



የወንጀል ታሪክ እና የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻ፡-S

የህጻናት እንክብካቤ ሰራተኞች እና በጎ ፈቃደኞች መመሪያ

ኦክቶበር 2026

ስለ ታሪክ ፍተሻ ሂደት

- የሚከተሉት ግለሰቦች በዲሲ ውስጥ በሚገኝ የልጅ ማህልበቻ ተቋም ውስጥ ከመቀጠር ወይም በፈቃደኝነት ከመሥራትም በፊት እና ከዚያ በኋላ በየሦስት ዓመቱ በግዛት የትምህርት የበላይ ተቆጣጣሪ ቢሮ (OSSE) በተደነገገው ሂደት የወንጀል ታሪክ ፍተሻ እና የልጅ ጥቃት እና የቸልተኝነት መዝገብ ፍተሻ ሂደቶችን ማጠናቀቅ አለባቸው።
- የልጅ እንክብካቤ አቅራቢዎች
- የአሁኑ ሰራተኞች
- የወደፊት ሠራተኞች
- በጎ ፈቃደኞች
- እንቅስቃሴያቸው የህፃናትን እንክብካቤ ወይም ቁጥጥር ወይም ያለ ቁጥጥር ህጻናትን የማግኘት እድልን የሚያካትቱ ግለሰቦች (ለምሳሌ፣ ከ18 ዓመት በላይ የሆኑ እና በልጅ እድገት ቤት ወይም በተስፋፋ የልጅ እድገት ቤት ውስጥ የሚኖሩ ግለሰቦች)
- እነዚህ ግለሰቦች በዚህ መመሪያ ውስጥ በአጠቃላይ "የህፃናት እንክብካቤ ሰራተኞች" ተብለው ይጠራሉ።

ስለ ታሪክ ፍተሻ ሂደት (የቀጠለ)

- **የወንጀል ታሪክ ፍተሻ** የልጅ እንክብካቤ ሰራተኞች ላለፉት አምስት አመታት በኖረባቸው እያንዳንዱ ግዛቶች የብሔራዊ ወንጀል መረጃ ማዕከል ብሔራዊ የወሲብ ወንጀላኞች መዝገብ (NSOR)፣ የፌዴራል ምርመራ ቢሮ (FBI) የጣት አሻራ ፍተሻ እና የግዛት የወንጀል መዝገቦች እና የወሲብ ወንጀላኞች መዝገቦች ፍተሻ ፍለጋን ማካተት አለበት።
- **የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻ** የግዛት የልጅ ጥቃት እና የቸልተኝነት መዝገቦችን ፍለጋ ያካትታል። የሕፃናት እንክብካቤ ሰራተኞች በዲሲ እና ባለፉት አምስት ዓመታት ውስጥ የኖሩበትን እያንዳንዱን ግዛት የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻ ማጠናቀቅ አለባቸው።
- ተጨማሪ መረጃ [እዚህ ይገኛል](#)።

ይህንን መመሪያ እንዴት መጠቀም እንደሚቻል

- የሕፃናት እንክብካቤ ሰራተኞች የወንጀል ታሪክ እና የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻ ሂደቶችን ለማጠናቀቅ በዚህ መመሪያ ውስጥ ያሉትን ደረጃዎች መከተል አለባቸው።
- **ሁሉም የሕፃናት እንክብካቤ ሰራተኞች** [በክፍል 1፣ ክፍል 2](#) እና [ክፍል 5](#) የተዘረዘሩትን ደረጃዎች ማጠናቀቅ አለባቸው።
- በአሁኑ ጊዜ **በሜሪላንድ** የሚኖሩ ወይም ባለፉት አምስት ዓመታት ውስጥ **በሜሪላንድ** የኖሩ የሕፃናት እንክብካቤ ሰራተኞች [በክፍል 3](#) እና [ክፍል 6](#) የተዘረዘሩትን ደረጃዎች ማጠናቀቅ አለባቸው።
- በአሁኑ ጊዜ **በሸርጂኒያ** የሚኖሩ ወይም ባለፉት አምስት ዓመታት ውስጥ **በሸርጂኒያ** የኖሩ የሕፃናት እንክብካቤ ሰራተኞች [በክፍል 7](#) የተዘረዘሩትን ደረጃዎች ማጠናቀቅ አለባቸው።
- ባለፉት አምስት ዓመታት ውስጥ **ከዲሲ፣ ሜሪላንድ ወይም ሸርጂኒያ ውጭ** [በሌላ](#) ክልል ውስጥ የኖሩ የሕፃናት እንክብካቤ ሰራተኞች [በክፍል 4](#) እና [ክፍል 8](#) የተዘረዘሩትን ደረጃዎች ማጠናቀቅ አለባቸው።
- ለጥያቄዎች፣ OSSE.ChildCareLicensing@dc.govን ያነጋግሩ።

*ለሁሉም የህፃናት እንክብካቤ
ሰራተኞች አስፈላጊ



ክፍል 1

የወንጀል ታሪክ ፍተሻ

በApplicationStation በመጠቀም
ማጠናቀቅ

ደረጃ 1:- ከApplicationStation የእርስዎን ልዩ ማስፈንጠሪያ ይድረሱ

- ከ applicationstation@truescreen.com ኢሜይል ይደርስዎታል። ኢሜይሉ ከ ApplicationStation የታሪክ ፍተሻን እንዴት ማጠናቀቅ እንደሚቻል መረጃን ያካትታል።
- የኢሜል ግብዣው ለጉዳይ ቁጥርዎ ልዩ የሆነ ልዩ ማስፈንጠሪያን ያካትታል። የእርስዎን ልዩ ማስፈንጠሪያ ለሌሎች አያጋሩ።
- **የእርስዎን ልዩ ማስፈንጠሪያ ጠቅ ያድርጉ።** ማስፈንጠሪያው ካልሰራ ይገልብጡ እና አሳሽዎ ላይ ይለጥፉት።

Office of the State Superintendent of Education - Division of Early Learning has requested you provide authorization to Truescreen, Inc. to complete a background investigation. This investigation will NOT be started until you provide this information. To complete the forms, please follow the instructions below:

1. Click <https://applicationstation.truescreen.com?t=BOJckokhJpHEpra2rjiidy&requestcode=OSS E2000&clientCase...>

If the provided link does not work, please copy and paste the link into your browser.

2. Create an account using the Sign Up Now Button.

NOTE: If returning, please skip this step, use the account you created originally, and proceed to step 4.

3. After signing up, you will be asked to login with the credentials you created in Step 2.
4. Sign in using the account information you created in Step 2.
5. Follow the online instructions on the ApplicationStation Web Site, which will guide you through the process.

If requested, your ApplicationStation code is

If requested, your Case Reference Number is

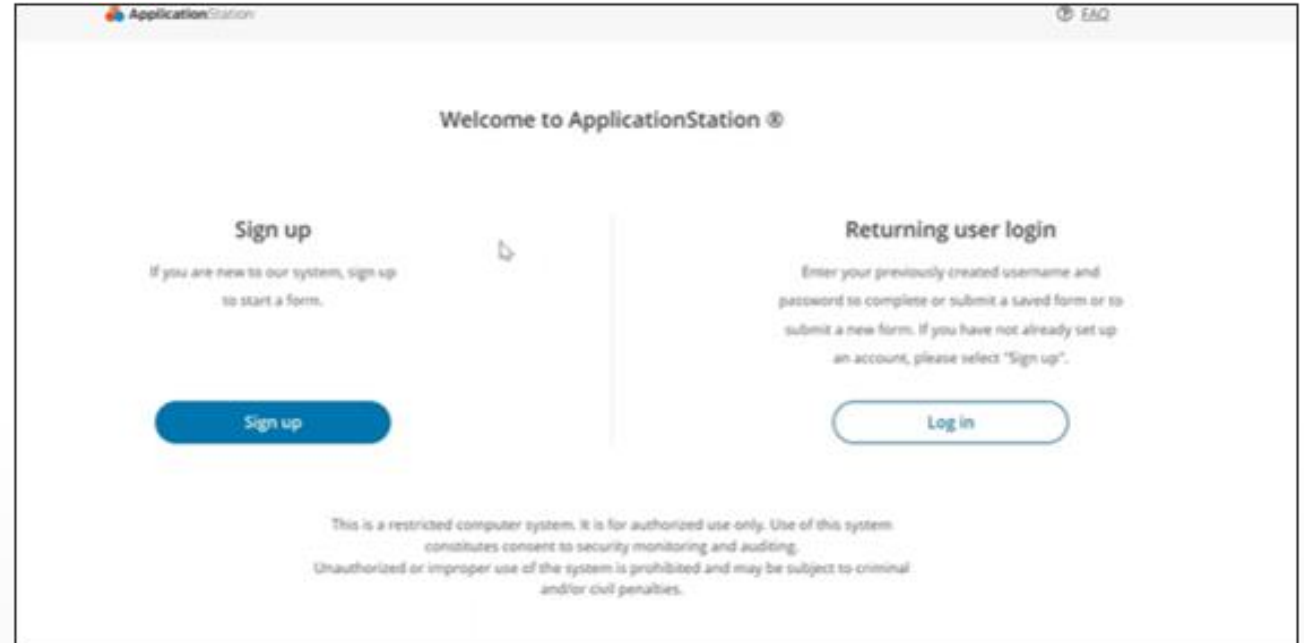
If you have questions about the information you are being asked to provide, please contact an HR representative at the specific agency you will be working for. If you experience technical issues logging on to the ApplicationStation site, please contact ApplicationStation Support at 1-833-802-6381.

Thank You,
ApplicationStation

እዚህ ጠቅ ያድርጉ

ደረጃ 2፡- ይመዝገቡ ወይም በመለያ ይግቡ

- ልዩ የሆነውን ማስፈንጠሪያዎን ጠቅ ካደረጉ በኋላ፣ ወደ ApplicationStation የመግቢያ ገጽ ይመራሉ።
- የ ApplicationStation ሲደርሱ ለመጀመሪያ ጊዜ ከሆነ፣ **ይመዝገቡ** የሚለውን ጠቅ ያድርጉ እና ወደ ደረጃ 3 ይቀጥሉ።
- ከዚህ በፊት ApplicationStation ን ተጠቅመው ከሆነ፣ **በመለያ ይግቡ** የሚለውን ጠቅ ያድርጉ እና ወደ ደረጃ 6 ይቀጥሉ።



ደረጃ 3፡- የፈቃድ ስምምነት

- የፈቃድ ስምምነቱን ያንብቡ እና እስማማለሁ የሚለውን ጠቅ ያድርጉ።

BY CLICKING ON THE "I AGREE" BUTTON BELOW, YOU ACCEPT THIS AGREEMENT AND ASSENT TO AND AGREE TO BE LEGALLY BOUND BY ITS TERMS AND CONDITIONS AS IF YOU HAD SIGNED A HARD COPY VERSION OF IT IN INK. IF YOU DECLINE THIS AGREEMENT, THEN CLICK ON THE "I DO NOT AGREE" BUTTON, AND YOU WILL NOT BE PERMITTED TO ACCESS OR USE THE SERVICE.

