POLICY TITLE: Child Protection Register CHAPTER: Child Protective Services		PAGE 1 OF 6
	CHILD AND FAMILY SERVICES AGENCY Approved by:_____ Signature of Agency Director	PROFESSIONAL STANDARDS
EFFECTIVE DATE:	LATEST REVISION: March 13, 2012	REVIEW BY LEGAL COUNSEL: July 23, 2008

I. AUTHORITY	The Director of Child and Family Services Agency adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including the DC Official Code §4-1302.01 et seq.
II. APPLICABILITY	This policy applies to all Agency employees and contract agency personnel and volunteers.
III. RATIONALE	The purpose of the Child Protection Register is to protect children and to ensure their safety by maintaining an index of perpetrators of child abuse and neglect in the District of Columbia. This confidential index includes the names of perpetrators with either substantiated and/or inconclusive findings from the investigative reports of the Child Protective Services Unit of the Child and Family Services Agency. The records are held in a database and in print form.
IV. POLICY	The primary purpose of this policy is to set out the Child Protection Register Unit's practice and procedures concerning the maintenance of the Register and the manner in which child abuse and neglect register checks are performed. The Staff of the Child Protection Register shall receive reports and information necessary for the operation of the Register, make appropriate entries, and release information contained in the Register in a manner that is consistent with the law.
V. CONTENTS	**A.** Roles and Responsibility of the CPR Staff **B.** Release of Information **C.** Processing CPR Requests **D.** Confidentiality **E.** Maintenance of Records **F.** Appeal of a Child Abuse and Neglect Substantiation **G.** Expungement of Identifying Information From the Child Protection Register

VI. ATTACHMENTS	**A.** Child Protection Register Request (General Application) **B.** Child Protection Register Request (Grandparent Subsidy Application) **C.** Child Protection Register Request (Temporary Licensing Application) **D.** Child Protection Register Request (Licensing Application)
VII. PROCEDURES	**Procedure A: Roles and Responsibility of the CPR Staff** The procedures referenced below apply to all CFSA staff that is responsible for completing CFSA Child Protection Register (CPR) functions. The CPR Staff shall be responsible for, but not limited to the following duties: 1. Receive applications for child protection register background checks; 2. Use FACES, the CPR database, Professional Files database, CPR records, and client records to process assigned applications as needed; 3. Review historical CFSA and CPR records to determine if there are substantiated reports against an alleged perpetrator, in response to requests relative to out of state Child Protection Services (CPS) investigations; 4. Conduct CPR checks and research in FACES to determine any past or current findings of child abuse or neglect in a family to provide background information to the Child Fatality Review Committee; and 5. Provide letters of expungement and maintain records of overturned CPS decisions.
	Procedure B: Release of Information 1. The CPR staff shall conduct a CPR check at the request of the following: a. The Metropolitan Police Department, CFSA CPS Investigative Social Workers, the Attorney General of the District of Columbia or the United States Attorney for the District of Columbia or their agents for the purpose of investigating a report of child abuse or neglect. b. The guardian ad litem of a child who is the subject of a report. c. Each person identified in a report as a person responsible for the neglect of the child or that person's attorney. d. The parent, guardian, custodian, or attorney of the child who is the subject of the report. *Note: All requests for information regarding the Child Protection Register from the DOJ, private attorneys, the Court and other jurisdictions shall be reviewed by the CFSA's Office of General Counsel (OGC) before responding to the request.* e. A child-placing agency or the Agency's staff who makes child placements for the purpose of checking a proposed foster care or adoptive placement for a report of abuse or neglect, upon submission of a signed consent for release of information. *Note: CPR Staff shall not release to those persons identified in subsections (c), (d), and (e) of this section any information that identifies the source of a report or the witnesses to the incident referred to in a report unless said staff first obtains permission from the source of the report or from the witnesses named in the report.*

f. The chief executive officers (CEO) or directors of day care centers, schools, or any public or private organizations working directly with children, for the purpose of making employment decisions regarding employees and volunteers who will be working directly with children. The CPR staff shall provide the results of a CPR check to the CEO or director of entities that work with children under each of the following circumstances:

   i. The request is made by notarized application (Attachment A) signed by the current or prospective employee or volunteer, and clearly articulates the basis for the request.

   ii. The request does not involve a substantiated report that was received prior to October 12, 2002.

   iii. The results of the investigation did not result in an inconclusive finding of child maltreatment.

