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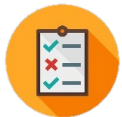
- Typed forms are preferred. If you fill out the form by hand, use block lettering; if we can't read the handwriting, results may be delayed.
- Fill the form out completely; incomplete forms will delay results.
- Don't leave any blank spaces: write "no middle name" if you don't have one, or if a middle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

~~MAIL or HAND DELIVERY~~	~~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~~
ELECTRONIC SUBMISSION	Get submission instructions at https://cfsa.dc.gov/service/child-protection-register-cpr	
QUESTIONS? Contact the CPR unit at 202-727-8885 or CFSA.CPR@DC.GOV, 8:30 AM–4:30 PM Monday through Friday		

DC Child Protection Register (CPR) Check Request Application

Please <u>type</u> or <u>print</u> 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 will be returned** if incomplete, incorrect, or we can't read your handwriting.

Date Completed		Date Re-submitted		Date Received	

WHAT IS THE REASON FOR THIS CHECK?

Request Purpose	☐ Adoption	☐ Foster/Kinship Care	☐ ICPC Request	☐ Household Member	☐ Back-Up Caregiver
	☐ Custody	☐ Visitation	☐ Other:		

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

Requestor Type	☐ Child Placing Agency	☐ Child Welfare Agency	☐ For myself (personal use)
	☐ Court	☐ Other:	

Attention To		Case worker Name (if applicable)	
Organization			
Requestor Address (City/State/Zip)			
Requestor Phone #		Fax	Email
Preferred method for receiving CPR check results	☐ Mail	☐ Fax	☐ Encrypted Email

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
☐Home ☐Work ☐Cell	

Date of Birth (MM/DD/YYYY)	Social Security Number (or USCIS/Alien Registration #)	Gender (on birth certificate)	
		☐ Male	☐ 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

Applicant Name	

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:

☐	A.	I submitted a color copy of a government-issued photo identification document with this application
☐	B.	I presented a government-issued photo identification document in person to a CFSA employee as noted below
☐	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	
Identification #	
CFSA Employee Name (print)	
CFSA Employee Title (print)	
CFSA Employee Signature	

Leave this space blank for Notary seal

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 _____/_____/_____