


<b>POLICY TITLE:</b>	<i>Child Protection Register</i>		
	<b>CHILD AND FAMILY SERVICES AGENCY</b>		
<b>Approved By:</b>	<b>Date Approved:</b>	<b>Original Effective Date:</b>	<b>Last Revision:</b>
Brenda Donald - Director	April 17, 2018	July 23, 2008	October 7, 2017

<b>I. AUTHORITY</b>	<p>The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency’s mission and applicable federal and District of Columbia laws and regulations, including the <i>LaShawn A. v. Bowser Implementation and Exit Plan</i> (December 17, 2010); provisions in Title 4, Chapter 13 and Title 16, Chapter 23 of the DC Official Code; and the federal Department of Health and Human Services’ (HHS) regulations for the Protection of Human Subjects (Title 45 Code of Federal Regulations, Part 46, and Subpart D; and Title 34 Code of Federal Regulations, Part 97).</p>
<b>II. APPLICABILITY</b>	<p>This policy applies to all Agency employees responsible for the administration of the Child Protection Register (CPR) and those who wish to access, receive information</p>
<b>III. RATIONALE</b>	<p>When children are abused and neglected, it is important that those children, as well as others in the community, are protected from further harm. One method for ensuring protection is to maintain a list of the names of individuals who have received substantiated and/or inconclusive dispositions of abuse and neglect. CFSA maintains such a list through the District’s CPR.</p> <p>The records of abuse and neglect investigation findings are held in the CPR database and made available to authorized requestors. The CPR database is accessed by authorized CFSA employees for investigative purposes and as part of the background check process for foster care, kin and adoption licensing as well as employment and volunteer eligibility for individuals who work with children and youth.</p>
<b>IV. POLICY</b>	<p>It is the policy of CFSA to maintain a Child Protection Register, which is a confidential index of cases of children who have been determined to be abused or neglected following the completion of a Child Protective Services investigation, and of the individuals listed due to investigative findings that the abuse and/or neglect of the child was substantiated or inconclusive.</p> <p>The Agency’s management and processing of requests for information from the CPR, and protocols for releasing information and reporting, shall be consistent with District law, requirements articulated hereunder, and best practice regarding client confidentiality.</p>

<p><b>V. CONTENTS</b></p>	<p><b>A.</b> Access to the Register  <b>B.</b> Roles and Responsibilities of Staff Conducting CPR Checks  <b>C.</b> Release of Information  <b>D.</b> Receiving CPR Requests  <b>E.</b> Processing CPR Requests  <b>F.</b> Confidentiality  <b>G.</b> Maintenance of Administrative Records  <b>H.</b> Expungement Process</p>
<p><b>VI. ATTACHMENTS</b></p>	<p><b>A.</b> Child Protection Register Access Change Request  <b>B.</b> Child Protection Register Access Agreement  <b>C.</b> Child Protection Register Request Application</p>
<p><b>VII. PROCEDURES</b></p>	<p><b>Procedure A: Access to the Register</b></p> <p>The staff of the Child Protection Register (CPR or Register) unit shall receive reports and information necessary for the operation of the Register and release information contained in the Register in a manner that is consistent with the law. Only individuals with authorization from the CPR supervisor and the Computer Information Systems Administration (CISA) can access the CPR.</p> <ol style="list-style-type: none"> <li>1. To receive authorization to access the information in the register, an employee shall complete the following steps: <ol style="list-style-type: none"> <li>a. Inform his or her deputy director of the need to have access to the register.</li> <li>b. Request the deputy director (or designee) complete the Child Protection Register Access Change Request Form (Attachment A) and submit it to the Child Protection Register supervisor on the employee's behalf.</li> </ol> <p style="margin-left: 40px;"><i>Note: This request shall be submitted annually for continued access or upon a position/function change.</i></p> <li>c. Upon approval, complete required training and complete and submit the Child Protection Register Access Agreement Form (Attachment B) to the CPR supervisor.</li> </li></ol> <li>2. If the employee no longer requires access to the CPR once access has been granted (e.g., due to a change in position or job responsibilities), the employee shall notify both their supervisor and the CPR supervisor within 5 business days of the change.</li>
	<p><b>Procedure B: Roles and Responsibilities of Staff Conducting CPR Checks</b></p> <ol style="list-style-type: none"> <li>1. CFSA staff authorized to access the CPR are responsible for the following duties: <ol style="list-style-type: none"> <li>a. Receive applications for CPR background checks;</li> <li>b. Use CPR database as well as FACES, and CFSA records as needed to determine if there are any findings of child abuse and/or neglect; and</li> <li>c. Provide a report of the findings to the requestor in accordance with Procedure C.</li> </ol> </li> </ol>