   Note: A CPR check made for the purpose of employment shall be limited to information pertaining to the nature and disposition of the report of abuse or neglect and shall not include any identifying information regarding any person other than the employee or volunteer, or prospective employee or volunteer.

g. Another jurisdiction so long as the following apply:

   i. That jurisdiction has comparable safeguards for ensuring the confidentiality of information regarding persons identified in the report and for withholding the identity of the source of the report; or

   ii. The CPR staff obtains permission for the release of the information from each person identified in the report; and

   iii. The information is reviewed and approved for release by CFSA's Office of General Counsel (OGC).

h. The Child Fatality Review Committee for the purpose of examining past events and circumstances surrounding child deaths in the District of Columbia.

Note: The Child Review Committee shall be granted, upon request, access to information contained in the files maintained on any deceased child or on the parent, guardian, custodian, kinship caregiver, day-to-day caregiver, relative/godparent caregiver, or sibling of a deceased child.

i. Any member of a multidisciplinary investigation team ("MDT") for purposes of an investigation or review conducted by the MDT.

2. All requests for the release of information from the Child Protection Register regarding an individual's previous or current involvement with the Agency, other than from the Child Fatality Review Committee or a CFSA CPS Investigative Social Worker, shall be coordinated with CFSA's Office of General Counsel (OGC) before responding to the request.

Procedure C: Processing CPR Requests

The CPR Unit is responsible for processing all CPR requests in a courteous, professional and efficient manner. Requests for CPR checks may be made (1) verbally by the Metropolitan Police Department, a CFSA Child Protection Services (CPS) Investigative Social Worker or the Office of General Counsel or (2) via a faxed or mailed written request if it is a request made by another jurisdiction or (3) through notarized application which may be walked-into the office, or mailed to the address located on the applicable Child Protection Register Request Application (Attachments A – D).

1. Applications for a request for CPR check shall be processed in the following manner:
   a. All incoming notarized applications shall be date stamped and logged in at the CPR office and placed in the "CPR tray" for assignment.
      Note: CPR staff shall request appropriate identification for individuals requesting a CPR check in person.
   b. All applications and memos requesting a CPR check shall be submitted to the CPR Supervisor for assignment in a timely manner.
   c. The Supervisor or his/her designee shall review the applications for accuracy. If information is missing, the application shall be returned to the individual/agency making the request. If the application is sufficient, the Supervisor shall assign to the appropriate CPR Worker for processing.
   d. The CPR Worker shall search the Professional Files, Index Files, CPR records and FACES for any matches as necessary, using all names ever used by the applicant (i.e. alias, maiden, married).
   e. Once the results are finalized, the CPR Worker shall generate a pre-typed Child Protection Register Result Letter from FACES and submit the completed letter to the CPR Supervisor or designee for review.
   f. The Child Protection Register Result Letter shall be picked up by CFSA staff or its contract agency, mailed (via U.S. Postal Service or Interdepartmentally) or faxed when appropriate to the requestor.
      Note: Child Protection Register Result Letters shall not be sent directly to the applicant.
2. The following CPR checks shall be completed within the following timeframes:
   a. A Temporary Foster Home License check shall be completed and returned to the requestor within 3 to 24 hours from the time the application is date stamped.
   b. A request for a CPR check made by the general public, such as for employment purposes, shall be completed and returned to the requestor within 30 days from the time the application/request is received and date stamped.
   c. An application for a CPR check that is related to a court proceeding shall be completed and returned to the requestor within 24 hours from the time the application/request is received and/or date stamped.

