



Verificaciones de antecedentes penales y del registro de abuso y negligencia infantiles

Guía para el personal y los voluntarios de cuidado infantil

Octubre de 2026

Acerca del proceso de verificación de antecedentes

- Las siguientes personas deben completar los procesos de verificación de antecedentes penales y del registro de abuso y negligencia infantil a través del proceso exigido por la Oficina del Superintendente Estatal de Educación (OSSE) antes empezar a trabajar u ofrecerse como voluntarios en una instalación de desarrollo infantil en el DC y cada tres años a partir de entonces:
 - Proveedores de cuidado infantil
 - Empleados actuales
 - Futuros empleados
 - Voluntarios
 - Personas cuyas actividades implican el cuidado o la supervisión de menores o el acceso sin supervisión a los mismos (p. ej., personas mayores de 18 años que viven en un hogar de desarrollo infantil o en un hogar de desarrollo infantil extendido).
- Estas personas se denominan en conjunto como "personal de cuidado infantil" a lo largo de esta guía.

Acerca del proceso de verificación de antecedentes (continuación)

- La **verificación de antecedentes penales** debe incluir una búsqueda en el Registro Nacional de Delincuentes Sexuales (NSOR) del Centro Nacional de Información sobre la Delincuencia, una verificación de huellas dactilares de la Agencia Federal de Investigaciones (FBI) y verificaciones de los registros penales estatales y los registros de delincuentes sexuales en cada estado en el que el personal de cuidado infantil haya vivido en los últimos cinco años.
- La **verificación del registro de abuso y negligencia infantil** incluye una búsqueda en los registros estatales de abuso y negligencia infantil. El personal de cuidado infantil debe completar una verificación del registro de abuso y negligencia infantil en el DC y en cada estado en el que haya vivido en los últimos cinco años.
- Puede encontrar más información [disponible aquí](#).

Cómo utilizar esta guía

- El personal de cuidado infantil debe seguir los pasos de esta guía para completar los procesos de verificación de antecedentes penales y del registro de abuso y negligencia infantil.
- **Todo el personal de cuidado infantil** debe completar los pasos detallados en la [sección 1](#), [sección 2](#) y [sección 5](#).
- El personal de cuidado infantil que actualmente vive en **Maryland** o que vivió en **Maryland** en los últimos cinco años también debe completar los pasos detallados en la [sección 3](#) y [sección 6](#).
- El personal de cuidado infantil que vive actualmente en **Virginia** o que vivió en **Virginia** en los últimos cinco años también debe completar los pasos detallados en la [sección 7](#).
- El personal de cuidado infantil que haya vivido en un **estado que no sea el DC, Maryland o Virginia** en los últimos cinco años también debe completar los pasos detallados en la [sección 4](#) y [sección 8](#).
- Si tiene preguntas, comuníquese con OSSE.ChildCareLicensing@dc.gov.

***Obligatorio para todo el
personal de cuidado infantil**



Sección 1

*Cómo completar una verificación de
antecedentes penales usando
ApplicationStation*

Paso 1: Acceda a su enlace único desde ApplicationStation

- Recibirá un correo electrónico de applicationstation@truescreen.com. En el correo electrónico se incluirá información sobre cómo completar una verificación de antecedentes de ApplicationStation.
- La invitación por correo electrónico incluye un enlace único específico para su número de caso. No comparta su enlace único con otras personas.
- **Haga clic en su enlace único.** Si el enlace no funciona, cópielo y péguelo en el navegador.

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=BOBJckokhJpHEpra2rJiidy&requestcode=OSSE2000&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

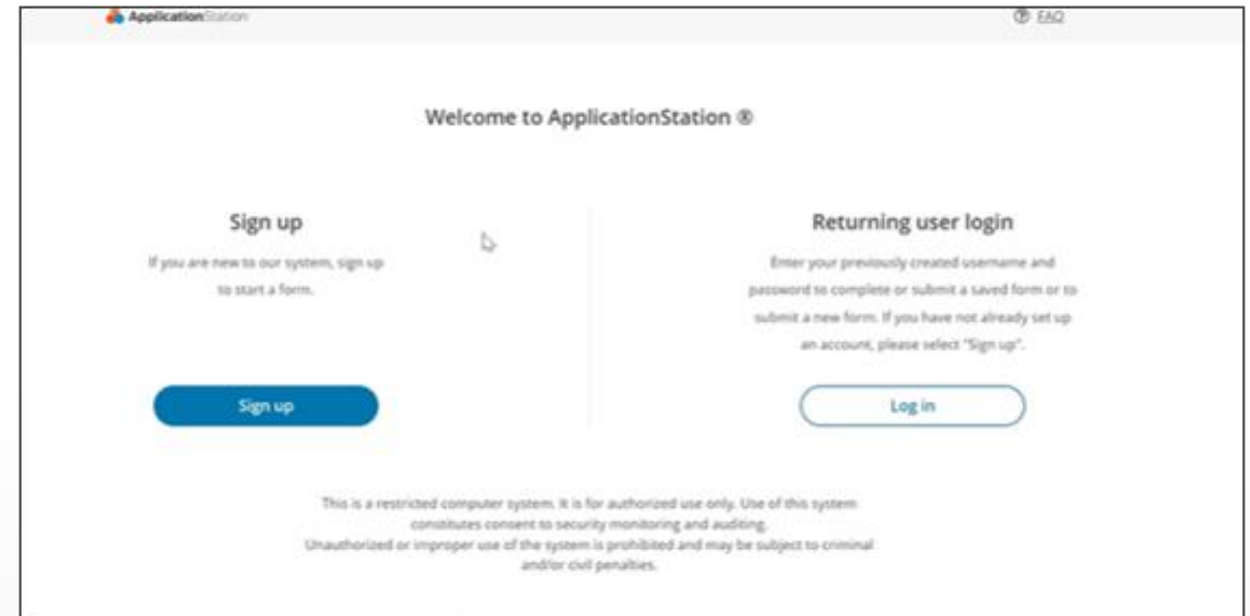
If you have questions about the information you are being asked to provide, please contact an HR representative at the specific agency you will be working for. If you experience technical issues logging on to the ApplicationStation site, please contact ApplicationStation Support at 1-833-802-6381.

Thank You,
ApplicationStation

Haga clic
aquí

Paso 2: Regístrese o inicie sesión

- Luego de hacer clic en su enlace único, se lo redirigirá a la página de inicio de sesión de ApplicationStation.
- Si es la primera vez que accede a ApplicationStation, haga clic en "**Sign up**" (Registrarse) y continúe con el paso 3.
- Si ya utilizó ApplicationStation anteriormente, haga clic en "**Log in**" (Iniciar sesión) y continúe con el paso 6.



Paso 3: Acuerdo de consentimiento

- Lea el Acuerdo de consentimiento y haga clic en "**I agree**" (Acepto).

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](#)

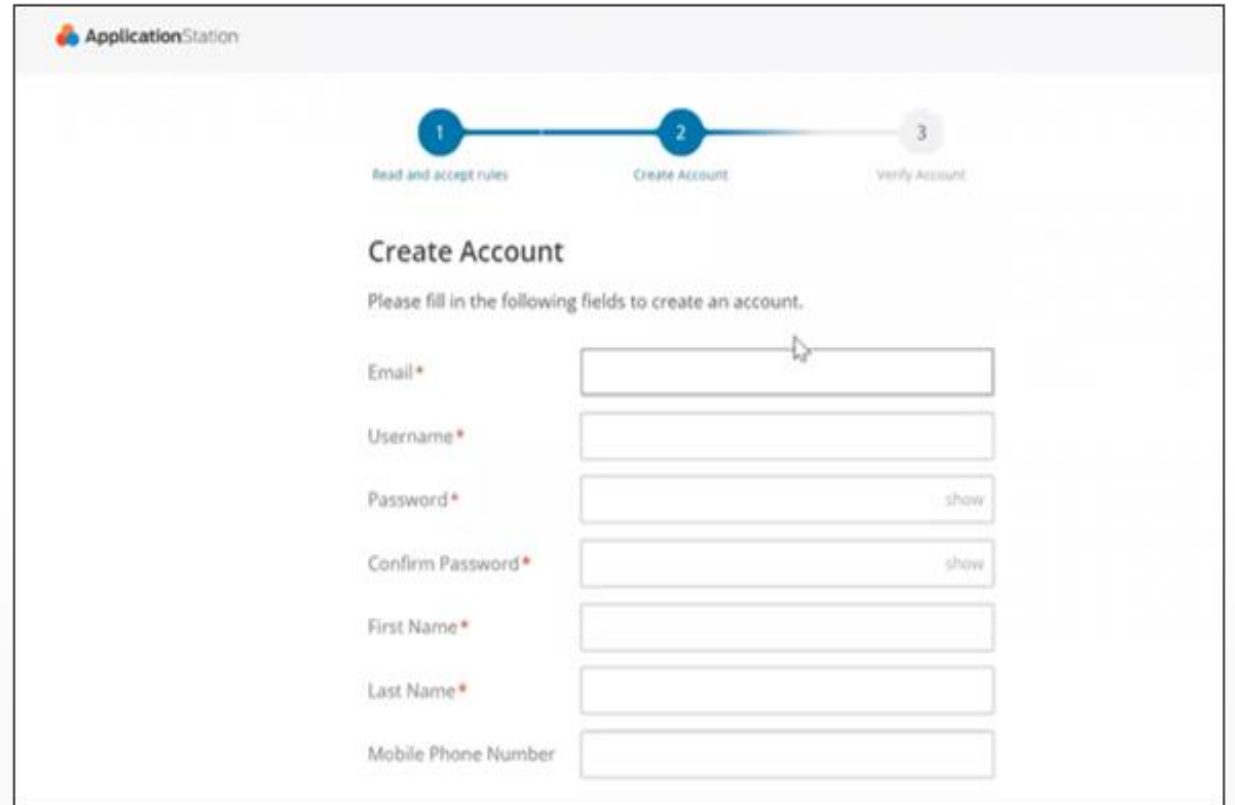
I do not agree

I agree

Haga clic
aquí

Paso 4: Cree la cuenta

- Complete todos los campos:
 - Correo electrónico
 - Nombre de usuario
 - Contraseña
 - Confirmar contraseña
 - Nombre
 - Apellido
 - Teléfono celular
 - Importante: Para usar la verificación de dos pasos por SMS (mensaje de texto), ingrese un número de teléfono válido.