	<p>2. CFSA staff who work in the CPR unit are responsible for the duties listed above as well as the following additional duties:</p> <ul style="list-style-type: none"> <li>a. Review historical CFSA and CPR records to determine if there are any findings of child abuse and/or neglect, and provide a written report of the findings;</li> <li>b. Conduct CPR checks through research in FACES and the CPR database 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</li> <li>c. Provide letters of expungement.</li> </ul>
	<p><b>Procedure C: Release of Information</b></p> <p>1. Staff shall provide a report of findings from the CPR to the following individuals:</p> <ul style="list-style-type: none"> <li>a. Persons over the age of 18 who request a CPR check for themselves [<i>referred to as a self-check</i>].</li> <li>b. The parent, guardian, custodian, guardian ad litem, or attorney of the child who is the subject of the report.</li> <li>c. Each person identified in a report as a person responsible for or suspected of the abuse or neglect of the child or that person's attorney.</li> <li>d. A child-placing agency staff for the purpose of checking a proposed placement for adoption, foster care, kinship care, or eligibility for the grandparent subsidy program upon submission of a signed and notarized consent for release of information.</li> </ul> <p><i>Note: CPR Staff shall not release to those persons identified in subsections (a), (b), (c), and (d), 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.</i></p> <ul style="list-style-type: none"> <li>e. 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 upon submission of a signed and notarized consent for release of information. The CPR staff shall provide the results of a CPR check to the CEO or director of entities that work with children under the following circumstances: <ul style="list-style-type: none"> <li>i. The results of the investigation do not involve a substantiated report that was received prior to October 19, 2002.</li> <li>ii. The results of the investigation did not result in an inconclusive finding of child maltreatment.</li> </ul> </li> </ul> <p><i>Note: A CPR check performed for the purpose of employment or volunteer work 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.</i></p>

f. The Metropolitan Police Department (MPD), 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.

g. Another jurisdiction, so long as it 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.

*Note: All requests for information regarding the Child Protection Register from the Department of Justice (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.*

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 Fatality 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. Applications for CPR checks shall be signed and notarized, unless:

a. the applicant is a prospective or currently licensed CFSA resource parent or caregiver, in which case the applicant must provide photo identification; or

b. the request is made during the course of an abuse or neglect investigation and one of the following parties makes an oral request and receive the finding orally or in writing:

i. The Metropolitan Police Department (MPD)

ii. The Office of the Attorney General (OAG) and the Office of the General Counsel (OGC)

iii. The personnel of the Agency and of the Court Social Services Office of the Superior Court of the District of Columbia

iv. CFSA CPS Investigative Social Worker; or

v. An investigative social worker from another jurisdiction.

3. If parties listed in item 2.b other than an investigative social worker request a CPR check, CPR staff shall report out regardless of findings.

a. If an investigative social worker requests a CPR check, the CPR staff shall report all findings (substantiated, inconclusive, and not listed).

b. 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.