	d. CPR checks requested by other jurisdictions shall be completed and returned to the requestor within 24 hours from the time the application/request is received and/or date stamped. e. CPR checks requested by MPD, a CFSA CPS Investigative Social Worker or the OAG, Office of Investigations shall be completed and returned to the requestor within 24 hours from the time the request is received and or date stamped.
	Procedure D: Confidentiality Child Protection Register information is confidential; therefore CFSA cannot provide this information to anyone other than those listed in Procedure B above for the reasons outlined. 1. If the CPR unit is contacted by anyone other than those listed in Procedure B above, seeking information about other persons who may be listed on the Child Protections Register, the staff member shall decline to respond and refer that person or persons to the Office of the General Counsel (OGC). This includes judges, attorneys, US attorneys, investigators, process servers, law enforcement and the general public. 2. The CPR staff shall release only that information which is necessary for the purpose of the request and which does not violate the confidentiality of the persons identified in the report, except as is necessary to meet the requirements of the law. 3. Any staff member of the Child Protection Register who willfully releases information obtained from the Register in violation of the confidentiality requirements in the D.C. Code shall be fined not more than $1,000. All violations shall be prosecuted by the Attorney General of the District of Columbia (See DC Official Code §4-1302.08 and§4-1302.09 respectively).
	Procedure E: Maintenance of Records 1. The CPR staff shall maintain a record of each release of information. The record shall contain the following information: a. The date of the release of information; b. To whom the information was released and the address of that person or institution; and c. The purpose for which the information was released. 2. The CPR staff shall permanently retain applications of individuals with “substantiated” finding. 3. The CPR staff shall retain the applications of individuals with an “unfounded” finding in a separate index for one (1) year from the time the CPR check request is received/date stamped. All information that could identify any person referred to in the report shall be destroyed at the end of the one (1) year time frame.

	4. The CPR staff shall permanently retain applications of "inconclusive" findings that are reported out. Applications for a CPR check with an "inconclusive" finding that shall not be reported out shall be retained for one (1) year from the time the CPR application is received/date stamped and then destroyed.
	Procedure F: Appeal of a Child Abuse and Neglect Substantiation A person whose name is entered into the CPR (a finding of "supported" or "inconclusive" for child maltreatment) has the right to appeal the decision by completing a Fair Hearing Request Form and submitting it to the CFSA Office of Fair Hearings and Appeals within 30 days of receiving notice of the finding. *[See the Fair Hearings Policy for a description of the appeal process]*
	Procedure G: Expungement of Identifying Information From the Child Protection Register 1. When the final decision of a Program Administrator's Review (PAR) or a Fair Hearing is to overturn the Agency's decision and to expunge the name from the Child Protection Register, CFSA's Office of Fair Hearings and Appeals shall forward the Request for Name Removal form and the written decision to FACES and the Child Protection Register Unit within 3 business days of the final decision. 2. FACES shall expunge the name from the Child Protection Register within 10 business days from the time FACES and the CPR Unit receive notice of the expungement. 3. The CPR Staff shall verify that the name has been expunged from the Register and shall send written notice to the client of the removal of his/her name from the Child Protection Register within 3 business days of the name being removed from the Register. The CPR staff shall forward a copy of this correspondence to The Office of Fair Hearings and Appeals. 4. If the CPR Staff finds that the name has not been removed from the register, the staff shall alert the Fair Hearings Coordinator that the expungement has not occurred. A process to correct this error shall be implemented.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

☐ CFSA Contractor

_____
Agency Name

Request for a Child Protection Register Check (CPR Check)

This form may be used for either 1) an in-person request for a CPR Check (Part IV-A); 2) access to substantiated reports of child maltreatment to chief executive officers (CEO) or directors of day care centers, schools, or any public or private organization working directly with children, for the purposes of making employment decisions (Part IV-B); 3) or a child-placing agency licensed in D.C. for purposes of making placement decisions. (Part V).

INSTRUCTIONS: *Please PRINT or TYPE, filling in all requested information, and sign in the places marked "Applicant Signature."* ***Please do not use initials to represent your first or middle name****. However, if your first or middle name consists of only an initial, please indicate. A complete street address is required in addition to P.O. Box numbers.*

All requests for a CPR check in accordance with Part IV-B shall attach this form, with Part I, II, III and IV-B completed, along with a written request from the CEO or director which clearly articulates the basis for the request.

All requests for a CPR check in accordance with Part V shall attach this form, with Part I, II, III and IV-B completed. Note that if this request is accompanied by consent to release the information from the CPR as required in DC Code §4-1407.01(1)(A) then part IV-B of this form does not need to be filled out by the applicant.

PART I: Applicant Information

NAME:_____
Last First Middle

D.O.B. _____ _____ _____ Social Security No. _____--_____--_____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

List **all** names ever used *(maiden, married, alias, etc.; continue on additional pages if needed)*:

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

PART II: Applicant Residency List all complete addresses (exclude zip code) resided in for the past eighteen (18) years and the dates lived there. Continue on additional pages if needed.

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART III: Household Information List all persons living at the current address. Print their Name, Date of Birth, and Relationship below.

