



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

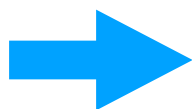
Child Development Center Employee Child Protection Register (CPR) Check

You will need to do this process from a computer. It can not be completed from your smartphone or tablet.

The process consists of:

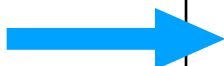
- Completing a fillable PDF form online
- Uploading the completed form
- Uploading a scanned copy of your state issued ID

1. Visit the [Child Protection Register Site](#)
2. Choose the form for your situation:



- Click [here](#) to submit a NEW/FIRST TIME application for EMPLOYMENT (new employee, contractor, intern or volunteer)
- Click [here](#) to submit a RENEWAL application for EMPLOYMENT (current employee, contractor, intern or volunteer)

3. Read the three steps of the instructions. Scroll to the very bottom of the page to click on the application link mentioned in Step 1 and download it to your computer to fill out.



- Attachment(s):**
- [CPR Check Request Application](#) - 474.1 KB (pdf)
 - [CPR Check Request Tipsheet](#) - 239.1 KB (pdf)

4. Section I “THE REQUESTOR COMPLETES THIS SECTION”
 New Request Date Needed - enter “ASAP”
 Renewal Request Date of Last Results - enter “Aug 2020”
 Request Purpose - check the circle “Employment suitability determination”

Contact Name/Title	AMY OSSI, SCHOOL ADMINISTRATOR		
Organization Name	CCPC WEEKDAY NURSERY SCHOOL		
Requestor Address	ONE CHEVY CHASE CIRCLE, WASHINGTON, DC 20015		
Requestor Phone #	202-363-2209	Requestor Email	wnsoffice@chevychasepc.org
If the employer has a contract/sub-contract with a DC Gov't agency, list the agency here	OSSE		

5. Section II “THE APPLICANT COMPLETES THIS SECTION”
This section is for you to fill out your personal information - please fill it out as completely as possible, listing all addresses for the last 5 years (2018 - present) in the Residency Information section.
6. No signature is needed. Type your name and date at the bottom and check the checkbox to indicate you will submit your ID.

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”).		
<input type="text"/>	<input type="text"/>	<input type="text"/>
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	

7. Follow the instructions for correctly naming the Application and ID files and complete the next steps:
Step 2 - Uploading the Application
Step 3 - Uploading your ID