You can download the "Consent Agreement" as a PDF file.

 Consent Agreement.pdf(46 K) [Download](#)

I do not agree

I agree

እዚህ ጠቅ
ያድርጉ

ደረጃ 4:- መለያ ፍጠር

- ሁሉንም መስኮች ይሙሉ።
 - ኢሜይል
 - የተጠቃሚ ስም
 - የይለፍ-ቃል
 - የይለፍ ቃል አረጋግጥ
 - የመጠሪያ ስም
 - የአያት ስም
 - የሞባይል ስልክ ቁጥር
 - ማሳሰቢያ፡- የSMS (የጽሑፍ መልእክት) ባለ ሁለት ደረጃ ማረጋገጫ ለመጠቀም፣ ትክክለኛ የስልክ ቁጥር ያስገቡ።

ApplicationStation

1 2 3
Read and accept rules Create Account Verify Account

Create Account

Please fill in the following fields to create an account.

Email*

Username*

Password* show

Confirm Password* show

First Name*

Last Name*

Mobile Phone Number

ደረጃ 4 (የቀጠለ)፦ መለያ ፍጠራ

- ሶስት የደህንነት ጥያቄዎችን ይምረጡ እና ለእያንዳንዱ መልስ ይስጡ።
- ቀጥል የሚለውን ጠቅ ያድርጉ።

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 *	Select One
Answer 1 *	show
Security Question 2 *	Select One
Answer 2 *	show
Security Question 3 *	Select One
Answer 3 *	show

Back

Continue

ደረጃ 5፡- መለያ አረጋግጥ

- የማረጋገጫ ኮድ የያዘው ኢሜይል ወደቀረበው የኢሜይል አድራሻ ይላካል።
- የማረጋገጫ ኮዱን ለማግኘት ወደ ኢሜልዎ ይግቡ።
- የማረጋገጫ ኮዱን ያስገቡ፣ ከዚያም **ምዝገባ ያጠናቅቁ** የሚለውን ጠቅ ያድርጉ።

Verify Account

An email has been sent to your provided email address. The subject of the email will be "ApplicationStation Account Verification" and will arrive from email sender auth@verticalscreen.com.

Please follow the directions in the email to continue creating your account. You may need to check your Junk or Spam folder.

ⓘ Please do not close your browser.

If your browsing session closes, please log back in using your username and password and enter the 8-digit **Verification Code** emailed to you at the email address provided during account creation. This **Verification Code** will expire after 30 minutes.

Verification Code *

Didn't receive an email? Click [here](#) to resend email.

Complete Registration

የማረጋገጫ ኮድ እዚህ ያስገቡ

ደረጃ 6፡- ግባ

- የተጠቃሚ ስምዎን እና የይለፍ ቃልዎን ያስገቡ።
- **ግባ** የሚለውን ጠቅ ያድርጉ።
- ማሳሰቢያ፡- የተጠቃሚ ስምዎን ወይም የይለፍ ቃልዎን ከረሱ፣ **የተጠቃሚ ስምዎን ረሱ?** ወይም **የይለፍ ቃልዎን ረሱ?** የሚለውን ጠቅ ያድርጉ እና ጥያቄዎቹን ይከተሉ።

Log in

Username

Password

BackLogin

[Forgot username?](#) [Forgot password?](#)

ደረጃ 7፡- ባለ ሁለት ደረጃ ማረጋገጫ

- የማረጋገጫ ኮድ መለያዎን ሲፈጥሩ ወደሰጡት የኢሜይል አድራሻ ወይም የሞባይል ስልክ ቁጥር ይላካል።
- የማረጋገጫ ኮዱን ያስገቡ እና **ቀጥልን** ጠቅ ያድርጉ።

Two-Step Verification

For added security, input the verification code we sent to XXX-XXX-XX73.

Verification Code

Didn't receive the verification code? Click [here](#) to resend or choose another method.

 [Email](#)  [Receive a call](#)

☐ Don't ask again on this device/computer

[Continue](#)

ደረጃ 8፡- ቅጽ

- ከገቡ በኋላ ወደ ቅጾች ገጽ ይወሰዳሉ። አዲስ ቅጽ ለመጀመር፣ + አዲስ ቅጽ ጀምር የሚለውን ጠቅ ያድርጉ።
- ተመላሽ ተጠቃሚ ከሆኑ እና ከዚህ ቀደም የጀመሩትን ቅጽ መመላትዎን ማጠናቀቅ ከፈለጉ ቀጥል የሚለውን ጠቅ ያድርጉ።

My Forms

Below you can view completed forms, continue with a previously started form or submit a new form.

If your form is In Progress - this means that it has not yet been submitted and can still be changed. Click on the Continue button to finish and submit the form.

If your form is Completed - this means it has been submitted and cannot be changed. Click on the View button to review the completed and submitted form.

Start a New Form - You are able to start a new form as long as you do not have one in progress for the same ApplicationStation Code. Click the Start New Form button to begin a new form.

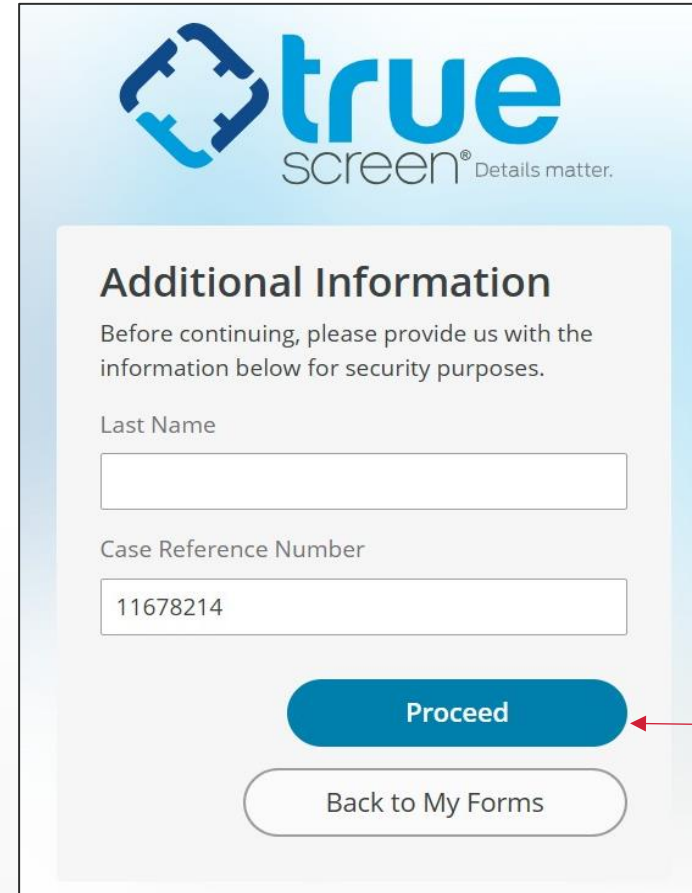
Forms

+ Start New Form

እዚህ ጠቅ
ያድርጉ

ደረጃ 9፡- የፈቃድ ቅጽ

- የአያት ስምዎን ያስገቡ።
- የጉዳይ ማጣቀሻ ቁጥሩ አስቀድሞ ይሞላል።
- **ቀጥል** የሚለውን ጠቅ ያድርጉ።



The screenshot shows a web form titled 'true screen' with the tagline 'Details matter.' The form is for 'Additional Information' and asks for 'Last Name' and 'Case Reference Number'. The 'Case Reference Number' field is pre-filled with '11678214'. There are two buttons: a blue 'Proceed' button and a grey 'Back to My Forms' button. A red arrow points from the 'Proceed' button to a box on the right containing the Amharic text 'እዚህ ጠቅ ያድርጉ'.

true screen
Details matter.

Additional Information

Before continuing, please provide us with the information below for security purposes.

Last Name

Case Reference Number

Proceed

Back to My Forms

እዚህ ጠቅ
ያድርጉ

ደረጃ 10፡- የግል መረጃዎን ያስገቡ

- የግል መረጃ ክፍልን ይመሉ። የኮከብ ምልክት ያላቸው ሁሉም መስኮች ያስፈልጋሉ።
 - የመጠሪያ ስም
 - የአያት ስም
 - አገር
 - አድራሻ
 - ከተማ / መለስተኛ ከተማ
 - ክልል/ስቴት
 - አካባቢያዊ መለያ ቁጥር
 - ከ ጀምሮ ነዋሪ
 - የአሜሪካ የማህበራዊ ዋስትና ቁጥር (SSN)፣ የካናዳ SIN ወይም የሌላ ሀገር መታወቂያ
 - የትውልድ ቀን
 - ስልክ
 - ኢሜይል
- አስቀምጥ እና ቀጥል → የሚለውን ጠቅ ያድርጉ።

ደረጃ 11፡- ሌሎች ስሞች

- የሚታወቁባቸው ወይም የተጠቀሙባቸው ሌሎች ስሞች ካሉ፣ ከጋብቻ በፊት ያለ የአባት ስምን ጨምሮ፣ **አዎ** የሚለውን ይምረጡ። ከዚያም + **ሌላ ስም ያክሉ** የሚለውን ጠቅ ያድርጉ።
- ሌሎች ስሞች ከሌሎቻት **አይ** የሚለውን ይምረጡ። ከዚያ **አስቀምጥ እና ቀጥል** → የሚለውን ጠቅ ያድርጉ።

Sections

✓ Personal Information

Other Names

Other Addresses

Disclosure

States Disclosures

Authorization

Criminal Background Check Affirmation Form

Attach Documents

Review Summary

Submit Forms

Confirmation

Other Names

Fields marked with an asterisk (*) are required.

Are there any other names you are known by or have used (including maiden name, if applicable)? *

☒ Yes ☐ No

Please list any other names by which you are or have been known. Include maiden names where applicable.

Other Names

+ Add Other Name

There are currently no names listed.

← Back

Save & Continue →

ደረጃ 12፡- ሌሎች አድራሻዎች

- ሌሎች አድራሻዎች ካሉዎት **አዎ** የሚለውን ይምረጡ። ከዚያ + ሌላ አድራሻ ያክሉ የሚለውን ጠቅ ያድርጉ።
- ሌሎች አድራሻዎች ከሌሉዎት፣ **አይ** የሚለውን ይምረጡ። ከዚያ አስቀምጥ እና ቀጥል → የሚለውን ጠቅ ያድርጉ።

Sections

☒ Personal Information

☒ Other Names

☐ Other Addresses

☐ Disclosure

☐ States Disclosures

☐ Authorization

☐ Criminal Background Check Affirmation Form

Attach Documents

Review Summary

Submit Forms

Confirmation

Other Addresses

Fields marked with an asterisk (*) are required.

Do you have other addresses you would like to add?*

☒ Yes ☐ No

Other Addresses

+ Add Other Address

There have been no other addresses added.

Other Address 1

This is your current address.
You are not able to delete it. If you need to edit it, please return to the [Personal Information](#) section.