The screenshot shows the 'Create Account' page of the ApplicationStation. At the top, there is a progress bar with three steps: 1. Read and accept rules, 2. Create Account (currently active), and 3. Verify Account. Below the progress bar, the title 'Create Account' is displayed, followed by the instruction 'Please fill in the following fields to create an account.' The form contains several input fields: Email*, Username*, Password* (with a 'show' link), Confirm Password* (with a 'show' link), First Name*, Last Name*, and Mobile Phone Number. A mouse cursor is visible over the Email input field.

Paso 4 (continuación): Cree la cuenta

- Seleccione tres preguntas de seguridad y proporcione las respuestas para cada una.
- Haga clic en "**Continue**" (Continuar).

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

Paso 5: Verifique la cuenta

- Se enviará un correo electrónico con un código de verificación a la dirección de correo electrónico proporcionada.
- Inicie sesión en su correo electrónico para obtener el código de verificación.
- Ingrese el código de verificación y, a continuación, haga clic en "**Complete Registration**" (Completar el registro).

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 *

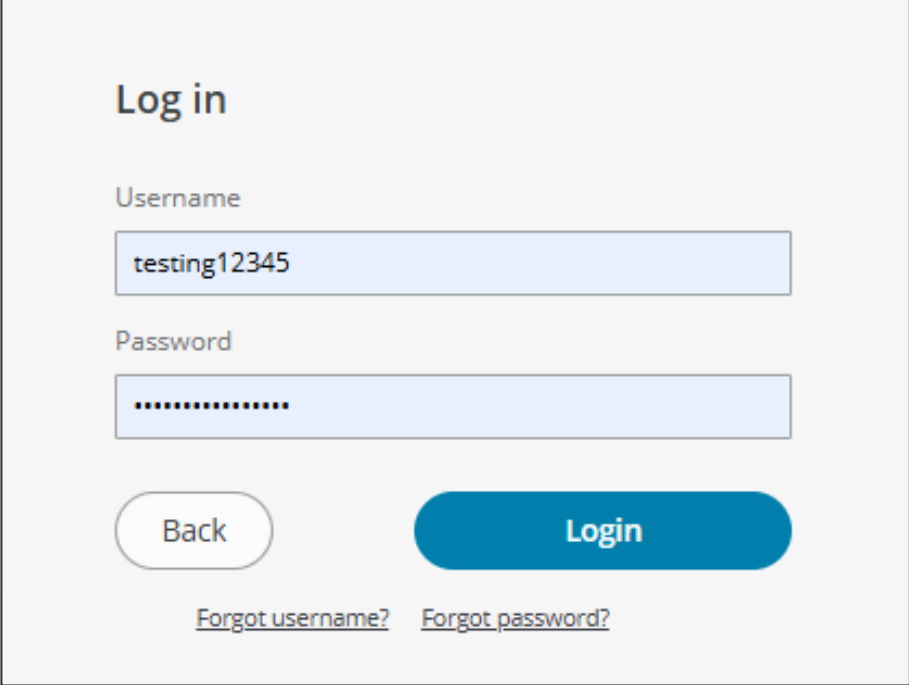
Didn't receive an email? Click [here](#) to resend email.

Complete Registration

**Ingrese aquí el
código de
verificación**

Paso 6: Inicie sesión

- Ingrese su nombre de usuario y contraseña.
- Haga clic en "**Login**" (Iniciar sesión).
- Importante: Si olvidó su nombre de usuario o contraseña, haga clic en "**Forgot username?**" (¿Olvidó su nombre de usuario?) o "**Forgot password?**" (¿Olvidó su contraseña?) y siga las instrucciones.

A screenshot of a web login interface. At the top, the text "Log in" is displayed in a bold, dark font. Below this, there are two input fields. The first is labeled "Username" and contains the text "testing12345". The second is labeled "Password" and contains a series of dots, indicating a masked password. Below the input fields, there are two buttons: a light blue "Back" button and a dark blue "Login" button. At the bottom of the form, there are two links: "Forgot username?" and "Forgot password?".

Log in

Username

testing12345

Password

.....

Back Login

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

Paso 7: Verificación de dos pasos

- Se enviará un código de verificación a la dirección de correo electrónico o al número de teléfono celular que proporcionó al crear su cuenta.
- Ingrese el código de verificación y haga clic en "**Continue**" (Continuar).

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

Paso 8: Formularios

- Luego de iniciar sesión, accederá a la página "Forms" (Formularios). Para crear un nuevo formulario, haga clic en **"+ Start New Form"** (+ Crear nuevo formulario).
- Si ya había ingresado y desea terminar de completar un formulario que inició anteriormente, haga clic en **"Continue"** (Continuar).

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.

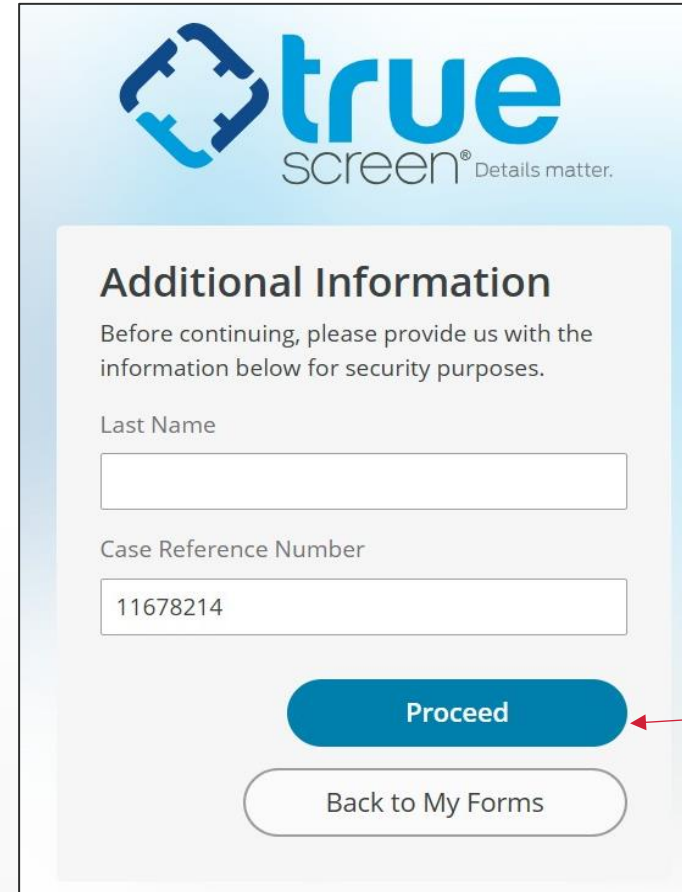
Forms

+ Start New Form

Haga clic
aquí

Paso 9: Formularios de autorización

- Ingrese su apellido.
- El número de referencia del caso se completará automáticamente.
- Haga clic en "**Proceed**" (Continuar).



 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

Haga clic
aquí

Paso 10: Ingrese su información personal

- Complete la sección "Personal Information" (Información personal). Todos los campos marcados con un asterisco son obligatorios.
 - Nombre
 - Apellido
 - País
 - Dirección
 - Ciudad/Pueblo
 - Estado
 - Código postal
 - Habitante desde
 - Número de Seguro Social (SSN) de EE. UU., número de Seguro Social (SIN) de Canadá u otro número de identificación de otro país
 - Fecha de nacimiento
 - Teléfono
 - Correo electrónico
- Haga clic en "**Save & Continue →**" (Guardar y continuar).

The screenshot shows the 'Personal Information' section of a web form. On the left is a sidebar with a 'Sections' menu containing: Personal Information (selected), Other Names, Other Addresses, Disclosure, State Disclosures, Authorization, and Criminal Background Check Affirmation Form. Below the menu are buttons for 'Attach Documents', 'Home Summary', 'Submit Forms', and 'Continuations'. The main form area has a title 'Personal Information' and a note: 'Fields marked with an asterisk (*) are required. Please provide the following information.' The form fields include: First Name* (OSSE), Middle Name, Last Name* (Test), Suffix (Select One), Country* (United States), Address 1* (123 Main St), Address 2 (e.g. Apt. 1), City / Town* (Washington), State* (District Of Columbia), Zip Code* (20001), Resided Since* (1 - January, 2016), and a section for government identification numbers. Under 'Please select and enter at least one government identification number,*', there are checkboxes for U.S. SSN* (checked, 111-11-1111), Canadian SIN (e.g. 111-234-000), and Other Country ID (Select Country, Enter ID). Below this is the Date of Birth* (1 - January, 1, 1951) and Phone* (United States +1, 999-999-9999, Mobile). The Email* field contains 'Osetest@gmail.com'. At the bottom right is a blue button labeled 'Save & Continue →'.