NAME (Last, First. Middle)	D.O.B	RELATIONSHIP

PART IV: Applicant Release *Use Part A for requests for an in-person CPR check. Use Part B for release of CPR check to a CEO or director of a day care center, school, or any public or private organization working directly with children, for purposes of making employment decisions. Use Part B for release of a CPR check for purposes of a child placement decision by a child-placing agency licensed in the District of Columbia.*

A. For use only if requesting a CPR check in person:

I request access to the CPR for the limited purposes to determine if my name appears in it as being responsible for the abuse or neglect of a child. I have shown identification that is satisfactory to the CFSA CPR staff listed below.

_____ _____

Applicant's Signature Date

Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID _____ ID # _____

_____

Signature

Name of CFSA employee (print): _____

Title: _____

B. For use only if consenting to a CPR check by either 1) a CEO or director of a day care center, school, or any public or private organization working directly with children for purposes of employment or 2) a child-placing agency licensed in the District of Columbia for purposes of placement of a child:

I consent that the information contained in the CPR (whether I am "in" or "not in") may be released to my employer/potential employer or child-placing agency. A written request from the CEO or director is attached and it states the reasons for the request. Note that instead of the below consent, the child-placing agency may attach consent for release of information previously received in compliance with D.C. Code §4-1407.01.

_____
Name of Applicant

_____ _____
Applicant's Signature (must be signed in the presence of a Notary) Date

DISTRICT OF COLUMBIA:

Subscribed and affirmed or sworn to me, in my presence,

on this _____day of _____, 20____.

Signature of Notary Public

_____
Notary Public, District of Columbia

My commission expires on ___/___/____.

PART V: Agency Information (Please review entire application before forwarding to the CFSA CPR Office).
MAIL COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
400 6th Street, SW
Washington, DC 20024
Attn: Child Protection Register

- **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA MAIL:**

Agency Name: _____ Phone Number: _____
Email Address (optional): _____ Cubicle/Room # (CFSA Only) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Attention: _____
Last Name First Name

- **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA FAX:**

Please fax the response to: _____
(Agency Name)

Attention: _____
(Designated Agent)

Fax Number _____

****

I UNDERSTAND THAT I WILL NOT RECEIVE AN ORIGINAL COPY IN THE MAIL IF I REQUEST A FAXED COPY. _____
(Initials)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Request for a Child Protection Register Check
Grandparent Caregivers Pilot Program (CPR Check - GCPP)

This form is used in the Grandparent Caregivers Pilot Program (GCPP) to request a Child Protection Register check (CPR check). The CPR check determines only whether an individual is named in the CPR. Every grandparent, great-grandparent, great-aunt and great-uncle (applicant) who wants to receive a subsidy under the GCPP must request a CPR check.

INSTRUCTIONS: *Please PRINT or TYPE, filling in all requested information, and sign in the places marked "Applicant Signature."* ***Please do not use initials to represent your first or middle name****. However, if your first or middle name consists of only an initial, please indicate. A complete street address is required in addition to P.O. Box numbers.*

Each person living in the household (temporarily or permanently) of the applicant making the request, and who is 18 years of age or older, must complete a separate CPR Check Application.

PART I: Applicant (person to be checked)

NAME:_____
Last First Middle

D.O.B. _____ _____ _____ Social Security No. _____--_____--_____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

List **all** names ever used *(maiden, married, alias, etc.; continue on additional pages if needed)*:

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

400 Sixth Street, SW ♦ Washington, DC 20024
www.cfsa.dc.gov

PART II: Residences List all complete addresses (exclude zip code) resided in for the past eighteen (18) years, and the dates lived there, beginning with the most recent. Continue on additional pages if needed.

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART III: Household Information List all persons living at the current address. Print their Name, Date of Birth, and Relationship below.

NAME (Last, First. Middle)	D.O.B	RELATIONSHIP

PART IV: Applicant Release

1. I understand and agree that this Child Protection Register Check is being made in connection with the application for the Grandparent Caregivers Pilot Program Subsidy.
2. I understand and agree that the results of the CPR Check will be provided to relevant CFSA staff.
3. I understand and agree that the results of the CPR Check may also be shared with:
   - The person who is applying for a subsidy under the GCPP if the results of the CPR check are relevant to CFSA's decision whether to approve the subsidy; and
   - CFSA Office of Fair Hearings and Appeals or the District of Columbia's Office of Administrative Hearings if the results of the CPR check are relevant to a hearing concerning CFSA's decision whether to approve the subsidy.