Date

Jan, 2016 - Current

Country

United States

Address 1

123 Main St

City / Town

Washington

State

District Of Columbia

Zip Code

20001

← Back

Save & Continue →

8/21/2026

18



Office of the State
Superintendent of Education

ደረጃ 13፡- የታሪክ ፍተሻ ይፋ ማድረጊያ ቅጽን ያንብቡ

- ቅጹን ያንብቡ።
- ከላይ ያለውን መረጃ እንዳንበብኩ እውቅና እሰጣለሁ የሚለውን ይምረጡ።
- አስቀምጥ እና ቀጥል → የሚለውን ይምረጡ።

እዚህ ጠቅ
ያድርጉ

English (United States) | Contact Us | FAQ

Disclosure

Fields marked with an asterisk (*) are required.



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

DISCLOSURE

Background Screening Disclosure
[For Employment Purposes]

Please be advised that a consumer report may be obtained on you for employment purposes. Independent contractors are also subject to consumer reports under the Fair Credit Reporting Act (FCRA).

Consumer reports may be obtained at any time after the agency receives your written authorization, including during the hiring process, and during any subsequent period of employment you may have with a licensed child development facility in the District, where permitted by law.

Under the FCRA, consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living that is used or is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources.

☒ I acknowledge that I have read the information above. *

Back Save & Continue ->

ደረጃ 14፡- የግዛቶችን ይፋ ማድረጊያ ያንብቡ

- ይፋ ማድረጊያዎቹን ያንብቡ።
- ከላይ ያለውን መረጃ እንዳንበብኩኝ እውቅና እሰጣለሁ የሚለውን ይምረጡ።
- አስቀምጥ እና ቀጥል → የሚለውን ጠቅ ያድርጉ።

እዚህ ጠቅ
ያድርጉ

States Disclosures

Fields marked with an asterisk (*) are required.

Please be advised that a consumer report and/or investigative consumer report may be obtained on you for employment purposes. The consumer reporting agency that may provide the company with your report is:

TruScreen, Inc.
Attn: Consumer Disclosure
P.O. Box 541
Southampton, PA 18966
consumer@trucreen.com
(800) 360-1680

TruScreen's privacy practices with respect to the preparation and processing of consumer reports and/or investigative consumer reports may be found at <http://www.trucreen.com/privacy-policy>.

For Massachusetts Applicants & Residents
You have the right, upon request, to know whether the company ordered an investigative consumer report about you. You also have the right to ask the consumer reporting agency for a copy of any such report.
It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

For Minnesota Applicants & Residents
You have the right to request, in writing, a complete and accurate disclosure of the nature and scope of any consumer report the company ordered about you. The consumer reporting agency must provide you with this disclosure within five (5) business days after its receipt of your request or the report was requested by the company, whichever date is later. If an investigative consumer report is obtained, such a report may include information obtained through personal interviews regarding your character, general reputation, personal characteristics, or mode of living.

For New Jersey Applicants & Residents
You have the right to submit a request to the consumer reporting agency for a copy of any investigative consumer report the company ordered about you.

For New York Applicants & Residents
You have the right, upon written request, to be informed of whether or not a consumer report and/or investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants & Residents
If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You are entitled to this disclosure within five business days after the date your request is received or we ordered the report, whichever is later. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

California, Minnesota, and Oklahoma Applicants & Residents
You have the right to receive a free copy of your background report. Please check the box below if you would like a free copy of your report.

☐ I would like a free copy of my report.

☒ I acknowledge that I have read the information above.*

[← Back](#) [Save & Continue →](#)

ደረጃ 15፡- የታሪክ ፍተሻ ፈቃድ ቅጽን ይፈርሙ

- የመዳፊት ወይም የመዳሰሻ ሰሌዳ ፈርማ አቀርባለሁ (ከተቻለ የሚመረጥ ዘዴ) የሚለውን ይምረጡ።
- ፊርማዎን በመዳፊት ወይም በመዳሰሻ ሰሌዳዎ በሳፕት ውስጥ ይሳሉ። ፈርማ ተግባር የሚለውን ጠቅ ያድርጉ።
- እስማማለሁ የሚለውን ይምረጡ።
- አስቀምጥ እና ቀጥል የሚለውን ጠቅ ያድርጉ። → .

እዚህ ጠቅ ያድርጉ

እዚህ ይመዝገቡ

እዚህ ጠቅ ያድርጉ

Authorization

Fields marked with an asterisk (*) are required.

BACKGROUND SCREENING AUTHORIZATION FORM
[FOR EMPLOYMENT PURPOSES]

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to www.consumerfinance.gov or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

By signing below, I hereby authorize the company to obtain a consumer report and/or an investigative consumer report on me, and further authorize all entities having information necessary to complete a consumer report and/or investigative consumer report on me to release such information to the company or any of its affiliates or carriers, including: present and former employers; personal references; criminal justice agencies; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; departments of motor vehicles and motor vehicle records agencies; schools and learning institutions; licensing agencies; and credit bureaus and credit reporting agencies.

By signing below, I acknowledge the information that can be disclosed to the consumer reporting agency, if and only as allowed by law, includes information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, and professional credentials and licenses.

By signing below, I acknowledge and agree that this Background Screening Authorization Form shall remain valid and in effect during the term of my contract and/or employment, subject to applicable laws, and authorize the company to obtain a consumer report and/or an investigative consumer report on me during the hiring process as well as at any time during the term of my employment and/or contract, where permitted by law.

Please choose a signature method. *

Note: Selecting a signature method will display additional required fields.

☒ I will provide a mouse or touchpad signature (preferred method if possible).

☐ I will print and fax a signed copy of this authorization.

Draw your signature in the area below.
Please hold down the left select button on your mouse or touchpad as you drag your mouse or finger to draw your signature.

Date July 29, 2026
Full Name agree. *

☐ I

እዚህ ጠቅ ያድርጉ

ደረጃ 16፡- የወንጀል ታሪክ ፍተሻ ማረጋገጫን ያጠናቅቁ ቅጽ

- የግምገማ ቅጽ።

Sections

✓ Personal Information

✓ Other Names

✓ Other Addresses

✓ Disclosure

✓ States Disclosures

✓ Authorization

☐ Criminal Background Check Affirmation Form

Attach Documents

Review Summary

Submit Forms

Confirmation

Criminal Background Check Affirmation Form

Fields marked with an asterisk (*) are required.


OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
Criminal Background Check Affirmation Form

Criminal background checks are required pursuant to the Child Care and Development Block Grant (CCDBG) Act of 1990, the District's Child and Youth, Safety and Health Omnibus Amendment Act (CYSHA) and the District of Columbia's Municipal Regulations (5A DCMR 133). The criminal background check for child care staff includes a Federal Bureau of Investigation (FBI) criminal history record check, National Sex Offender Registry (NSOR) search, DC Child Protection Register (CPR) check, and searches of criminal, sex offender, and child abuse/neglect registries in every state of residence within the previous five years. The Office of the State Superintendent of Education (OSSE) will issue a suitability determination based on these results.

Child care staff and volunteers working at a child development facilities licensed by OSSE with potential unsupervised access to children are required to undergo a mandatory criminal background check. Applicants for employment at a child development facility licensed by OSSE are also required to undergo a criminal background check.

Any individual who intentionally misrepresents, misinforms, or provides incomplete or misleading information on this form is subject to administrative action, including denial or termination of employment or volunteer service.

Disqualifying Offenses

- Murder, attempted murder, manslaughter, or arson;
- Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats of bodily harm;
- Kidnapping, robbery, or burglary;
- Sexual offenses, including sexual abuse, rape, child sexual exploitation, molestation, or child pornography;
- Child abuse, child neglect, or cruelty to children;
- Drug-related felonies occurring within the last five years;
- Any other felony involving violence, physical assault, or battery;
- Any offense requiring disqualification under federal CCDBG or District law.

ደረጃ 16 (የቀጠለ)፡- የወንጀል ታሪክ ፍተሻ ማረጋገጫ ቅጽ ይሙሉ

- ጥያቄዎችን ይመልሱ።
- የመዳፊት ወይም የመዳሰሻ ሰሌዳ ፊርማ አቀርባለሁ (ከተቻለ የሚመረጥ ዘዴ) የሚለውን ይምረጡ።
- ፊርማዎን በመዳፊት ወይም በመዳሰሻ ሰሌዳዎ በሳፕኑ ውስጥ ይሳሉ። ፊርማን ተግባር የሚለውን ጠቅ ያድርጉ።
- እስማማለሁ የሚለውን ይምረጡ።
- አስቀምጦ እና ቀጥል የሚለውን ጠቅ ያድርጉ። → .

መልሶችን ያቅርቡ

እዚህ ጠቅ ያድርጉ

እዚህ ጠቅ ያድርጉ

እዚህ ጠቅ ያድርጉ

Pleaded nolo contendere to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory. *

☐ I have
☐ I have not

Been on probation before judgment or placement upon a set docket of a case involving any of the felony offenses listed above. *

☐ I have
☐ I have not

Been found not guilty by reason of insanity of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory. *

☐ I have
☐ I have not

I hereby affirm my responsive declaration to each statement on this Affirmation Form and I authorize the Office of the State Superintendent of Education (OSSE) to conduct a criminal background check. I understand that I have the right to obtain a copy of any report from the criminal background check and to challenge the accuracy and completeness of any such report. I also acknowledge that OSSE may decide to deny or terminate its Provider Agreement with me to provide subsidized child care services based on the results of the criminal background check and that I may appeal that decision to the DC Commission on Human Rights within 30 days of OSSE's written decision.

Please choose a signature method. *

Note: Selecting a signature method will display additional required fields.

☒ I will provide a mouse or touchpad signature (preferred method if possible).
☐ I will print and fax a signed copy of this authorization.

Draw your signature in the area below.
Please hold down the left select button on your mouse or touchpad as you drag your mouse or finger to draw your signature.

Date: July 29, 2026
Full name: Agree. *

☒ I, OSSE Test

← Back Save & Continue →

ደረጃ 17፡- ሰነዶችን ያያይዙ

- ተጨማሪ ሰነዶች አያስፈልጉም።
- **ቀጥል** የሚለውን ጠቅ ያድርጉ →.

The screenshot displays a web application interface for the Office of the State Superintendent of Education (OSSE). The top navigation bar includes a language selector set to 'English (United States)', links for 'Contact Us' and 'FAQ', and a user profile icon. On the left, a sidebar menu lists the application sections: 'Sections' (highlighted), 'Attach Documents', 'Review Summary', 'Submit Forms', and 'Confirmation'. The 'Sections' list includes 'Personal Information', 'Other Names', 'Other Addresses', 'Disclosure', 'States Disclosures', 'Authorization', and 'Criminal Background Check Affirmation Form', all marked with checkmarks. The main content area is titled 'Attach Documents' and contains the instruction: 'Please attach any additional documents you'd like to provide, if necessary.' Below this is an 'Attachments' section with a '+ Add Document' button. At the bottom of the main area are 'Back' and 'Continue' buttons. The 'Continue' button is highlighted in blue.

