Individual Procedures - Delaware Child Protection Registry (CPR) Request Web Portal

Delaware child abuse and neglect checks must be requested through the Department of Services for Children, Youth and Their Families (DSCYF), Child Protection Registry Request Web Portal.

Individuals need to download and complete the consent form found on the CPR Portal homepage, then register on the CPR Portal to submit a CPR request and obtain their completed CPR results. You should only register one time unless advised otherwise by DSCYF staff.

Registration -To register on the CPR Portal, go to childprotectionregistry.delaware.gov/

*If your agency has not given you a consent form, please download and print a copy of the consent form while on the homepage.

Welcome to the Delaware Child Protection Registry Request Web Portal

This portal is for in-state and out-of-state agencies and individuals that are required by law to request a Delaware child protection registry check. Through this website, agencies and individuals can register to request child protection registry checks and obtain results in the portal.

This site works best using Chrome or Safari, you can download Chrome by clicking HERE. This site is not supported on Internet Explorer, Microsoft Edge or other browsers. You can also access the portal using your mobile device. Questions may be directed to: DSCYF.CHU.Portal@delaware.gov

Access to the CPR Portal is permitted only from within the United States and its territories including American Samoa, Guam, Northern Mariana Islands, US Virgin Islands and Puerto Rico.

User Name	1
Enter User Name	
Password	F
Enter Password	r
Forgot your password?	

To request access to the Delaware Child Protection Registry Portal, I agree to the following conditions

This system is the property of the Delaware Department of Services For Children, Youth and Their Families (DSCYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal sanctions. By continuing to use this system, you are representing yourself as an authorized user.

As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.

Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree with the terms of this policy.

By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which access to the Child Protection Registry Portal is granted.

I ACCEPT AND AGREE

Login For Approved Users

Click New Individual Registration. 1.

As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.

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I ACCEPT AND AGREE

Login For Approved Users

Gini

The INDIVIDUAL REGISTRATION FORM will appear:

INDIVIDUAL REGISTR First Name Street 1 * City *

County Select County Phone Number

ATION FORM	
	Last Name *
	Street 2
	State *
	Select State
	Zip Code *
v	
•	Email Address *

To request access to the Delaware Child Protection Registry Portal, I agree to the fol

m is the property of the Delaware Department of Services For Children, Youth and Their Families (DSCYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and c g to use this system, you are representing yourself as an authorized user.

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epting and agreeing, you a dge you have read and agree to the above conditio

Register Cancel

New Registration

AGENCY REGISTRATION

Register as Agency if submitting requests for agency/organization persons that need a child protection registry check.

Add Agency Contact - After agency/organization is approved, add new portal users.

Agency Procedures

New Agency Registration/Add Agency Contact

INDIVIDUAL REGISTRATION

Register as an Individual if submitting a request for yourself (your name) only. Individual Procedures

New Individual Registration

Click here to download the consent form - A signed consent is required for each CPR portal Request. Having issue downloading Consent Form? Click HERE.

INDIVIDUAL REGISTRATION

Register as an Individual if submitting a request for yourself (your name) only. Individual Procedures

New Individual Registration

Click here to download the consent form - A signed consent is required for each CPR portal Request. Having issue downloading Consent Form? Click HERE.

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Delaware Child Protection Registry Request Portal

2. Complete all required * fields.

Delaware Child Protection Registry Request Portal				
INDIVIDUAL REGISTRATION FORM				
First Name *	Last Name *			
Street 1 *	Street 2			
City *	State *			
	Select State 🔻			
County	Zip Code *			
Select County	•			
Phone Number *	Email Address *			
To request access to the Delaware Child Protection Registry Portal, I agree to the following conditions:				
This system is the property of the Delaware Department of Services For Children, Youth and Their Families (DS continuing to use this system, you are representing yourself as an authorized user.	SCYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal sanctions. By			
As an authorized user, you verify that all information submitted is done with the full knowledge and consent of	the applicant.			
Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. Ti appropriate law enforcement agencies. By entering this website you agree with the terms of this policy.	his includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to			
By accepting and agreeing, you acknowledge you have read and agree to the above conditions under which acce	ess to the Child Protection Registry Portal is granted.			
I ACCEPT AND AGREE				
Register	Cancel			

3. Read the conditions for requesting access to the Delaware Child Protection Registry Portal. When you accept and agree to the conditions, click the box beside I ACCEPT AND AGREE.

