



DC Child Protection Register (CPR) Check Request Instructions

THIS FORM IS ONLY FOR USE BY DCPS EMPLOYEES AND DETAILED EMPLOYEES FROM OTHER DC GOVERNMENT AGENCIES, DCPS CONTRACTORS, VOLUNTEERS, AND INTERNS WHO WILL BE WORKING IN DC 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**.



- Get the latest application form online at <https://cfsa.dc.gov/publication/cpr-request-application-dcps>.
- 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".



- Even if you don't live in DC, you must complete this form to work with children in DC.
- Applicants for employment/volunteering in DC must include addresses for the **last 5 years**.



- Applicants must sign the form to give consent for CFSa to release results to an authorized requestor.
- 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.



- 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 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.

Get electronic submission instructions at <https://cfsa.dc.gov/publication/cpr-request-application-dcps>

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 schools.

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 Corrected Form Re-submitted	
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WHAT IS THE REASON FOR THIS CHECK? *To be completed by the employer*

Request Purpose	<input type="checkbox"/> New Hire/Volunteer/Intern (first-time check)		Expected start date		
	<input type="checkbox"/> Current Employee/Volunteer/Intern (renewal check)		Date of last CPR check results		
	Is this application for Term 2 Reopening? (in-person or CARE classroom, health professionals)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Role	<input type="checkbox"/> DCPS Employee	<input type="checkbox"/> DCPS Contractor	<input type="checkbox"/> DCPS Volunteer	<input type="checkbox"/> DC.Gov Detailed Employee	<input type="checkbox"/> Other

WHO IS REQUESTING THE CHECK?

Requestor Type	<input type="checkbox"/> DC Public Schools (DCPS)	<input type="checkbox"/> DCPS Contractor	<input type="checkbox"/> Staffing Agency for DCPS	<input type="checkbox"/> Channeler for DCPS
	<input type="checkbox"/> DC Human Resources (DCHR)	<input type="checkbox"/> Other:		

WHO WILL RECEIVE THE RESULTS?

Attention To				Title	
Organization					
Requestor Address (City/State/Zip)					
Requestor Phone #		Fax		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*

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

Applicant Name	
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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. **Note:** to help find 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
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APPLICANT IDENTITY VERIFICATION

<input type="checkbox"/>	I will submit a color copy of a government-issued photo identification document with this application
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