Paso 11: Otros nombres

- Si se lo conoce con otros nombres o ha utilizado otros nombres, incluido un apellido de soltera, seleccione **"Yes"** (Sí). A continuación, haga clic en **"+ Add Other Name"** (Agregar otro nombre).
- Si no tiene otros nombres, seleccione **"No"**. A continuación, haga clic en **"Save & Continue →"** (Guardar y continuar).

The screenshot shows a web form titled 'Other Names'. On the left is a sidebar with a 'Sections' menu containing: 'Personal Information' (checked), 'Other Names' (highlighted), 'Other Addresses', 'Disclosure', 'States Disclosures', 'Authorization', and 'Criminal Background Check Affirmation Form'. Below the menu are buttons for 'Attach Documents', 'Review Summary', 'Submit Forms', and 'Confirmation'. The main content area has the title 'Other Names' and a note: 'Fields marked with an asterisk (*) are required.' The question is 'Are there any other names you are known by or have used (including maiden name, if applicable)? *'. There are two radio buttons: 'Yes' (selected) and 'No'. Below this is a text input field with the placeholder 'Please list any other names by which you are or have been known. Include maiden names where applicable.' To the right of the input field is a blue button '+ Add Other Name'. At the bottom of the main area, there is a 'Back' button and a 'Save & Continue →' button. The text 'There are currently no names listed.' is visible below the input field.

Paso 12: Otras direcciones

- Si tiene otras direcciones, seleccione **"Yes"** (Sí). A continuación, haga clic en **" + Add Other Address "** (Agregar otra dirección).
- Si no tiene otras direcciones, seleccione **"No"**. A continuación, haga clic en **"Save & Continue →"** (Guardar y continuar).

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

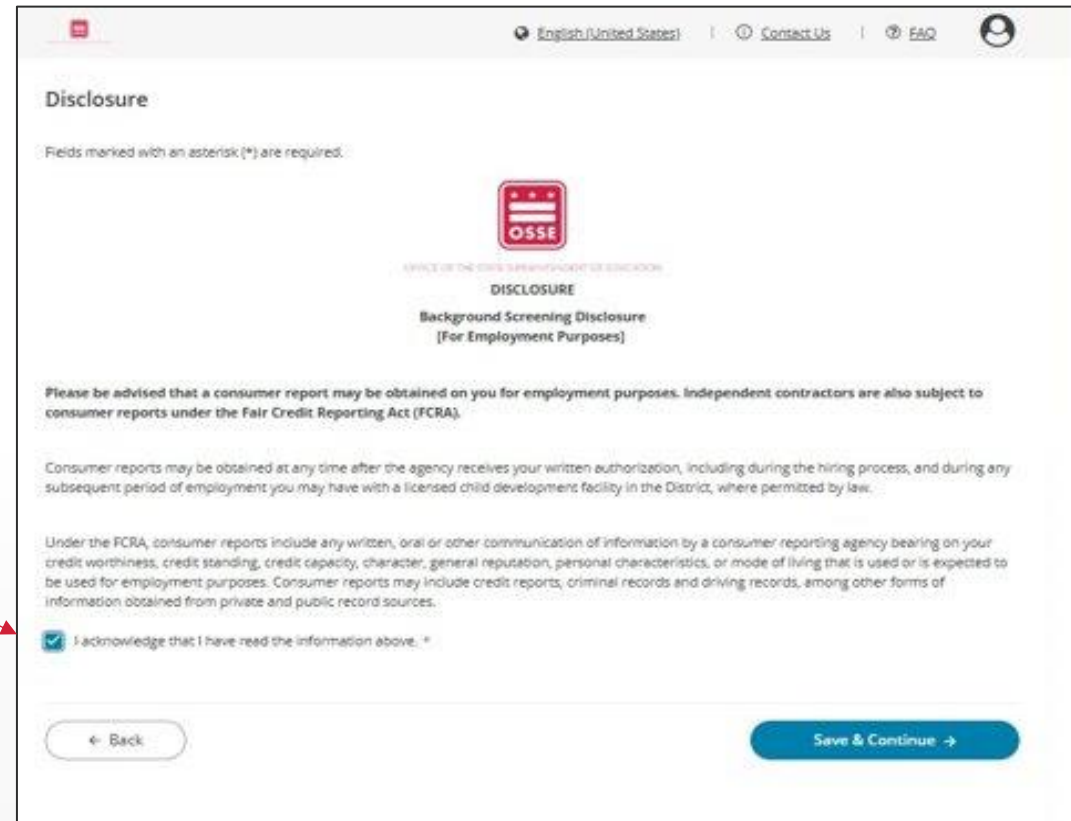
← Back

Save & Continue →

Paso 13: Lea el Formulario de divulgación de verificación de antecedentes

- Lea el formulario.
- Seleccione **"I acknowledge that I have read the information above"** (Reconozco que he leído la información anterior).
- Seleccione **"Save & Continue →"** (Guardar y continuar).

Haga clic
aquí

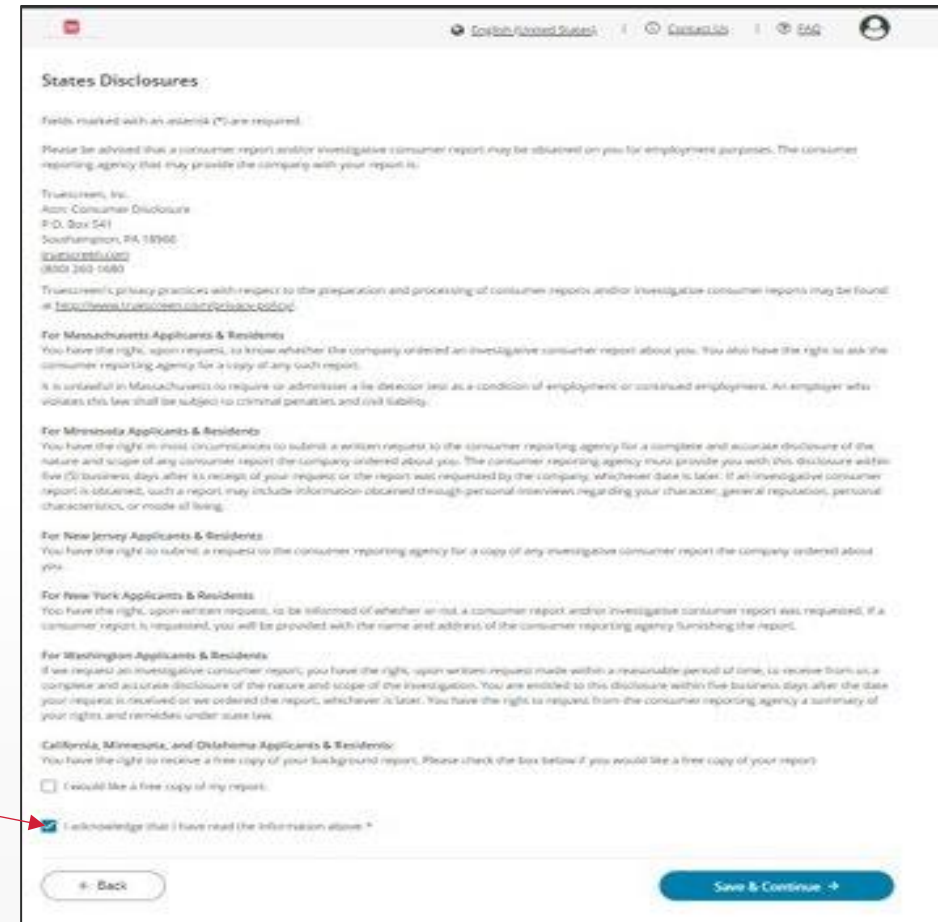


The screenshot shows a web form titled "Disclosure" from the Office of the State Superintendent of Education (OSSE). The form includes a header with the OSSE logo and navigation links for "English (United States)", "Contact Us", and "FAQ". Below the title, a note states "Fields marked with an asterisk (*) are required." The main heading is "DISCLOSURE Background Screening Disclosure [For Employment Purposes]". The form contains several paragraphs of text explaining the FCRA and the purpose of the background screening. At the bottom, there is a checkbox labeled "I acknowledge that I have read the information above. *" which is checked. Below the checkbox are two buttons: "Back" and "Save & Continue →".

Paso 14: Lea las divulgaciones de los estados

- Lea las divulgaciones.
- Seleccione **"I acknowledge that I have read the information above"**
(Reconozco que he leído la información anterior).
- Haga clic en **"Save & Continue →"**
(Guardar y continuar).

Haga clic
aquí



The screenshot shows a web form titled "States Disclosures". It contains several paragraphs of text regarding consumer reports and state-specific regulations for Massachusetts, Minnesota, New Jersey, New York, and Washington. At the bottom of the form, there is a checkbox labeled "I acknowledge that I have read the information above." which is currently unchecked. A red arrow points from a text box on the left to this checkbox. Below the checkbox are two buttons: "Back" and "Save & Continue →".

Paso 15: Firme el Formulario de autorización para la verificación de antecedentes

- Seleccione **"I will provide a mouse or touchpad signature (preferred method if possible)"** (Proporcionaré una firma con el *mouse* o el panel táctil [método preferido si es posible]).
- Dibuje su firma en el recuadro usando el *mouse* o el panel táctil. Haga clic en **"Apply Signature"** (Aplicar firma).
- Seleccione **"I agree"** (Estoy de acuerdo).
- Haga clic en **"Save & Continue"** → (Guardar y continuar).