	To request access to the Delaware Child Protection Registry Portal, I agree to the	following conditions:			
	This system is the property of the Delaware Department of Services For Children, Youth and Their Families (DSCYF). Use of this system without authority from DSCYF, or in excess of authority, may result in civil and criminal sanctions. By continuing to use this system, you are representing yourself as an authorized user.				
	As an authorized user, you verify that all information submitted is done with the full knowledge and consent of the applicant.				
	Any activity on this system may be monitored or accessed by DSCYF or other authorized officials at any time. This includes any data created or stored using this system. Any identified evidence of possible criminal activity will be provided to appropriate law enforcement agencies. By entering this website you agree with the terms of this policy.				
	By accepting and agreeing, you acknowledge you have read and agree to the above	conditions under which access to the Child Protection Registry Portal is granted.			
	I ACCEPT AND AGREE				
	Register	Cancel			
4. Click Register .					
	IACCEPT AND AGREE				
	Register	Cancel			

If all required information is completed, the screen should turn white, and then a notice will appear to Check your email regarding the status of your registration.

5. Check your email for a Welcome to the Delaware Child Protection Registry Portal notice. It will contain your Agency ID number and User Name. If this email is not received within 5 days of registration, call the Criminal History Unit (CHU) at 302-892-4525. You will need to provide your assigned ID number and the date registered.

Dear JACK SPARRC	Ν,
	laware Child Protection Registry Request Web Portal. Your account has been approved/reactivated. Your Agency/Individual ID numbe ske a note of this number for future reference. You must accept the user agreement each time you access the web portal.
NEW USER – If you	are new to the web portal, to complete registration you will need to follow this link https://gcc02.safelinks.protection.outlook.com/?
url=https%3A%2F	i2Ffocusuatps-dscyfkids.cs32.force.com%2FCHUPortal%2Flogin%3Fc%
3DPjaNMZ3SQ 6B)7wq8KQ9Qr67NVF2h1ZaRdelwtQkGWMcZwlvY63M5J3bQ1MZ0KrYdqecV7sXTtpButYH6TlVnJ1QS8bnPZlltr8wxf0K_zxW2lwzR4JtgH.K.
bkUGmacbyPPCyX	sym5jJEOXxPacfciKII.P8BjxrCM5zbWzd0kaXq2e_NKVKkaV1zEonUdPIm4DuhKT.COo8b9PE.vTwDop.eV9Q%253D%253D&data=04
7C01%7Cdeidra.m	natt%40delaware.gov%7C2278e0d5ed4e40ed850208d9b6a3fe8c%7C8c09e56951c54deeabb28b99c32a4396%7C0%7C0%
7C6377416377306	50381%7CUnknown%7CTWFpbGZsb3d8eyJWljoiMC4wLjAwMDAiLCJQljoiV2luMzliLCJBTil6lk1haWwiLCJXVCl6Mn0%3D%
7C3000&:sdat	a=Mx%28%28H4ft9RgOyc69LoXvVfRYNSEbyvYknblL2z80LTE%3D&reserved=0 where you will be directed to CHANGE YOUR
	your own secure password for access to the web portal and click Change Password. Your login information is username
	aware.gov.28310 and the password you have created. If the link does not work for you, copy and paste it into your browser.

THIS LINK WILL EXPIRE IN 24 HOURS AND CAN ONLY BE USED ONE TIME. After 24 hours, you will be directed to the web portal login page. Enter your username, click the "Forgot Your Password?" hyperlink and follow the directions.

6. Read the entire email, click on large link.

Dear JACK SPARROW,

Welcome to the Delaware Child Protection Registry Request Web Portal. Your account has been approved/reactivated. Your Agency/Individual ID number is 28310. Please make a note of this number for future reference. You must accept the user agreement each time you access the web portal.