	<p>4. CPR checks that result in an inconclusive finding shall only be reported out to individuals noted in <i>Procedure C(1)(a)</i> through (d) above. Inconclusive findings shall not be provided for purposes of employment.</p>
	<p><b>Procedure D: Receiving CPR Requests</b></p> <p>CFSA may receive requests for CPR checks through the following avenues:</p> <ol style="list-style-type: none"> <li>1. Verbally or by fax by the Metropolitan Police Department, a CFSA Child Protection Services (CPS) Investigative Social Worker, or the Office of General Counsel (OGC);</li> <li>2. Via a faxed or mailed written request if it is a request made by another social service agency; or</li> <li>3. Through notarized application, hand-delivered or mailed to CFSA at the address located on the Child Protection Register Request Application (Attachment C).</li> </ol>
	<p><b>Procedure E: Processing CPR Requests</b></p> <ol style="list-style-type: none"> <li>1. Applications for a request for a CPR check shall be processed by authorized CFSA staff in the following manner: <ol style="list-style-type: none"> <li>a. All incoming notarized applications shall be date stamped, entered into the log book, and reviewed for completeness and accuracy by the appropriate CPR staff.</li> <li>b. Incomplete applications shall be returned to the individual/agency making the request with a CPR request return form indicating what needs to be corrected by section and item.</li> <li>c. All applications and memos requesting a CPR check shall be approved by the CPR supervisor prior to processing and assignment.</li> <li>d. Staff will search the CPR databases and FACES and other CFSA records as needed.</li> <li>e. When the results are finalized, staff shall generate a Child Protection Register Result form letter from FACES and submit the completed letter to the supervisor or designee for review and signature.</li> <li>f. The Child Protection Register Result Letter shall be: <ol style="list-style-type: none"> <li>i. Sent to requestors via encrypted email, fax or through U.S. mail, or</li> <li>ii. Picked up or mailed interdepartmentally to CFSA staff.</li> </ol> <p><i>Note: Child Protection Register Result letters shall not be sent directly to the applicant, except in cases of a self-check.</i></p> </li> </ol> </li> <li>2. CPR checks shall be completed within the following timeframes: <ol style="list-style-type: none"> <li>a. General requests for CPR checks shall be completed and returned to the requestor within 30 business days from the time the complete and correct application/request is received and date stamped by staff. Such requests include CPR checks for the following purposes: <ol style="list-style-type: none"> <li>i. General employment eligibility re-verification;</li> <li>ii. Foster Care, Adoption, and Kinship licensing and Grandparent Subsidy approval.</li> </ol> </li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>b. Expedited requests for employment-related CPR checks shall be completed and returned to the requestor within ten (10) business days from the time the complete and correct application/request is received and date stamped by staff. Such requests include CPR checks for general employment/new hire purposes.</li> <li>c. CPR checks requested by MPD, OAG, a CFSA CPS Investigative social worker, or an investigative social worker from another jurisdiction, during the course of an abuse or neglect investigation, shall be completed and returned to the requestor within one (1) business day from the time the request is received and or date stamped.</li> <li>d. An application for a CPR check that is related to a court proceeding regarding an abuse or neglect finding shall be completed and returned to the requestor within one (1) business day from the time the complete and correct application/request is received and/or date stamped.</li> </ul> <p>3. The procedures for processing requests for information from the CPR shall be in accordance with District law and best practices regarding client confidentiality. See Procedure F below for more information.</p>
	<p><b>Procedure F: Confidentiality</b></p> <p>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.</p> <ul style="list-style-type: none"> <li>1. Requests for information made by individuals not listed in Procedure C shall be referred to the OGC. This includes judges, attorneys, US attorneys, investigators, process servers, law enforcement and the general public.</li> <li>2. The staff conducting CPR checks 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.</li> <li>3. CFSA staff may not release information obtained from the Register in violation of the confidentiality requirements in the D.C. Code. Any willful release of information can result in an imposition of a civil fine or prosecution. (See DC Official Code §4-1302.08 and §4-1302.09 respectively).</li> </ul>
	<p><b>Procedure G: Maintenance of Administrative Records</b></p> <ul style="list-style-type: none"> <li>1. Staff shall maintain a record of each release of information. The record shall contain the following information: <ul style="list-style-type: none"> <li>a. The date of the release of information;</li> <li>b. To whom the information was released and the address of that person or institution; and</li> <li>c. The purpose for which the information was released.</li> </ul> </li> </ul>

	<ol style="list-style-type: none"> <li>2. Staff shall retain applications of individuals with “substantiated” finding for 75 years. (See the <a href="#">Client Records Management Policy</a> and accompanying Business Process for more information).</li> <li>3. Staff shall retain hard copies of the original applications and notification letters for individuals with an “unfounded” finding or an “inconclusive” finding for no more than six (6) months from the time the CPR check request is received/date stamped, unless the inconclusive finding is reported out to a third party.</li> <li>4. Applications for a CPR check with an “inconclusive” finding that are reported out shall be destroyed after five (5) years.</li> <li>5. Upon reaching the minimum record retention timeframes, records shall be destroyed.</li> </ol>
	<p><b>Procedure H: Expungement Process</b></p> <ol style="list-style-type: none"> <li>1. 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 <a href="#">Fair Hearings Policy</a> for a description of the appeal process]</li> <li>2. 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 within three (3) business days of the final decision.</li> <li>3. FACES shall expunge the name from the Child Protection Register within 10-15 business days from the time FACES received the request for name removal. <ol style="list-style-type: none"> <li>a. A substantiated report will be expunged after the following conditions are met: <ol style="list-style-type: none"> <li>i. Upon receipt of the final decision of a Program Administrator’s Review (PAR) directing the CPR to remove an individual from the register, or</li> <li>ii. Upon receipt of a “Request for Name Removal form” and written decision from the Office of Fair Hearings and Appeals ordering the removal of an individual from the register. [See the Fair Hearings Policy for a description of the appeal process].</li> </ol> </li> <li>b. The CPR supervisor shall sign off on final letter from Fair Hearing Coordinator verifying that the name has been expunged from the Register. The Fair Hearing Coordinator shall send written notice to the client of the removal of his/her name from the Child Protection Register within seven (7) business days from the time of the expungement.</li> <li>c. 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.</li> </ol> </li> </ol>

