

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Request for a Child Protection Register (CPR) Check

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. Authorized individuals may request background checks to establish whether an individual has a record of substantiated abuse or neglect of a child that 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>.
- ▶ If you are making a request on behalf of a state child welfare agency outside of the District of Columbia and need the history of a family previously living in the District of Columbia, you may call **202-671-SAFE**.
- ▶ For other questions, call the CPR Unit at **202-727-8885** between 8:30 am and 4:30 pm Monday through Friday.

Read all instructions – incomplete, incorrect or illegible forms will be returned and your request may be delayed

- Do not complete an old version of the form; get the latest form at <https://cfsa.dc.gov/service/background-checks>.
- Mail or hand deliver original application; no photocopied, faxed, emailed, or scanned applications accepted.

Part I

- Schools (other than DCPS), child care facilities, private foster care agencies, and other private, community-based organizations should select “Non-Government Organization” as the Requestor Type. *Child care providers in the District should also check “+ OSSE”.*
- CPR check results are not transferrable and cannot be shared from one agency or employer to another.

Part II

- If you have no middle name, write “no middle name” or if a middle name is an initial, indicate “initial only.”
- If the answer to any question is none, write “N/A”.

Part III

- An individual must sign the form to provide consent for CFSA to release information to an authorized requestor.
- The form must be signed by hand; electronic signatures are not permitted.
- An employment request allows access to substantiated reports of child maltreatment, to OSSE or chief executive officers or directors of child care centers, schools, or any public or private organization working directly with children, for the purpose of making employment decisions.

Part IV

- Forms will be returned unprocessed if they are not notarized (*Note: applications for CFSA foster/adoptive/kinship caregivers need not be notarized, but photo ID must be provided and the form must be signed in the presence of a CFSA employee*).

Part V

- Self-check applications must be submitted in person, not by mail.
- Individuals requesting a self-check and CFSA foster/adoptive/kinship caregivers must present **one** non-expired, government-issued, photo identification: e.g., driver’s license, state identification card, passport, “green card”.
- Results of CPR self-checks may not be used for employment purposes. Employers must directly request CPR clearances for prospective or current employees.

MAIL or HAND DELIVER completed forms to:	Attn: Child Protection Register Unit Child and Family Services Agency 200 I Street SE, 3rd Floor Washington, DC 20003	Applications accepted in person between 8:30 am and 4:30 pm Monday through Friday except holidays
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Please **type** or **print** clearly. Sign the form and date where indicated. Thoroughly review and submit to the CFSA CPR office. **Allow up to 30 business days** for results to be processed. Expedited requests will be considered on a case-by-case basis. **Forms will be returned** if incomplete, incorrect, or illegible resulting in a delayed response.

Hand delivery of this form is the fastest way to obtain results.

PART I: Requesting Organization/Employer Information

Request Date		Corrected Application Re-submission Date	
Requestor Type			
<input type="checkbox"/> Court	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Non-Government Organization <input type="checkbox"/> + OSSE	<input type="checkbox"/> Self (<i>personal use only</i>)
Purpose			
<input type="checkbox"/> Court Request	<input type="checkbox"/> Adoption	<input type="checkbox"/> Visitation	<input type="checkbox"/> Foster/Adoptive/Kinship Home Licensing
<input type="checkbox"/> Current Employee/Volunteer	<input type="checkbox"/> New Hire/Volunteer	<input type="checkbox"/> Other:	
Requesting Organization/Employer Contact Information (results cannot be mailed to a P.O. Box)			
Attention To			
Requesting Organization			
Requestor Address			
Requestor Phone #		Fax	Email
Preferred method for receiving CPR check results	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email (encrypted) <input type="checkbox"/> OSSE Box

PART II: Applicant Information

Last Name (include suffix if applicable)	First Name	Full Middle Name (write "no middle name" if there is none)	
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

PART III: Applicant Consent

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the Requestor (noted in Part I) information concerning me that is contained in the Child Protection Register ("CPR").

- Do not sign until you are in the presence of the Notary or your CFSA worker
- Must be signed by hand; electronic signatures are not permitted

Printed Name: _____

Signature: _____

Date: _____

PART IV: Certificate of Acknowledgement of the Applicant before a Notary Public

(Notary not required if this application is for a Self-Check or CFSA Foster/Adoptive/Kinship Caregiver – skip to PART V)

Leave this space blank for Notary seal

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 ____/____/____

PART V: Self Check, CFSA Foster/Adoptive Parent, and CFSA Kinship Caregiver Verification

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

Type of ID		ID #	
CFSA Employee Name (print)			
CFSA Employee Title (print)			
CFSA Employee Signature			