Haga clic aquí

Firme aquí

Haga clic aquí

The screenshot shows the 'Authorization' section of a 'BACKGROUND SCREENING AUTHORIZATION FORM [FOR EMPLOYMENT PURPOSES]'. It contains several paragraphs of legal text regarding the release of information and the authorization of a background check. Below the text, there are two radio button options for the signature method. The first option, 'I will provide a mouse or touchpad signature (preferred method if possible)', is selected. Below this, there is a large dashed rectangular box for drawing the signature. To the right of this box is a 'Clear' button and a '✓ Apply Signature' button. At the bottom of the form, there is a 'Date' field showing 'July 29, 2026', a 'Full Name' field, and an 'I agree' checkbox which is checked. At the very bottom, there are two buttons: '← Back' and 'Save & Continue →'. Red arrows point from the Spanish instructions on the left to these specific elements: 'Haga clic aquí' points to the first radio button, 'Firme aquí' points to the signature box, and 'Haga clic aquí' points to the 'Save & Continue' button.

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.

Clear ✓ Apply Signature

Date July 29, 2026

Full Name

☒ I agree. *

← Back Save & Continue →

Haga clic aquí

Paso 16: Complete el Formulario de declaración de verificación de antecedentes penales

- Revise el formulario.

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.

Paso 16 (continuación): Complete el Formulario de declaración de verificación de antecedentes penales

- Responda las preguntas.
- Seleccione **"I will provide a mouse or touchpad signature (preferred method if possible)"** (Proporcionaré una firma con el *mouse* o el panel táctil [método preferido si es posible]).
- Dibuje su firma en el recuadro usando el *mouse* o el panel táctil. Haga clic en **"Apply Signature"** (Aplicar firma).
- Seleccione **"I agree"** (Estoy de acuerdo).
- Haga clic en **"Save & Continue"** → (Guardar y continuar).

Proporcione
respuestas

Haga clic
aquí

Haga clic
aquí

The screenshot shows the 'Affirmation Form' from the Office of the State Superintendent of Education (OSSE). It contains several sections with radio button options and a signature area. Red arrows point from text boxes to specific elements: 'Proporcione respuestas' points to the first three sections of radio buttons; 'Haga clic aquí' points to the 'I will provide a mouse or touchpad signature' option and the 'Apply Signature' button; another 'Haga clic aquí' points to the 'I agree' checkbox. The form includes a 'Date' field (July 29, 2026), a 'Full Name' field (Osse Test), and a 'Save & Continue' button at the bottom right.

Pleaded not to contend 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.

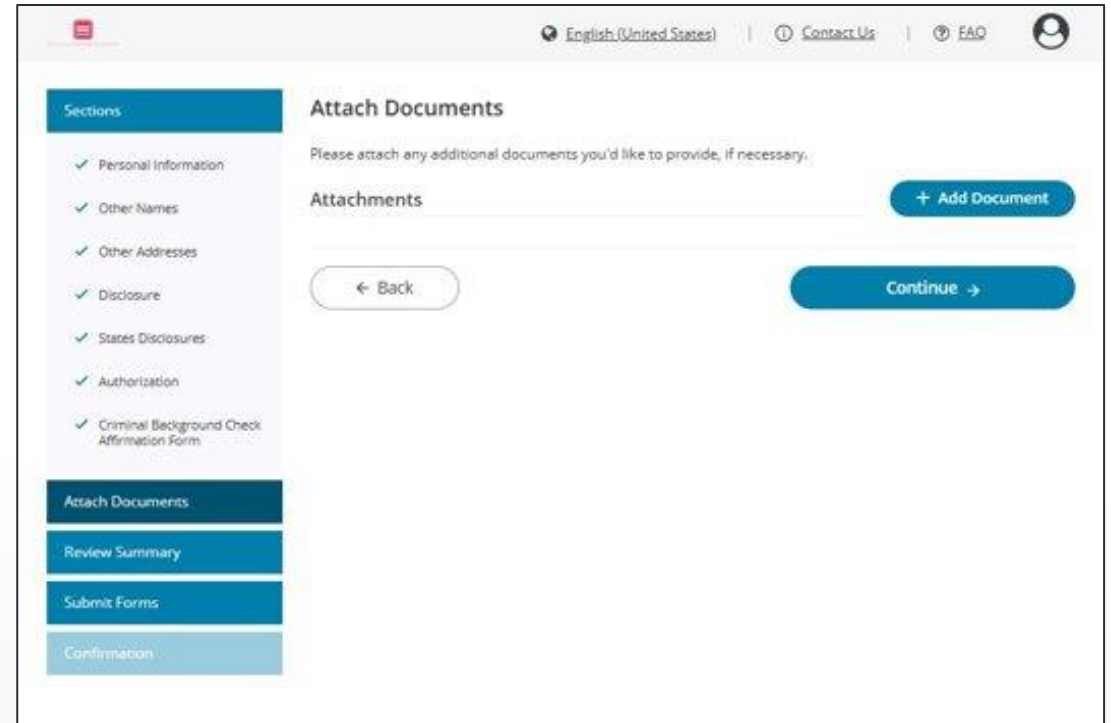
Date: July 29, 2026
Full Name: Osse Test

☒ I agree. *

Haga clic
aquí

Paso 17: Adjunte los documentos

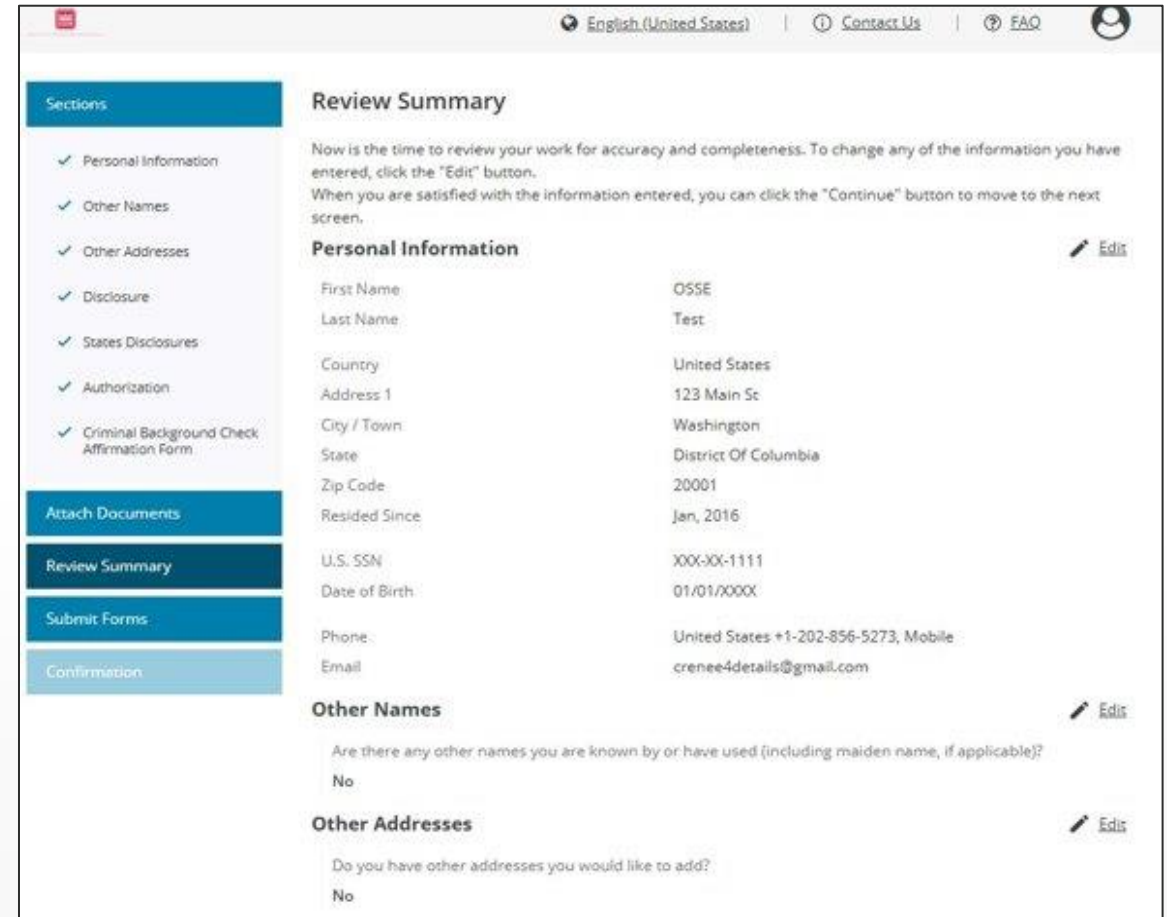
- No es necesario presentar documentos adicionales.
- Haga clic en "**Continue**" → (Continuar).



The screenshot shows a web application interface for the 'Attach Documents' step. On the left, a sidebar lists sections with checkmarks: Personal Information, Other Names, Other Addresses, Disclosure, States Disclosures, Authorization, and Criminal Background Check Affirmation Form. Below these are buttons for 'Attach Documents', 'Review Summary', 'Submit Forms', and 'Confirmation'. The main area is titled 'Attach Documents' and contains the text '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.

Paso 18: Revise el resumen

- Revise su información.
- Si necesita hacer cambios en la información, haga clic en **"Edit"** (Editar).



The screenshot shows the 'Review Summary' page of the OSSE application. On the left, a sidebar contains a 'Sections' list with checkboxes for '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' (highlighted), 'Submit Forms', and 'Confirmation'. The main content area is titled 'Review Summary' and includes instructions to review information for accuracy. It features three sections: 'Personal Information' with 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); 'Other Names' with a question about other names and a 'No' response; and 'Other Addresses' with a question about other addresses and a 'No' response. Each section has an 'Edit' button.