ደረጃ 18፡- የግምገማ ማጠቃለያ

- መረጃዎን ይገምግሙ።
- በመረጃው ላይ ለውጦችን ማድረግ ከፈለጉ አርቅዕ የሚለውን ጠቅ ያድርጉ።

The screenshot shows a web interface for the Office of the State Superintendent of Education (OSSE). At the top, there are links for 'English (United States)', 'Contact Us', and 'FAQ', along with a user profile icon. On the left, a 'Sections' sidebar lists: 'Personal Information', 'Other Names', 'Other Addresses', 'Disclosure', 'States Disclosures', 'Authorization', and 'Criminal Background Check Affirmation Form'. Below this are buttons for 'Attach Documents', 'Review Summary' (which is highlighted), 'Submit Forms', and 'Confirmation'. The main content area is titled 'Review Summary' and contains instructions: 'Now is the time to review your work for accuracy and completeness. To change any of the information you have entered, click the "Edit" button. When you are satisfied with the information entered, you can click the "Continue" button to move to the next screen.' The 'Personal Information' section includes fields for First Name (OSSE), Last Name (Test), Country (United States), Address 1 (123 Main St), City / Town (Washington), State (District Of Columbia), Zip Code (20001), Resided Since (Jan, 2016), U.S. SSN (XXX-XX-1111), Date of Birth (01/01/XXXX), Phone (United States +1-202-856-5273, Mobile), and Email (crenee4details@gmail.com). Each section has an 'Edit' button. The 'Other Names' section asks 'Are there any other names you are known by or have used (including maiden name, if applicable)?' with a 'No' response. The 'Other Addresses' section asks 'Do you have other addresses you would like to add?' with a 'No' response.

Personal Information	
First Name	OSSE
Last Name	Test
Country	United States
Address 1	123 Main St
City / Town	Washington
State	District Of Columbia
Zip Code	20001
Resided Since	Jan, 2016
U.S. SSN	XXX-XX-1111
Date of Birth	01/01/XXXX
Phone	United States +1-202-856-5273, Mobile
Email	crenee4details@gmail.com

ደረጃ 18 (የቀጠለ):- የግምገማ ማጠቃለያ

- መረጃው ትክክል ከሆነ ቀጥል → የሚለውን ጠቅ ያድርጉ።

equivalent, either in the District of Columbia, or in any state or territory.

Pleaded nolo contendere to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory. I have not

Been on probation before judgment or placement upon a stet docket of a case involving any of the felony offenses listed above. I have not

Been found not guilty by reason of insanity of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory. I have not

I hereby affirm my responsive declaration to each statement on this Affirmation Form and I authorize the Office of the State Superintendent of Education (OSSE) to conduct a criminal background check. I understand that I have the right to obtain a copy of any report from the criminal background check and to challenge the accuracy and completeness of any such report. I also acknowledge that OSSE may decide to deny or terminate its Provider Agreement with me to provide subsidized child care services based on the results of the criminal background check and that I may appeal that decision to the DC Commission on Human Rights within 30 days of OSSE's written decision.

Date Jul 29, 2026

Full Name Osse Test

Signature 

[< Back](#) [Continue >](#)

እዚህ ጠቅ ያድርጉ

ደረጃ 19፡- ቅጾችን ያስገቡ

- ቅጾችን አስገባ የሚለው ገጽ ላይ ከደረሱ እና ማመልከቻውን ማስተካከል ከፈለጉ **← ተመለስ** የሚለውን ጠቅ ያድርጉ ወይም ክፍሎች ከሚለው ስር በግራ በኩል ማስተካከል የሚፈልጉትን ክፍል ይምረጡ።
- ማመልከቻውን ለማስገባት ዝግጁ ሲሆኑ፣ **ቅጾችን አስገባ** → የሚለውን ጠቅ ያድርጉ።
- ማሳሰቢያ፡- **ቅጾችን አስገባ** → የሚለውን ጠቅ ካደረጉ በኋላ ማመልከቻውን ማስተካከል አይችሉም።

The screenshot shows a web interface for the OSSE Data Collection process. On the left, a sidebar titled 'Sections' lists the following items with checkmarks: Personal Information, Other Names, Other Addresses, Disclosure, States Disclosures, Authorization, and Criminal Background Check Affirmation Form. Below this list are buttons for 'Attach Documents', 'Review Summary', 'Submit Forms' (which is highlighted), and 'Confirmation'. The main content area is titled 'Submit Forms' and contains the following text: 'You have the option to go back and review the information you have supplied for accuracy and completeness by clicking the "Review Summary" link on the side panel.' followed by 'If you are satisfied with the information that you have supplied, please read and acknowledge the following: I certify that I have provided all information, and answered all questions, truthfully, correctly, and completely in accordance with the instructions provided.' and 'By clicking "Submit Forms", I acknowledge and agree that I have provided complete, correct and truthful information on all pages included in this Data Collection process.' At the bottom of the main content area, there are two buttons: '← Back' and 'Submit Forms →'.

*ለሁሉም የህፃናት እንክብካቤ
ሰራተኞች አስፈላጊ



ክፍል 2

የዲሲ እና ሽርጂኒያ የFBI የጣት አሻራ
ፍተሻ እና የክልል የጣት አሻራ ፍተሻዎችን
ማጠናቀቅ

ደረጃ 1:- የ FBI የታሪክ ፍተሻ ለማድረግ ቀጠሮ ይያዙ

- ወደ go.nemoqappointment.com/Booking/Booking/Index/dc876re9gh ይሂዱ
- በአዲስ ቀጠሮ ስር፣ በአገልግሎት መስክ ውስጥ፣ የጣት አሻራዎች - ሥራ የሚለውን ይምረጡ።
- ቀጠሮ ይያዙ የሚለውን ጠቅ ያድርጉ።

DC Metropolitan Police Department

Welcome to Metropolitan Police Department's Firearms Registration and Record Division appointment system. You can schedule appointments for: Fingerprinting, Concealed Carry Weapon, Home Protection/ Registration, Police Reports, Criminal History, and Data Conversion.

For assistance with issues with the appointment portal contact the Appointment Help Desk (202)727-4275.

Further informations and answers to your questions can be located on the Metropolitan Police Homepage at the following link: <https://mpdc.dc.gov/firearms>

To make a new appointment you must acknowledge that your personal data will be temporarily stored.

New appointment

Service: Please select...

Make an appointment

Edit/Cancel appointment

Confirmation number:

Email/Phone number:

Edit appointment

እዚህ ጠቅ
ያድርጉ እና የጣት
አሻራዎችን
ይምረጡ - ሥራ

እዚህ ጠቅ ያድርጉ

ደረጃ 2፡- በውሎች እና ሁኔታዎች ይስማሙ

- ስምምነቱን ያንብቡ።
- በውሎች እና ሁኔታዎች እስማማለሁ የሚለውን ጠቅ ያድርጉ።
- ቀጣይ የሚለውን ጠቅ ያድርጉ።
- ማሳሰቢያ፡- የ\$35 የታሪ ፍተሻ ክፍያ የሚከፈለው በOSSE ነው። አሠሪዎ በቀጠሮዎ ወቅት መጠቀም ያለብዎትን የክፍያ ኮድ ይሰጥዎታል።

እዚህ ጠቅ
ያድርጉ

Start (restart) Agreement Select time Personal data Contact information Summary

Approval of terms and conditions

Please be courteous and only maintain one appointment, if you have 2 appointments, please cancel one.

The fee for all fingerprints is \$35 per person.

unless you are in one of the below specific categories. If you need to be Ink fingerprinted for nursing/medical license, mental health, bar exams, or a government clearance etc., You must be a resident of the District of Columbia. You must also provide your own fingerprint card(s) The Cost to ink print on each card is, \$5 per card. The required proof of residency is a DC License / ID, lease agreement beyond 1 yr and or Military ID.

Before making a new appointment, you must acknowledge that your personal data will be temporarily stored. If you fail to do so, you will not be able to make an appointment. Then select number of people for the appointment.

Agreement

Terms and conditions for storage of personal data:

Terms and conditions for storage of personal data! To be able to create a new appointment in NQ appointment it is required that your personal data will be stored temporarily for all people that is part of this appointment. Deletion of personal data will take place automatically the day after appointment date, from ordinary as well as back-up storages. By accepting this agreement I accept the following: 1. Personal data of all people part of this appointment is stored 2. Deletion of personal data according to (1) above, will take place automatically the day after appointment date.

☐ I agree to the terms and conditions:

Back Next

ደረጃ 3፡- ሰዓት እና ቀን ይምረጡ

- የቀን መቁጠሪያ አድውን ጠቅ ያድርጉ።
- የቀን መቁጠሪያ ይታያል። ቀጠሮዎን ማስያዝ የሚፈልጉበትን ቀን ይምረጡ።
- የፍለጋ ጊዜን ጠቅ ያድርጉ።
- ማሳሰቢያ፡- የMPD የታሪክ ፍተሻዎች በ441 Fourth St. NW, Suite 550 South, Washington, DC 20001 ይካሄዳሉ።

እዚህ ጠቅ
ያድርጉ

Start (restart) Agreement Select time Personal data Contact information Summary

Select time

Here you can search available time slots. Time slots are displayed weekly, select a day in the week you want time slots to be displayed for. All green time slots are available. Select the time you want and click "Next".

If no green time slots are shown in the calendar, there are no available slots for that week.

Search time

Office:
Metropolitan Police Department

Appointment Type:
Fingerprints - Employment

Date:
07/28/2026

Search time First available time

Back Next

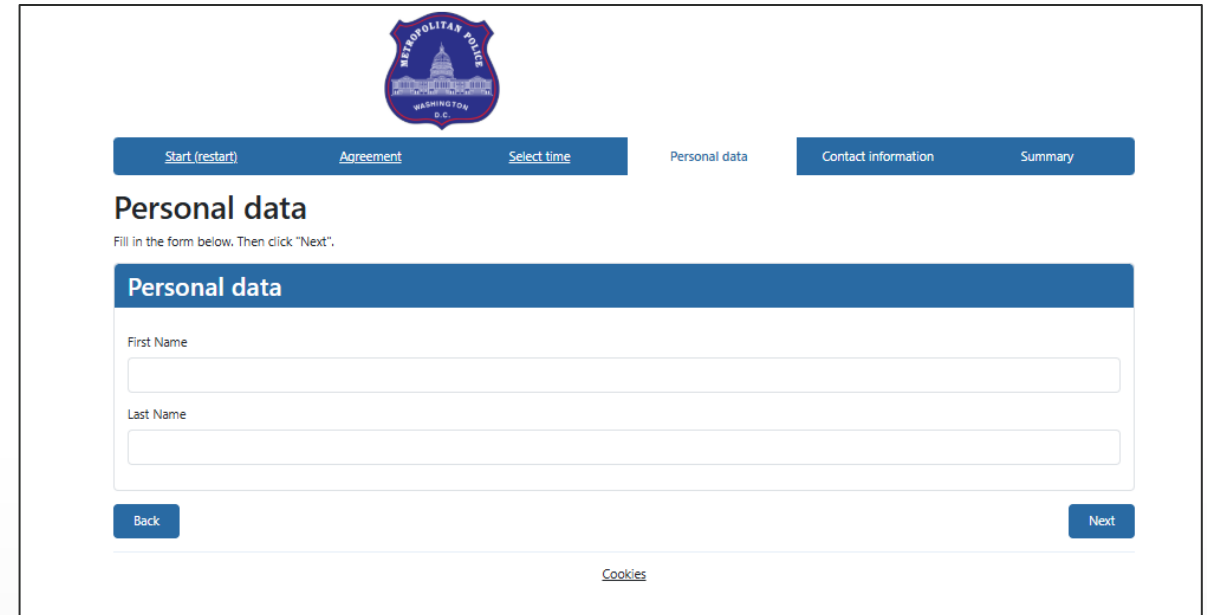
ደረጃ 3 (የቀጠለ)፦ ሰዓት እና ቀን ይምረጡ

- የቀጠሮ ሰዓቶች ለተመረጠው ቀን ይታያሉ።
አረንጓዴ የሆኑ ሰዓቶች ቦታ ለማስያዝ ይገኛሉ።
- በሚፈልጉት ቀን የቀጠሮ ጊዜ ይምረጡ እና
ቀጣይ የሚለውን ጠቅ ያድርጉ።

