



# DC Child Protection Register (CPR) Check Request Instructions

*EMPLOYEES, CONTRACTORS, VOLUNTEERS, INTERNS, STUDENT TEACHERS, COACHES AND OTHERS WORKING IN THE DISTRICT'S TRADITIONAL OR CHARTER PUBLIC SCHOOLS SHOULD USE FORMS AND FOLLOW INSTRUCTIONS SPECIFIED BY THE SCHOOL'S RECRUITMENT AND HIRING OR HUMAN RESOURCES POINT OF CONTACT.*

A DC CPR check is done to determine if an individual has a record of substantiated abuse or neglect of a child *that occurred in the District of Columbia only*. A CPR check is a civil, not criminal, check. CPR results are NOT part of any national registries and must be checked separately in each jurisdiction where the applicant lived or worked.

- ▶ 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 current application** from the employer or child placing agency or download a copy of the application form online at <https://cfssa.dc.gov/service/child-protection-register-cpr>.
- Don't use photocopies of the form; it is updated regularly and old forms may not be accepted.



- **Applications may 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 the required years of addresses are provided.**
- DC law requires applicants for employment, back-up caregivers, adult household members, and subsidy recipients to provide five (5) years of address history. Applicants for a foster care, kinship or adoption license must list DC addresses from the age of 18 or from 2002, whichever is more recent.



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



- **Applications are submitted online** via secure file upload at <https://cfssa.dc.gov/service/child-protection-register-cpr> (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.
- Name application in this format: `firstname-lastname-app-submission-date` (e.g., John-Doe-App-10-15-2021)



- **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 14 days for employment first-time checks, 45 days for employment renewal checks and all other requestors, expedite requests are considered on a case-by-case basis.
- **Results are sent by encrypted email and will expire after 30 days; don't wait to open the email.**

Submit renewal requests 45-60 days prior to the expiration date of the last clearance. Know your renewal period. DC renewal terms are: three (3) years for childcare providers, two (2) years for educators and youth workers, one (1) year for adoption, foster care and subsidy recipients, or as otherwise designated by law, regulation or contract terms.

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



# DC Child Protection Register (CPR) Check Request Application

This is a "fillable" PDF form. Download it on your computer, save it with applicant name and submission date: "John-Doe-App-10-01-2021" (no periods, punctuation, special characters or spaces in the file name). Type this form. If you print it and handwrite, print clearly in block lettering. Forms are returned if incomplete, incorrect or the handwriting is not clear.

## I. THE REQUESTOR COMPLETES THIS SECTION

<input type="checkbox"/> <b>NEW REQUEST</b> (The applicant does not have a CPR clearance on file with this requestor)	<b>Date Needed</b>	
<input type="checkbox"/> <b>RENEWAL REQUEST</b> (The applicant has a CPR clearance on file with this requestor)	<b>Date of Last Results</b>	

*Please call 202-727-8885 or email [cfsa.cpr@dc.gov](mailto:cfsa.cpr@dc.gov) for special circumstances needing expedited results.*

<b>Request Purpose: Check Only One</b> (if unsure, contact the CPR office at 202-727-8885 or <a href="mailto:cfsa.cpr@dc.gov">cfsa.cpr@dc.gov</a> )		
<b>Employment</b>	<input checked="" type="checkbox"/> Employment suitability determination (employee/contractor/sub-contractor/volunteer/fellow/intern)	
<b>Child Welfare</b>	<input type="checkbox"/> Adoption/Guardianship/Foster Care/Kin Care	<input type="checkbox"/> Household Member or Back-Up Caregiver
	<input type="checkbox"/> Grandparent/Relative Caregiver Program Subsidy	<input type="checkbox"/> Investigation, Court, Custody Determination
<b>Self-check</b>	<input type="checkbox"/> Personal Use (may not be used for employment, child welfare or licensing purposes)	

<b>Contact Name/Title</b>			
<b>Organization Name</b>			
<b>Requestor Address</b>			
<b>Requestor Phone #</b>		<b>Requestor Email</b>	
<b>If the employer has a contract/sub-contract with a DC Gov't agency, list the agency here</b>		<b>DME - LEARN24</b>	

*Results are sent to the requestor by encrypted email. The encrypted email link will expire 30 days after it is sent. Please check the email junk or spam folder if you have not received the results within 14 days for new hires or 45 days of the request date for others.*

## II. THE APPLICANT COMPLETES THIS SECTION

<b>Last Name</b> (include suffix if applicable)			<b>First Name</b>			<b>Middle Name</b> (type "no middle name" if none)			
<b>Preferred Phone Number</b>				<b>Email Address</b>					
		Home	Work	Cell					
<b>Date of Birth</b> (MM/DD/YYYY)			<b>Social Security Number</b> (or USCIS/Alien Registration #)			<b>Sex</b> (on birth certificate)			
						Male		Female	
<b>Other Names Used and Type of Name</b> (maiden name, previous married name, legal name change, nicknames, alias, etc.)									
Name		Type		Name		Type			
Name		Type		Name		Type			
<b>Household Members</b> (List spouse/partner and all children including adoptive, foster, step, students away at college, and adult children)									
<b>Name</b> (first name, middle name, last name)				<b>Date of Birth</b>		<b>Relationship to Applicant</b>			

**RESIDENCY INFORMATION.** *List all addresses, and the start and end dates, to the best of your ability.*

- ▶ **Applicants for employment purposes** working in DC must include all addresses of residence for the **last five (5) years**.
- ▶ **Back-up caregivers, adult household members, subsidy recipients** and **individuals requesting a self-check** living in DC must include all *District of Columbia* addresses of residence for the **last five (5) years**.
- ▶ **Applicants for adoption, guardianship, foster care, and kinship care** must provide all *District of Columbia* addresses **from the age of 18 or going back to 2002**, whichever is more recent, per the Improved Child Abuse Investigations Amendment Act of 2002, D.C. Law 14-206, § 4-1302.03.

*To help remember your previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).*

Street Address (Include Quadrant and Apt # if applicable)	City, State, Zip	Start – End Dates (MM/YYYY – MM/YYYY)
(EXAMPLE) 100 J Street NW, Apt. B	Washington, DC 20000	10/2016-present

**APPLICANT CONSENT & IDENTITY VERIFICATION**

I hereby confirm that I have provided complete and accurate information. I understand that if I knowingly provide incomplete or false information, I may be subject to fines. I consent and authorize the D.C. Child and Family Services Agency to provide the Requestor information about me that may be contained in the Child Protection Register (“CPR”).

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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