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

Other Names

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

No

Other Addresses

Do you have other addresses you would like to add?

No

Paso 18 (continuación): Revise el resumen

- Si la información es correcta, haga clic en "**Continue** →" (Continuar).

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

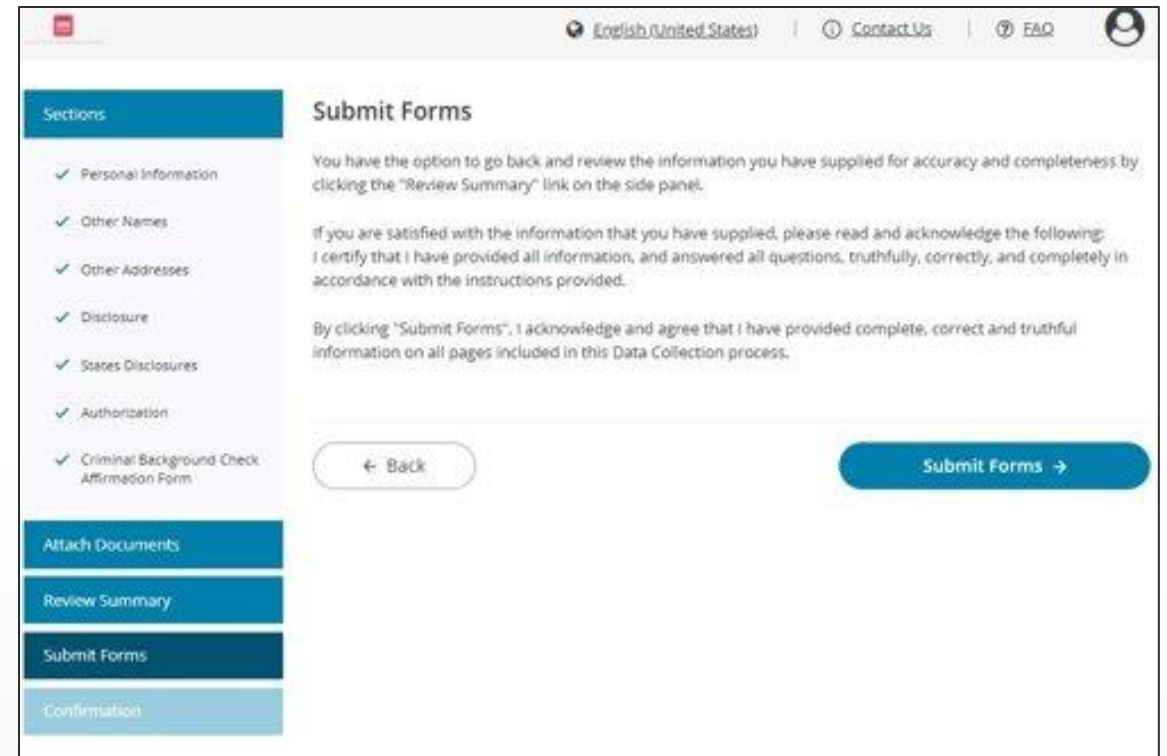
Signature 

← Back Continue →

Haga clic
aquí

Paso 19: Envíe los formularios

- Si accede a la página "Submit Forms" (Enviar formularios) y necesita editar su solicitud, haga clic en "**← Back**" (Volver) o seleccione la sección que desea editar en el lado izquierdo, en "Sections" (Secciones).
- Cuando esté listo para enviar su solicitud, haga clic en "**Submit Forms →**" (Enviar formularios).
- Importante: No puede editar la solicitud después de hacer clic en "**Submit Forms →**" (Enviar formularios).



The screenshot shows the 'Submit Forms' page of the OSSE system. On the left, a sidebar titled 'Sections' lists various form sections 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' (highlighted), and 'Confirmation'. The main content area is titled 'Submit Forms' and contains a message: '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. 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. 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 area, there are two buttons: '← Back' and 'Submit Forms →'.

***Obligatorio para todo el
personal de cuidado infantil**



Sección 2

*Completar una verificación de huellas
dactilares del FBI y verificaciones de
huellas dactilares estatales para el DC y
Virginia*

Paso 1: Solicite una cita para la verificación de antecedentes del FBI

- Ingrese en go.nemoqappointment.com/Booking/Booking/Index/dc876re9gh.
- En la sección "*New appointment*" (Nueva cita), en el campo "*Service*" (Servicio), seleccione "**Fingerprints – Employment**" (Huellas dactilares - Empleo).
- Haga clic en "**Make an appointment**" (Programar una cita).

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 information 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

Haga clic aquí y seleccione
"Fingerprints – Employment"
(Huellas dactilares – Empleo)

Haga clic
aquí

Paso 2: Acepte los términos y condiciones

- Lea el acuerdo.
- Haga clic en "**I agree to the terms and conditions**" (Acepto los términos y condiciones).
- Haga clic en "**Next**" (Siguiente).
- Importante: La OSSE paga la tarifa de verificación de antecedentes de \$35. Su empleador le proporcionará un **código de facturación** que deberá utilizar en su cita.

Haga clic
aquí

Metropolitan Police
WASHINGTON D.C.

[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](#)

Haga clic
aquí

Paso 3: Seleccione la hora y la fecha

- Haga clic en el **icono del calendario**.
- Aparecerá un calendario. Seleccione la fecha en la que desea programar su cita.
- Haga clic en **"Search time"** (Buscar hora).
- Importante: Las verificaciones de antecedentes del MPD se realizan en 441 Fourth St. NW, Suite 550 South Washington, DC 20001.

Haga clic aquí

The screenshot shows the MPD appointment scheduling interface. At the top is the MPD logo. Below it is a navigation bar with buttons: [Start \(restart\)](#), [Agreement](#), [Select time](#) (highlighted), [Personal data](#), [Contact information](#), and [Summary](#). The main heading is **Select time**. Below this, a paragraph explains: "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'." A note states: "If no green time slots are shown in the calendar, there are no available slots for that week." The **Search time** section contains a form with the following fields:
Office: Metropolitan Police Department (dropdown menu)
Appointment Type: Fingerprints - Employment (dropdown menu)
Date: 07/28/2026 (calendar icon)
Below the form are two buttons: **Search time** and **First available time**. At the bottom are **Back** and **Next** buttons. Two red arrows point to the calendar icon and the **Search time** button, each with a text box saying "Haga clic aquí".

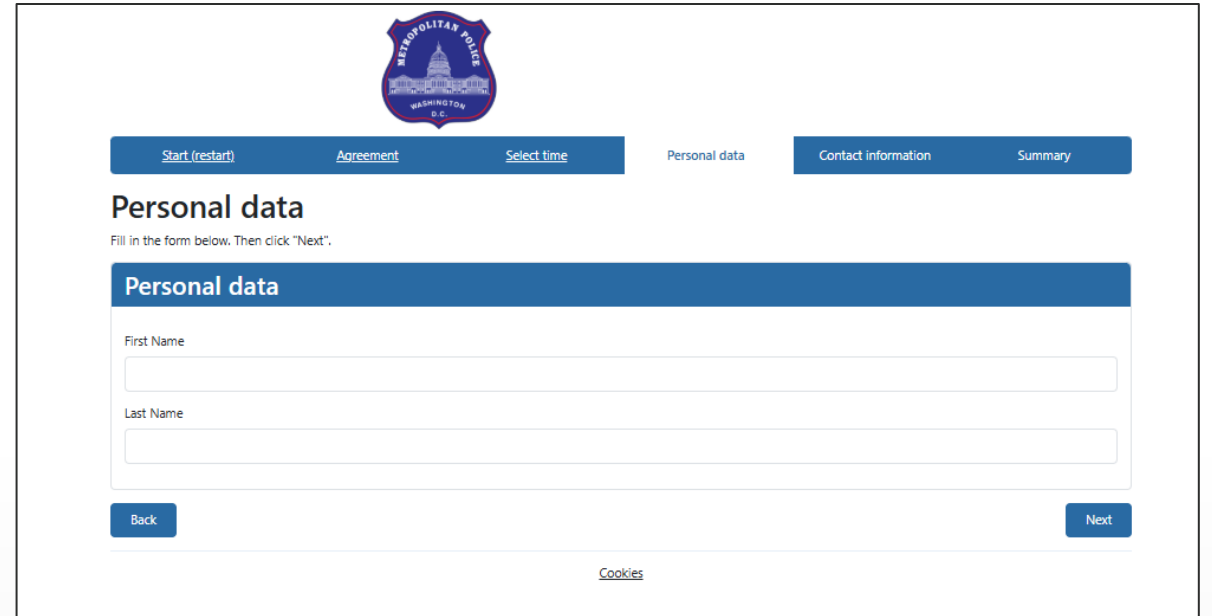
Paso 3 (continuación): Seleccione la hora y la fecha

- Aparecerán franjas horarias para la fecha seleccionada. Los horarios que aparecen en verde están disponibles para reservar.
- Seleccione una hora para la cita en la fecha que prefiera y haga clic en **"Next"** (Siguiente).

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		

Paso 4: Datos personales

- Ingrese su nombre y apellido.
- Haga clic en "**Next**" (Siguiente).