Mon 27 Jul	Tue 28 Jul	Wed 29 Jul	Thu 30 Jul	Fri 31 Jul	Sat 1 Aug	Sun 2 Aug
	Booked	Booked	9:00 AM	9:00 AM		
	Booked	Booked	9:10 AM	9:10 AM		
	Booked	Booked	9:20 AM	9:20 AM		
	Booked	9:30 AM	9:30 AM	9:30 AM		
	Booked	9:40 AM	9:40 AM	9:40 AM		
	Booked	9:50 AM	9:50 AM	9:50 AM		
	Booked	Booked	10:00 AM	10:00 AM		
	10:10 AM	Booked	10:10 AM	10:10 AM		
	Booked	10:20 AM	10:20 AM	10:20 AM		
	Booked	10:30 AM	10:30 AM	10:30 AM		
	10:40 AM	10:40 AM	10:40 AM	10:40 AM		
	10:50 AM	10:50 AM	10:50 AM	10:50 AM		
	11:00 AM	11:00 AM	Booked	11:00 AM		
	11:10 AM	11:10 AM	11:10 AM	11:10 AM		
	11:20 AM	11:20 AM	11:20 AM	11:20 AM		
	Booked	11:30 AM	11:30 AM	11:30 AM		
	11:40 AM	11:40 AM	11:40 AM	11:40 AM		
	11:50 AM	11:50 AM	11:50 AM	11:50 AM		
	12:00 PM	Booked	12:00 PM	Booked		

ደረጃ 4:- የግል መረጃ

- የመጠሪያ ስምዎን እና የአያት ስምዎን ያስገቡ
- ቀጣይ የሚለውን ጠቅ ያድርጉ።





[Start \(restart\)](#) [Agreement](#) [Select time](#) [Personal data](#) [Contact information](#) [Summary](#)

Personal data

Fill in the form below. Then click "Next".

Personal data

First Name

Last Name

[Back](#) [Next](#)

[Cookies](#)

ደረጃ 5፡- የተሟላ የመገኛ መረጃ

- በመገኛ መረጃ ስር የኢሜይል አድራሻዎን እና የሞባይል ስልክ ቁጥርዎን ያስገቡ።
- በማረጋገጫ አይነት ስር፣ ኢሜይልን ይምረጡ።
- የኢሜይል ማረጋገጫዎን ማስረጃ ለአሠሪዎ መላክ ይኖርብዎታል።
- በአስታዎሻ ስር ይተይቡ፣ ስለ ቀጠሮዎ እንዴት እንዲያስታውሱዎት እንደሚፈልጉ ይምረጡ (ኢሜይል ወይም SMS [የጽሑፍ መልእክት])።
- ከተጨማሪ መረጃ ስር፣ የሚሰሩበትን የልጅ ማገልበቻ ተቋም ስም እና የሰራተኞችዎን አይነት ያስገቡ።
- ቀጣይ የሚለውን ጠቅ ያድርጉ።

[Start \(restart\)](#)
[Agreement](#)
[Select time](#)
[Personal data](#)
[Contact information](#)
[Summary](#)

Contact information

You will need either the confirmation number or the phone number used to make the appointment to check in on the day of your appointment.

Enter your contact information. After you have confirmed the booking, a confirmation will be sent to the e-mail address and/or phone number entered here. Also select how long before your appointment you want a reminder to be sent.

By check marking the SMS confirmation and reminder option you are **opting in** to receive text messages on your phone about your appointment.

Contact information

E-mail address:

Cell phone number:

Confirmation type:

☒ Email

☐ SMS

Reminder type:

☒ Email

☐ SMS

1 week before the appointment.

Additional information

Additional information:

Back Next

ደረጃ 6፡- ቀጠሮ ያረጋግጡ

- መረጃውን ይገምግሙ።
- መረጃው ትክክል ከሆነ፣ ቀጠሮን አረጋግጥ የሚለውን ጠቅ ያድርጉ።
- ከMPD የማረጋገጫ ኢሜይል ይደርስዎታል። የማረጋገጫ ኢሜልዎን ለአሠሪዎ ያስተላልፉ። አሠሪዎ የማረጋገጫ ኢሜይሉን ወደ OSSE የፈቃድ መስጫ ስርዓት መስቀል አለበት።
- ለውጦችን ማድረግ ከፈለጉ፣ ተመለስ የሚለውን ጠቅ ያድርጉ።



[Start \(restart\)](#) [Agreement](#) [Select time](#) [Personal data](#) [Contact information](#) [Summary](#)

Confirm appointment

Make sure the information below is correct, then press the "Confirm appointment" button below to complete the appointment.

You will need either the confirmation number or the phone number used to make the appointment to check in on the day of your appointment.

Appointment information

Time:	07/30/2026 10:40 AM
Office:	Metropolitan Police Department
Appointment Type:	Fingerprints - Employment
Number of people:	1
First Name	Test
Last Name	Test
E-mail address:	test@dc.gov
Cell phone number:	2222222222
Confirmation type:	☒ Email ☐ SMS
Reminder type:	☒ Email ☐ SMS 1 week before the appointment.
Additional information:	Little Learners DC, Assistant Teacher

[Back](#) [Confirm appointment](#)

ቀጠሮዎን ማስተካከል ወይም መሰረዝ ከፈለጉ

- ቀጠሮዎን ለማስተካከል ወይም ለመሰረዝ ወደ [MPD የቀጠሮ ስርዓት](#) ይሂዱ።
- በ ቀጠሮ አርቅ/ሰርዝስር የማረጋገጫ ቁጥርዎን እና የኢሜል/ስልክ ቁጥርዎን ያስገቡ።
- ቀጠሮ አርቅዕ የሚለውን ጠቅ ያድርጉ።

DC Metropolitan Police Department

Welcome to Metropolitan Police Department's Firearms Registration and Record Division appointment system. You can schedule a time for Fingerprinting, Concealed Carry Weapon, Home Protection/ Registration, Police Reports, Criminal History, and Data Conversion.

For assistance with issues with the appointment portal contact the Appointment Help Desk (202)727-4275.

Further informations and answers to your questions can be located on the Metropolitan Police Homepage at the following link: <https://mpdc.dc.gov/firearms>

To make a new appointment you must acknowledge that your personal data will be temporarily stored.

New appointment

Service:

Make an appointment

Edit/Cancel appointment

Confirmation number:

Email/Phone number:

Edit appointment

ቀጠሮ አርቅዕ
የሚለውን ጠቅ
ያድርጉ

ደረጃ 8፡- ቀጠሮውን ይመሉ

- ቀጠሮዎን በሰዓቱ ማድረግዎን ያረጋግጡ።
- ጊዜው ያላለፈበት በመንግስት የተሰጠ መታወቂያ ይዘው ይምጡ።
- አሠሪዎ ወደ ቀጠሮዎ ይዘው መምጣት ያለብዎትን **የክፍያ ኮድ** ይሰጥዎታል።
- የጣት አሻራ ፍተሻ እና ሂደት ለማድረግ ሲደርሱ የክፍያ ኮዱን ለ MPD ያቅርቡ።
- የክፍያ ኮዱን ለ MPD ካላቀረቡ ለ\$35 የጣት አሻራ ክፍያ ኃላፊነት ይወስዳሉ።
- የ FBI ፍተሻን እና የዲሲ እና የቨርጂኒያ ግዛት ፍተሻዎችን የሚያካትቱ ከጣት አሻራ ፍተሻዎ የተገኙ ውጤቶች (እንደተገቢነቱ) በቀጥታ ወደ OSSE ይላካሉ።



ክፍል 3

ለመሬት ሥራ የጥቅም አሻራ ፍተሻ
ማጠናቀቅ

ለሚሪላንድ የታሪክ ፍተሻ (የጣት አሻራዎች) መርሐግብር ማስያዝ

- በአሁኑ ጊዜ በሚሪላንድ የሚኖሩ ወይም ባለፉት አምስት ዓመታት ውስጥ በሚሪላንድ የኖሩ የሕፃናት እንክብካቤ ሰራተኞች የዚያን ግዛት የጣት አሻራ ፍተሻ ማጠናቀቅ አለባቸው።
- የሚሪላንድ የታሪክ ፍተሻዎች የሚካሄዱት በወንጀል ፍትህ መረጃ ስርዓት (CJIS) መደብር ፊት ለፊት ባለው ቦታ ወይም በሚሪላንድ ውስጥ በተፈቀደለት የግል አገልግሎት ሰጪ ነው።
- የሕፃናት እንክብካቤ ሰራተኞች በCJIS መደብር ፊት ለፊት ባለው ቦታ ወይም በተፈቀደለት የግል አቅራቢ ቀጠሮ የመያዝ ኃላፊነት አለባቸው።
- በሚሪላንድ ውስጥ የታሪክ ፍተሻን እንዴት ማጠናቀቅ እንደሚቻል መመሪያ ለማግኘት dpscs.maryland.gov/publicservs/fingerprint.shtml ን ይጎብኙ።
- ለሚሪላንድ የታሪክ ፍተሻ ቀጠሮዎን ካስያዙ በኋላ፣ ከተመረጠው የታሪክ ፍተሻ አቅራቢ የማረጋገጫ ኢሜይል ይደርስዎታል። **የማረጋገጫውን ቅጂ ከአሰሪዎ ጋር መጋራት አለብዎት።**
- የታሪክ ፍተሻዎን ካጠናቀቁ በኋላ፣ የሚሪላንድ ውጤቶችዎ በቀጥታ ወደ OSSE ይላካሉ።

የላይቭስክን ቅድመ-ምዝገባ ማመልከቻን ማጠናቀቅ

- ከቀጠሮዎ በፊት፡ የላይቭስክን ቅድመ-ምዝገባ ማመልከቻውን ይሙሉ።
- በአመልካች መረጃ ክፍል ውስጥ ያሉትን ሁሉንም መስኮች ይሙሉ።
- የግለሰብ ክፍሉን አይሙሉ።
- በኤጀንሲው ክፍል ውስጥ
 - የግል ፓርቲ አቤቱታ የሚለውን ይምረጡ።
 - የህፃናት እንክብካቤ የሚለውን አይምረጡ።
 - በኤጀንሲው የፈቃድ ቁጥር እና በ ORI ቁጥር መስኮች ውስጥ በአሰሪዎ የተሰጡዎትን ቁጥሮች ያስገቡ።
 - ያመለክቱት የስራ ደረጃ በሚለው መስክ ውስጥ የሰራተኛዎን አይነት ያስገቡ (ለምሳሌ መምህር፣ ረዳት መምህር፣ ተባባሪ የቤት ውስጥ ተንከባካቢ፣ ወዘተ.)
- የተሞላውን ማመልከቻዎን የታተመ ቅጂ ወደ ቀጠሮዎ ይዘው መምጣት አለብዎት ።

ሁሉንም መስኮች ይሙሉ

በአሠሪው የተሰጡትን ቁጥሮች ያስገቡ

የሰራተኛ አይነት ያስገቡ

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION
Please type or print legibly.