THIS LINK WILL EXPIRE IN 24 HOURS AND CAN ONLY BE USED ONE TIME. After 24 hours, you will be directed to the web portal login page. Enter your username, click the "Forgot Your Password?" hyperlink and follow the directions.

7. Enter new password, confirm password, click Change Password. Keep your User Name and Password for future CPR Portal access.

Change Your Password	Change Your Password
Enter a new password for deidra.mcnatt@delaware.gov.28326. Make sure to include at least: 10 characters 1 uppercase letter 1 lowercase letter 1 number 1 special character • New Password	Enter a new password for deidra.mcnatt@delaware.gov.28326. Make sure to include at least: 10 characters 1 uppercase letter 1 lowercase letter 1 number 1 special character * New Password
* Confirm New Password	Good Good Confirm New Password Match
Change Password Password was last changed on 1/10/2022 9:02 PM.	Change Password Password was last changed on 1/10/2022 9:02 PM.

8. Click CLICK HERE TO CREATE NEW CPR REQUEST. Note: <u>ONLY</u> if you are sharing your results with an agency, the Requesting Agency ID number and the Requesting Agency Contact ID number are required for each agency. The Agency Contact can provide this information. Follow the procedures below to share your results.

CLICK HERE TO CREATE NEW CPR REQUEST

 Complete all required* fields (additional fields can be completed for a more extensive search of the child protection registry), click CONFIRM. Request is in "PENDING" Status.

For CPR results to be shared with an Agency, the requesting Agency ID and requesting Agency Contact ID are required. Please contact the requesting Agency to obtain these two ID numbers.

NEW CPR REQUEST

* Last Name 1	
*First Name 1	
Middle Name 1	
SSN	
*DOB	
	÷
*Gender	
None	· · · · · · · · · · · · · · · · · · ·

REQUESTING AGENCY ID 1		
1115		
REQUESTING AGENCY CONTACT ID 1		
50863		
REQUESTING AGENCY ID 2		
REQUESTING AGENCY CONTACT ID 2		
REQUESTING AGENCY ID 3		
REQUESTING AGENCY CONTACT ID 3		
REQUESTING AGENCY ID 4		
REQUESTING AGENCY CONTACT ID 4		
REQUESTING AGENCY ID 5		
REQUESTING AGENCY CONTACT ID 5		
 10. Follow instructions on page for How to upload completed conclick Upload Files to upload the completed CPR consent form 		ad complete submission. In Notes and Attachment section, ponsent form can be found on the homepage below the New
Individual Registration button.		
Click here to create an additional CPR request, view CPR request status, make CPR requ	<u>uest payment.</u>	
Child Protection Registry 0000975841		Edit Review and Save View Record History
All child protection registry requests must include a consent form signed by the applicant. Failure to submit the required signed consent for each	request may subject you to crimir	al and civil sanctions under Delaware law.
How to upload completed consent form and complete submission: Scan the consent and send to your email. From your email, click on the scan message across the portal screen will read Upload Files. When upload complete, click Done. Click "Review and Save", on following page click Save		
 Reminder regarding Requesting Agency Information 		
If you are sharing your results with an Agency, Agency ID and Agency Contact ID are required. If you o Review and Save. Once saved, this information cannot be entered.	did not enter this inforn	ation when creating your CPR Request, there will be a final opportunity to add this detail during
[] Files (0)		V
	Or dron files	

11. Message across middle of screen "Upload Files", click Done.

	Upload Files
РОГ 158 КВ	Ø
1 of 1 file uploaded	Done

12. Message at top of page - 1 file was added to the Child Protection Registry.

Edit Review and Save View Record History 🗸

14. Click Save.

Review and	Save
Request Status	
Pending Payment	
*Last Name 1	
SPARROW	
* First Name 1	
JACK	
Middle Name 1	
SSN	
• DOB	
6/9/1963	曲
*Gender	
Male	•
Race Primary	
White	•
Ethnicity	
Not Hispanic or Latino	•
Alias Last Name 2	
Alias First Name 2	
1	Cancel

- 15. Message at top of page CPR request successfully submitted. Request is under "CONTINGENT PAYMENT REQUESTS", needing payment to submit.
- 16. To view CPR request status or make CPR request payment, click at top of page <u>Click here to create an additional CPR Request, view</u> <u>CPR requests status, make CPR request payment</u>.