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

Child and Family Services Agency



**Child Protection Register Access Change Request for CFSA Employees Only**

The appropriate deputy director (or designee) must complete this form and submit it to the Child Protection Register (CPR) supervisor on behalf of a CFSA employee needing access to the CPR. This request shall be submitted annually for continued access or upon a position/function change.

<b>Administration Name</b>		<b>Deputy Director Name</b>	
<b>Date of Request</b>		<b>Request Effective By Date</b>	
<b>Name of Employee Needing Access</b>		<b>Title/Position</b>	
<b>Employee Desk Phone</b>		<b>Employee Cell Phone</b>	
<b>Employee Office Number</b>		<b>Employee E-mail Address</b>	
<b>Supervisor Name</b>		<b>Supervisor Phone</b>	
<input type="checkbox"/> <b>Initial Access Request</b>	<input type="checkbox"/> <b>Renewal Request</b>	<input type="checkbox"/> <b>Removal Request</b>	
<b>Briefly state the reason for this request, including the employee's roles and responsibilities and frequency of work related to the Child Protection Register (CPR) or reason for removal.</b>			
<b>Deputy Director Signature</b>			<b>Date</b>

CFSA Child Protection Register Unit | 200 I Street SE, 3<sup>rd</sup> Floor, WDC 20003 | 202-727-8885 | [cfsa.cpr@dc.gov](mailto:cfsa.cpr@dc.gov)



**FOR OFFICAL USE ONLY** *(Please do not write in this section)*

<b>I. CPR Supervisor Decision</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
<b>CPR Supervisor Comments</b>		
<b>CPR Supervisor Signature</b>	<b>Date</b>	

<b>II. CPR Program Manager Decision</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
<b>CPR Program Manager Comments</b>		
<b>CPR Program Manager Signature</b>	<b>Date</b>	

<b>III. Employee has completed CPR access training</b>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b>	<b>Training Date</b>	
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<b>IV. CISA User Activation</b>			
<b>Network User ID</b>	<b>Security Categories Assigned</b>		
<b>ISO Signature</b>	<b>Date</b>		

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency**



**Child Protection Register Access Agreement – for CFSA Employees Only**

CFSA employees must complete this form and submit it to the Child Protection Register (CPR) supervisor upon approval of the CPR Access Change Request.

CFSA Employee Information (Please type/print all information)		
Last Name:	First Name:	MI
Position Title:	E-mail Address:	
Office Phone No:	Cell Phone No:	Room No:
Supervisor's Name:		Office Phone No:
Supervisor's Signature:		Date:

I \_\_\_\_\_, understand that in the course of my employment at the Child and Family Services Agency (CFSA) I will receive access to information concerning whether an applicant listed in the Child Protection Register is responsible for the abuse or neglect of a child. This information is considered confidential pursuant to:

- Federal and Local Confidentiality laws (i.e., the requirements and restrictions contained in federal and District law concerning access to child welfare information, including D.C. Official Code §§ 4-1302.03, 1302.08, 4-1303.06 and 4-1405, including but not limited to, information which identifies individual children reported as or found to be abused or neglected or which identifies other members of their families or other persons or other individuals).
- The privacy and security standards provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104-191.
- Other applicable District or Federal laws.
- CFSA policies and procedures.