PART V: Signature and Attestation This form must be notarized unless identification is shown to a CFSA staff member who has signed below.

The information in this Child Protection Register Check Request Form – Grandparent Caregivers Pilot Program is true and correct to the best of my knowledge, information and belief.

_____ _____

Applicant's Signature *Date*

Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID _____ *ID #* _____

Witnessed by CFSA staff member:

_____

Signature

Name printed: _____

Title: _____

DISTRICT OF COLUMBIA:

Subscribed and affirmed or sworn to me, in my presence,

on this _____day of _____, 20____.

Signature of Notary Public

_____

Notary Public, District of Columbia

My commission expires on ___/__

400 Sixth Street, SW ♦ Washington, DC 20024

www.cfsa.dc.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Child Protection Register Check Application

License to Operate a Foster Home (CPR Check – foster home license)

EMERGENCY TEMPORARY LICENSE ONLY

This form is used for a CPR Check requested in connection an application for a license from the D.C. Child and Family Services Agency to temporarily operate a foster home.

INSTRUCTIONS: *Please PRINT or TYPE, filling in all requested information, and sign in the places marked "Applicant Signature."* ***Please do not use initials to represent your first or middle name****. However, if your first or middle name consists of only an initial, please indicate. A complete street address is required in addition to P.O. Box numbers.*

Each person living in the household (temporarily or permanently) of the person who is applying to be a foster parent (including a temporary foster parent) and who is 18 years of age or older, must complete a separate CPR Check Application.

PART I: Applicant Information

NAME: _____
Last First Middle

D.O.B. _____ _____ _____ Social Security No. _____--_____--_____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

List **all** names ever used *(maiden, married, alias, etc.; continue on additional pages if needed)*:

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

PART II: Licensee Information Provide the following information concerning the individual seeking the license to operate a foster home. If the same as the person identified in Part 1, above, write "same".

NAME:_____
Last First Middle

D.O.B. _____ _____ _____ Social Security No. _____--_____--_____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

PART III: Household Information List all persons living at the current address. Print their Name, Date of Birth, and Relationship below.

NAME (Last, First. Middle)	D.O.B	RELATIONSHIP

PART IV: Applicant Residency List all complete addresses (exclude zip code) at which the individual has resided in the past eighteen (18) years, and the dates lived there, beginning with the most recent. Continue on additional pages if needed.

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART V: Applicant Release

1. I understand and agree that this Child Protection Register Check Application – Emergency Temporary License to Operate a Foster Home is being made in connection with the application for a license to operate a foster home made by the person identified in Part II, above.
2. I understand and agree that the result of the CPR check will be provided to relevant CFSA foster home licensing and monitoring staff, as well as relevant staff of the child placing agency through which the licensing application is made (if different).
3. I understand and agree that the result of the CPR check may also be provided to relevant CFSA or contract agency staff providing case management services to a foster child who is or may be placed in the foster home.
4. I understand and agree that the results of the CPR check may also be shared with:
   - The individual who is applying for the license to operate a foster home if the results of the check are relevant to the decision whether to grant the license;
   - The Family Court if the results of the check are relevant to the court proceedings concerning a foster child who is or would be placed in the home; and
   - CFSA Office of Fair Hearings and Appeals or the District of Columbia's Office of Administrative Hearings if the results of the check are relevant to a fair hearing concerning the license to operate a foster home.

PART VI: Applicant Signature and Attestation This form must be notarized unless identification is shown to a CFSA staff member who has signed below.

The information in this Child Protection Register Check Application – License to Operate a Foster Home is true and correct to the best of my knowledge, information and belief.

_____ _____

Applicant's Signature *Date*

Identification has been shown to me that I have deemed satisfactorily identifies the applicant::

Type of ID _____ *ID #* _____

Witnessed by CFSA staff member:

_____

Name printed: _____

Title: _____

DISTRICT OF COLUMBIA:

Subscribed and affirmed or sworn to me, in my presence,

on this _____day of _____, 20____.