Optional Procedures for An Individual Sharing CPR Results with An Agency

- 1. Individual completes New Individual Registration by following the Individual Procedures above.
- 2. Individual obtains Agency ID number and Agency Contact ID number from the agency that they are sharing their results with and enters this information in the appropriate fields at the bottom of the Create New CPR Request page. By entering this information, you are allowing the Agency Contact to view and print the results of the CPR request. An individual can share results with up to five agencies by adding the Requesting Agency ID and Requesting Agency Contact ID for each agency when making a New CPR Request. This must be done prior to clicking Save and submitting payment. If this information is not entered on the Create New CPR Request page, the individual will be given a final opportunity to enter this information on the Review and Save page. This information cannot be entered once the request is saved.
- On the CPR consent form, check number 3, "Individual Request Share Results with Requesting Agency," and then list below the name of each agency you are sharing the results with.

Payment for CPR Request

1. Click "CONTINGENT PAYMENT REQUESTS" tab.

PENDING REQUESTS	CONTINGENT PAYMENT REQUESTS	SUBMITTED REQUESTS	SHARED AGENCY REQUESTS	COMPLETED REQUESTS
Requests requiring payment for CPR processing. Up to 30 requests may be selected for payment				

2. Under CPR Record Name column, click box to left of name. A check mark will appear in the box.

PENDING REQUESTS CONTINGENT PAYMENT REQUESTS SUBMITT	D REQUESTS SHARED AGENCY REQUESTS COMPLETED REQUESTS
--	--

Requests requiring payment for CPR processing. Up to 30 requests may be selected for payment

			Q Search this list		Proceed to Payment
- CPR Record Name	First Name 1	Last Name 1		Middle Name 1	
1 0000975841	JACK	SPARROW			

3. Click Proceed to Payment.

D.

PENDING REQUESTS	CONTINGENT PAYMENT REQUESTS	SUBMITTED REQUESTS	SHARED AGENCY REQUESTS	COMPLETED REQUESTS

Requests requiring payment for CFR processing. Op to 50 requests may be selected for payment						
			Q Search this list		Proceed to Payment	
CPR Record Name	First Name 1	Last Name 1		Middle Name 1		
1 🖸 0000975841	JACK	SPARROW				

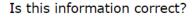
Proceed to Payment

4. Complete all required * fields, click Continue.

t for CPP processing. Up to 30 requests may be calegted for

Required fields are highlighted with an a Payment Information:		
Amount:*	\$14.00 😡	
Agency Name:	Jack 🖗	
Agency ID:	28326 🔮	
Agency Contact:	28330 🥹	
Please enter the following informatio	n about your payment meth	nod:
Cardholder's Name:*		0
Cards Accepted:	VISA	
Card Number:*		0
Card Security Code:*		
Expiration Date:*		
Billing Information:		
Address Line 1:*		0
Address Line 2:		Q
Country:*	United States 🗸 🔮	
ZIP Code:*		
City:		0
State:	Select One	✓ 🥹
Receipt Information:		
Email Address:*		0
Text Receipt Mobile Phone Number	###-###-####	
	charges apply)	

5. Click Confirm, Modify or Exit. Clicking confirm will attempt to make payment. After payment validation, request moves under "SUBMITTED REQUESTS" tab.



Confirm Modify Exit

CPR Results

1. Allow 10 business days to receive a **Child Protection Registry Notification** email informing you that CPR results are available on the CPR Portal. Click email link to login CPR Portal.



2. Click the "COMPLETED REQUESTS" tab.

PAYMENT REQUESTS SUBMITTED REQUESTS SHARED AGENCY REQUESTS COMPLETED REQUESTS
I. Please click on CPR record and scroll down to download results.

3. In the CPR Letter column, click download to view and print results letter. Results will be available on the CPR Portal for six months.

First Name 1	Last Name 1	Middle Name 1	CPR Letter	
JACK	SPARROW		Click here to download	

Questions may be directed to: <u>DSCYF.CHU.Portal@delaware.gov</u>