The screenshot shows a web form titled "Personal data" for the Metropolitan Police Washington D.C. The form is part of a multi-step process, with tabs for "Start (restart)", "Agreement", "Select time", "Personal data" (active), "Contact information", and "Summary". Below the tabs, the form title "Personal data" is displayed, followed by the instruction "Fill in the form below. Then click 'Next'". The form contains two input fields: "First Name" and "Last Name". At the bottom of the form, there are "Back" and "Next" buttons. A "Cookies" link is visible at the bottom right of the form area.

Paso 5: Complete la información de contacto

- En la sección "*Contact information*" (Información de contacto), ingrese su **dirección de correo electrónico** y su **número de teléfono celular**.
- En "*Confirmation type*" (Tipo de confirmación), seleccione "**Email**" (Correo electrónico).
- Deberá enviar a su empleador un comprobante de la confirmación de su correo electrónico.
- En "*Reminder type*" (Tipo de recordatorio) seleccione cómo desea que se le recuerde su cita (**Correo electrónico** o **SMS** [mensaje de texto]).
- En la sección "*Additional information*" (Información adicional), **ingrese el nombre de la instalación de desarrollo infantil** donde trabaja y su **tipo de personal**.
- Haga clic en "**Next**" (Siguiente).

The screenshot shows a web form titled "Contact information" with a progress bar at the top indicating the current step. The form includes instructions in red text: "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." and "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." Below this, a note states: "By check marking the SMS confirmation and reminder option you are **opting in** to receive text messages on your phone about your appointment." The form has two main sections: "Contact information" and "Additional information". The "Contact information" section contains fields for "E-mail address:" and "Cell phone number:", both with input boxes. Below these are "Confirmation type:" and "Reminder type:" sections, each with "Email" (checked) and "SMS" (unchecked) radio buttons. A dropdown menu for the reminder time is set to "1 week" before the appointment. The "Additional information" section has a large text area for "Additional information:". At the bottom are "Back" and "Next" buttons.

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.

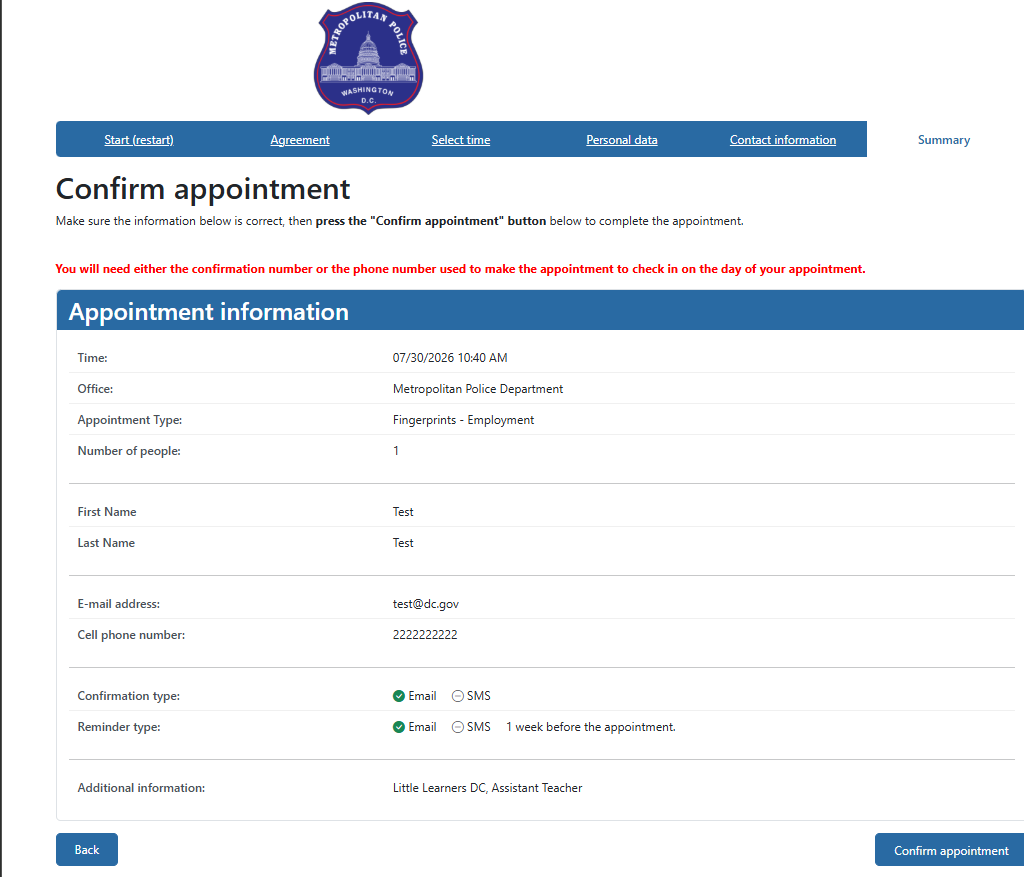
Additional information

Additional information:

Back Next

Paso 6: Confirme la cita

- Revise la información.
- Si la información es correcta, haga clic en "**Confirm appointment**" (Confirmar cita).
- Recibirá un correo electrónico de confirmación del MPD. Reenvíe el correo de confirmación a su empleador. Su empleador debe subir el correo electrónico de confirmación al sistema de concesión de licencias de la OSSE.
- Si necesita realizar cambios, haga clic en "**Back**" (Volver).



The screenshot shows the 'Confirm appointment' page for the Metropolitan Police Department (MPD) of Washington, D.C. The page features a navigation bar with links: Start (restart), Agreement, Select time, Personal data, Contact information, and Summary. The main heading is 'Confirm appointment', followed by instructions to ensure information is correct and to press the 'Confirm appointment' button. A red note states: '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.' Below this is the 'Appointment information' section, which contains a table with the following details:

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

At the bottom of the form are two buttons: 'Back' and 'Confirm appointment'.

Si necesita modificar o cancelar su cita

- Para editar o cancelar su cita, acceda al [sistema de citas del MPD](#).
- En la sección "*Edit/Cancel appointment*" (Editar/Cancelar cita), ingrese su número de confirmación y su correo electrónico o número de teléfono.
- Haga clic en "**Edit appointment**" (Editar cita).

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

Haga clic en "**Edit appointment**" (Editar cita).

Paso 8: Complete la cita

- Asegúrese de llegar a tiempo a su cita.
- Lleve una identificación vigente emitida por el gobierno.
- Su empleador le proporcionará un **código de facturación** que **deberá** presentar en su cita.
- Cuando llegue para la toma de huellas dactilares y su procesamiento, proporcione el código de facturación al MPD.
- Si no proporciona el código de facturación al MPD, usted será responsable de pagar la tarifa de \$35.
- Los resultados de la verificación de sus huellas dactilares, que incluye la verificación del FBI y las verificaciones estatales del DC y Virginia (según corresponda), se enviarán directamente a la OSSE.



Sección 3

*Completar una verificación de
huellas dactilares para Maryland*

Programar una verificación de antecedentes (huellas dactilares) para Maryland

- El personal de cuidado infantil que vive actualmente en Maryland o que haya vivido en Maryland en los últimos cinco años debe completar una verificación de huellas dactilares para ese estado.
- Las verificaciones de antecedentes en Maryland se realizan en una oficina de atención al público del Sistema de Información de Justicia Penal (CJIS) o en un proveedor privado autorizado en Maryland.
- El personal de cuidado infantil es responsable de programar una cita en una oficina del CJIS o con un proveedor privado autorizado.
- Ingrese en dpscs.maryland.gov/publicservs/fingerprint.shtml para obtener orientación sobre cómo completar la verificación de antecedentes en Maryland.
- Después de programar su cita para la verificación de antecedentes en Maryland, recibirá un correo electrónico de confirmación del proveedor de verificación de antecedentes que haya seleccionado. **Debe compartir una copia de la confirmación con su empleador.**
- Una vez completada la verificación de antecedentes, sus resultados para Maryland se enviarán directamente a la OSSE.

Cómo completar la solicitud de preinscripción de Livescan

- Antes de su cita, complete la [solicitud de preinscripción de Livescan](#).
- Complete todos los campos de la sección "**Applicant Information**" (Información del solicitante).
- No complete la sección **Individual**.
- En la sección "**Agency**" (Agencia):
 - Seleccione "**Private Party Petition**" (Petición de parte privada).
 - NO seleccione "Child Care" (Cuidado infantil).
 - En los campos "**Agency Authorization Number**" (Número de autorización de la agencia) y "**ORI Number**" (Número de ORI), ingrese los números que le haya proporcionado su empleador.
 - En el campo "**Position Applied**" (Puesto solicitado) ingrese el tipo de personal (por ejemplo, docente, docente auxiliar, cuidador asociado en el hogar, etc.).
- **Deberá** traer una copia impresa de su solicitud completa a su cita.

Complete todos los campos.

Inserte los números proporcionados por el empleador.

Inserte el tipo de personal.

The image shows a 'LIVESCAN PRE-REGISTRATION APPLICATION' form from the State of Maryland. The form is divided into two main sections: 'APPLICANT INFORMATION' and 'REASON FOR REQUEST'. The 'APPLICANT INFORMATION' section includes fields for Name, Date of Birth, Social Security Number, Gender, Height, Weight, Eye Color, Hair Color, Race/Ethnicity, Place of Birth, Citizenship, Street Address, City, State, Zip Code, Phone Number, Driver's License Number, and Email Address. The 'REASON FOR REQUEST' section is divided into 'INDIVIDUAL' and 'AGENCY' categories. The 'INDIVIDUAL' category includes options for Gold Seal/Adoption, Gold Seal/Letter/VISA, Immigration/VISA, Individual Challenge, Individual Review, and Attorney/Client. The 'AGENCY' category includes options for Adult Dependent Care, Child Care*, Criminal Justice*, Government Employment*, Government Licensing or Certification*, Maryland State Police Licensing*, Private Party Petition**, and Public Housing. The form also includes fields for Mailing Information, Agency Authorization Number, ORI Number, and Position Applied. Annotations with arrows point to various fields: 'Complete todos los campos.' points to the 'APPLICANT INFORMATION' section; 'Inserte los números proporcionados por el empleador.' points to the 'Agency Authorization Number' and 'ORI Number' fields; 'Inserte el tipo de personal.' points to the 'Position Applied' field; and 'Seleccione "Private Party Petition" (Petición de parte privada).' points to the 'Private Party Petition**' option in the 'AGENCY' section.