Name: _____

Date of Birth: _____ Social Security Number: _____ Gender: ☐ Male ☐ Female

Height: _____ ft. _____ in. Weight: _____ lbs. Eye Color: _____ Hair Color: _____

Race/Ethnicity: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other

Place of Birth: _____ Citizenship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License Number: _____ Email Address: _____

REASON FOR REQUEST
INDIVIDUAL

Please select one of the following:

☐ Gold Seal/Adoption (Enter Authorization Number if applicable) _____

☐ Gold Seal/Letter/VISA

☐ Immigration/VISA

☐ Individual Challenge

☐ Individual Review

☐ Attorney/Client (Written Authorization Required)

Mailing Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

AGENCY

Please select from the following (*ORI Required):

☐ Adult Dependent Care ☐ Government Employment* ☐ Private Party Petition**

☐ Child Care* ☐ Government Licensing or Certification* ☐ Public Housing

☐ Criminal Justice* ☐ Maryland State Police Licensing*

Agency Authorization Number: _____

*ORI Number: _____

**Position Applied: _____

ITCD-16 LIVE-SCAN PRE-REGISTRATION APPLICATION June 2019

የግል ፓርቲ አቤቱታ የሚለውን ይምረጡ

ወደ ዳራ ፍተሻ ቀጠሮዎ ምን ይዘው መምጣት እንዳለብዎ

- የተሞላው የላይ-ሽስካን ቅድመ-ምዝገባ ማመልከቻዎ የታተመ ቅጂ።
- በመንግስት የተሰጠ የፎቶ መታወቂያ ትክክለኛ ቅጽ።
- ለተዛማጅ ክፍያዎች ክፍያ።
- ማሳሰቢያ፡- ክፍያዎች እና ተቀባይነት ያላቸው የክፍያ ዘዴዎች እንደ የጣት አሻራ አቅራቢው ይለያያሉ። ስለ ክፍያዎች እና ተቀባይነት ስላላቸው የክፍያ ዘዴዎች ተጨማሪ መረጃ ለማግኘት የመረጡት አቅራቢ ጋር ያረጋግጡ።

ጥያቄዎችን የት እንደሚያቀርቡ

- ለሚከተሉት አሠሪዎን ያነጋግሩ:-
 - የኤጀንሲው የፈቃድ ቁጥር **ወይም** የORI ቁጥር ያስፈልግዎታል።
 - የሰራተኛ አይነትዎን እርግጠኛ አይደሉም።
- የሚከተሉት ከሆኑ የመረጡትን የታሪክ ፍተሻ አቅራቢዎን ያነጋግሩ:-
 - ስለ ክፍያዎች እና የክፍያ ዘዴዎች ጥያቄዎች አሉዎት።
 - ከቀጠሮዎ ጋር የተያያዙ ጥያቄዎች አሉዎት።
- የሚከተሉት ከሆኑ የCJIS የደንበኛ አገልግሎትን ያነጋግሩ:-
 - ከሜሪላንድን የታሪክ ፍተሻ ሂደት ጋር የተያያዙ አጠቃላይ ጥያቄዎች አሉዎት።



ክፍል 4

ከዲሲ፣ ሜሪላንድ ወይም ሽርጂኒያ ውጪ ላለ
ክልል የጣት አሻራ ፍተሻ ማጠናቀቅ

ከዲሲ፣ ሜሪላንድ ወይም ቨርጂኒያ ውጪ በሆነ ክልል ውስጥ የታሪክ ፍተሻ ማጠናቀቅ

- ባለፉት አምስት ዓመታት ውስጥ ከዲሲ፣ ሜሪላንድ ወይም ቨርጂኒያ ውጭ በሌላ ክልል ውስጥ የኖሩ የሕፃናት እንክብካቤ ሰራተኞች የዚያን ግዛት የጣት አሻራ ፍተሻ ማጠናቀቅ አለባቸው።
- እያንዳንዱ ግዛት የራሱ የሆነ የጣት አሻራ ፍተሻ ሂደት ያካሂዳል። የሕፃናት እንክብካቤ ሰራተኞች ስለ ሂደታቸው እና ተያያዥ ክፍያዎች የበለጠ ለማወቅ የታሪክ ፍተሻ ማድረግ የሚያስፈልጋቸውን ክልል ማነጋገር አለባቸው።
- ከዲሲ ውጭ ባሉ ክልሎች ውስጥ በክልል የጣት አሻራ ፍተሻ የሚሳተፉ የህፃናት እንክብካቤ ሰራተኞች ከአሠሪያቸው ጋር የጣት አሻራ ቀጠሮ(ዎች) እንዳስያዙ የሚያሳይ ማስረጃ የማጋራት ኃላፊነት አለባቸው። ከዚያም አሠሪው የቀጠሮ(ዎች) ማረጋገጫውን ለOSSE ያቀርባል።
- ከዲሲ ወይም ከሜሪላንድ ውጭ በግዛት የጣት አሻራ ፍተሻ (ዎች) ላይ የሚሳተፉ የህፃናት እንክብካቤ ሰራተኞች የፍተሻቸውን ውጤት ለአስሪዎቻቸው የማጋራት ኃላፊነት አለባቸው። ከዚያም አሠሪው ውጤቱን ለ OSSE ማቅረብ አለበት።
- **ማስታወሻ፡** በMPD የተካሄደው የ FBI የጣት አሻራ ፍተሻ የዲሲ እና የቨርጂኒያ የግዛት የጣት አሻራ ፍተሻዎችን ያካትታል። በአሁኑ ጊዜ በዲሲ ወይም በቨርጂኒያ የሚኖሩ ወይም በባለፉት አምስት ዓመታት ውስጥ በዲሲ ወይም በቨርጂኒያ የኖሩ የሕፃናት እንክብካቤ ሰራተኞች ለእነዚያ ግዛቶች ተጨማሪ የጣት አሻራ ፍተሻ ማድረግ አያስፈልጋቸውም። በ MPD የሚካሄደው የ FBI የጣት አሻራ ፍተሻ የዲሲ እና የቨርጂኒያ ፍተሻዎችን ያካትታል (በMPD የጣት አሻራ ፍተሻ ለማድረግ ቀጠሮ ለመያዝ መመሪያዎችን ለማግኘት ክፍል 2ን ይመልከቱ)።

*ለሁሉም የህፃናት እንክብካቤ
ሰራተኞች አስፈላጊ



ክፍል 5

የዲሲ የልጅ ጥያቄ እና ቸልተኝነት
መዝገብ ፍተሻን ማጠናቀቅ

ደረጃ 1፡- የሕፃናት እና የቤተሰብ አገልግሎት ኤጀንሲ (CFSA) የሕፃናት ጥበቃ መዝገብ ቅጽን ይመሉ

- ወደ octo.quickbase.com/nav/app/btuystm5d/action/appoverview ይሂዱ
- ወደ ታች ይሸብሉ እና አዲስ መተግበሪያ ፍጠር የሚለውን ጠቅ ያድርጉ።

እዚህ ጠቅ
ያድርጉ

DC CFSA-CPR Public 2024

CFSA-CPR Public 2024 > Public Home Page

PLEASE NOTE: We recommend you use the Google Chrome browser (it works better than Edge, Firefox, Safari, etc.) to complete this application. It also is easier to view and complete on a computer than on a tablet or cellphone phone.

BEFORE YOU START
NOTE: this form can't be saved, you will need to complete it in one sitting:

- Have all your information ready before you begin, including a government-issued photo ID (e.g., driver license, passport).
- Review your application to make sure all information is correct, you can't change it after you click the submit button.
- Do not use autofill. If your browser has an autofill function to fill out forms, don't use it to complete this form.
- Before you upload your photo ID, save it in this format: firstname-lastname-year (e.g., John-Doe-ID-2022.jpg) with no periods, punctuation, special characters or spaces in the file name.
- When done, be sure to click the green "Save & close" button. If information is missing, a pop-up notice will state what needs to be fixed.

IMPORTANT: This application contains personally identifiable information (PII) and should only be submitted via secure methods. NEVER submit your application or photo ID by email.

WHO GETS THE RESULTS?
NOTE: The results are never provided directly to the applicant unless it's for an expungement/self check.

- By law, CFSA emails the results to the authorized requestor (e.g., direct employer, college/university, adoption agency or child welfare agency).
- Applicants must provide an email address for the direct employer/organization in order to receive results, NOT the applicant's personal email address.
- If the direct employer/organization has a partnership or contract with a DC Government agency the results may be shared with both the direct employer and the DC Government agency.

HOW ARE THE RESULTS SENT?

- The result letters are sent via encrypted email to the authorized requestor and/or channeler.
- Encrypted email messages will expire after 30 days. Be sure to open and download or print the result letters right away.

WHEN WILL THE RESULTS BE READY?

- New/Initial checks take up to 14 calendar days.
- Renewal checks take up to 30 calendar days.
- Expungement/Self checks take up to 21 calendar days.

WHAT IF THE RESULTS ARE LATE?
NOTE: VPN or server security settings may quarantine or block encrypted email messages from CFSA.

- Check your spam/junk folder and add dcgov.notification@zixmessagecenter.com to your safe senders list.
- If the results are not received by the usual deadline (14, 21 or 30 days), don't wait to contact the CPR office. Call or email and type "status query" in the subject line. Staff will respond within 24 hours or the next business day.
- If CFSA confirms that the results were sent but you did not receive them, you may need to contact your organization's IT department for assistance to allow receipt of encrypted email.

QUESTIONS OR ASSISTANCE
Contact the CPR Office from 8:30 AM-4:30 PM Monday through Friday:

- cfsa.cpr@dc.gov or call 202-727-8885 for status checks, expedite requests, or copies of result letters.
- <https://cfsa.dc.gov/service/child-protection-register-cpr> for more information
- [Timesheet-Photo-IDs-2022.pdf](#)

Please scroll down and click the blue button to begin your CPR Application.

