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

- An individual must sign the form to provide consent for CFSA to release information to an authorized requestor.
- The form must be signed in blue ink; electronic signatures are not permitted.
- An employment request allows access to substantiated reports of child maltreatment, to 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 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 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.

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 between 8:30 am and 4:30 pm Monday through Friday**

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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	
Requestor Type			
☐ Court	☐ Government Agency	☑ Non-Government Organization	☐ Self (*personal use only*)
Purpose			
☐ Adoption	☐ Court Request	☐ Foster/Adoption Licensing	☐ Kinship Licensing
☐ Visitation	☑ Current Employee/Volunteer	☐ New Hire/Volunteer	☐ Other:

Requesting Organization/Employer Contact Information (results cannot be mailed to a P.O. Box)			
Requesting Organization	The National Center for Children and Families		
Attention To	Human Resources		
Requestor Address	6301 Greentree Road Bethesda, MD		
Phone Number	301-365-4480 ext. 124	Fax Number	301-365-4571
Preferred method to return CPR check results to the requesting organization		☐ By Mail	☑ By Fax

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)	
		☐ 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

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.
- 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**	**Zip**

L W M	**Previous Address** (Include Street # and Apt #)	**City**	**State**	**Start – End Dates** (MM/YYYY – MM/YYYY)

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: _____ **Date:** _____

Must be signed in blue ink; electronic signatures not permitted

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 in the presence of a 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			