Seleccione "**Private Party Petition**" (Petición de parte privada).

Qué llevar a su cita para la verificación de antecedentes

- Copia impresa de su [Solicitud de preinscripción de Livescan](#) completa.
- Forma válida de identificación con foto emitida por el gobierno.
- Pago de las tarifas asociadas.
- Importante: Las tarifas y los métodos de pago aceptados varían según el proveedor de huellas dactilares. Consulte con el proveedor que haya seleccionado para obtener más información sobre las tarifas y los métodos de pago aceptados.

¿A dónde dirigir las preguntas?

- Comuníquese con su empleador si:
 - Necesita el número de autorización de la agencia o el número de ORI.
 - No está seguro de su tipo de personal.
- Póngase en contacto con el proveedor de verificación de antecedentes seleccionado si:
 - Tiene preguntas relacionadas con las tarifas y los métodos de pago.
 - Tiene preguntas relacionadas con su cita.
- Póngase en contacto con servicios al cliente del CJIS si:
 - Tiene preguntas generales relacionadas con el proceso de verificación de antecedentes en Maryland.



Sección 4

Completar una verificación de huellas dactilares para un estado que no sea el DC, Maryland o Virginia

Completar una verificación de antecedentes en un estado que no sea el DC, Maryland o Virginia

- El personal de cuidado infantil que haya vivido en un estado que no sea el DC, Maryland o Virginia en los últimos cinco años deberá completar una verificación de huellas dactilares en dicho estado.
- Cada estado tiene su propio proceso de verificación de huellas dactilares. El personal de cuidado infantil debe consultar con el estado donde debe completar una verificación de antecedentes para obtener más información sobre el procedimiento y las tarifas correspondientes.
- El personal de cuidado infantil que participe en una verificación estatal de huellas dactilares en un estado que no sea el DC es responsable de compartir con su empleador la prueba de que ha programado una cita para la toma de huellas dactilares. Posteriormente, el empleador presentará a la OSSE la prueba de la cita.
- El personal de cuidado infantil que participe en una verificación de huellas dactilares estatal fuera del DC o Maryland es responsable de compartir los resultados de dicha verificación con su empleador. El empleador deberá entonces presentar los resultados a la OSSE.
- **Recordatorio: La verificación de huellas dactilares del FBI realizada por el MPD incluye verificaciones de huellas dactilares estatales para el DC y Virginia. El personal de cuidado infantil que vive actualmente en el DC o Virginia, o que haya vivido en el DC o Virginia en los últimos cinco años, no necesita completar una verificación adicional de huellas dactilares para esos estados. La verificación de huellas dactilares del FBI realizada por el MPD incluye verificaciones para el DC y Virginia (consulte la sección 2 para obtener instrucciones sobre cómo programar una verificación de huellas dactilares con el MPD).**

***Obligatorio para todo el
personal de cuidado infantil**



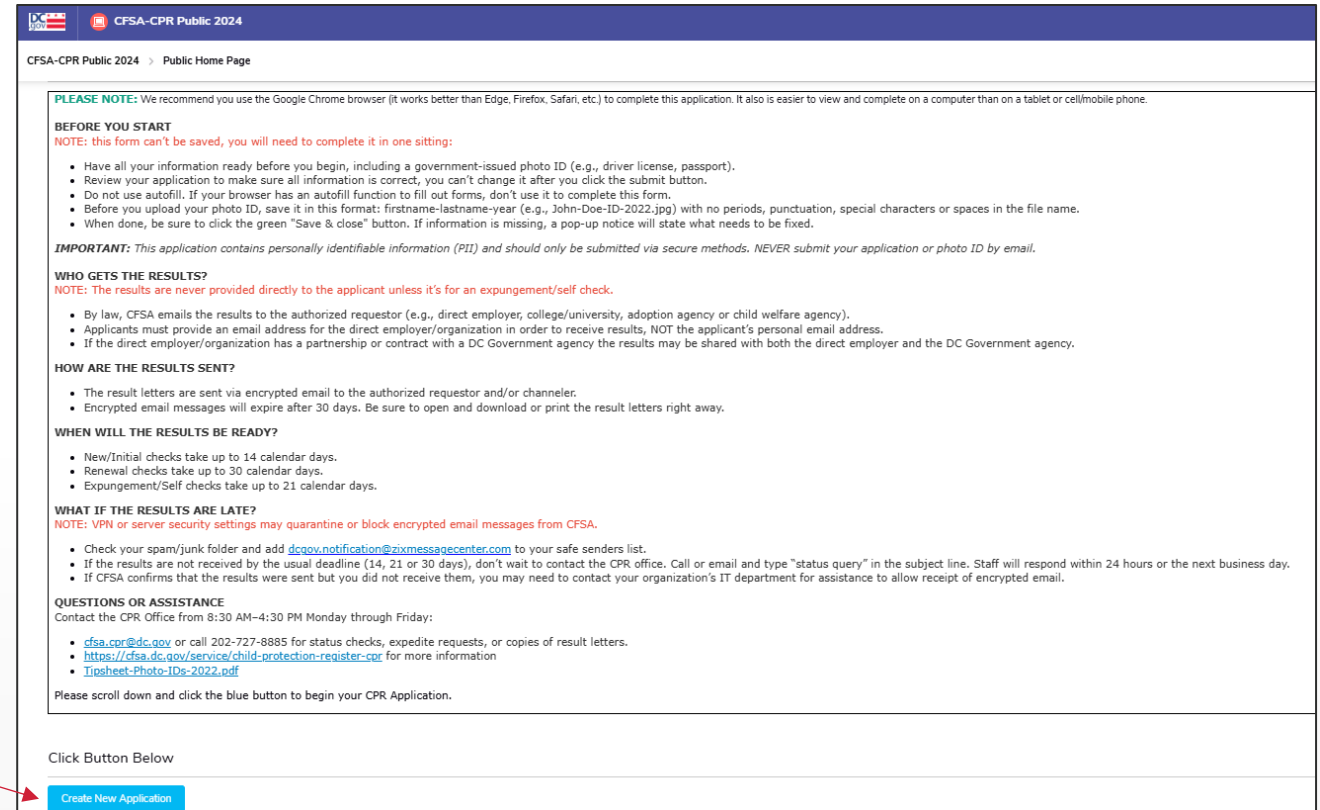
Sección 5

*Completar una verificación del registro de
abuso y negligencia infantil para el DC*

Paso 1: Complete el formulario del Registro de Protección de Menores de la Agencia de Servicios para Niños y Familias (CFSA)

- Ingrese en octo.quickbase.com/nav/app/btuystm5d/action/appoverview.
- Desplácese hacia abajo y haga clic en **"Create New Application"** (Crear nueva aplicación).

Haga clic
aquí



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

Paso 2: Motivo de la verificación del Registro de Protección de Menores (CPR)

- En la sección "Type of Check" (Tipo de verificación), seleccione **"Initial Check"** (Verificación inicial) si es la primera vez que realiza una CPR en el DC. Seleccione **"Renewal Check"** (Verificación de renovación) si ya ha completado una CPR en el DC anteriormente.
- En la sección "Request Purpose" (Propósito de la solicitud), seleccione **"Employment"** (Empleo).
- En la sección "Applicant Role" (Función del solicitante), seleccione **"Employee"** (Empleado) si es personal de cuidado infantil. Seleccione **"Intern/Volunteer/Student"** (Becario/Voluntario/Estudiante) si es voluntario.

▼ 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 ▼

Paso 3: Información del empleador/solicitante

- Inserte el nombre de la instalación de desarrollo infantil donde trabaja o es voluntario, así como su información de contacto y dirección.

▼ 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.

📘 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...

▼

📘 Employer/Requestor Contact Person *

Confirm Employer/Requestor Email *

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Paso 4: Información de terceros/canalizadores

- En la pregunta "Does a Third Party Need the Results?" (¿Necesita un tercero los resultados?), seleccione **"Yes"** (Sí).
- En la sección "Third Party/Channeler Contact Person" (Persona de contacto del tercero/canalizador), inserte **Carolyn Taylor**.
- En la sección "Contact Person Phone Number" (Número de teléfono de la persona de contacto), introduzca **202-445-3871**.
- En la sección "Channeler/Third Party Organization" (Organización del canalizador/tercero), inserte **OSSE**.
- En la sección "Contact Person Email" (Correo electrónico de la persona de contacto), inserte OSSE.ChildCareBackgroundCheck@dc.gov.

▼ 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
▼		ext.
Channeler/Third Party Organization	Contact Person Email	

Paso 5: Información del solicitante

- Ingrese su información. Asegúrese de completar todos los campos obligatorios.
 - Nombre
 - Segundo nombre (si corresponde)
 - Apellido
 - Fecha de nacimiento
 - Sexo
 - Número del Seguro Social (si corresponde)
 - Correo electrónico
 - Número de teléfono
 - Tipo de teléfono

▼ 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? *

▼

📘 Sex (assigned at birth or as it appears on your government-issued photo ID).