Click Button Below

Create New Application

ደረጃ 2፡- የCPR ፍተሻ ምክንያት

- በፍተሻ አይነት ስር፡ በዲሲ ውስጥ CPR ሲሞሉ የመጀመሪያ ጊዜዎ ከሆነ የመጀመሪያ ፍተሻ የሚለውን ይምረጡ። ከዚህ በፊት በዲሲ ውስጥ CPR አጠናቀው ከሆነ የእድሳት ማረጋገጫ የሚለውን ይምረጡ።
- በጥያቄ ዓላማ ስር፡ ሥራ የሚለውን ይምረጡ።
- በአመልካች ሚና ስር፡ የሕፃናት እንክብካቤ ሰራተኛ ከሆኑ ሠራተኛ የሚለውን ይምረጡ። በጎ ፈቃደኛ ከሆኑ ተለማማጅ/በጎ ፈቃደኛ/ተማሪ የሚለውን ይምረጡ።

▼ Reason for CPR Check

Get this information from the employer or requesting agency if unsure.

- Initial Check: I don't have a DC CPR clearance on file with this employer/requestor.

- Renewal Check: I have a DC CPR clearance on file with this employer/requestor that will expire or has expired.

Type of Check *

☐ Initial Check

☐ Renewal Check

- Employment: new or current employees, contractors, volunteers, and interns.

- Child Welfare: for adoption, foster care, kinship care, guardianship, custody or visitation.

- CFSA Grandparent & Close Relative Caregiver Program (GCP-CRCP) subsidy recipient.

- Self/Expungement Check: for applicants who have been investigated by CFSA and want to check their status on the Child Protection Register and expungement eligibility; may not be used for employment, child welfare or licensing purposes.

Request Purpose *

Search and select ▼

Applicant Role *

First choose Request Purpose ▼

ደረጃ 3:- የአሠሪ/ጠያቂ መረጃ

- የምትሠሩበት/በበጎ ፈቃደኝነት የምትሠሩበት የልጅ ማጎልበቻ ተቋም ስም እንዲሁም የመገኛ መረጃቸውን እና አድራሻቸውን ያስገቡ።

Employer/Requester Information

-If you are an employee, contractor, or consultant, provide the name of the organization that you are applying to work for or already work for and pays your paycheck.
-If you are an intern/volunteer/student/fellow, provide the name of the college, university or organization that runs the program you are in.
-If you are seeking a professional license or certification, provide the name of the board or organization that will approve your license or certification.

i

Employer Organization/Requestor Agency Name *

Employer/Requestor Email *

Employer/Requestor Phone Number *

ext.

Employer/Requestor Address

Search for an address

Street 1

Street 2

City

State/Region

Postal Code

Select a Country...

i

Employer/Requestor Contact Person *

Confirm Employer/Requestor Email *

ደረጃ 4፡- የሶስተኛ ወገን/መረጃ ተቀባይ መረጃ

- ሶስተኛ ወገን ውጤቶችን ይፈልጋል? በሚለው ስር **አዎ** የሚለውን ይምረጡ።
- በሶስተኛ ወገን/መረጃ ተቀባይ ተጠሪ ስር **Carolyn Taylorን** ያስገቡ።
- በተጠሪ የስልክ ቁጥር ስር **202-445-3871ን** ያስገቡ።
- በመረጃ ተቀባይ/ሶስተኛ ወገን ድርጅት ስር **OSSE** ያስገቡ።
- በተጠሪ ኢሜይል ስር OSSE.ChildCareBackgroundCheck@dc.gov ያስገቡ።

✓ Third Party/Channeler Information

In some cases, the results will need to go to the employer and a third party. For example, the employer has a company (a channeler) that is managing the clearance process for them, the employer is using a staffing agency to do the hiring, the employer has a contract with a government agency, or the employer is required to share the results with a licensing body (e.g., DC licensed childcare providers share results with OSSE). If you were instructed to provide contact information for a third party, please provide it in this section.

Does a Third Party Need the Results?

Third Party/Channeler Contact Person

Contact Person Phone Number

Channeler/Third Party Organization

Contact Person Email

ደረጃ 5፡- የአመልካች መረጃ

- መረጃዎን ያስገቡ። ሁሉንም አስፈላጊ መስኮች መሙላትዎን ያረጋግጡ።
 - የመጠሪያ ስም
 - የአባት ስም (ካለ)
 - የአያት ስም
 - የትውልድ ቀን
 - ጾታ
 - የማህበራዊ ዋስትና ቁጥር (ተገቢ ከሆነ)
 - ኢሜይል
 - ስልክ ቁጥር
 - የስልክ አይነት

▼ Applicant Information

Enter your full legal name as it appears on your government-issued photo ID.

📘 First Name *

📘 Middle Name: If there is no middle name, Type 'N/A'. *

📘 Last Name *

📘 Date of Birth (DOB) *

mm-dd-yyyy 📅

Sex *

▼

Have a Social Security Number? *

▼

📘 Social Security Number (SSN) - Do not include dashes

You must provide an email to receive a confirmation that your application was received.

Applicant Email *

Confirm Applicant Email *

📘 Applicant Phone Number *

Applicant Phone Type *

▼

8/21/2026

50



Office of the State
Superintendent of Education

ደረጃ 6፡- ቅጽል ስም (ሌሎች ስሞች)

- በአሁኑ ጊዜ ወይም ከዚህ በፊት ሌላ ስም(ዎች) ተጠቅመው ከሆነ፣ ይህንን ክፍል ይሙሉ።

▼ Alias Name (Other Names Used)

Please type other names used such as maiden name, previous married name, legal name change, nicknames, alias, etc.

First Name

Middle Name

Last Name

Nickname

☐ Add another alias

ደረጃ 7፡- የአመልካቹ አድራሻ ታሪክ

- የኮሎምቢያ ዲስትሪክት የነዋሪነት ሁኔታዎን ይምረጡ።
- ስለአሁኑ አድራሻዎ መረጃ ያስገቡ።
- ባለፉት አምስት ዓመታት ውስጥ በሌላ አድራሻ(ዎች) የሚኖሩ ከሆነ፣ **ሌላ አድራሻ ያክሉ** የሚለውን ይምረጡ እና ሁሉንም መስኮች ይሙሉ። አስፈላጊ ከሆነ ለማንኛውም ተጨማሪ አድራሻዎች ይደገሙት።
- ሁሉንም አድራሻዎችዎን ካስገቡ በኋላ፣ **የአምስት (5) ዓመት የአድራሻ ሙሉ ታሪክ እንዳቀረብኩ እመሰክራለሁ** የሚለውን ይምረጡ።

**እዚህ ጠቅ
ያድርጉ**

Applicant Address History

- List all addresses, and the start and end dates, to the best of your ability. To help find previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

- Include your current address first.

- Include all prior addresses for the last five (5) years.

- If you were homeless, hospitalized, incarcerated, or otherwise had no stable address, list the start and end dates and you may write "no permanent address" in the street address field.

Start typing the address in the first box that says "Search for an address" and address options will appear that you can choose from.

District of Columbia Residency Status *

☐ I currently live in the District of Columbia

☐ I do not currently live in the District of Columbia

☐ I have never lived in the District of Columbia

Start Date of current address *

mm-dd-yyyy

Search for an address

Street 1

Street 2

City

State/Region

Postal Code

Select a Country...

☐ Add another address

☐ I certify that I have provided a full five (5) years of address history. *

ደረጃ 8፡- የልጆች እና የቤተሰብ አባላት ማመልከቻ

- ለሁሉም ልጆች ወይም የቤተሰብ አባላት መረጃ ያስገቡ።
- ብዙ ልጆች እና/ወይም የቤተሰብ አባላት ካሉዎት **ሌላ ሰው አክል** የሚለውን ይምረጡ።

▼ Applicant Children & Household Members

- Do not list yourself below
- Household Members include spouse/partner, relatives, roommates, and tenants.
- Children includes biological, adopted, foster, step, and adult children, living at home or not.

First Name

Middle Name

Last Name

Date of Birth

Relationship to Applicant

☐ Add another person

ደረጃ 9፡- በመንግስት-የተሰጠ የፎቶ መታወቂያ

- በመንግስት የተሰጠ የፎቶ መታወቂያ የፊት ገጽ ስር፣ **ፋይል ምረጥ** የሚለውን ጠቅ ያድርጉ።
- በመንግስት የተሰጠዎትን የፎቶ መታወቂያ (ለምሳሌ የመንጃ ፈቃድ፣ ፓስፖርት፣ የውትድርና መታወቂያ) የፊት ገጽ ሊነበብ የሚችል ቅጂ ይስቀሉ።
- መታወቂያው ህጋዊ ስምዎን እና የትውልድ ቀንዎን ማካተት አለበት።
- የመታወቂያዎ የፊት ገጽ ላይ የትውልድ ቀንዎ ከሌለ **የፎቶ መታወቂያዬ በፊት ገጽ ላይ የትውልድ ቀን የለውም** የሚለውን ይምረጡ። በፎቶ መታወቂያ-ጀርባ ስር (የሚያስፈልገው የትውልድ ቀን ከኋላ ላይ ከሆነ ብቻ ነው) **ፋይል ይምረጡ** የሚለውን ጠቅ ያድርጉ እና የመታወቂያዎን ጀርባ ሊነበብ የሚችል ቅጂ ይስቀሉ።

✓ Government Issued Photo ID

- Applications won't be processed if photo identification is not provided.
- A readable copy of a government-issued photo ID (e.g., driver's license, passport, military ID, USCIS ID) must be uploaded.
- Copy must include the applicant's legal name and date of birth in order to verify the applicant's identity.
- If the name and date of birth are on the front of the ID, a copy of the back is not needed.

Government-issued Photo ID-front *

☐ My Photo ID does NOT have the date of birth on the front.

No file chosen

ደረጃ 10፡- የአመልካች ፈቃድ

- እውቅናውን ያንብቡ።
- ፈቃድ ስጥቻለሁ የሚለውን ይምረጡ።
- አስገባ የሚለውን ጠቅ ያድርጉ።

▼ Applicant Consent

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 to and authorize the D.C. Child and Family Services Agency to provide information about me that may be contained in the Child Protection Register ("CPR") to the requestor(s) listed above, and agencies required by law to verify my employment suitability, program eligibility, or make legal determinations about me.

