-protection-register-cpr</a>	
<b>QUESTIONS?</b> Contact the CPR unit at 202-727-8885 or <a href="mailto:CFSA.CPR@DC.GOV">CFSA.CPR@DC.GOV</a> , 8:30 AM–4:30 PM Monday through Friday		



# DC Child Protection Register (CPR) Check Request Application

Please **type** or **print** clearly in block lettering. Sign, date and notarize where indicated. Double-check to make sure all information is complete. Allow up to **45 calendar days** for results to be processed. Expedited requests will be considered on a case-by-case basis. **Forms may be returned** if incomplete, incorrect, or we can't read your handwriting.

Date Completed		Date Re-submitted		Date Received	
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### WHAT IS THE REASON FOR THIS CHECK?

Request Purpose	<input type="checkbox"/> New Hire/Volunteer (first-time check) include the expected start date:		
	<input type="checkbox"/> Current Employee/Volunteer (renewal check) include last CPR expiration date:		
	<input type="checkbox"/> Self-check (personal use)	<input type="checkbox"/> Other:	

### WHO IS REQUESTING THE CHECK? (Results cannot be mailed to a P.O. Box)

Requestor Type	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Public School	<input type="checkbox"/> Public Charter School	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Non-Government Agency	<input type="checkbox"/> Private School	<input type="checkbox"/> Other:	

Attention To				Title	
Organization					
Requestor Address (City/State/Zip)					
Requestor Phone #		Fax		Email	
Preferred method for receiving CPR check results	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Encrypted Email	<input type="checkbox"/> OSSE Box (DC childcare providers)	

### WHO IS BEING CHECKED?

Last Name (include suffix if applicable)		First Name		Full Middle Name (write "no middle name" if there is none)	
Preferred Phone Number			Email Address		
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell					
Date of Birth (MM/DD/YYYY)	Social Security Number (or USCIS/Alien Registration #)		Gender (on birth certificate)		
			<input type="checkbox"/> Male		<input type="checkbox"/> Female
Other Names Used (nicknames, alias, maiden name, previous married name, legal name change, etc.)					

### Household Information. List all persons living at the current address with the applicant (including students away at college).

Name (first name, middle name, last name)	Date of Birth	Relationship to Applicant

<b>Applicant Name</b>	
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**RESIDENCY INFORMATION.** List all addresses (excluding zip code) and the start and end dates, to the best of your ability. Indicate L, W or M in the first column (L = lived, W = worked, M = received mail).

- ▶ **Applicants for employment or volunteer purposes** working in DC must include all addresses of residence, employment and where mail was received for the **last five (5) years**, for example, living on a college campus and receiving mail at parent's home.
- ▶ **Applicants for adoption, foster care, and kinship care** and living in DC must provide addresses for residency, receipt of mail and employment **from the age of 18**, per Title 29 DCMR Chapter 60 § 6009.1.
  - To calculate the starting date for previous addresses, add 18 years to the date of birth (e.g., If you were born in 1980, add 18 so addresses going back to 1998 must be provided).
  - To help obtain previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

Current Address (include Street #, Apt #, Quadrant if applicable)		City/State/Zip	Start Date (MM/YYYY)
L W M	Previous Address (Include Street # and Apt #)	City/State/Zip	Start – End Dates (MM/YYYY – MM/YYYY)

*Applications cannot be processed without the required years of addresses of residence, employment and where mail was received.*

**APPLICANT CONSENT**

I hereby confirm that I have provided complete and accurate information in this application. I understand that applicants knowingly providing incomplete or false information may be subject to fines. I consent and authorize the D.C. Child and Family Services Agency to provide the Requestor (noted on page 1) information concerning me that may be contained in the Child Protection Register (“CPR”).

Applicant Printed Name	Applicant Signature	Date

**APPLICANT IDENTITY VERIFICATION**

The applicant must select one:

<input type="checkbox"/>	A. I submitted a color copy of a government-issued photo identification document with this application
<input type="checkbox"/>	B. I presented a government-issued photo identification document in person to a CFSA employee as noted below
<input type="checkbox"/>	C. I presented a government-issued photo identification document to a notary public as indicated below

B. By signing below, I confirm that identification has been submitted which satisfactorily identifies the applicant:

Type of Government-Issued ID		<i>Leave this space blank for Notary seal</i>
Identification #		
CFSA Employee Name (print)		
CFSA Employee Title (print)		
CFSA Employee Signature		

C. Subscribed and affirmed or sworn to me, in my presence, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ in the state of, \_\_\_\_\_

My commission expires on \_\_\_\_/\_\_\_\_/\_\_\_\_