📘 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 *

▼

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Paso 6: Nombre alternativo (Otros nombres)

- Si actualmente o anteriormente utilizó otro(s) nombre(s), complete esta sección.

✓ 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

Paso 7: Historial de direcciones del solicitante

- Seleccione su estado de residencia en el Distrito de Columbia.
- Ingrese información sobre su dirección actual.
- Si vivió en otra(s) dirección(es) durante los últimos cinco años, seleccione **"Add another address"** (Agregar otra dirección) y complete todos los campos. Repita el procedimiento para cualquier dirección adicional necesaria.
- Una vez que haya ingresado todas sus direcciones, seleccione **"I certify that I have provided a full five (5) years of address history"** (Certifico que he proporcionado un historial completo de direcciones de cinco (5) años).

▼ 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. *

Haga clic aquí

Paso 8: Solicitud para niños y miembros del grupo familiar

- Ingrese la información de todos los niños o miembros del grupo familiar.
- Seleccione **"Add another person"** (Agregar otra persona) si tiene varios niños o miembros en su grupo familiar.

▼ 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

mm-dd-yyyy

▼

☐ Add another person

Paso 9: Identificación con foto emitida por el gobierno

- En la sección "*Government-issued Photo ID Front*" (Anverso del documento de identidad con foto emitido por el gobierno), haga clic en "**Choose File**" (Elegir archivo).
- Suba una copia legible del anverso de su identificación con foto emitida por el gobierno (p. ej., permiso de conducir, pasaporte, identificación militar).
- La identificación debe incluir su nombre legal y fecha de nacimiento.
- Seleccione "**My Photo ID does NOT have the date of birth on the front**" (Mi identificación con foto **NO** tiene la fecha de nacimiento en el anverso) si su identificación no tiene su fecha de nacimiento en el anverso. En la sección "*Photo ID-Back (only needed if DOB is on the back)*" (Reverso de la identificación con foto [solo es necesario si la fecha de nacimiento está en el reverso]), haga clic en "**Choose File**" (Elegir archivo) y suba una copia legible del reverso de su identificación.

✓ 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

Paso 10: Consentimiento del solicitante

- Lea los reconocimientos.
- Seleccione "**I Consent**" (Doy mi consentimiento).
- Haga clic en "**Submit**" (Enviar).

▼ 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

Haga clic
aquí

Haga clic
aquí

Más información y dónde obtener ayuda

- La CFSA enviará los resultados de su verificación del CPR directamente a la OSSE. Si, en su lugar, usted recibe el resultado, es su responsabilidad compartirlo con su empleador.
- Para obtener más información sobre la solicitud de verificación del CPR, ingrese en: cfsa.dc.gov/service/child-protection-register-cpr#gsc.tab=0
- Si tiene alguna pregunta, comuníquese con la CFSA por correo electrónico a cfsa.cpr@dc.gov o por teléfono al (202) 727-8885.



Sección 6

*Completar una verificación del registro
de abuso y negligencia infantil para
Maryland*

Completar una verificación del registro de abuso y negligencia infantil para Maryland

- El personal de cuidado infantil que vive actualmente en Maryland o que haya vivido en Maryland durante los últimos cinco años debe completar una verificación en el registro de abuso y negligencia infantil de ese estado.
- El [Departamento de Servicios Humanos de Maryland](#) es responsable de las verificaciones del registro de abuso y negligencia infantil en Maryland, que se conocen como Verificaciones de Adam Walsh.
- Tenga en cuenta que el personal de cuidado infantil es responsable del pago de cualquier tarifa asociada con la Verificación de Adam Walsh.

Cómo completar una Verificación de Adam Walsh

- En Maryland existen dos maneras de completar una Verificación de Adam Walsh:
 - 1.) Utilice el [portal MyMDBenefits](#). Las instrucciones para usar el portal están [disponibles aquí](#).
 - 2.) Complete el [paquete de verificación de antecedentes de los Servicios de Protección Infantil \(CPS\)](#) y envíelo por correo a:
Maryland Department of Human Services, Social Services Administration
CPS Background Clearance Unit
25 S. Charles St., 11th floor,
Baltimore, MD 21201
- Si tiene preguntas relacionadas con las Verificaciones de Adam Walsh, envíe un correo electrónico a mdcps.clearances1@maryland.gov.

Qué hacer después de recibir sus resultados

- Recibirá los resultados de su Verificación de Adam Walsh del Departamento de Servicios Humanos de Maryland.
- Debe entregar una copia de los resultados a su empleador.
- Su empleador debe cargar los resultados en el sistema de concesión de licencias de la OSSE para que los revise.



Sección 7

*Completar una verificación de
abuso y negligencia infantil
para Virginia*

Completar una verificación del registro de abuso y negligencia infantil en Virginia

- El personal de cuidado infantil que vive actualmente en Virginia o que haya vivido en Virginia durante los últimos cinco años debe completar una verificación en el registro de abuso y negligencia infantil de ese estado.
- La Oficina de Investigaciones de Antecedentes del [Departamento de Servicios Sociales de Virginia](#) es responsable de las verificaciones de abuso y negligencia infantil en Virginia.
- Tenga en cuenta que usted es responsable del pago de cualquier tarifa relacionada con la verificación de antecedentes de abuso y negligencia infantil.

Cómo completar una verificación de abuso y negligencia infantil en Virginia

- Complete todos los campos obligatorios en el [Formulario de divulgación de información del Registro Central \(español\)](#).
- En la sección "Purpose of Search" (Propósito de la búsqueda), seleccione **"Adam Walsh Law"** (Ley de Adam Walsh).
- En la sección identificada como "MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agency Requesting Search" (ENVIAR RESULTADOS DE LA BÚSQUEDA POR CORREO A: Agencia, persona o agencia autorizada que solicita la búsqueda) ingrese el nombre, la dirección, el número de teléfono y la dirección de correo electrónico de la instalación de desarrollo infantil donde trabaja o es voluntario.
- Si tiene preguntas, envíe un correo electrónico a crs_operations@dss.virginia.gov.

Seleccione "Adam Walsh Law" (Ley de Adam Walsh).

Ingrese la información de su instalación de desarrollo infantil.

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

Cómo completar una verificación del registro de abuso y negligencia infantil en Virginia (continuación)

- Se requiere una tarifa de \$12 por cada búsqueda. El pago debe acompañar a los formularios de búsqueda. Solo se aceptarán giros postales, cheques comerciales/de empresa o cheques de caja. Todos los giros postales, cheques comerciales/de empresa o cheques de caja deben hacerse a nombre de: Virginia Department of Social Services.
- No se aceptarán cheques personales ni efectivo. La Oficina de Investigaciones de Antecedentes del Departamento de Servicios Sociales de Virginia cobrará una tarifa de \$50 por cada cheque devuelto.
- Envíe por correo su formulario completo y firmado, junto con el pago, a:
Virginia Department of Social Services
Office of Background Investigations, 2nd Floor
5600 Cox Road
Glen Allen, VA 23060

Qué hacer después de recibir sus resultados

- Recibirá sus resultados del registro de abuso y negligencia infantil del Departamento de Servicios Sociales de Virginia.
- Debe entregar una copia de los resultados a su empleador.
- Su empleador debe cargar los resultados en el sistema de concesión de licencias de la OSSE para que los revise.



Sección 8

Completar una verificación del registro de abuso y negligencia infantil para un estado que no sea el DC, Maryland o Virginia

Completar una verificación del registro de abuso y negligencia infantil para un estado que no sea el DC, Maryland o Virginia

- El personal de cuidado infantil que haya vivido en un estado que no sea el DC, Maryland o Virginia durante los últimos cinco años debe completar una verificación en el registro de abuso y negligencia infantil de ese estado.
- Cada estado maneja su propio proceso de verificación del registro de abuso y negligencia infantil. El personal de cuidado infantil debe consultar con el estado donde debe completar una verificación para obtener más información sobre el procedimiento y las tarifas correspondientes.
- El personal de cuidado infantil que participe en una verificación del registro de abuso y negligencia infantil fuera del DC, Maryland o Virginia es responsable de compartir los resultados de dicha verificación con su empleador. El empleador deberá entonces presentar los resultados a la OSSE.



¿Tiene preguntas?

¿Tiene alguna pregunta o necesita ayuda?

- Si tiene preguntas generales relacionadas con el proceso de verificación de antecedentes penales para el personal de cuidado infantil, envíe un correo electrónico a OSSE.ChildCareLicensing@dc.gov.
- Si tiene preguntas relacionadas con ApplicationStation, comuníquese con el servicio de atención al cliente al 1-800-803-9042.
- Si tiene preguntas relacionadas con el portal de citas del MPD, llame al MPD al (202) 727-4275.
- Si tiene preguntas relacionadas con las huellas dactilares en Maryland, llame al CJIS al (410) 764-4501.
- Si tiene preguntas relacionadas con una verificación del registro de abuso y negligencia infantil del DC, comuníquese con la CFSA por correo electrónico a cfsa.cpr@dc.gov o por teléfono al (202)-727-8885.
- Si tiene preguntas relacionadas con una verificación del registro de abuso y negligencia infantil de Maryland, envíe un correo electrónico a mdcps.clearances1@maryland.gov.
- Si tiene preguntas relacionadas con la verificación del registro de abuso y negligencia infantil de Virginia, envíe un correo electrónico a crs_operations@dss.virginia.gov.