I understand and agree:

1. To complete all required training arranged by the CPR supervisor
2. To renew my access annually
3. To notify the CPR supervisor within five business days if I no longer require access to the CPR
4. Not to disclose my assigned user ID or password
5. Not to provide access to other individuals using my log-in information
6. Not to leave my terminal or computer in an unsecured, accessible status in my absence
7. To maintain the integrity of all client records
8. To utilize my FACES access and the information it contains solely for the performance of my assigned responsibilities
9. Not to utilize any portable device (*CD, Flash Drive, etc.*) to store or copy sensitive, confidential information
10. To ensure the latest version of virus scan software has been installed on any device requiring access to CFSA electronic resources
11. Not to disclose any confidential information protected by any applicable federal or District laws or by CFSA policies and procedures, nor use such information for unauthorized purposes
12. To contact my supervisor or the CFSA Privacy Officer if I have any questions concerning whether and under what conditions confidential information may be disclosed

Failure to comply with the terms of this agreement may result in termination of my FACES access or other disciplinary action as appropriate. Any staff member who willfully releases information obtained from the Register in violation of D.C. Code sections 4-1302.08 and 4-1302.09 shall be prosecuted and fined not more than \$1,000.00.

**By signing this document, I acknowledge that I have read and fully understand the above statements.**

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Signature

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Date

**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. This confidential index includes the names of individuals with substantiated and/or inconclusive findings from the investigative reports of the Child Protective Services Unit of the Child and Family Services Agency. 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 deliver original application (no photocopies); no 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.
- 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**

- Unless transacting a self-check, the Applicant named in Part II above must sign the form to provide consent for CFSA to release information to the Requesting Organization named in Part I..
- The form must be signed in blue ink; electronic signatures are not permitted.
- An employment request allows access to substantiated reports of child maltreatment by chief executive officers or directors of day care centers, schools, or any public or private organization working directly with children, for the purpose of making employment decisions.

**Part IV**

- Forms shall be returned if not notarized (*Note: applications for prospective and current CFSA resource parents and kin caregivers need not be notarized, but photo ID must be provided to the CFSA employee*).

**Part V**

- Self-check applications must be submitted in person, not by mail.
- Individuals requesting a self-check and CFSA resource parents and kin 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 from CFSA.

<b>MAIL or HAND DELIVER completed forms to:</b>	Attn: Child Protection Register Unit Child and Family Services Agency 200 I Street SE, 3rd Floor Washington, DC 20003	<b>Applications accepted between 8:30 am and 4:30 pm Monday through Friday</b>
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Please **type** or **print** clearly. Sign the form in **blue** ink, 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.

**PART I: Requesting Organization/Employer Information**

Request Date		Corrected Application Re-submission Date	
<b>Requestor Type</b>			
<input type="checkbox"/> Court	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Self ( <i>personal use only</i> )
<b>Purpose</b>			
<input type="checkbox"/> Adoption	<input type="checkbox"/> Court Request	<input type="checkbox"/> Foster/Adoption Licensing	<input type="checkbox"/> Kinship Licensing
<input type="checkbox"/> Visitation	<input type="checkbox"/> Current Employee/Volunteer	<input type="checkbox"/> New Hire/Volunteer	<input type="checkbox"/> Other:
<b>Requesting Organization/Employer/Childcare Provider Contact Information</b> (results cannot be mailed to a P.O. Box)			
Requesting Organization			
Attention To			
Requestor Address			
Phone Number		Fax Number	
Preferred method to return CPR check results to the requesting organization		<input type="checkbox"/> By Mail	<input type="checkbox"/> By Fax

**PART II: Applicant Information**

**\*\*Write N/A in the box if a question does not apply to you\*\***

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 children born to the applicant, living and deceased, and other persons living at the current address with the applicant.

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

**Previous 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 must include all addresses of residence and where mail was received for the last five (5) years. Do not include P.O. Boxes.
- Applicants for adoption, foster care, and kinship care 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 the previous addresses, add 18 years to the date of birth (e.g., If you were born in 1970, add 18 so addresses going back to 1988 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	Start – End Dates
L W M	Previous Address (Include Street # and Apt #)	City	State	Start – End Dates

**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").

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Must be signed in blue ink; electronic signatures not permitted*

Date: \_\_\_\_\_

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

Leave this space blank for Notary seal

\_\_\_\_\_  
Applicant Name  
(Printed)

\_\_\_\_\_  
Applicant Signature  
(must be signed **AGAIN** in the presence of the Notary)



\_\_\_\_\_  
Date

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 Resource 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			