Signature of Notary Public

_____

Notary Public, District of Columbia

My commission expires on ___/___/____

PART VII: Agency Information (Please review entire application before forwarding to the CFSA CPR Office).
MAIL COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
400 6th Street, SW
Washington, DC 20024
Attn: Child Protection Register

- **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA MAIL:**

Agency Name: _____ Phone Number: _____

Email Address (optional): _____ Cubicle/Room #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Attention: _____
Last Name First Name

- **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA FAX:**

Please fax the response to: _____
(Agency Name)

Attention: _____
(Designated Agent)

Fax Number _____

****

I UNDERSTAND THAT I WILL NOT RECEIVE AN ORIGINAL COPY IN THE MAIL IF I REQUEST A FAXED COPY. _____
(Initials)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Child Protection Register Check Application
License to Operate a Foster Home (CPR Check – foster home license)

This form is used for a CPR Check requested in connection with either an application for a license from the D.C. Child and Family Services Agency to operate a foster home or the renewal of a license to operate a foster home.

INSTRUCTIONS: *Please PRINT or TYPE, filling in all requested information, and sign in the places marked "Applicant Signature."* ***Please do not use initials to represent your first or middle name****. However, if your first or middle name consists of only an initial, please indicate. A complete street address is required in addition to P.O. Box numbers.*

Each person living in the household (temporarily or permanently) of the person who is applying to be a foster parent (including a temporary foster parent) and who is 18 years of age or older, must complete a separate CPR Check Application.

PART I: Applicant Information

NAME:_____
Last First Middle

D.O.B. _____ _____ _____ Social Security No. _____--_____--_____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

List **all** names ever used *(maiden, married, alias, etc.; continue on additional pages if needed)*:

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

_____
Last First Middle

PART II: Licensee Information Provide the following information concerning the individual seeking the license to operate a foster home. If the same as the person identified in Part 1, above, write "same".

NAME:_____
Last First Middle

D.O.B. _____ _____ _____ Social Security No. _____--_____--_____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

PART III: Household Information List all persons living at the current address. Print their Name, Date of Birth, and Relationship below.

NAME (Last, First. Middle)	D.O.B	RELATIONSHIP

PART IV: Applicant Residency List all complete addresses (exclude zip code) at which the individual has resided in the past eighteen (18) years, and the dates lived there, beginning with the most recent. Continue on additional pages if needed.

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART V: Applicant Release

5. I understand and agree that this Child Protection Register Check Application – License to Operate a Foster Home is being made in connection with the application for a license to operate a foster home made by the person identified in Part II, above.
6. I understand and agree that the result of the CPR check will be provided to relevant CFSA foster home licensing and monitoring staff, as well as relevant staff of the child placing agency through which the licensing application is made (if different).
7. I understand and agree that the result of the CPR check may also be provided to relevant CFSA or contract agency staff providing case management services to a foster child who is or may be placed in the foster home.
8. I understand and agree that the results of the CPR check may also be shared with:
   - The individual who is applying for the license to operate a foster home if the results of the check are relevant to the decision whether to grant the license;
   - The Family Court if the results of the check are relevant to the court proceedings concerning a foster child who is or would be placed in the home; and
   - CFSA Office of Fair Hearings and Appeals or the District of Columbia's Office of Administrative Hearings if the results of the check are relevant to a fair hearing concerning the license to operate a foster home.

PART VI: Applicant Signature and Attestation This form must be notarized unless identification is shown to a CFSA staff member who has signed below.

The information in this Child Protection Register Check Application – License to Operate a Foster Home is true and correct to the best of my knowledge, information and belief.

_____ _____

Applicant's Signature *Date*

Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID _____ *ID #* _____

Witnessed by CFSA staff member: _____

Name printed: _____

Title: _____

DISTRICT OF COLUMBIA:

Subscribed and affirmed or sworn to me, in my presence,

on this _____day of _____, 20____.

Signature of Notary Public

_____

Notary Public, District of Columbia

My commission expires on ___/___/____

PART VII: Agency Information (Please review entire application before forwarding to the CFSA CPR Office. MAIL COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
400 6th Street, SW
Washington, DC 20024
Attn: Child Protection Register

- **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA MAIL:**

Agency Name: _____ Phone Number: _____

Email Address (optional): _____ Cubicle/Room # (CFSA Only) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Attention: _____
Last Name First Name

- **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA FAX:**

Please fax the response to: _____
(Agency Name)

Attention: _____
(Designated Agent)

Fax Number _____

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I UNDERSTAND THAT I WILL NOT RECEIVE AN ORIGINAL COPY IN THE MAIL IF I REQUEST A FAXED COPY. _____
(Initials)