☐ I Consent *

Submit

እዚህ ጠቅ
ያድርጉ

እዚህ ጠቅ
ያድርጉ

ተጨማሪ መረጃ እና ድጋፍ የት ማግኘት እንደሚቻል

- CFSA የCPR ፍተሻዎን ውጤቶች በቀጥታ ወደ OSSE ይልካል። በምትኩ ውጤቱን ከተቀበሉ፣ ውጤቱን ለአሠሪዎ የማጋራት ኃላፊነት አለብዎት።
- ስለ CPR ፍተሻ ማመልከቻ ተጨማሪ መረጃ ለማግኘት የሚከተለውን ይጎብኙ፡- cfsa.dc.gov/service/child-protection-register-cpr#gsc.tab=0
- ለጥያቄዎች፣ CFSAን በ cfsa.cpr@dc.gov ወይም (202) 727-8885 ያነጋግሩ።



ክፍል 6

የመሬት ሥራ የልጅ ጥቃት እና
የቸልተኝነት መዝገብ ፍተሻን ማጠናቀቅ

የሜሪላንድ የልጅ ጥቃት እና የቸልተኝነት መዝገብ ፍተሻን ማጠናቀቅ

- በአሁኑ ጊዜ በሜሪላንድ የሚኖሩ ወይም ባለፉት አምስት ዓመታት በሜሪላንድ የኖሩ የሕፃናት እንክብካቤ ሰራተኞች ለዚያ ግዛት የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻን ማጠናቀቅ አለባቸው።
- የሜሪላንድ የሰብአዊ አገልግሎቶች መምሪያ ለሜሪላንድ የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻዎች ኃላፊነት አለበት፤ እነዚህም የአዳም ዋልሽ ቴፍተሻዎች በመባል ይታወቃሉ።
- እባክዎን የልጅ እንክብካቤ ሰራተኞች ከአዳም ዋልሽ ፍተሻ ጋር የተያያዙ ማናቸውንም ክፍያዎች የመክፈል ኃላፊነት እንዳለባቸው ልብ ይበሉ።

የአዳም ዋልሽ ፍተሻን እንዴት ማጠናቀቅ እንደሚቻል

- በሜሪላንድ የአዳም ዋልሽ ፍተሻን ለማጠናቀቅ ሁለት መንገዶች አሉ፡-
 - 1.) የ [MyMDBenefits ፖርታልን](#) ይጠቀሙ። የፖርታሉን አጠቃቀም መመሪያዎች [እዚህ ይገኛሉ](#) ።
 - 2.) የ [CPS የታሪክ ማጣሪያ ፓኬቱን](#) ሞልተው በፖስታ ወደሚከተለው አድራሻ ይላኩ፡-

Maryland Department of Human Services, Social Services Administration
CPS Background Clearance Unit
25 S. Charles St., 11th floor,
Baltimore, MD 21201
- ከአዳም ዋልሽ ፍተሻዎች ጋር ለተያያዙ ጥያቄዎች፣ በ mdcps.clearances1@maryland.gov ኢሜይል ይላኩ።

ውጤቶችዎን ከተቀበሉ በኋላ ምን ማድረግ ይጠበቅብዎታል

- የአዳም ዋልሽ ፍተሻ ውጤቶችዎን ከሜሪላንድ የሰብአዊ አገልግሎቶች መምሪያ ይቀበላሉ።
- የውጤቶችን ቅጂ ለአሠሪዎ ማቅረብ አለብዎት።
- አሠሪዎ ውጤቱ በOSSE እንዲገመገም በOSSE የፈቃድ አሰጣጥ ስርዓት ውስጥ ማስገባት አለበት።



ክፍል 7

የሽርጂኒያ የልጅ ጥቃት እና
የቸልተኝነት ፍተሻን ማጠናቀቅ

በሽርጂኒያ የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻን ማጠናቀቅ

- በአሁኑ ጊዜ በሽርጂኒያ የሚኖሩ ወይም ባለፉት አምስት ዓመታት በሽርጂኒያ የኖሩ የሕፃናት እንክብካቤ ሰራተኞች ለዚያ ግዛት የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻን ማጠናቀቅ አለባቸው።
- የሽርጂኒያ የማህበራዊ አገልግሎቶች መምሪያ፣ የታሪክ ምርመራ ቢሮ ለሽርጂኒያ የልጅ ጥቃት እና የቸልተኝነት ፍተሻዎችን የማድረግ ኃላፊነት አለበት።
- እባክዎን ልብ ይበሉ፣ ከልጅ ጥቃት እና ቸልተኝነት ፍተሻ ጋር የተያያዙ ማናቸውንም ክፍያዎች የመክፈል ኃላፊነት የእርስዎ ነው።

በሽርጂኒያ የልጅ ጥቃት እና የቸልተኝነት ፍተሻን እንዴት ማጠናቀቅ እንደሚቻል

- በማዕከላዊ መዝገብ የመረጃ መልቀቂያ ቅጽ (ሲፓኒሽ) ውስጥ የሚያስፈልጉትን ሁሉንም መስኮች ይሙሉ።
- በፍለጋ ዓላማ መስክ ውስጥ **አዳም ዋልሽ ህግ** የሚለውን ይምረጡ።
- የፍለጋ ውጤቶችን ለሚከተለው በፖስታ ይላኩ፡- ኤጀንሲ፣ ግለሰብ ወይም ፍለጋን የሚጠይቅ የተፈቀደለት ኤጀንሲ ተብሎ በተሰየመ ክፍል ውስጥ የሚሰሩበትን/በጎ ፈቃደኛ የሆኑበትን የልጅ ማህልበቻ ተቋም ስም፣ አድራሻ፣ የስልክ ቁጥር እና የኢሜይል አድራሻ ያስገቡ።
- ለጥያቄዎች በcrs_operations@dss.virginia.gov ኢሜይል ይላኩ።

አዳም ዋልሽ ህግ
የሚለውን ይምረጡ

የልጅ ማህልበቻ
ተቋምዎን መረጃ
ያስገቡ

REQUIRED: Purpose of Search ☐ Adam Walsh Law ☐ Adoptive Parent ☐ Babysitter/Family Day Care			
☐ CASA ☐ Children's Residential Facility ☐ Custody Evaluation ☐ Day Care Center ☐ Foster Parent			
☐ Institutional Employee ☐ Other Employment ☐ School Personnel ☐ Volunteer			
MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search			
Name		Account Code/FIPS Code	
Address		Use only an E, U, B, or T CODE:	
City	State	Zip	
Contact Name	Tel.#	Ext	
REQUIRED: Contact E-Mail			Mandatory if agency code has been assigned

በሽርጂኒያ የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻን እንዴት ማጠናቀቅ እንደሚቻል (የቀጠለ)

- ለእያንዳንዱ ፍለጋ የ\$12 ክፍያ ያስፈልጋል። ክፍያ ከፍለጋ ቅጾች ጋር አብሮ መሆን አለበት። የገንዘብ ትዕዛዞች፣ የኩባንያ/የንግድ ፔኮች ወይም የገንዘብ ተቀባይ ፔኮች ብቻ ተቀባይነት ይኖራቸዋል። ሁሉም የገንዘብ ትዕዛዞች፣ የኩባንያ/የንግድ ፔኮች ወይም የገንዘብ ተቀባይ ፔኮች ለሚከተለው ክፍያ መክፈል አለባቸው፡- የሽርጂኒያ የማህበራዊ አገልግሎቶች መምሪያ።
- የግል ፔኮችና ጥሬ ገንዘብ ተቀባይነት የላቸውም። ለሁሉም የተመለሱ ፔኮች በሽርጂኒያ የማህበራዊ አገልግሎቶች መምሪያ፣ የታሪክ ምርመራዎች ቢሮ የ\$50 ክፍያ ይጠየቃል።
- የተሞላውን፣ የተፈረመውን ቅጽዎን እና ክፍያዎን ወደሚከተለው አድራሻ በፖስታ ይላኩ፡-

Virginia Department of Social Services
Office of Background Investigations, 2nd Floor
5600 Cox Road
Glen Allen, VA 23060

ውጤቶችዎን ከተቀበሉ በኋላ ምን ማድረግ ይጠበቅብዎታል

- የልጅ ጥቃት እና ቸልተኝነት መዝገብ ውጤቶችዎን ከሸርጂኒያ የማህበራዊ አገልግሎቶች መምሪያ ይቀበላሉ።
- የውጤቶችን ቅጂ ለአሠሪዎ ማቅረብ አለብዎት።
- አሠሪዎ ውጤቱ በOSSE እንዲገመገም በOSSE የፈቃድ አሰጣጥ ስርዓት ውስጥ ማስገባት አለበት።



ክፍል 8

ከዲሲ፡ ሜሪላንድ ወይም ሸርቺኒያ ውጭ
ላሉ ግዛቶች የልጅ ጥቃት እና የሽልተኝነት
መዝገብ ፍተሻ ማጠናቀቅ

ከዲሲ፣ ሜሪላንድ ወይም ቨርጂኒያ ውጭ በሌላ ክልል ውስጥ የልጅ ጥቃት እና የቸልተኝነት መዝገብ ፍተሻ ማጠናቀቅ

- ባለፉት አምስት ዓመታት ከዲሲ፣ ሜሪላንድ ወይም ቨርጂኒያ ውጭ በሌላ ክልል ውስጥ የኖሩ የሕፃናት እንክብካቤ ሰራተኞች ለዚያ ግዛት የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻ ማጠናቀቅ አለባቸው።
- እያንዳንዱ ግዛት የራሱ የሆነ የልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻ ሂደት ያካሂዳል። የሕፃናት እንክብካቤ ሰራተኞች ስለ ሂደታቸው እና ተያያዥ ክፍያዎች የበለጠ ለማወቅ ፍተሻ ማጠናቀቅ የሚያስፈልጋቸውን ክልል ማነጋገር አለባቸው።
- ከዲሲ፣ ሜሪላንድ ወይም ቨርጂኒያ ውጭ በልጅ ጥቃት እና ቸልተኝነት መዝገብ ፍተሻ ላይ የሚሳተፉ የሕፃናት እንክብካቤ ሰራተኞች የፍተሻቸውን ውጤቶች ለአሰሪዎቻቸው የማጋራት ኃላፊነት አለባቸው። ከዚያም አሠሪው ውጤቱን ለ OSSE ማቅረብ አለበት።



ጥያቄዎች አለዎት?

ጥያቄዎች አሉዎት ወይም ድጋፍ ይፈልጋሉ?

- ለህጻናት እንክብካቤ ሰራተኞች የወንጀል ታሪክ ፍተሻ ሂደትን በተመለከተ አጠቃላይ ጥያቄዎች ካሉዎት፣ ወደ OSSE.ChildCareLicensing@dc.gov ኢሜይል ይላኩ።
- ከ ApplicationStation ጋር ለተያያዙ ጥያቄዎች የደንበኞች አገልግሎትን በ 1-800-803-9042 ያነጋግሩ
- ከMPD የቀጠሮ ፖሊስ ጋር የተያያዙ ጥያቄዎች ካሉዎት ለMPD በ (202) 727-4275 ይደውሉ።
- ከሜሪላንድ የጣት አሻራ ጋር የተያያዙ ጥያቄዎች ካሉዎት ለCJIS በ (410) 764-4501 ይደውሉ።
- የዲሲ የልጅ ጥቃት እና የቸልተኝነት መዝገብ ፍተሻ ጋር የተያያዙ ጥያቄዎች ካሉዎት፣ CFSAን በ cfsa.cpr@dc.gov ወይም (202)-727-8885 ያነጋግሩ።
- ከሜሪላንድ የልጅ ጥቃት እና የቸልተኝነት መዝገብ ፍተሻ ጋር የተያያዙ ጥያቄዎች ካሉዎት፣ ወደ mdcps.clearances1@maryland.gov ኢሜይል ይላኩ።
- ከቨርጂኒያ የልጅ ጥቃት እና የቸልተኝነት መዝገብ ፍተሻ ጋር የተያያዙ ጥያቄዎች ካሉዎት፣ በ crs_operations@dss.virginia.gov ኢሜይል ይላኩ።