



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 and working 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 to 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 can be submitted in multiple ways: download the fillable PDF application, type it and submit via encrypted email, submit online via secure file upload or submit by mail or hand delivery.
- Applications may be scanned or photographed with a cell phone or digital camera and submitted.
- Get the online submission instructions at <https://cfsa.dc.gov/cprsubmit>.



- 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 online submission instructions at https://cfsa.dc.gov/cprsubmit	
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 **type** or **print** 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 may be returned** if incomplete, incorrect, or we can't read your handwriting.

Date Completed		Date Re-submitted		Date Received	
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WHAT IS THE REASON FOR THIS CHECK?

Request Purpose	<input checked="" type="checkbox"/> New Hire/Volunteer (first-time check) include the expected start date:		
	<input type="checkbox"/> Current Employee/Volunteer (renewal check) include last CPR expiration date:		
	<input type="checkbox"/> Self-check (personal use)	<input type="checkbox"/> Other:	

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

Requestor Type	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Public School	<input type="checkbox"/> Public Charter School	<input type="checkbox"/> Childcare Provider
	<input checked="" type="checkbox"/> Non-Government Agency	<input type="checkbox"/> Private School	<input type="checkbox"/> Other:	

Attention To	Dwayne Lipscomb		Title	Owner and CEO	
Organization	Clean Green and Professional, LLC				
Requestor Address (City/State/Zip)	637 Hamlin Street NE #3 WDC 20017				
Requestor Phone #	(202) 286-6516	Fax		Email	dwayne@cleangreenandprofessional.com
Preferred method for receiving CPR check results		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input checked="" type="checkbox"/> Encrypted Email	<input type="checkbox"/> OSSE Box (DC childcare providers)

WHO IS BEING CHECKED?

Last Name (include suffix if applicable)		First Name		Full Middle Name <small>(write "no middle name" if there is none)</small>	
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 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:

<input type="checkbox"/>	A. I submitted a color copy of a government-issued photo identification document with this application
<input type="checkbox"/>	B. I presented a government-issued photo identification document in person to a CFSA employee as noted below
<input type="checkbox"/>	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 ____/____/_____