



DC Child Protection Register (CPR) Check Request Instructions

THIS FORM IS ONLY FOR USE BY DCPS AND PCS EMPLOYEES, CONTRACTORS, VOLUNTEERS, INTERNS, STUDENT TEACHERS, COACHES AND OTHERS WORKING IN THE DISTRICT'S TRADITIONAL AND CHARTER PUBLIC SCHOOLS.

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.



- ***Applications will be returned if the correct form is not used.***
- Get the application from the employer or download a copy of the application form online at <https://cfsa.dc.gov/publication/cpr-request-application-dcps-pcs>
- Don't make photocopies of the form; it is updated regularly and old forms may not be accepted.



- ***Applications will be returned if they are not legible or completely filled out.***
- Typed forms are preferred. If you hand write the form, use block lettering.
- 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".



- ***Applications will be returned if less than 5 years of addresses are provided.***
- Applicants for employment/volunteering with children in DC must include addresses for the last 5 years.
- Even if you don't live in DC, you must complete this form to work with children in DC.



- ***Applications will be returned if not signed or if ID is not provided.***
- Applicants must sign the form to give consent for CFSA to release results to the authorized requestor.
- A color copy of a government-issued ID must be submitted with the application in order to verify the applicant's identity. Only submit the front, back of ID is not needed.



- Applications are submitted online: download the fillable PDF application, type it and submit via secure file upload (mailed, faxed and hand delivered applications are no longer accepted).
- Applications may be scanned or photographed with a cell phone or digital camera and submitted online.



- 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 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 provided within 45 days for renewal, 14 days for first-time checks and expedited as needed.
- Results sent by encrypted email will expire after 30 days; don't wait to open the email.

Submit application to DC Department of Human Resources (DCHR) https://dcgov.seamlessdocs.com/f/dchr_cpr_form
If the link is not working, contact dchr.compliance@dc.gov for instructions. **Do not email applications to this address.**

QUESTIONS? Contact the CPR unit at 202-727-8885 or CFSA.CPR@DC.GOV, 8:30 AM–4:30 PM Monday through Friday



This form should only be used for individuals working in DCPS and PCS schools or programs.

DC Child Protection Register (CPR) Check Request Application

Please **type** or **print** clearly in block lettering. Sign and date on the last page. Double-check to make sure all information is complete and legible. 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 Submitted		Date Re-submitted	
----------------	--	----------------	--	-------------------	--

WHAT IS THE REASON FOR THIS CHECK? *Information to be provided by the employer*

Request Type	<input type="checkbox"/> New Hire/Contractor/Volunteer/Intern (first-time check)	Expected start date	
	<input type="checkbox"/> Current Employee/Contractor/Volunteer/Intern (renewal check)	Date of last check	

WHO IS THE EMPLOYER?

<input type="checkbox"/> DC Public School (DCPS)	<input type="checkbox"/> DC Public Charter School (PCS)	<input type="checkbox"/> Other:	
School/program where applicant will work:			

WHO WILL RECEIVE THE RESULTS?

Attention To	Tamika Cambridge	Title	Compliance Review Manager
Organization	DCHR		
Requestor Address (City/State/Zip)	1015 Half Street SE, Washington DC 30003		
Requestor Phone #		Requestor Email	
<i>Results are sent securely to the authorized requester; they are never provided directly to the employee/applicant.</i>			

WHO IS BEING CHECKED? *To be completed by the applicant*

First Name	Full Middle Name <small>(write "no middle name" if there is none)</small>	Last Name (include suffix if applicable)	
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 #)	Sex (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 Members (List spouse/partner and all children including adoptive, foster, step, students away at college, and adult children)

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

